



Medicare Advantage Plans

On the Medicare.gov Plan Finder

Important Considerations:

Before you enroll, **REVIEW YOUR MEDICARE CHOICES!!**

(If you are certain you want a Medicare Advantage Plan, skip to page 5.)

You have two options for your Medicare coverage

STEP 1

Your options are **Original Medicare** or a **Medicare Advantage Plan**

Original Medicare Includes Part A (Hospital Insurance) and/or Part B (Medicare Insurance)

- Medicare provides this coverage directly.
- You have your choice of doctors, hospitals and other providers that accept Medicare.
- Generally you or your supplemental coverage pay deductibles and coinsurance.
- You usually pay a monthly premium for Part B.

Medicare Advantage Plan (like an HMO or PPO)

Part C – Includes both Part A and Part B

- Private insurance companies approved by Medicare provide this coverage, which “replaces” Original Medicare benefits.
- In most plans, you need to use plan doctors, hospitals and other providers or you may pay more or all of the cost.
- You usually pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services.
- Costs, extra coverage and rules vary by plan.

STEP 2

Decide how you want to receive Prescription Drug Coverage

Original Medicare

- If you want this coverage, you may join a **Medicare Prescription Drug Plan “Part D”**. You usually pay a monthly premium.
- These plans are run by private companies approved by Medicare.

Medicare Advantage Plan

- If you want prescription drug coverage, and it’s offered by your plan, **in most cases you must get it through your plan.**
- In some types of plans that don’t offer drug coverage, you can join a Medicare Prescription Drug Plan.

SeniorCare is a prescription drug assistance program for Wisconsin residents age 65 and older that offers coverage creditable to Part D. Members are subject to out-of-pocket expense requirements depending on their annual income.

Visit the SeniorCare website for more info: dhs.wi.gov/seniorcare

STEP 3

Decide if you want Supplemental Coverage (Medigap)

- This coverage fills the gaps in Original Medicare coverage. Medigap policies are sold through private insurance companies.
- Costs vary by policy and company.
- Employers/unions may offer similar coverage.

Note: If you join a Medicare Advantage Plan you can’t use Medicare Supplement Insurance (Medigap) to pay for out-of-pocket costs you have in your plan. If you already have a Medicare Advantage Plan, you can’t be sold a Medigap policy.

****For more details, please consult the official “Medicare & You” handbook.***

Medicare Supplement (Medigap)

REMEMBER: If you choose Original Medicare, you may want to get coverage that fills the “gaps” in Original Medicare coverage, (STEP 3 above).

- IF you are new to Medicare, *you have a 6 month Open Enrollment Period which gives you a guaranteed right to buy any Medicare Supplement sold in your state regardless of your health status.*
- After that time, it may be more difficult to obtain Medicare Supplemental Insurance as you will need to pass underwriting.
- For specific questions about Medicare Supplemental Insurance, you may contact:
 - **Medigap Helpline at : 1 (800) 242-1060**
 - **The Elder Benefit Specialist at the ADRC Aging and Disability Resources Center of Waukesha County at (262) 548-7848.**

Your Search begins the same way as a search for a stand-alone prescription drug plan . . . on the Medicare.gov Website

1. Type “www.Medicare.gov” into your web address bar
 - a. The Medicare Homepage will open as follows:



2. Click on “Find health and drug plans”. (You can also view Medigap Policies available in your area by clicking on “Supplements and Other Insurance”.)

The Plan Finder...



Medicare Plan Finder

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search
A general plan search only requires your zip code.
ZIP Code:
Find Plans

By clicking on this button you are agreeing to the terms and conditions of the [User Agreement](#).

OR

Personalized Search
A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:
Medicare Number:
Example: 123456789A
Where can I find my Medicare Number? [Help](#)
Last Name:
Effective Date for Part A: Month Year
Not Part A? [Click here.](#)
Date of Birth: Month Day Year
Find Plans

By clicking on this button you are agreeing to the terms and conditions of the [User Agreement](#).

Additional Tools

- Find and Compare Medigap Policies
- Search by Plan Name or ID
- Enroll Now
- Find formularies in your area
- Medicare Complaint Form

Resources

- Extra Help Paying for Medicare Prescription Drug Coverage
- Helpful Contacts
- Five Ways to Lower Your Costs During the Coverage Gap
- Find out about your Medicare Choices
- Download the Medicare Drug and Health Plan Data and Medigap Compare Databases

3. Enter your zip code so that you will find plans available in your area.
4. IF you prefer a General Search, click “Find Plans” without filling in other information.
5. Now enter your type of Medicare coverage and then click “Continue to Plan Results”.



