

How to navigate and use  
Medicare.gov  
as a reference tool!



# Medicare.gov

The Official U.S. Government Site for Medicare

**Step 1: Go to Medicare.gov**

Search Medicare

Search

- Sign Up / Change Plans
- Your Medicare Costs
- What Medicare Covers
- Drug Coverage (Part D)
- Supplements & Other Insurance
- Claims & Appeals
- Manage Your Health
- Forms, Help, & Resources

## Don't put off preventive care

See Covered Services

Get Started with Medicare

See how Medicare is responding to Coronavirus

Learn more



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Your Medicare  
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Drug Coverage  
(Part D)

Supplements &  
Other Insurance

Claims &  
Appeals

Manage Your  
Health

Forms, Help, &  
Resources

## Need to change plans?

Click "Find Health & Drug Plans"

Find Health & Drug Plans

Log in/Create Account

See how Medicare is responding to Coronavirus

Learn More







# Find a Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.

Log in or Create Account

[Continue without logging in](#)

Click "Continue without logging in"

## New to Medicare?

Learn about your options & enroll in a plan.

[Learn more about options](#)

## Qualify for a Special Enrollment Period?

Log in or create account to change your 2020 coverage.

[Log in or Create Account](#)

[Continue without logging in](#)



## Answer a few quick questions

What type of 2020 Medicare coverage do you want?

You must have Medicare before you can enroll in a Medicare Advantage Plan or Drug plan (Part D). Outside Open Enrollment (October 15 - December 7) you can enroll only during specific times, like your Initial Enrollment Period or a Special Enrollment Period. [Learn more about when you can enroll.](#)

- I want to learn more about Medicare options before I see plans
- Medicare Advantage Plan

Click "Medicare Advantage Plan"

Bundles all Medicare health benefits (with or without drug coverage) plus extra services - like vision, hearing, dental, and more.

- Drug plan (Part D)
- Drug plan (Part D) + Medigap policy
- Medigap policy only

Enter Clients Zip Code

ENTER YOUR ZIP CODE

92705

Continue

Then click "Continue"



ENTER YOUR ZIP CODE

92705

Continue

SELECT YOUR COUNTY



92705, Orange, CA

After you click "Continue" this bottom portion will appear.

Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs

Check "I'm not sure"





Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security

After clicking "I'm not sure" Continue by clicking "Continue Without Logging In"

