How to Sign-up for a Medicare Prescription Drug Plan on the Internet (for those who have both Medi-Cal and Medicare)

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*If you have a prescription drug plan through your employer, the union, or the military, this guide will NOT help you.
This guide is for those who have BOTH Medi-Cal and Medicare and who want to sign up for a Medicare prescription drug plan on the Internet. This is NOT for you if you get your drug: 1) as retiree thought an employer plan or union OR 2) through the military.

This guide will NOT explain the Medicare Part D program. The guide is a “navigation tool” and will get you from “point A to point B” on the Medicare website. You should have received materials through the mail last month that describe the Part D program and how you can enroll. The most effective way to use this guide AFTER you have read these materials.

After you follow the steps in this guide, you will be able to chose a plan that:

• Covers the drugs you currently taking;
• Is a plan that you can use at your favorite pharmacy; and
• Has premiums and co-pays that you can afford.

If you need more help, check the resource list at the end of the guide for places you can go to to get individual or small group assistance.

This guide in no way selects the drug plan for you nor is it providing legal advice.
How this guide works

1. Are my drugs covered?
2. Can I go to my favorite pharmacy?
3. Can I afford the drug plan?

This guide visually leads you through the Medicare web site--step-by-step, one screen at a time. The steps shown in this guide is the easiest and most direct path to enrolling. There are other “pathways” that also work. You are free to experiment. But, if you are not familiar with the website or computers, this guide will save you time and effort.
Medicare Prescription Drug Plan Step-by-Step Guide through Web Site Enrollment

Get onto the InterNet via Internet Explorer, Netscape, AOL, or another search engine.

Type **www.medicare.gov** in the ADDRESS field.

Let's get started
Are you currently belong to an HMO or other Managed Care Plan (e.g., Kaiser, Health Net, Blue Cross, etc.)?

- Yes: Go to page 35
- No: Go to page 6
Medi-Cal/Medicare Beneficiaries NOT Enrolled in an HMO or Managed Care Plan
STEP 1: This is the first screen you will see on the Medicare web site.

Click on the second item on the list, “Compare Medicare Prescription Drug Plans.”
STEP 2: Select "Find a Medicare Prescription Drug Plan. Click on the orange arrow."
STEP 3: The next screen you will see is shown on the left side of this page. You do not have to supply your personal information at this point. Instead, scroll down to “B. General Plan Search.” Click on the “General Search” button.
STEP 4: There are five questions (A to E) on this screen. Your answers will help identify the drug plans that best fit your situation. Check all items that apply.

Type in your 5-digit zip code.

Check the item (s) that apply to you about your current drug coverage.
STEP 5: The red boxes will help you to answer the questions on this screen. When you are finished, press the “Continue” button at the bottom of the screen.

Select “yes.”

D & E will appear on the screen ONLY if your answer to question C is ‘yes.”

Select whether your notification letter came from Medicare or the Social Security Administration.

Select the type letter you received for this information.
STEP 6: This screen confirms the information you’ve entered. If everything is correct, click on “Choose a Drug Plan Type” button. If you want to make changes to your information, click on “Return to the Previous Page” button.

Is this information right?
STEP 7: Click on “Search for Medicare Prescription Drug Plans”

Click on “Search for Medicare Prescription Drug Plans”. If you are interested in signing up for an HMO or managed care plan, click on the check-off box “Also include Medicare Advantage and Other Medicare Health Plans.”
Step 8: Click on “Enter my Medications” button.
Step 9: On this screen you will enter the names of the drugs you currently take. Check the label on the vials. Only GENERIC names are accepted (unless there isn’t one available).

Enter the GENERIC* name of the drug and the strength.

Press this button.

*Brand name drugs are allowed if there is no equivalent generic drug available.
Step 10: On this screen, select the drug you take.

Click on this button.
Step 11: Here the drug you’ve entered is shown. You can add another drug. Remember only GENERIC names are accepted (unless there isn’t one available).

Press this button to add another drug.
Step 12: When you have finished entering your medications, you are ready to move to the next step. However, you must first confirm your medications.

Press this button to confirm.
Step 13: Now, select the dosage (strength) of the medication you take.

Press this button.
Step 14: Select the dosage that applies to you.

If you have other drugs, repeat the step 13 and this step until you have chosen the dosage for each drug on your list.
Step 15: Select the dosage that applies to you.

When you are finished selecting the dosage for each drug, press this button.
Step 16: If you have a preferred pharmacy, you can check which plans the pharmacy accepts.

