

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

Developed by the

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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.**

Medicare Prescription Drug Plan Step-by-Step Guide through Web Site Enrollment for Medi-Cal/Medicare Covered Recipients

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 through 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 choose 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.

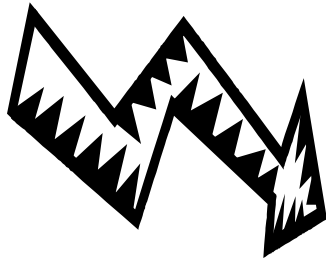
If you need more help, check the resource list at the end of the guide for places you can go to to get individual or small group assistance.

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

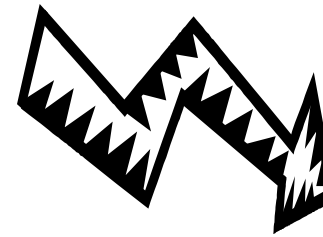
How this guide works



1. Are my drugs covered?



2. Can I go to my favorite pharmacy?



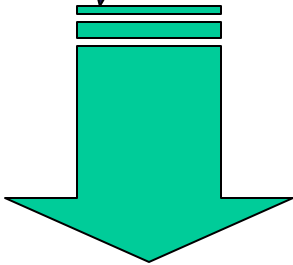
3. Can I afford the drug plan?



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.

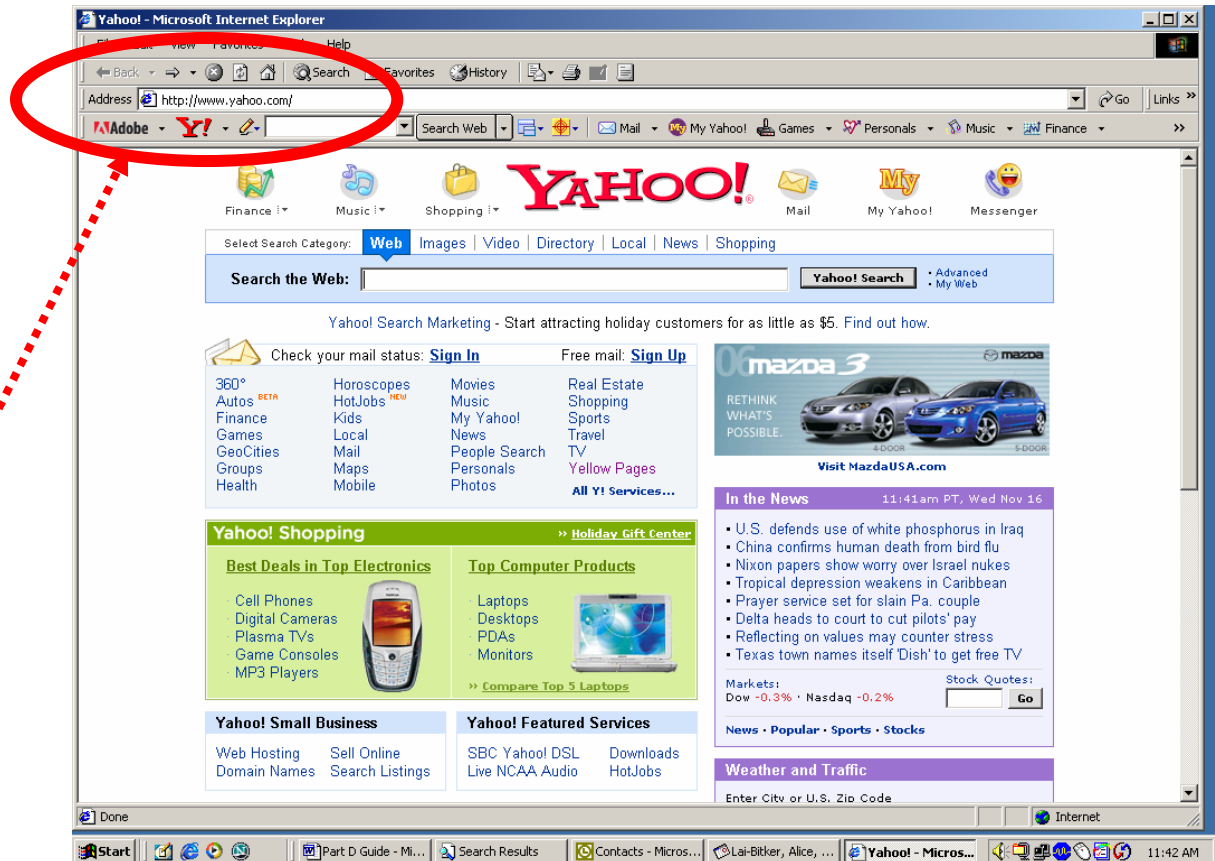
Medicare Prescription Drug Plan Step-by-Step Guide through Web Site Enrollment