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Medicare.gov

The Official U.S. Government Site for Medicare

Search

Learn about your healthcare options

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

Learn More About Plans | Help | A-Z Glossary

Home > Medicare Plan Finder > Enter Information

Step 1 of 4: Enter Information

All fields on the page are required unless noted as Optional.

How do you get your Medicare coverage?

Original Medicare [?]

Medicare Health Plan (such as an HMO, PPO, or Private-Fee-for-Service plan) [?]

I don't have any Medicare coverage yet

I don't know what coverage I have

Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

I get help from Medicaid [?]

I get Supplemental Security Income [?]

I belong to a Medicare Savings Program (MSP) [?]

I applied for and got Extra Help through Social Security

I don't get any Extra Help [?]

I don't know

[Go Back](#) **Continue to Plan Results**

Additional Tools

- Find and Compare Medigap Policies
- Search by Plan Name or ID
- Enroll Now
- Medicare Complaint Form

Resources

- Extra Help Paying for Medicare Prescription Drug Coverage
- Helpful Contacts
- Five Ways to Lower Your Costs During the Coverage Gap
- Find out about your Medicare Choices
- Download the Medicare Drug and Health Plan Data and Medigap Compare Databases

6. On the next screen, Select your current drug plan then click “Continue to Plan Results”.

Medicare.gov
The Official U.S. Government Site for Medicare

Learn about your healthcare options

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

Learn More About Plans | Help | A-Z Glossary

Home » Medicare Plan Finder » Enter Information » Select Your Current Drug Plan

Select Your Current Drug Plan

[Continue to Plan Results](#)

I don't know the name of the plan I'm enrolled in

I don't know what plan I have

- AARP MedicareRx Enhanced (PDP)
S5921-073-0
Phone: 1-888-867-5575
- AARP MedicareRx Preferred (PDP)
S5820-013-0
Phone: 1-888-867-5575
- Aetna CVS/pharmacy Prescription Drug Plan (PDP)
S5810-030-0
Phone: 1-877-238-6211, 1-888-760-4748(TTY/TDD)
- Aetna Medicare Rx Premier (PDP)
S5810-186-0
Phone: 1-877-238-6211, 1-888-760-4748(TTY/TDD)
- Blue MedicareRx Plus (PDP)
S5596-057-0
Phone: 1-866-755-2776, 1-866-798-7026(TTY/TDD)
- Blue MedicareRx Premier (PDP)
S5596-058-0
Phone: 1-866-755-2776, 1-866-798-7026(TTY/TDD)
- Blue MedicareRx Standard (PDP)
S5596-056-0
Phone: 1-866-755-2776, 1-866-798-7026(TTY/TDD)
- CIGNA Medicare Rx Plan One (PDP)
S5617-023-0
Phone: 1-800-222-6700, 1-800-322-1451(TTY/TDD)
- Community CCRx Basic (PDP)
S5803-085-0
Phone: 1-866-684-5353, 1-866-684-5351(TTY/TDD)
- Community CCRx Choice (PDP)
S5803-153-0
Phone: 1-866-684-5353, 1-866-684-5351(TTY/TDD)
- CVS Caremark Plus (PDP)
S5601-033-0
Phone: 1-866-235-5660, 1-866-236-1069(TTY/TDD)
- CVS Caremark Value (PDP)
S5601-032-0
Phone: 1-866-235-5660, 1-866-236-1069(TTY/TDD)

7. On the following screen, enter your drugs and then, when prompted, enter your dosage.
8. Click “My drug list is complete” when all your drugs are added.

Medicare.gov
The Official U.S. Government Site for Medicare

Learn about your healthcare options

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

Learn More About Plans | Help | A-Z Glossary

Home » Medicare Plan Finder » Enter Information » Enter Your Drugs

Step 2 of 4: Enter Your Drugs

Please enter your prescription drugs. This will help us estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). For more information, you may contact the plan.

[I don't take any drugs](#) | [I don't want to add drugs now](#)

Name of Drug: [Find My Drug](#)

Or Browse A-Z:
A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z
Help with common drug abbreviations
Hints on how to enter drug information
Why can't I find my drug?

Retrieve My Saved Drug List:
Your personal information cannot be accessed using your drug ID list. Medicare doesn't share the drug information you enter.