Press this button to select the pharmacy.
Step 17: You may not find the least expensive plan if you select a specific pharmacy. If you want to stay with your current pharmacy, press the “Continue to Pharmacy Selection” button.
Step 18: The pharmacies are listed by proximity to your zip code.

If your pharmacy is on the list, select your pharmacy and then press the “Continue with Pharmacy Selection” button.

If you do not find your pharmacy, scroll down the page and increase the distance from your zip code.
Step 19: When you find your pharmacy click on the box next to the address.

Press the button at the bottom to see the plans that your pharmacy accepts.
Step 20: All the drug plans for which you are eligible is listed. The least expensive plans are listed first. Basic information about the plan is shown next to the drug plan. You can scroll through the list.
Step 20a: On this screen you can do several things.

1. To find out more about the plan click on the plan name in column 2.

2. If you want to see more plans, there may be several pages in the list. Click on “Next” to see the next group of drug plans.

OR

(go to next page)
Step 20b: (Continued) Reviewing Plans that use your selected pharmacy

You can compare up to 3 plans by placing a check in the box in column 1, then click on “Compare 3 Plans” button.

The cost information below gives you an estimate of what you can expect to pay for prescription drugs with each plan. These estimates are based on your current drug use and pharmacy preference. Please review the pharmacy and drug list below to make sure the information is correct and complete. You may use the tools below to update your pharmacy and drug selection if necessary. Click here for Information on Choosing a Plan.

Start a New Search

These results are sorted by the Estimated Annual Cost. To sort by another column, click the column name below.

<table>
<thead>
<tr>
<th>Select To Compare</th>
<th>Plan Summary</th>
<th>Plan Information</th>
<th>Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly Drug Premium</td>
<td>Monthly Cost Share</td>
<td>More About This Plan</td>
</tr>
<tr>
<td>AARP MedicareRx Plan (Contract ID: S5831, Plan ID: 031)</td>
<td>$0.00</td>
<td>$1.00</td>
<td>Select Below</td>
</tr>
<tr>
<td>Health Net Orange (Contract ID: S5676, Plan ID: 001)</td>
<td>$0.00</td>
<td>$1.00</td>
<td>Select Below</td>
</tr>
<tr>
<td>PacificCare Savvy Plan (Contract ID: S5921, Plan ID: 002)</td>
<td>$0.00</td>
<td>$1.00</td>
<td>Select Below</td>
</tr>
<tr>
<td>Health Net Orange (Contract ID: S5676, Plan ID: 008)</td>
<td>$0.00</td>
<td>$1.00</td>
<td>Select Below</td>
</tr>
<tr>
<td>WellCare Signature (Contract ID: S5867, Plan ID: 005)</td>
<td>$0.00</td>
<td>$1.00</td>
<td>Select Below</td>
</tr>
</tbody>
</table>

The Monthly Cost Share is the amount you will pay for drugs before you reach the annual out of pocket limit. Please select “View Cost Details” for more information.

Compare up to 3 Plans
Step 21: This screen summarizes your choices thus far.

This point you have identified the pharmacy and your drugs and plans that are available for you.
Step 22: You can now enroll in the plan of your choice, in this example, AARP MedicareRx.

Press the “Enroll” button to proceed with plan enrollment.
If you want more information about the plan, click on the plan name.
Step 23a: You are now ready to enroll! Fill out the information requested.

You will provide personal information; permanent residence; Medicare information; and information about any other insurance you may have (see next two screens).

A B C D
Step 23b: Fill out the information requested.

Please provide your Medicare insurance information:

- Please take out your Medicare Card to complete this section.
- Please fill in these blanks so they match your red, white and blue Medicare card.

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

RRB Beneficiaries click here

Your plan premium payment option:

You can have the monthly premium for the Medicare drug plan automatically deducted from your Social Security check. If you don’t choose this option, we will send you a bill each month which you can pay by mail or by electronic Funds Transfer (EFT). Generally you must stay with the option you choose for the rest of the year.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare may cover all or some portion of your plan premium. Please choose if you want the remaining premium, if there is any, deducted from your monthly check.

Would you like the premium for this plan deducted from your SSA monthly benefit check.  

Yes  
No

Please answer the following questions to help Medicare coordinate your benefits:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.
Step 23c: Fill out the information requested.

When you are finished, press “Continue” to get a confirmation of your enrollment.
Congratulations, you are finished!
This section is for Medi-Cal/Medicare beneficiaries enrolled in a HMO/managed care plan.