Let's get started

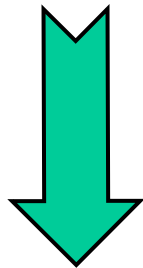


Get onto the InterNet via Internet Explorer, Netscape, AOL, or another search engine.

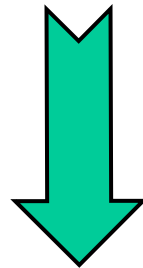
Type www.medicare.gov in the ADDRESS field.



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



Go to page 35

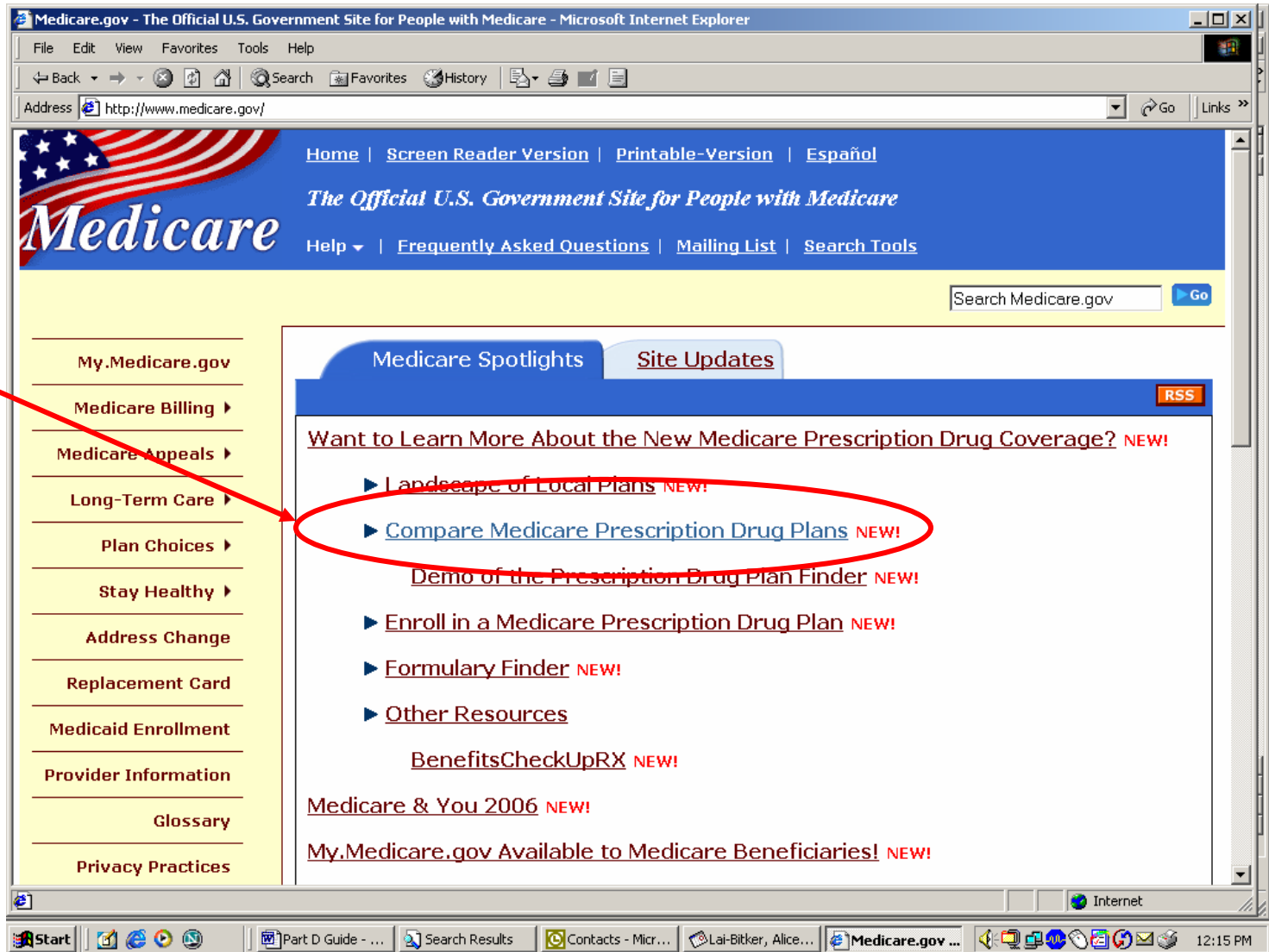


Go to page 6

**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."

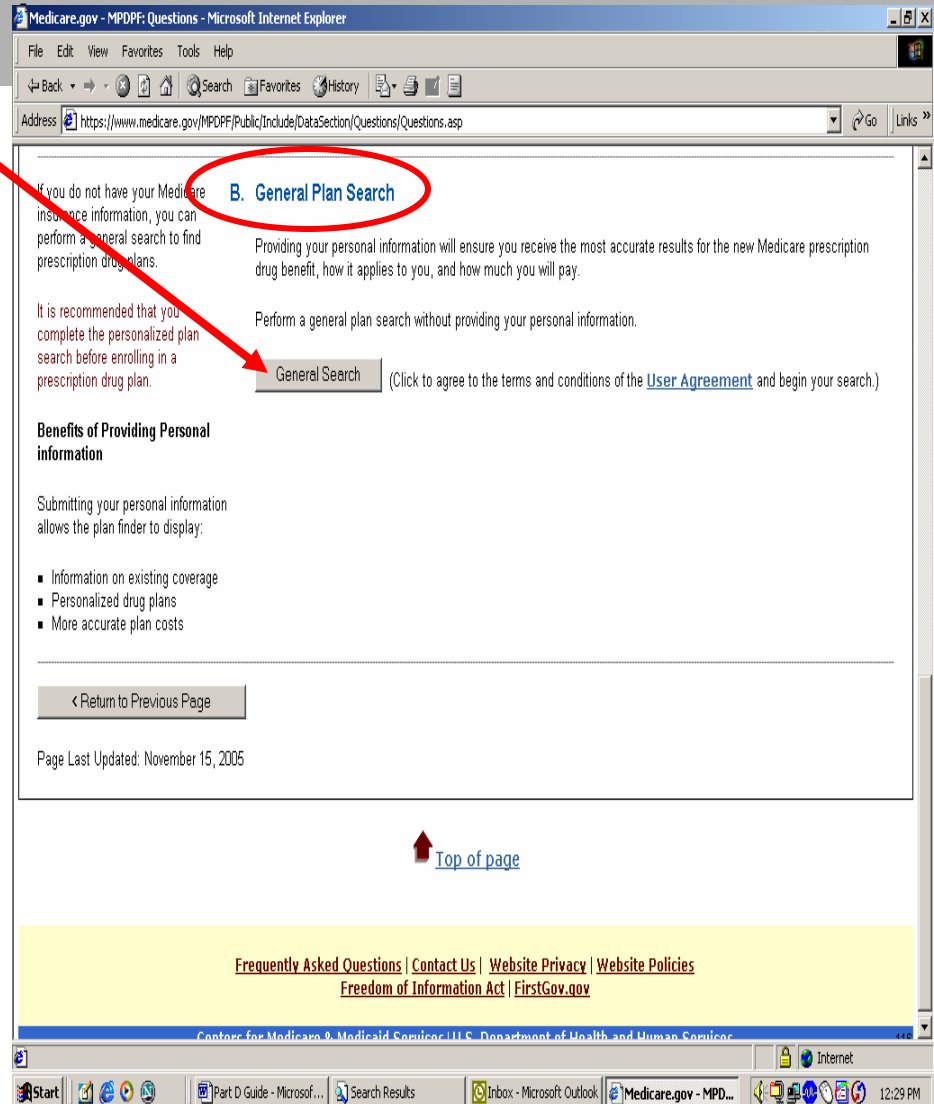
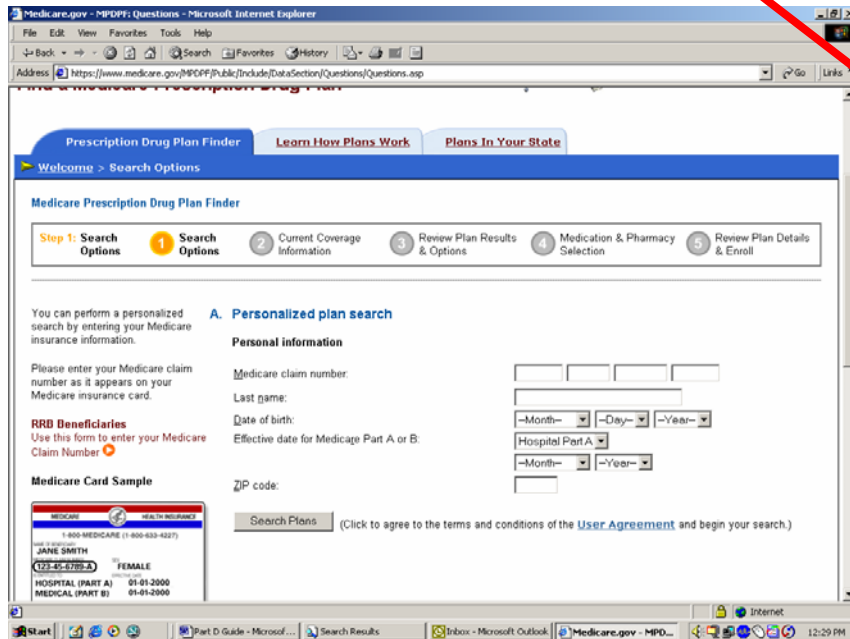