Drug List ID: what is this?

Password Date: what is this?
Aug 21 2012

[Retrieve My Drug List](#)

My Drug List (Maximum 25 Drugs)
Total Drugs in My Drug List: 0 [Print My Drug List](#)

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
You haven't added any drugs to your list. Search for drugs above or retrieve your previously saved drug list.				

[My Drug List is Complete](#)

NOTE: If you do not enter your drugs, the Plan Finder will skip to Step 10.

9. On the next page, click on your preferred pharmacy. (If you do not select a pharmacy, the Plan Finder will use an average that may not be as accurate.) Then click “Continue to Plan Results”.

This step will be skipped if you do not enter your drugs. If you do enter your drugs, you MUST select a pharmacy.



10. After completing Steps 1–9, you will see this:

Tip: For the most complete results, do not use the filters under “Refine your Search”



11. Select either “Medicare Advantage Plans with drug coverage”, or “Medicare Advantage Plans without drug coverage”.

- If you select plans without drug coverage you may want to select a “Prescription Drug Plan” for your drug coverage.
- *If you select a plan without drug coverage, your options may be limited for enrolling in separate drug coverage and/or **YOU MAY BE SUBJECT TO A PENALTY FOR NOT HAVING DRUG COVERAGE, (EVEN IF YOU DON’T TAKE ANY MEDICATIONS.)***

*Your
Results...*

The screenshot displays a web interface for selecting Medicare Advantage plans. It features a table with columns for plan name, organization, estimated annual drug costs, monthly premiums, deductibles, health benefits, drug coverage, estimated annual health and drug costs, and overall plan ratings. The interface includes navigation options like 'Compare Plans', 'Sort Results by', and 'Enroll' buttons.

Your Current Plan(s)							
Humana Enhanced (PDP) (S5884-074-0) Organization: Humana Insurance Company							
Estimated Annual Drug Costs:[?]	Monthly Premiums:[?]	Deductibles:[?] and Drug Copay:[?] / Coinsurance:[?]	Health Benefits:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
Retail Pharmacy Status: Preferred-Network Annual: \$3,795 Rest of 2012: \$1,190 Mail Order Annual: \$2,323 Rest of 2012: \$1,086	\$37.90	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$7 - \$76, 33%		All Your Drugs on Formulary: No Drug Restrictions: Yes No Gap Coverage Lower Your Drug Costs		*** 3 out of 5 stars	
Original Medicare (H0001-001-0) Organization: N/A							
Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay:[?] / Coinsurance:[?]	Health Benefits:[?]	Drug Coverage [?], Drug Restrictions[?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
Retail Annual: \$6,708 Rest of 2012: \$2,236	Standard Part B: \$99.90	Part B Deductible: \$140	Doctor Choice: Any Doctor Out of Pocket Spending Limit: Not Applicable	N/A	\$9,750 Includes \$6,708 for drug costs	Not Available	
Medicare Health Plans with Drug Coverage Plan Ratings							
There are 12 plans in 53072 that match your preferences. View 10 View 20 View 50							
Compare Plans Sort Results by Lowest Estimated Annual Health and Drug Cost Sort							
AARP MedicareComplete Plus (HMO-POS) (H5253-004-0) Organization: UnitedHealthcare							
Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay:[?] / Coinsurance:[?]	Health Benefits:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
Retail Pharmacy Status: Network Annual: \$2,263 Rest of 2012: \$540 Mail Order Annual: \$1,463 Rest of 2012: \$732	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/ Coinsurance: \$3 - \$92, 33%	Doctor Choice: Plan Doctors Only (some exceptions) Out of Pocket Spending Limit: \$4,450 In-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	\$5,250	**** 4 out of 5 stars	Enroll
Humana Gold Plus H6622-002 (HMO-POS) (H6622-002-0) Organization: Humana WisconsinHealth Organization Insurance Corp							
Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay:[?] / Coinsurance:[?]	Health Benefits:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	

12. Click on the **plan name** for additional plan details.

- When the detail page comes up, notice the tabs at the top. Click on “Health Plan Benefits” for details such as co-pays for doctor visits, specialists, hospitalization, etc.