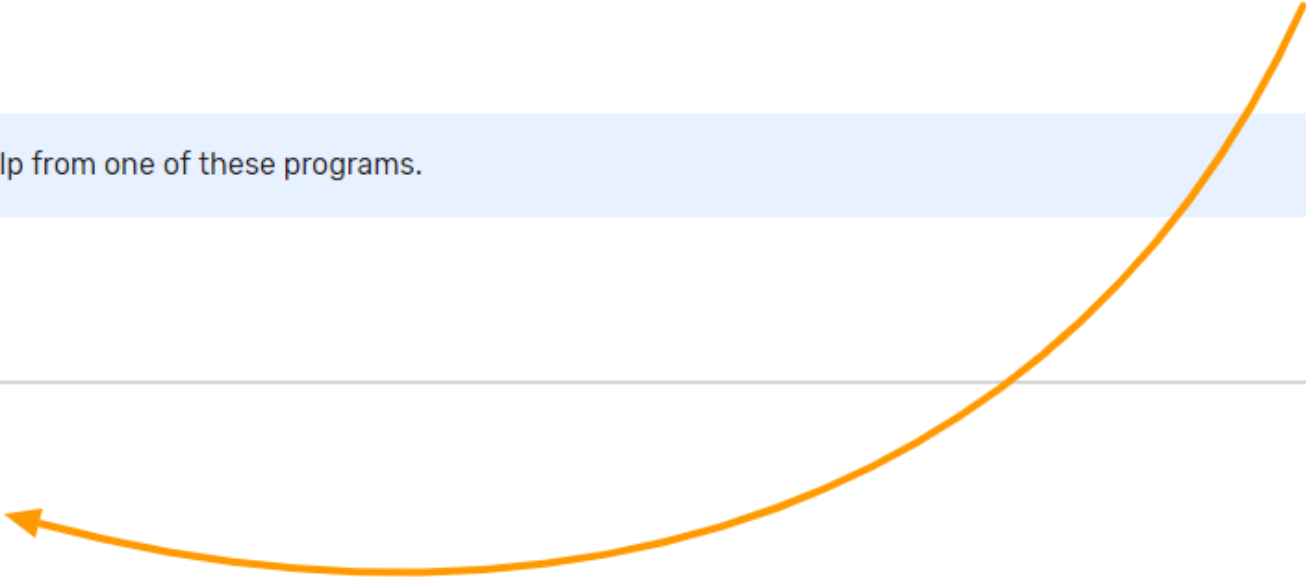
I'm not sure

If you log in, we may be able to see if you get help from one of these programs.

I don't get help from any of these programs

Log in

Continue Without Logging In





FEEDBACK

## Tell us your search preferences

Do you want to see your drug costs when you compare plans?

- Yes *Click "Yes" to the question above*

Great!

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

- No

HOW DO YOU NORMALLY FILL YOUR PRESCRIPTIONS?

- Retail pharmacy *Click on "Both"*
- Mail order pharmacy
- Both

You'll need to tell us the pharmacies you use most to get accurate drug costs.

Next

*Click "Next"*





# Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

[Clear search](#)

Enter Medication. Be Specific!!

[Browse drugs A-Z](#)

[Can't find your drug?](#)

[See Plans Without Drug Costs](#)

[Done Adding Drugs](#)

## Tell us about this drug

Enter the dosage, quantity, and frequency. Be specific.

Januvia


DOSAGE

50mg tablet 

QUANTITY

30

FREQUENCY

Every month 

[Cancel](#)

Then click "Add to My Drug List"

Add to My Drug List

## Confirm your drug list If you need to add more drugs, click "Find & Add Drug"

Januvia 50mg tablet	Quantity 30	Frequency Every month
<a href="#">Remove drug</a>		<a href="#">Edit drug</a>

Find & Add Drug

Done Adding Drugs

If you're done and have added all the drugs, click "Done Adding Drugs"



< Back to drug selection

## Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

92705

NAME OF PHARMACY (OPTIONAL)

Find Pharmacy

Choose up to 5 pharmacies from the drop down list below

Filter by:

Distance: 1 mile

Showing 1-10 of 20 pharmacies near 92705

### Mail-order Pharmacy

Add both mail-order and retail pharmacies to find the lowest cost.

