





Step by Step Directions for Completing a Medicare Plan Comparison on Medicare.gov

To begin go to "Medicare.gov" and Click on Find Plans



Choose whether to login into a previously created account or to create a new "My Medicare Account".



To Log into a "<u>Previously Created Account</u>" begin by typing in your previously created Username and Password. To create a "<u>New Account</u>" you must click on the "Create Account Now" Blue Link" below.

Log in

USERNAME		
Forgot username?		
PASSWORD		
PASSWORD		
	Show	
Forgot password?		
Log in		

Find my account

Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

By accessing this site, you agree to our <u>Terms and Conditions</u> 🗸

Creating a <u>New Account</u> consists of filling in the responses to the requested Items on the "Create Account Screen". Having your <u>Original Medicare Red, White, and</u> <u>Blue Card</u> will help in this process.

STEP 2 OF 3

Back

Next

Your basic information Create an account LAST NAME SUFFIX None V STEP 1 OF 3 DATE OF BIRTH Your Medicare information Use the format MM/DD/YYYY Month Year Day All fields required. MEDICARE NUMBER Where can I find my Medicare Number? ZIP CODE OR CITY EMAIL ADDRESS PART A COVERAGE START DATE Where can I find my Part A start date? CONFIRM EMAIL ADDRESS Use the format MM/DD/YYYY Month Day Year Don't have an email address? We'll send information about your account by mail to the address on file. I don't have an email address. Don't have Part A? Agree to the statements below Switch to Part B By checking this box, you certify that the information listed is true and complete to the best of your knowledge. Cancel Next

How to Create your Username and Password

- 1. <u>Username</u>: Can be your Email Address or something else familiar
- 1. <u>Password</u>: Must be 8-16 characters long and include the following:
 - At least one <u>Upper Case</u> and one <u>Lower Case</u> Letter
 - One or more <u>Numbers</u>
 - One or more of these <u>Special Characters</u>: @ ! \$ % ^ & ()

Record and secure your Username and Password, so you can find it the next time you need it!

Type in your new Log-In Username and Password then click the "Green Log In Button"

USERNAME PASSWORD	Lo	bg in or create accou	unt
	USERNAME	PASSWORD	



What Type of Coverage or Health Plan Comparison do you want to view?

You can view Medicare Advantage Plans, Prescription Plans, and Medigap Policies.

Answer a few quick questions

What type of 2022 coverage are you looking for?

0	Drug plan (Part D)
A	dds drug coverage to Original Medicare.
0	Drug plan (Part D) + Medigap policy
0	Medigap policy only
0	I want to learn more about Medicare options before I see plans

Add Zip Code/County and if You Recieve Help with any of the Cost Sharing Programs Below

ENTER YOUR ZIP CODE

19	087	Continue
Sele	ct your county	
\bigcirc	19087, Chester, PA	
Ø	19087, Delaware, PA	
\bigcirc	19087, Montgomery, PA	

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

Tell us your search preferences

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



BEGIN CREATING YOUR DRUG LIST by adding <u>New Drug</u> Information or <u>Deleting Old Drug</u> Information. Your updated Drug Information will be used within your completed comparison.

Add your prescription drugs

BEGIN TYPING TO FIND & SELECT YOUR DRUG.



PROOFREAD YOUR DRUG LIST VERY CAREFULLY!

Confirm your drug list Mydayis 25mg capsule extended release 24 hour	Quantity 30	Frequency Every month	Double-check each of these for accuracy for the drugs you use <u>daily</u> :
Remove drug		Edit drug	<u>Name</u> of Drug/Medication Dose/Miligrams
Tamsulosin hydrochloride	Quantity	Frequency	Quantity/Amount you
0.4mg capsule generic	90	Every 3 months	 <u>How often</u>you purchase
Remove drug		<u>Edit drug</u>	Drug or Medication

If Medicare.gov automatically populates your Drug List for you, triple-check your list of drugs:

- Check the **Names** of the **items** in the list.
- Check all the Data especially dosage and amount for any medication that is not a pill (.i.e creams, oitments, injections) – There are often errors found in medication that are <u>not pills</u>.
- <u>Delete</u> any <u>Duplicates</u> or <u>Infrequent</u> items!



Choose Your Pharmacies: You may want to <u>select up to four</u> pharmacy choices and the <u>Mail Order Option</u> to include in your health/drug plan comparison

K 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.