Health Plan Benefits

AARP MedicareComplete Plus (HMO-POS)
(H5253-004-0)

Organization: UnitedHealthcare
Plan Type: HMO with POS Option

PO Box: 29675
Hot Springs, AR 71903

Members: 1-800-643-4845
Non Members: 1-800-547-5514

Overall Plan Rating: [?] 4 out of 5 stars

Costs and Other Important Information

View More Detailed Cost & Benefit Information

Monthly Health Plan Premium	\$0.00
Monthly Drug Plan Premium	\$0
Health Plan Deductible	\$0
Other Deductibles?	In Network: No Out of Network: No
Out-Of-Pocket Spending Limit [?]	\$4,450 In-Network
Prescription Drugs Covered?	Yes
Choice of Doctors?	Plan Doctors Only (some exceptions)
Optional Supplemental Benefits?	Yes

Benefits

View More Detailed Cost & Benefit Information

Doctor Office Visits	In Network: \$20 maximum per visit Point of Service: \$25 maximum per visit
Specialist Office Visit	In Network: \$40 maximum per visit Point of Service: Not Applicable
Outpatient Services/Surgery	In Network: 20% maximum per visit Point of Service: Not Applicable
Emergency Care	In Network: \$65 maximum per visit Point of Service: Not Applicable
Ambulance Services	In Network: \$200 maximum

- For drug coverage details, click the “Drug Costs & Coverage” tab.

Drug Costs & Coverage

AARP MedicareComplete Plus (HMO-POS)
(H5253-004-0)¹

Organization: UnitedHealthcare
Plan Type: HMO with POS Option

PO Box: 29675
Hot Springs, AR 71903

Members: 1-800-643-4845
Non Members: 1-800-547-5514

Overall Plan Rating: [?] 4 out of 5 stars

Fixed Costs

Monthly Drug Plan Premium [?]	\$0.00
Monthly Health Plan Premium [?]	\$0.00
Annual Drug Deductible [?]	\$0.00

Learn more about Medicare premiums

Estimated Annual Drug Costs

	Full Year Cost (based on January enrollment) [?]	Cost For Rest of Year (based on enrollment today) [?]
WALGREENS #5309	\$2,263.16	\$540.00
Mail Order Pharmacy	\$1,463.36	\$731.68

Lower your drug costs

What You Pay

WALGREENS #5309 Mail Order Pharmacy

WALGREENS #5309 - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Initial Coverage Level [?]	What You Pay Coverage Gap [?]	Catastrophic Coverage [?]
Crestor TAB 10MG	\$159.70	Every 1 Month	\$45.00	\$80.60	\$7.98

Plan Comparisons

- You can also do a side-by-side comparison of up to 3 plans by selecting your current plan, then selecting two more and clicking “Compare Plans”.

Your Current Plan(s)

Humana Enhanced (PDP) (S5884-074-0)
Organization: Humana Insurance Company

Estimated Annual Drug Costs:[?]	Monthly Premiums:[?]	Deductibles:[?] and Drug Copay:[?]/Coinsurance:[?]	Drug Coverage [?], Drug Restrictions:[?] and Other Programs:	Overall Plan Rating:[?]
Retail Pharmacy Status: Preferred-Network Annual: \$3,795 Rest of 2012: \$1,190 Mail Order Annual: \$2,323 Rest of 2012: \$1,086	\$37.90	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$7 - \$76, 33%	All Your Drugs on Formulary: No Drug Restrictions: Yes No Gap Coverage Lower Your Drug Costs	*** 3 out of 5 stars

Original Medicare (H0001-001-0)
Organization: N/A

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay:[?]/Coinsurance:[?]	Health Benefits:[?]	Drug Coverage [?], Drug Restrictions:[?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]
Retail Annual: \$6,708 Rest of 2012: \$2,236	Standard Part B: \$99.90	Part B Deductible: \$140	Doctor Choice: Any Doctor Out of Pocket Spending Limit: Not Applicable	N/A	\$9,750 Includes \$6,708 for drug costs	Not Available

Medicare Health Plans with Drug Coverage Plan Ratings

There are 12 plans in 53072 that match your preferences. [View 10](#) [View 20](#) [View 50](#)

Compare Plans Sort Results by Lowest Estimated Annual Health and Drug Cost Sort

AARP MedicareComplete Plus (HMO-POS) (H5253-004-0)
Organization: UnitedHealthcare