STEP 2: Select “Find a Medicare Prescription Drug Plan. Click on the orange arrow



A screenshot of the Medicare.gov website in a Microsoft Internet Explorer browser window. The browser title is "Medicare.gov - MPDPF: Intro - Microsoft Internet Explorer". The address bar shows the URL: "http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/MPDPFIntro.asp?version=default&browser=IE%7C5%2E5%7CWin2000&language=English&default". The page content includes a navigation bar with "Prescription Drug Plan Finder", "Learn How Plans Work", and "Plans In Your State". The main heading is "Find a Medicare Prescription Drug Plan". Below this, there is a "Welcome to the Medicare Prescription Drug Plan Finder" section with introductory text and a list of bullet points under "The Medicare Prescription Drug Plan Finder will help you:". A sidebar on the right titled "Benefits of the new Medicare prescription drug coverage" lists several benefits. At the bottom of the page, there is a list of links: "Find a Medicare Prescription Drug Plan", "Enroll in a Medicare Prescription Drug Plan", and "Learn how Medicare Prescription Drug Plans Work". Each link has a small orange play button icon to its right. A red arrow points from the orange play button icon in the top navigation bar to the orange play button icon next to the "Find a Medicare Prescription Drug Plan" link. The taskbar at the bottom shows several open applications: "Part D Guide - Microsoft...", "Search Results", "Inbox - Microsoft Outlook", and "Medicare.gov - MPD...". The system clock shows "12:23 PM".

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.

The screenshot shows the Medicare.gov website interface. At the top, there are navigation tabs for 'Prescription Drug Plan Finder', 'Learn How Plans Work', and 'Plans In Your State'. Below these is a breadcrumb trail: 'Welcome > Search Options > General Questions'. The main heading is 'Medicare Prescription Drug Plan Finder'. A progress bar indicates five steps: 1. Search Options (highlighted with a yellow circle), 2. Current Coverage Information, 3. Review Plan Results & Options, 4. Medication & Pharmacy Selection, and 5. Review Plan Details & Enroll. Under 'General Questions', question A asks 'What is your ZIP code?' with a text input field containing '94501' and a 'ZIP Code Locator' link. Below this, question B asks 'Current Prescription Drug Coverage' with the instruction 'What types of prescription drug coverage do you have? (Check all that apply)'. A list of checkboxes follows, with the first option, 'Prescription drug coverage through Medicaid', checked and marked with a red checkmark icon. Other options include employer/union health plans, Medigap, Medicare Advantage, and 'I don't know' or 'None of the above'. The browser window title is 'Medicare.gov - MPDPF: General Questions : Additional Questions - Microsoft Internet Explorer' and the address bar shows the URL 'http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/GeneralQuestions.asp'. The taskbar at the bottom shows the Start button, several open applications, and the system clock at 12:32 PM.