Sort Plans by Lowest Drug & Premium Cost

Showing 10 of 48 Medicare Advantage Plans



 \sim

Health Partners Medicare Complete (HMO-POS)

Health Partners Medicare | Plan ID: H9207-012-0

Star rating: $\bigstar \bigstar \bigstar \bigstar$

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$0.00 Retail pharmacy: Estimated total drug + premium cost Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$7,550 In-network Maximum you pay for health services

ΡΙ ΔΝ	BENEEITS
	DENEITIS

🗸 Vision

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

COPAYS/COINSURANCE

Primary doctor: \$0 copay

Specialist: \$45 copay per visit

DRUGS

Includes drug coverage

View drugs & their costs

DRUG PLAN COMPARISONS



HOW TO FIND THE BEST DRUG PLAN FOR YOU

Scroll Through The First Few Drug Plans.

Filter by: Insurance Carrier Star Ratings			
Showing 10 of 25 drug plans	SORT PLANS BY	Lowest drug + premium cost	~
Wellcare Value Script (PDP) Wellcare Plan ID: S4802-141-0 Star rating: Coming Soon			
MONTHLY PREMIUM	PHARMAC	CIES	
\$12.90 Includes: Only drug coverage	4 of 4 of yo View your p	4 of 4 of your selected retail pharmacies are in-network View your pharmacies DRUGS View drugs & their costs	
YEARLY DRUG & PREMIUM COST			
\$1,495.47 Retail pharmacy: Estimated total drug + premium cost	DRUGS		
\$1,484.42 Mail-order pharmacy: Estimated total drug + premium cost	<u>view drugs</u>		
DEDUCTIBLE			
\$480.00 Drug deductible			
Open Enrollment starts October 15 Plan Details Add to compare			
Humana Walmart Value Rx Plan (PDP) X WellCare Wellness Rx (PDP)	× EnvisionRxPl	us (PDP)	×

3 Plans to com

VIEWING YOUR THREE "PART D"DRUG PLAN COMPARISON Be Sure There Is A Preferred Pharmacy In Your Comparison!

	Delaware, PA				
		Clear Spring Health Premier Rx (PDP) × \$18.20 Monthly premium Plan Details Your current plan	Wellcare Value Script (PDP) X \$12.90 Monthly premium Enroll Plan Details	Elixir RxPlus (PDP) X \$20.30 Monthly premium Enroll Plan Details	
	Overview				
	Star rating	★★☆☆☆	***	★★★☆☆	
	Total	\$18.20	\$12.90	\$20.30	
	Yearly drug deductible	\$480.00	\$480.00	\$480.00	
-	Drug coverage & costs				
	Drugs covered/Not covered	3 of 3 Prescription drugs covered <u>Restrictions may apply</u>	3 of 3 Prescription drugs covered <u>Restrictions may apply</u>	3 of 3 Prescription drugs covered Restrictions may apply	
	Estimated total drug + premium cost	RITE AID PHARMACY 00995 Proferred in-network \$350.40	RITE AID PHARMACY 00995 Standard in-network \$610.80	RITE AID PHARMACY 00995 Preferred in-network \$399.60	
		WAL-MART PHARMACY 10-4687 ✓ Preferred in-network \$350.40	WAL-MART PHARMACY 10-4687 ✓ Standard in-network \$610.80	WAL-MART PHARMACY 10-4687 Preferred in-network \$399.60	
		PATIENT FIRST DEVON Standard in-network \$544.44	PATIENT FIRST DEVON Standard in-network \$610.80	PATIENT FIRST DEVON Cut-of-network \$4,225.32	

Selecting a <u>Preferred Pharmacy</u> is important because it can <u>save</u> you <u>money</u> with the plan you choose.