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay:[?]/Coinsurance:[?]	Health Benefits:[?]	Drug Coverage [?], Drug Restrictions:[?] and Other Programs:	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: \$2,263 Rest of 2012: \$540 Mail Order Annual: \$1,463 Rest of 2012: \$732	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/ Coinsurance: \$3 - \$92, 33%	Doctor Choice: Plan Doctors Only (some exceptions) Out of Pocket Spending Limit: \$4,450 In-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	\$5,250	**** 4 out of 5 stars

Humana Gold Plus H6622-002 (HMO-POS) (H6622-002-0)
Organization: Humana WisconsinHealth Organization Insurance Corp

16. When the detail page opens, remember to use the tabs at the top to select the type of detail you wish to compare.

Overview **Health Plan Benefits** Drug Costs & Coverage Plan Ratings

AARP Medicare Complete Plus (HMO-POS)		Humana Gold Plus H6622-002 (HMO-POS)		Humana Enhanced (PDP)	
(H5253-004) Plan Type: HMO with POS Option Organization: UnitedHealthcare Members: 1-800-643-4845 Non Members: 1-800-547-5514 Coverage: Provides health and drug coverage [D][V][H] Enroll		(H6622-002) Plan Type: HMO with POS Option Organization: Humana WisconsinHealth Organization Insurance Corp Members: 1-800-457-4708 Non Members: 1-800-833-2364 Coverage: Provides health and drug coverage [D][V][H] Enroll		(S5884-074) Plan Type: PDP Organization: Humana Insurance Company Members: 1-800-281-6918 Non Members: 1-800-706-0872 Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare [N]	
Costs and Other Important Information					
View More Detailed Cost & Benefit Information		View More Detailed Cost & Benefit Information		View More Detailed Cost & Benefit Information	
Monthly Health Plan Premium	\$0.00	Monthly Health Plan Premium	\$19.00	Monthly Health Plan Premium	N/A
Monthly Drug Plan Premium	\$0.00	Monthly Drug Plan Premium	\$0.00	Monthly Drug Plan Premium	\$37.90
Health Plan Deductible	\$0	Health Plan Deductible	\$0	Health Plan Deductible	\$140
Other Deductibles?	In Network: No Out of Network: No	Other Deductibles?	In Network: No Out of Network: No	Other Deductibles?	Yes
Out-of-Pocket Spending Limit [?]	\$4,450 In-Network	Out-of-Pocket Spending Limit [?]	\$3,400 In-Network \$3,400 In and Out-of-Network	Out-of-Pocket Spending Limit [?]	Not Applicable
Prescription Drugs Covered?	Yes	Prescription Drugs Covered?	Yes	Prescription Drugs Covered?	Prescription Drugs are covered by the prescription drug plan.
Choice of Doctors?	Plan Doctors Only (some exceptions)	Choice of Doctors?	Plan Doctors Only (some exceptions)	Choice of Doctors?	Any Doctor
Optional Supplemental Benefits?	Yes	Optional Supplemental Benefits?	Yes	Optional Supplemental Benefits?	No
Benefits					
View More Detailed Cost & Benefit Information		View More Detailed Cost & Benefit Information		View More Detailed Cost & Benefit Information	
Doctor Office Visits		Doctor Office Visits		Doctor Office Visits	

Be sure to scroll down on your computer and click to see additional important details!

17. Also note the details listed under the Plan Ratings tab (above).

Enrollment

There are multiple ways to enroll.

- **Online** via the Medicare website or the plan's website

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?]; Drug Restrictions [?]; and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating: [?]	Enroll
Retail Pharmacy Status: Network Annual: \$2,263 Rest of 2012: \$540 Mail Order Annual: \$1,463 Rest of 2012: \$732	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$92, 33%	Doctor Choice: Plan Doctors Only (some exceptions) Out of Pocket Spending Limit: \$4,450 In-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	\$5,250	**** 4 out of 5 st	Enroll
Humana Gold Plus H6622-002 (HMO-POS) (H6622-002-0) Organization: Humana WisconsinHealth Organization Insurance Corp							
Estimated	Monthly	Deductibles	Health	Drug Coverage	Estimated	Overall Plan	

- **By Phone**
 - Call Medicare (1-800-633-4227) or the plan directly.
- **In person**
 - Some plans will have an agent that you can meet with.

Additional Considerations

- Are your medical providers in-network with this plan?
 - If not, are the cost savings more important to you than using your established providers?
- What services are you most likely to use? What are the co-pays for these services?
- How is this plan rated?

For additional information or assistance contact the Elder Benefit Specialist at the ADRC of Waukesha County at (262) 548-7848.