Pharmacy Added

### 1. Cvs Pharmacy #08890

17642 East 17th Street, Tustin, CA 92780  
(714) 832-1850

Pharmacy Added

### 2. Cancer And Blood Care Specialists

1401 N Tustin Ave Ste 220, Santa Ana, CA 92705  
(714) 835-4800

Pharmacy Added

### 3. Cura Pharmacy

17400 Irvine Blvd Ste P, Tustin, CA 92780  
(714) 505-2872

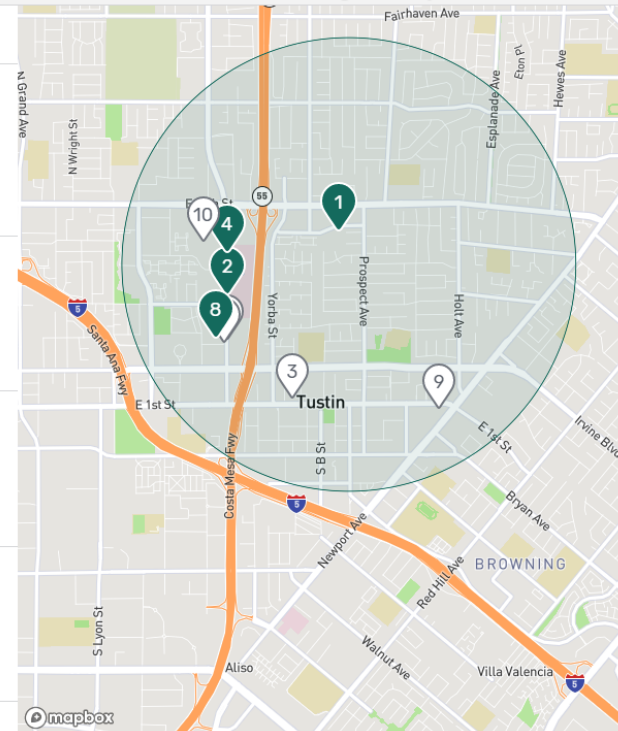
Add Pharmacy

### 4. Allcare Specialty Pharmacy

1403 N Tustin Ave Ste 150, Santa Ana, CA 92705  
(714) 760-4615

Pharmacy Added

use the map to see the location of each pharmacy





7. **Concentra - Santa Ana-tustin**  
800 N Tustin Ave Ste A, Santa Ana, CA 92705  
(714) 245-0800

Add Pharmacy

8. **Med-zone Pharmacy**  
800 N Tustin Ave Ste K, Santa Ana, CA 92705  
(714) 558-1900

Pharmacy Added

9. **Cvs Pharmacy #08877**  
671 East 1st Street, Tustin, CA 92780  
(714) 544-7034

Add Pharmacy

10. **Savon Pharmacy #0598**  
2000 E 17th St, Santa Ana, CA 92705  
(714) 543-8300

Add Pharmacy

1

2

Next >

Your Selections will populate this blue bar

5 Pharmacies  
selected

Cvs Pharmacy  
#08890



Cancer And Blood  
Care Specialists



Allcare Specialty  
Pharmacy



Med-Zone  
Pharmacy



Mail Order  
Pharmacy



Done

Once you select all the pharmacies, Click "Done"





There may be separate drug plans available with lower drug costs. [Tell me more.](#)

[View 32 available drug plans](#)



# 52 Medicare Advantage Plans available

Orange, CA [Change location](#)

[Edit your drugs & pharmacies](#)



FEEDBACK

Filter Plans

No filters selected

Once you see the results you can "Add Special Needs Plans" if it applies

Sort plans by different factors

Showing 10 of 52 Medicare Advantage Plans

SORT PLANS BY Lowest drug + premium cost

[Add Special Needs Plans](#)

- Plans for people who have both Medicare and Medicaid.
- Plans for people who have a chronic or disabling condition (like stroke, cancer, or dementia).
- Plans for people who need long-term care in a facility or at home.

[Clear](#) [Add Special Needs Plans](#)

## Blue Shield 65 Plus (HMO)

Blue Shield of California | Plan ID: H0504-015-0

Star rating: ★★★★★☆

### MONTHLY PREMIUM

**\$0.00** Includes: Health & drug coverage  
Doesn't include: \$144.60 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

**\$20.00** Retail pharmacy: Estimated total drug + premium cost  
Doesn't include: Health costs

### OTHER COSTS

**\$0** Health deductible

**\$0.00** Drug deductible

**\$999 In-network** Maximum you pay for health services

### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#)

### COPAYS/COINSURANCE

Primary doctor: **\$0 copay**  
Specialist: **\$0 copay**

### DRUGS

✓ Includes drug coverage  
[View drugs & their costs](#)

And you can "Add to compare" and compare to 3 plans

[Enroll](#) [Plan Details](#)  Add to compare



## Humana Gold Plus H5619-021 (HMO)

Humana | Plan ID: H5619-021-0

Star rating: ★★★★★

### MONTHLY PREMIUM

**\$0.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

**\$140.00** Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

### OTHER COSTS

**\$0** Health deductible

**\$0.00** Drug deductible

**\$990 In-network** Maximum you pay for health services

Enroll

Plan Details



Add to compare

### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits ▾

### COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$0 copay**

### DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

[See Original Medicare coverage](#)

[View sanctioned plans](#)



Showing 10 of 52 Medicare Advantage Plans

Once you select 3 plans to compare, click "Compare"

3 Plans to compare

Blue Shield 65 Plus (HMO)



Inter Valley Health Plan Service To Seniors (HMO)



WellCare Best (HMO)



Compare



Here you will see the 3 plans you've chosen side-by-side.