You Can Opt to See Only Preferred Pharmacies

Back to plan details SilverScript SmartRx (PDP) **In-Network Pharmacy Finder** ENTER YOUR COMPLETE ADDRESS OR ZIP CODE 19087 Find Pharmacy Show only preferred in-network pharmacies What's this? Filter by: Distance: 5 miles 🗸 Showing 1-10 of 16 pharmacies near 19087 Crestwycł Washington Memorial Chapel 3rd Ave Mail-order Pharmacy Brittains Corner Valley Forge Preferred in-network Pharmacy Added (252) National Add both mail-order and retail pharmacies to find the Valley Forge lowest cost. 1st Ave 1st Ave Gulph Rd Lafavette Park 1. Sav-on Pharmacy #3753 Knob Ln 252 Preferred in-network Pharmacy Added 700 W Lancaster Ave, Wayne, PA 19087 252 (610) 341-0951 RUSSIA TOWN CENTER 2. CVS Pharmacy #00370 Preferred in-network Pharmacy Added 316 East Lancaster Ave, Wayne, PA 19087 (610) 688-8852 Bradford Rd Colonial Village pugh Rd

Find The Best Total Drug + Premium Cost And Make Your Decision



Wellcare

RITE AID PHARMACY 00995

Standard in-network \$190.22

CVS PHARMACY #00370 ✓ Standard in-network \$191.70

SAV-ON PHARMACY #3753

Preferred in-network
 \$65.62

WAL-MART PHARMACY 10-4687

Preferred in-network
 \$86.80

Mail order pharmacy

Preferred in-network
 \$64.82

Elixir

RITE AID PHARMACY 00995

Standard in-network
 \$100.60

CVS PHARMACY #00370 ✓ Standard in-network \$100.48

SAV-ON PHARMACY #3753

Standard in-network \$100.60

WAL-MART PHARMACY 10-4687

Preferred in-network\$82.80

Mail order pharmacy Preferred in-network \$82.80

ClearSpring

RITE AID PHARMACY 00995 Preferred in-network

CVS PHARMACY #00370

\$89.20

Preferred in-network
 \$89.20

SAV-ON PHARMACY #3753

Preferred in-network
 \$89.20

WAL-MART PHARMACY 10-4687

Preferred in-network\$89.20

Mail order pharmacy Preferred in-network \$89.20

FINAL STEP - ENROLL!

Delaware, PA

	Elixir RxPlus (PDP) X \$20.30 Monthly premium Enroll Plan Details	SilverScript SmartRx (PDP) × \$7.20 Monthly premium Enroll Plan Details	Cigna Secure Rx (PDP) \$36.80 Monthly premium Enroll Plan Details		
Overview					
Star rating	★★★☆☆	***	★★★☆ ☆		
Total	\$20.30	\$7.20	\$36.80		
Yearly drug deductible	\$480.00	\$480.00	\$480.00		
Drug coverage & costs					
Drugs covered/Not covered	3 of 3 Prescription drugs covered <u>Restrictions may apply</u>	3 of 3 Prescription drugs covered <u>Restrictions may apply</u>	3 of 3 Prescription drugs covered Restrictions may apply.		
Estimated total drug + premium cost	RITE AID PHARMACY 00995 Preferred in-network \$399.60 WAL-MART PHARMACY 10-4687 Preferred in-network \$399.60 PATIENT FIRST DEVON © out-of-network \$4225.32 Mail order pharmacy Preferred in-network \$291.60	RITE AID PHARMACY 00995 Standard in-network \$844.20 WAL-MART PHARMACY 10-4687 Preferred in-network \$412.00 PATIENT FIRST DEVON Out-of-network \$40.068.12 Mail order pharmacy Preferred in-network \$410.40	RITE AID PHARMACY 00995 Preferred in-network \$513.60 WAL-MART PHARMACY 10-4687 Preferred in-network \$513.60 PATIENT FIRST DEVON ✓ Standard in-network \$782.28 Mail order pharmacy ✓ Preferred in-network \$441.60		

MEDICARE ADVANTAGE PLAN COMPARISON



HOW TO FIND THE BEST ADVANTAGE PLAN FOR YOU

Start by Choosing Plan Type and then Filters

MY LOCATION PLAN TYPE Delaware, PA Change location Select a Plan Type ~	
Filter by: Plan Benefits Insurance Carrier Drug Coverage Star Ratings Special Needs Plans	
Showing 10 of 48 Medicare Advantage Plans	SORT PLANS BY Lowest drug + premium cost 🗸
Keystone 65 Basic Rx (HMO) Independence Blue Cross Plan ID: H3952-056-0 Star rating: ★ ★ ★ ☆ MONTHLY PREMIUM	PLAN BENEFITS
 \$0.00 Includes: Health & drug coverage Doesn't include: \$148.50 Standard Part B premium YEARLY DRUG & PREMIUM COST 	 Vision Dental Hearing Transportation Eitness basefits
\$2,953.43 Retail pharmacy: Estimated total drug + premium cost Doesn't include: Health costs OTHER COSTS	 ✓ Fritness benefits ✓ Worldwide emergency ✓ Telehealth See more benefits ∨
\$0 Health deductible	COPAYS/COINSURANCE
\$0.00 Drug deductible \$7,550 In-petwork Maximum you pay for health services	Primary doctor: \$0 copay Specialist: \$40 copay per visit
Wigoo In-network Maximum you pay for health services	DRUGS

