



Medicare Prescription Drug Plan Finder: Tips for Using the Search Results

If you think you want to enroll in the Medicare drug benefit, but can wait to choose a drug plan, take your time! You have until May 15, 2006 to enroll. Since this is a new benefit, a lot of information is still changing, inaccurate or not available.

If you want to compare plans now, you can use the Drug Plan Finder at www.medicare.gov as a starting point. Below are some tips on using it.

Only use the drug plan finder to compare stand-alone prescription drug plans (PDPs). (To compare HMOs and PPOs, call plans directly.*)

Use the General Search on the drug plan finder. Enter all of your drugs—exact names and dosages—and the names of the pharmacies you use.

Print out the “Cost Details” chart for each drug plan you are interested in (click on the name of the drug plan from the first chart of plans you get). On the back of this page you will find a guide to reading this chart.

On the Cost Details chart you should look for the following:

(flip over page for a Cost Details sample chart.)

- **Are your drugs covered?** (See number 7 on sample chart.)
- **Is your pharmacy in the network?** (See number 1 on sample chart.)
- **How much will you pay** (if you get Extra Help what you pay will be less)
 - **for coverage every month (premium)?** (See number 2 on sample chart.)
 - **for your drugs at your pharmacy?** (See number 4 on sample chart.)
 - **total every year?** (See number 10 on sample chart.)
 - **by month?** (See numbers 4, 8 and 9 on sample chart.) In many plans, once your drug costs reach a certain amount, you are responsible for the full cost of your drugs. Will you be able to afford that? Do you prefer a more expensive plan that gives you more affordable monthly costs?
- **Any restrictions on your use of certain drugs you need?** (See number 5 on sample chart.) The plan may only pay for the drug if you first ask permission (prior authorization) or try a cheaper treatment first (step therapy).

***Note:** Choosing drug coverage from an HMO or PPO (Medicare Advantage plan) means you will have to use doctors and hospitals in that plan’s network. Ask the plan about the cost of medical and hospital services, as well as its drug coverage.

Call the drug plans to double check all the information.

Guide to “Cost Details” Chart

Humana PDP Enhanced S5552-001 (Company: Humana Insurance Company of New York, Contract ID: S5552, Plan ID: 001)
 Approved by Medicare
 500 West Main Street
 Louisville, KY 40202
 Phone: (800) 281-6918
[View Important Notes](#)

	1	10	
	BALLARD PHARMACY (Preferred)	ECKERD (Preferred)	RITE AID PHARMACY (Preferred)
Estimated Annual Cost	\$5,363	\$5,330	\$5,331
Fixed Cost Details:			
Monthly Prescription Drug Premium	\$9.42/month	\$9.42/month	\$9.42/month
Annual Deductible	\$0.00	\$0.00	\$0.00
Your Monthly Drug Costs after you have met your deductible but before your total drug costs reach \$2,250.00			
*Avonex KIT (TIER 4)	\$347.14	\$334.98	\$331.14
*Cozaar TAB 50mg (TIER 3)	\$49.99	\$47.49	\$47.54
Flexeril TAB 5MG (TIER 3)	\$46.06	\$43.70	\$43.79
*HYDROCODONE/ACETAMINOPHEN TAB 7.5-750 (TIER 1)	\$6.12	\$5.52	\$5.87
Valium TAB 5MG (NOT ON FORMULARY) **	\$77.39	\$76.54	\$77.14
Total Monthly Cost (Hide Details)	\$526.70	\$508.23	\$505.48
Your Monthly Drug Costs after your total drug costs reach \$2,250.00 but before your total out of pocket expense equals \$3,600.00			
Total Monthly Cost (Show Details)	\$1,568.12	\$1,513.15	\$1,498.90
Your Monthly Drug Costs after your total out of pocket expenses equal \$3,600.00 (Catastrophic Coverage):			
Total Monthly Cost (Show Details)	\$158.82	\$155.54	\$155.37
Enroll in this Plan			

** This drug is not on this plan's formulary. If you purchase this drug, you will pay the full price of the drug, and the amount you pay will not be counted towards your deductible or out of pocket cost limits. The plan may grant an exception and provide coverage under special circumstances, contact the plan for more information.
 * This drug may be subject to prior authorization, step therapy or quantity limits. Please contact the plan for more information.

- 1. Pharmacy:** Preferred (best choice), Non-Preferred (may cost you more) or Out-of-Network (you pay full price)
- 2. Premium Cost**
- 3. Deductible Cost**
- 4. Monthly drug costs under this plan at this pharmacy (Ballard)**
- 5. (*) indicates formulary restriction**
- 6. The higher the tier, the more expensive the drug**
- 7. (**) indicates that drug is not covered (cost listed is full retail cost)**
- 8. “Coverage gap” monthly costs at this pharmacy (Ballard)**
- 9. “Catastrophic coverage” monthly costs at this pharmacy (Ballard)**
- 10. Total annual costs at this pharmacy, including plan premium (Ballard)**

Note: If your income is less than \$1,300 a month (\$1,700 for couples), you may qualify for Extra Help. Extra Help is a federal program that helps pay most of your Medicare drug costs.

If you have Extra Help, your premium and deductible will be reduced or \$0, and what you pay for each drug may be as low as \$2. To apply for Extra Help, call Social Security at 800-772-1213.