### Comparing 3 Medicare Advantage plans

[Back to results](#)

**Blue Shield 65 Plus (HMO)**  
Star rating: ★★★★★☆

**\$0.00**  
Medicare Advantage and drug monthly premium

**\$0**  
Health deductible

**\$0.00**  
Drug plan deductible

**\$999 In-network**  
Maximum you pay for health services

[Plan Details](#)

[Enroll](#)

**Inter Valley Health Plan Service To Seniors (HMO)**  
Star rating: ★★★★★☆

**\$0.00**  
Medicare Advantage and drug monthly premium

**\$0**  
Health deductible

**\$0.00**  
Drug plan deductible

**\$2,000 In-network**  
Maximum you pay for health services

[Plan Details](#)

[Enroll](#)

**WellCare Best (HMO)**  
Star rating: ★★★★★☆

**\$0.00**  
Medicare Advantage and drug monthly premium

**\$0**  
Health deductible

**\$0.00**  
Drug plan deductible

**\$2,500 In-network**  
Maximum you pay for health services

[Plan Details](#)

[Enroll](#)

Overview

If you want more information on a specific plan, click "Plan Details"

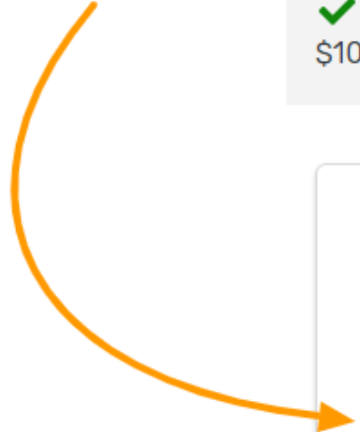
Premium	<p><b>Health premium</b> \$0.00</p> <p><b>Drug premium</b> \$0.00</p> <p><b>Part B premium</b> \$144.60</p>	<p><b>Health premium</b> \$0.00</p> <p><b>Drug premium</b> \$0.00</p> <p><b>Part B premium</b> \$144.60</p>	<p><b>Health premium</b> \$0.00</p> <p><b>Drug premium</b> \$0.00</p> <p><b>Part B premium</b> \$144.60</p>
Deductible	<p><b>Health deductible</b> \$0</p> <p><b>Drug plan deductible</b> \$0.00</p>	<p><b>Health deductible</b> \$0</p> <p><b>Drug plan deductible</b> \$0.00</p>	<p><b>Health deductible</b> \$0</p> <p><b>Drug plan deductible</b> \$0.00</p>
Maximum you pay for health services	\$999 In-network	\$2,000 In-network	\$2,500 In-network

Keep scrolling down on this page to see the plans side by side



\$2,272.32 <b>ALLCARE SPECIALTY PHARMACY</b> ✗ Out-of-network \$2,272.32 <b>Mail order pharmacy</b> ✓ Standard in-network \$10.00	\$2,272.32 <b>ALLCARE SPECIALTY PHARMACY</b> ✓ Standard in-network \$44.00 <b>Mail order pharmacy</b> ✓ Standard in-network \$44.00	\$2,272.32 <b>ALLCARE SPECIALTY PHARMACY</b> ✗ Out-of-network \$2,272.32 <b>Mail order pharmacy</b> ✓ Preferred in-network \$100.00
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To see the price of the drugs selected at the selected pharmacies, click "Plan Details"



Blue Shield 65 Plus (HMO) ✕

Plan Details

Enroll

Inter Valley Health Plan Service To Seniors (HMO) ✕

Plan Details

Enroll

WellCare Best (HMO) ✕

Plan Details

Enroll

FEEDBACK

## Pharmacies

Scroll down until you see "Pharmacies"

Change Pharmacies

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

[More about pharmacy cost levels](#)

<b>CVS PHARMACY #08890</b>	✓ Preferred in-network pharmacy
<b>MED-ZONE PHARMACY</b>	✓ Standard in-network pharmacy
<b>CANCER AND BLOOD CARE SPECIALISTS</b>	✗ Out-of-network pharmacy
<b>ALLCARE SPECIALTY PHARMACY</b>	✗ Out-of-network pharmacy
<b>Mail Order Pharmacy</b>	Costs vary based on the specific mail-order pharmacy

This box will show if the pharmacy is preferred, Standard, or Out-of-network.