Select a Plan Type. <u>Note</u>: Plans labeled <u>"PPO"</u> have Out of Network flexibility and the cost of services may be higher than <u>HMO</u> Plans.

Medicare.gov

There may be separate drug plans available with lower drug costs. Tell me more.

MY LOCATION	PLAN TYPE
Delaware, PA Change location	Select a Plan Type 🧄
Filter by: Plan Benefits 🗸 In:	X Star Ratings ~ Spec
Showing 10 of 48 Medicare Advantage	Types of Medicare health plans Learn about plan types HMO (Health Maintenance
Keystone 65 Basic	Organization) PPO (Preferred Provider Organization)
Star rating: ★★★☆☆	MSA (Medical Savings Account) Prescription Drug Plans
\$0.00 Includes: Health & dr Doesn't include: \$148	<u>Clear</u> Apply

Filter Plans to add other benefits and services that you would like to see in your final plan comparison			
er by: Plan Benefits A Insurance Carrier V Drug Coverage V Star R	Ratings 🗸 Special Needs Plans 🗸		
owing 10 Vision coverage	SORT PLANS BY Lowest drug + premium cost V		
Dental coverage Hearing coverage Wellca Star ratii Fitness benefits			
\$0.0 <u>Clear</u> Apply coverage Standard Part B premium	✓ Vision ✓ Dental ✓ Hearing		
YEARLY DRUG & PREMIUM COST	 Transportation Fitness benefits 		
\$799.73 Retail pharmacy: Estimated total drug + premium cost	Vorldwide emergency		
Loesh t Include: Health costs	See more benefits V		
OTHER COSTS			
\$0 Health deductible			
\$0.00 Drug deductible	Primary doctor: \$0 copay		
\$6,700 In-network Maximum you pay for health services	DRUCS		
	✓ Includes drug coverage View drugs & their costs		

VEIW YOUR PLAN COMPARISON DETAIL INFORMATION

On this screen <u>review</u> these items: The Plans <u>Star Rating</u>, <u>Plans + Premium Cost</u>, <u>Plan Copays &</u> <u>Deductibles</u>, Plan <u>Annual Maximum Cost</u> for each selected plan then click the "<u>Add to Compare</u> <u>Box</u>" to begin to compare plans Side by Side. You can compare up to <u>three</u> plans.



Once <u>Three Plans have been viewed</u> and <u>selected</u> click the "<u>Compare Button</u>" in the Lower Right Corner



Viewing Your Medicare Advantage Plan Comparison

Deleure DA				FILL
Delaware, PA				
	Health Partners Medicare Complete × (HMO-POS) \$0.00 Medicare Advantage and drug monthly premium	Allwell Medicare (HMO) × \$0.00 Medicare Advantage and drug monthly premium	Allwell Medicare Boost (HMO) \$0.00 Medicare Advantage and drug monthly premium	×
	Enroll Plan Details	Enroll Plan Details	Enroll Plan Details	
Overview				
Star rating	★★★☆ ☆	Not enough data available	Not enough data available	
Health deductible	\$0	\$0	\$0	
Drug plan deductible	\$0.00	\$0.00	\$0.00	
Maximum you pay for health services	\$7,550 In-network	\$6,700 In-network	\$7,550 In-network	
Health premium	\$0.00	\$0.00	\$0.00	
Drug premium	\$0.00	\$0.00	\$0.00	
Part B premium	\$148.50	\$148.50	\$148.50	

Scroll down further and take note of the Plan Benefits

Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00
Part B premium	\$148.50	\$148.50	\$148.50
Plan features	 Vision Dental Hearing Transportation Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth Endodontics Periodontics Extractions View additional benefits 	 Vision Dental Hearing Transportation Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth Endodontics Periodontics Extractions View additional benefits 	 Vision Dental Hearing Transportation Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth Endodontics Periodontics Extractions View additional benefits

Important: Always scroll down <u>Comparison Page</u> to read Plan Details...

