## Medicare's Planfinder for MAPs and stand-alone Part D plans (rev. August 2026)


Go to Medicare.gov and click any button that will get you to the plans, such as this one on the right. If doing this in the Fall, make sure to click the correct year if it gives you a choice.

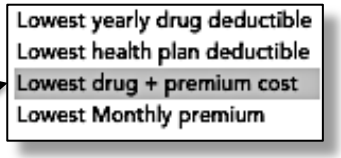
Then log in with an existing account, create an account, or click Continue without logging in. **If you do log in**, the next screen may tell you "You have an employer plan." If instead you have a marketplace plan, the next screen has lots of info links about your current arrangements (your Medicare card, providers, update saved pharmacies, pay premium, edit account settings, etc., including details about the plan itself). Even from "Welcome" screen you can make changes to some things (e.g., your pharmacies, drug list).

**If you don't log in**, you won't be able to save your drug list, but that might be the best option on a public computer. Enter your zip code, then choose the type of plan you're exploring (MAPD or Drug Plan), then Find Plans. Answer any of the questions on providers, whether you get help from other programs, whether you want to see drug costs for comparisons ("Yes" in most cases), and your providers.

**Add your prescription drug(s):** Start typing drug name; when it appears, click Add Drug. If you asked for a brand name, it will let you know if a generic is available and asks if you'd prefer it. *(Add both the brand and the generic separately if you want to compare both; it will price out both, then add them together for a final cost, so be careful of that, since you don't want both of them at the same time.)* Enter dosage, quantity and frequency, then click Add to My Drug List. Look for Remove drug or Edit drug to change things you've just added. (If logged in, there's an option to "Add recently filled drugs.") Click Add Another Drug, then Done Adding Drugs. Warning: if you're not logged in, add drugs pretty quickly so you don't get kicked off.

*Note: When I created my account, Medicare showed my drug history claims for the last year. If this is still happening, select the ones you want to keep, and add any others. This list will be saved after you log out. If you haven't included all of them, there's a link to access to your claim history: put the missing ones in.*

**Choose up to 5 pharmacies:** Click the first box for "Mail-order Pharmacy," choose distance from the drop-down, then up to 4 others from the list. You'll see them get added to the banner at the bottom. Click the "Continue" and the next screen lists the plans in your area, defaulting to "Lowest drug + premium cost" in the drop-down menu of options.



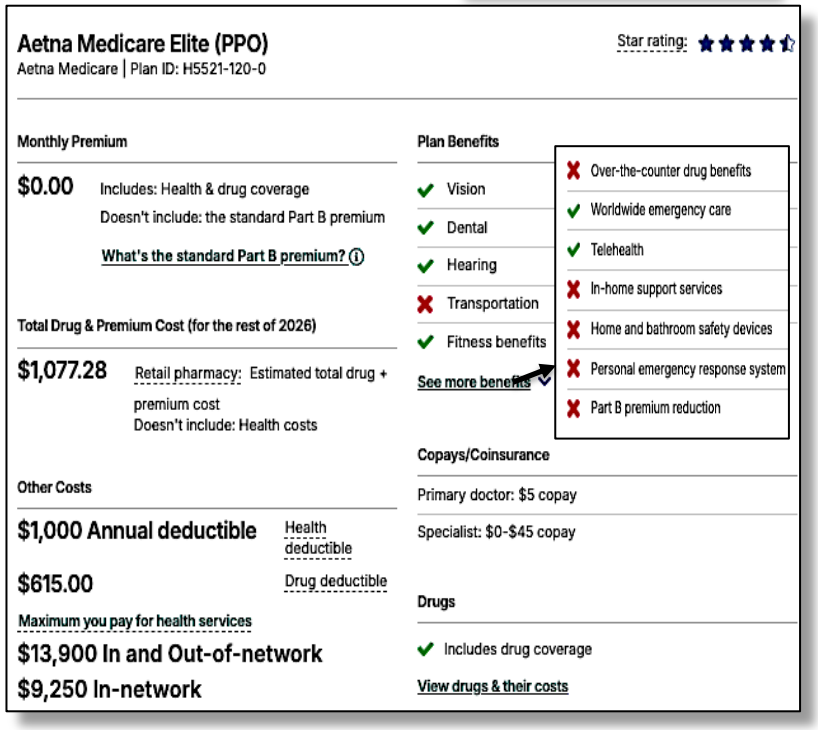

Other links on this screen include changing your zipcode and plan type, and adding filters: Plan benefits, Insurance Carrier, Drug Coverage, Star Ratings, plus some others at the View all filters link. Details for each plan listed include: name of plan, star rating, monthly premium, yearly drug & premium cost, deductible, drug deductible, In- & Out-of-pocket maximum, "extras," and copays/co-insurance.