**ESTIMATED DRUG COSTS DURING COVERAGE PHASES**

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

## CVS PHARMACY #08890 - Drug costs during coverage phases

✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Glipizide 5mg tablet extended release 24 hour	\$1.99	\$0.00	\$0.00	\$1.99
Januvia 50mg tablet	\$456.38	\$5.00	\$5.00	\$22.82
Metformin / repaglinide 1-500mg tablet	\$177.46	\$177.46	\$177.46	\$177.46
Trulicity 1.5mg/0.5ml solution pen injector	\$768.30	\$5.00	\$5.00	\$38.42
Victoza 18mg/3ml solution pen injector	\$9,320.99	\$5.00	\$5.00	\$466.05
Monthly totals	\$10,725.12	\$192.46	\$192.46	\$706.74

This section will tell you what the customer will pay for the year, the premium costs, and if they enter the coverage gap or catastrophic coverage

### Estimated total drug + premium cost

You will pay **\$2,205.69** per year on drug + premium costs.

Based on current drug costs, it's estimated that:

- You'll enter the coverage gap in September
- You'll exit the coverage gap in October

In this example, this client will enter the coverage gap in September and exit the coverage gap in October

### Estimated monthly drug costs

This doesn't include your monthly plan premium of \$0.00.

View the costs of your drugs every month ^

Time period	Estimated monthly drug costs
September	\$197.46
October	\$594.75
November	\$706.74
December	\$706.74

Cost per month is listed here. This section will also list what the cost is in the coverage gap, and out of the coverage gap  
This client entered the coverage gap in September and exited the coverage gap in October

Want to print this page out? Scroll to the top!







To print the page out, Press the "Print" button

< Go back to plan comparison



Print

Blue Shield of California

# Blue Shield 65 Plus (HMO)

Plan type: Medicare Advantage with drug coverage

Plan ID:H0504-015-0



FEEDBACK

Remember!! Don't enroll clients using this link!  
Go to the carriers website to enroll them!

- Overview
- Benefits & costs
- Extra benefits
- Optional packages
- Drug coverage & costs
- Star ratings

## Overview

PREMIUM	
Total monthly premium	\$0.00
Health plan premium	\$0.00
Drug plan premium	\$0.00
Standard Part B premium	\$144.60
Part B premium reduction	No

Want to get back to this screen to see all plans side by side? Just click the back arrow in your web browser

Want to compare different plans?  
Press the X to take it out, then select

"Back to results" to add a new plan to compare



FEEDBACK

# Comparing 3 Medicare Advantage plans

Back to results

Blue Shield 65 Plus  
(HMO)

Star rating: ★★★★★☆

~~\$0.00~~  
Drug plan deductible

**\$999 In-network**  
Maximum you pay for  
health services

Plan Details

Enroll

Inter Valley Health Plan  
Service To Seniors  
(HMO)

Star rating: ★★★★★☆

**\$0.00**  
Drug plan deductible

**\$2,000 In-network**  
Maximum you pay for  
health services

Plan Details

Enroll

WellCare Best (HMO)

Star rating: ★★★★★☆

**\$0.00**

Drug plan deductible

**\$2,500 In-network**  
Maximum you pay for  
health services

Plan Details

Enroll

If you have any questions or concerns please email [Recruiting@TeamAlvarez.net](mailto:Recruiting@TeamAlvarez.net) for assistance. This tool is to help you compare plans and find which one works best for your client.

Thank you!



We suggest verifying these amounts with the carriers to double check the numbers. This is a reference tool!

Thank you!