Dual eligibles who are in a Medicare Advantage (MA) plan (formerly known as HMO) will automatically be enrolled in a Medicare Advantage plan that includes prescription drug coverage (MA-PD) on January 1, 2006. If the MA-PD has a monthly premium above $23.25, the beneficiary may have to pay the difference.
STEP 1-MAPD: This is the first screen you will see on the Medicare web site.

Click on the second item on the list, “Compare Medicare Prescription Drug Plans.”
STEP 2-MAPD: Select “Find a Medicare Prescription Drug Plan. Click on the orange arrow now"
STEP 3-MAPD: the next screen you will see is shown on the left side of this page. You do not have to supply your personal information at this point. Instead scroll down to “B. General Plan Search”. Click on the “General Search” button.
STEP 4-MAPD: There are five questions (A to E) on this screen. Your answers will help identify the drug plans that best fit your situation. Check the items that apply.

Type in your 5-digit zip code.

Check the item(s) that apply to you about your current drug coverage.
STEP 5-MAPD: The red boxes will help you to answer the questions on this screen. When you are finished, press the “Continue” button at the bottom of the screen.

Select “yes.”

D & E will appear on the screen ONLY if your answer to question C is ‘yes.”

Select whether your notification letter came from Medicare or the Social Security Administration.

Select the type letter you received for this information.
STEP 6 MAPD: this screen confirms the information you’ve entered. If everything is correct, click on “Choose a Drug Plan Type” button. If you want to make changes to your information, click on “Return to the Previous Page” button.
STEP 7-MAPD: Click on “Search for Medicare Advantage Plans.”
STEP 8-MAPD: The first question is “Do you have both Medicare Parts A and B?” Choose “yes” or “no” and click on the “Continue” button.
STEP 9- MAPD: If you answered “No” you can not join a Medicare Advantage plan. End here.
STEP 10-MAPD: If you answered “Yes” enter your zip code and then “Medicare Advantage Plan. Click on “Find a Plan” to continue.
STEP 11-MAPD: A list of managed care “Medicare Advantage” plans are now listed with some information about the plan including the monthly premium and co-payments.
STEP 12-MAPD: Click on the plan you are currently enrolled in, then scroll to the bottom of the page and click on “View Detailed Report.”
STEP 13- MAPD: Detailed information about the plan benefits and how the plan works is provided. If you want to know which pharmacies are participating, click on “pharmacies”.

List of pharmacies
STEP 14-MAPD: You can choose to enroll in the plan. Some plans have on-line enrollment and other plans require that you call.
Step 15-MAPDa: You are now ready to enroll! Fill out the information requested.

You will provide personal information; permanent residence; Medicare information; and information about any other insurance you may have (see next two screens).
Step 15-MAPDb: Fill out the information requested.

Please provide your Medicare insurance information:

- Please take out your Medicare card to complete this section.
- Please fill in these blanks so they match your red, white, and blue Medicare card.
- You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.
- RRB beneficiaries click here

Your plan premium payment option:

- You can have the monthly premium for the Medicare drug plan automatically deducted from your Social Security check. If you don’t choose this option, we will send you a bill each month which you can pay by mail or by Electronic Funds Transfer (EFT). Generally you must stay with the option you choose for the rest of the year.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare may cover all or some portion of your plan premium. Please choose if you want the remaining premium, if there is any, deducted from your monthly check.

Would you like the premium for this plan deducted from your SSA monthly benefit check.  

Yes  No

Please answer the following questions to help Medicare coordinate your benefits:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or state pharmaceutical assistance programs.
Step 15-MAPDc: Fill out the information requested.

When you are finished, press “Continue” to get confirmation of your enrollment.
Congratulations, you are finished!
COMMUNITY RESOURCES

Health Insurance Counseling and Advocacy Program for Alameda County: Multiple languages available for non-English speaking (510) 839-0393.

Hicap counselor Marlene Fong can be seen in district office by calling Hicap for an appointment and asking for an appointment there. There are other sites such as at Mastick and Marina Community Center.

Family Bridges: Cantonese/Mandarin speaking assistance available: (510) 839-2022

La Clinica and Asian Health Services patients can be assisted by their clinics

East Bay Benefits Initiative/Lifelong Medical Clinic: 1-800-657-7702 or (510) 428-4544

Community Health Advocacy Project Alameda County: (510) 250-5270


OTHER RESOURCES:

5. [http://www.calmedicare.org](http://www.calmedicare.org)
6. [http://healthassistancepartnership.org](http://healthassistancepartnership.org)
7. [http://medicarerights.org](http://medicarerights.org)