Click on View drugs & their costs for pricing comparisons and a lot of detailed information. Scroll down and use the buttons for many more drugs and benefits details, including preferred pharmacies, tiering, coverage gap, drug restrictions (quantity, frequency, step therapy) and all the "extras."




Back in the previous screen, click the "Add to compare" box for up to 3 plans, then the button at the bottom right corner of the screen to lay these out side-by-side. Major comparison categories are: Overview, Benefits & Costs, Extra Benefits, and Drug overage & Costs.

Print using the inexplicably tiny icon at the top right corner of the screen.

## Benefits & Costs

| DOCTOR SERVICES<br>View Provider Network Directory | |
|---|---|
| Primary doctor visit | In-network: $5 copay<br>Out-of-network: $50 copay |
| Specialist visit | In-network: $0-$45 copay<br>Out-of-network: $60 copay |
| **TESTS, LABS, & IMAGING** | |
| Diagnostic tests & procedures | In-network: $0-$45 copay<br>Out-of-network: 40% coinsurance |
| Lab services | In-network: $0-$10 copay<br>Out-of-network: 40% coinsurance |
| Diagnostic radiology services (like MRI) | In-network: $0-$300 copay<br>Out-of-network: 40% coinsurance |
| Outpatient x-rays | In-network: $45 copay<br>Out-of-network: 40% coinsurance |
| Emergency care | $115 copay |
| Urgent care | $40 copay |

SAMPLE link expansions

| PREVENTIVE SERVICES<br>Health care to prevent illness or detect illness at an early stage, when treatment is like work best (like Pap tests, flu shots, and screening mammograms).<br>Learn more about your costs for preventive services | |
|---|---|
| Preventive services | In-network: $0 copay<br>Out-of-network: 0%-40% coinsurance |
| **AMBULANCE** | |
| Ground ambulance | In-network: $285 copay<br>Out-of-network: $285 copay |
| **THERAPY SERVICES** | |
| Occupational therapy visit | In-network: $35 copay<br>Out-of-network: 40% coinsurance |
| Physical therapy & speech & language therapy visit | In-network: $35 copay<br>Out-of-network: 40% coinsurance |

### Learn more about your costs for preventive services

**You'll pay nothing for some preventive services, like:**

- Flu shots
- Colonoscopies
- Cervical and vaginal cancer screenings (like Pap tests)
- Breast cancer screenings (mammograms)

**You'll have to pay a coinsurance for some other preventive services, like:**

- Glaucoma tests
- Diabetes self-management training
- Barium enemas
- EKG or ECG screenings as part of your "Welcome to Medicare" preventive visit

Costs shown don't include preventive services with copays. Contact the plan to find out more about your costs for preventive services.

| HOSPITAL SERVICES | |
|---|---|
| Inpatient hospital coverage | In-network:<br>Tier 1<br>$399 per day for days 1-6<br>$0 per day for days 7-90<br>$0 per stay<br>Out-of-network:<br>$500 per day for days 1-20<br>$0 per day for days 21-90<br>$0 per stay |
| Outpatient hospital coverage | In-network: $0-$399 copay<br>Out-of-network: 40% coinsurance |
| **SKILLED NURSING FACILITY** | |
| Skilled nursing facility | In-network:<br>Tier 1<br>$0 per day for days 1-20<br>$218 per day for days 21-100<br>Out-of-network:<br>40% per stay |

### ESTIMATED DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs.

Can my drug costs change by pharmacy?

| | Robbins Pharmacy<br>In-network | CVS Pharmacy #05058<br>Preferred | Mail Order Pharmacy<br>Preferred |
|---|---|---|---|
| Restasis 0.05% emulsion | $1,077.32 | $1,077.28 | $1,382.24 |
| **Total estimated drug cost for the rest of 2026** | $1,077.32 | $1,077.28 | $1,382.24 |