	Health Partners Medicare Complete × (HMO-POS) \$0.00 Medicare Advantage and drug monthly premium	Allwell Medicare (HMO) × \$0.00 Medicare Advantage and drug monthly premium	Allwell Medicare Boost (HMO) × \$0.00 Medicare Advantage and drug monthly premium
	Enroll Plan Details	Enroll Plan Details	Enroll Plan Details
Primary doctor visit	In-network: \$0 copay	\$0 сорау	\$10 copay per visit
Specialist visit	In-network: \$45 copay per visit Out-of-network: 20% coinsurance per visit	\$40 copay per visit	\$40 copay per visit
Diagnostic tests & procedures	In-network: \$0 copay	\$0 сорау	\$0-30 copay
Lab services	In-network: \$0 copay	\$0-20 copay	\$0-10 copay
Diagnostic radiology services (like MRI)	In-network: \$250 copay	20% coinsurance	20% coinsurance
Outpatient x-rays	In-network: \$30 copay	\$0-40 copay	\$10 copay
Emergency care	Not covered	Not covered	Not covered
Urgent care	\$55 copay per visit (always covered)	\$40 copay per visit (always covered)	\$65 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$170 per day for days 1 through 10 \$0 per day for days 11 through 90 Out-of-network: Not Applicable	\$350 per stay	\$295 per day for days 1 through 6 \$0 per day for days 7 through 90

Be Sure Each Plan Has a Preferred Pharmacy



Selecting a <u>Preferred Pharmacy</u> is important because it can <u>save</u> you <u>money</u> with the plan you choose.



You can opt for preferred pharmacy options only



Once <u>Three</u> Plan Comparison Details are <u>viewed</u> scroll up to the <u>top</u> of plan comparison and <u>write down or identify your first, second, and third</u> plan comparison <u>preferences.</u>

Print

Health Partners Medicare Complete X (HMO-POS) \$0.00 Medicare Advantage and drug monthly premium	Allwell Medicare (HMO) × \$0.00 Medicare Advantage and drug monthly premium	Allwell Medicare Boost (HMO) × \$0.00 Medicare Advantage and drug monthly premium Republic
★★★ \$\$	Not enough data available	Not enough data available
\$0	\$0	\$0
\$0.00	\$0.00	\$0.00
\$7,550 In-network	\$6,700 In-network	\$7,550 In-network
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$148.50	\$148.50	\$148.50
	Health Partners Medicare Complete (HMO-POS) × \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details ★★★☆☆ × \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$148.50 \$	Health Partners Medicare Complete HMO. X So.00 So.00 Medicare Advantage and drug monthly premium So.00 Medicare Advantage and drug monthly premium Errol Plan Details Errol Plan Details Not enough data available So.00 So.00 So.00 Medicare Advantage and drug monthly premium Image: Solon Plan Details Not enough data available Solon Solon Solon Solon </th



Call your Physicians and Hospitals to see which plans they accept before enrolling in any plans!

At this time, you may log out of your Medicare.gov plan comparison to make your phone calls

Once your <u>phone calls</u> are <u>completed log back</u> into your <u>Medicare.gov</u> <u>account</u> and <u>follow the steps to return</u> to your <u>Plan Comparison Page</u> to begin the process of plan <u>enrollment.</u>

Log in or create account

USERNAME	PASSWORD	
		Log in

Trouble logging in?

Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

Now you are back where you left off to make phone calls

Showing 10 of 48 Medicare Advantage Plans	SORT PLANS BY Lowest drug + premium	cost 🗸
Health Partners Medicare Complete (HMO-POS) Health Partners Medicare Plan ID: H9207-012-0 Star rating: ★★★☆☆		
MONTHLY PREMIUM	PLAN BENEFITS	
\$0.00 Includes: Health & drug coverage	✓ Vision	
Doesn't include: \$148.50 Standard Part B premium	 ✓ Dental ✓ Hearing 	
YEARLY DRUG & PREMIUM COST	Fitness benefits	
\$0.00 Retail pharmacy: Estimated total drug + premium cost	✓ Worldwide emergency	
Doesn't include: Health costs	✓ Telehealth	
OTHER COSTS	See more benefits 🗸	
\$O Health deductible	COPAYS/COINSURANCE	
\$0.00 Drug deductible	Primary doctor: \$0 copay	
	Specialist: \$45 copay per visit	
\$7,550 In-network Maximum you pay for health services	DRUGS	
	✓ Includes drug coverage View drugs & their costs	
Enroll Plan Details Add to compare		

Three Plans Checked to Compare

Actana Medicare Johan Dr. H3890-052-0 Ber and Medicare Johan Dr. H3890-052-0 Ber and Medicare Johan Dr. H3890-052-0 Monthard Person Medicare Johan Dr. Handle Johan Dr. Handl	Nut Ortiki	PLAN BENETIS Vicin Vicin Transportation Vicination Vic	
Cigna Alliance Medicare (HMO) Cipel IPan D 10040-0310 Starting ★★★★ Worktay Personal		PLAN REVETS	
\$0.00 Includes: Health & drug coverage		Vision	
Doesn't include: \$148.50 Standard Part B premium		V Hearing	
YEARLY DRUG & PREMIUM COST		✓ transportation	
\$0.00 Retail pharmacy: Estimated total drug + premium cost Doesn't include: Health costs		✓ Worlawide margancy ✓ Telebaath	
OTHER COSTS		See more benefits v	
\$0 Health deductible		COPAYS/COINSURANCE	
\$0.00 Drug deductible		Primary doctor: \$0 copay	
\$6,900 In-network Maximum you pay for health services		Specialist 528-copay per visit	
		DRUCS V Includes dras organiza	
		View dougs & the set of the set o	
Enroll	Plan Details 🖌 Added to compare		
Health Partners Medicare Complete (HMO-POS) Health Partners Medicare (Plan ID: H9207-012-0 Star rating: ★★★☆ ☆			
MONTHLY PREMIUM		PLAN BENEFITS	
\$0.00 Includes: Health & drug coverage		✓ Vision ✓ Dental	
Doesn't include: \$148.50 Standard Part B premium		✓ Hearing	
YEARLY DRUG & PREMIUM COST		✓ Transportation	
\$0.00 Retail pharmacy: Estimated total drug + premium cost Doesn't include: Health costs		✓ Worldwide emergency ✓ Telehaath	
OTHER COSTS		See more benefits. 🗸	
\$0 Health deductible		COPAYS/COINSURANCE	
\$0.00 Drug deductible		Primary doctor: \$0 cepay	
\$7,550 In-network Maximum you pay for health services		Specialist: \$46 copay par visit	
		DRUGS	
		 Inclusion struggicoverage View of why & Thetic costs 	
Enroli	Plan Details Added to compare		
		Y Constant of the second secon	

Click the "Compare Button" in Lower Right Corner



Now you that have <u>returned</u> to the "<u>Plan Comparison Page</u>" click the "<u>Blue Enroll Button</u>" to start the plan <u>Enrollment Application</u>



Important Notes for both Drug and Advantage Plans:

- Remember if you switch to a <u>new plan</u> or <u>new pharmacy</u>, you will need to get <u>new prescriptions</u> sent from your <u>Doctor's Office</u>. In addition, **do not forget** to give your <u>doctors</u>, <u>specialists</u>, and <u>hospitals</u> your <u>new Medicare Advantage Plan or Prescription Plan Insurance Card</u> and <u>any other</u> important information related to your new Medicare Insurance Plan.
- Once the plan <u>becomes effective</u>, be sure you <u>shop</u> at the **Preferred Pharmacies** under your <u>selected plan</u>. Using "<u>Standard</u>" Pharmacies could <u>cost</u> you more!

More Reminders...

 Mark your calendar to remind yourself to complete a similar Medicare Advantage Plan or Part D Comparison between <u>October 15 and</u> <u>December 7</u> every year.

If you need assistance in completing your Advantage Plan Comparison and you live in Delaware County, call 484-494-3769 the SCS PA MEDI Medicare Program Local Office to ask a quick question or to make an appointment with an SCS PA MEDI Medicare Program Counselor. More Contact Information PA MEDI Program of Delaware County Program Manager Glenda A. Radical 1515 Lansdowne Avenue Lansdowne, PA 19023

484 494-3769 Email: delcopamedi@scs-delco.org PA MEDI Website: www.delcomedicareprogram.org Interested In a Medicare Presentation? Email

Louisaapprise@yahoo.com