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.

The screenshot shows a web browser window with the URL <http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/GeneralQuestions.asp>. The page contains three questions:

- C. Eligible or Qualify for Additional Help**: Did you get a letter from Medicare or the Social Security Administration (SSA) that said you are either **eligible for** or **qualified for** extra help paying for your Medicare Prescription drug plan costs?
 Yes
 No
- D. Source of the Letter**: Who sent you the letter?
 Medicare
 Social Security Administration
 I don't know
- E. Type of Letter**: What kind of help do you currently get? If you have a copy of the letter, it will tell you.
 Medicare & Medicaid
 Help from State paying Medicare premiums
 Supplemental Security Income

At the bottom of the form are two buttons: "< Return to Previous Page" and "Continue >".

Three red boxes with arrows provide instructions:

- A box labeled "Select 'yes.'" points to the "Yes" radio button for question C.
- A larger box labeled "D & E will appear on the screen ONLY if your answer to question C is 'yes.'" points to the "Source of the Letter" and "Type of Letter" sections.
- A box labeled "Select the type letter you received for this information." points to the "Type of Letter" radio buttons.

At the bottom of the page, there is a "Page Last Updated: November 15, 2005" notice and a "Top of page" link with a red arrow icon.

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.

Medicare.gov - MPDPF: Review Current Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History Print Mail

Address [&language=English&ViewType=Public&LetterCoverage=Medicare&MAPDYear=2006&SearchType=General&ReceivedLetter=Yes&county=6001%7CALAMEDA&SSAReq=NA](#) Go Links >>

[Vea en Español](#)

Find a Medicare Prescription Drug Plan

[Help](#) [Mailing List](#) [Printable Version](#)

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > [Search Options](#) > [General Questions](#) > Review & Continue

Step 2: Current Coverage Information 1 Search Options 2 **Current Coverage Information** 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

I understand that if I do not join a Medicare drug plan, Medicare will enroll me in a plan.

A. Decide on your plan options

You indicated that you do not have prescription drug coverage through a Medicare Prescription Drug Plan.

You indicated that you are approved for extra help paying for Medicare prescription drug coverage. Starting January 1, 2006, Medicare will cover prescription drug costs instead of Medicaid. You will have continuous Medicare prescription drug coverage and, in most cases, will pay a small amount out of your own pocket.

You will need Medicare prescription drug coverage. You need to make a choice and join a plan.

If you do not join a plan by December 31, 2005, Medicare will enroll you in a plan effective January 1, 2006.

[Review details on plan options](#)

< Return to Previous Page **Choose a Drug Plan Type**

Is this information right?

STEP 7: Click on “Search for Medicare Prescription Drug Plans”

The screenshot shows the Medicare.gov website in Microsoft Internet Explorer. The page is titled "Medicare.gov - MPDPF: Select Path - Microsoft Internet Explorer". The address bar shows the URL: http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/Options.asp.

The main content area is titled "Choose Drug Plan Type:" and is divided into three sections:

- A. Your Current Health Plan Type**
We do not have information to determine if you are receiving your Medicare benefits through an Original Medicare Plan or a Medicare Advantage (or other Medicare health plan).
- B. Medicare Advantage Plans and Other Medicare Health Plans**
These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, including drug coverage, through a single plan. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.
Search for Medicare Advantage Plans
- C. Medicare Prescription Drug Plans**
These plans add coverage to the Original Medicare Plan (and Medicare Cost Plans and some Medicare Private-Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.
 Also include Medicare Advantage and Other Medicare Health Plans
Search for Medicare Prescription Drug Plans

At the bottom of the page, there is a button labeled "< Return to Previous Page" and a note: "Page Last Updated: November 15, 2005".

The Windows taskbar at the bottom shows the Start button, several open applications (Part D Guide - Microsoft..., Search Results, Inbox - Microsoft Outlook, Medicare.gov - MPD...), and the system tray with the time 12:37 PM.

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.

The screenshot shows the Medicare.gov website interface. At the top, there are navigation tabs: "Plan Results", "Learn How Plans Work", and "Other Assistance". Below these is a progress bar with five steps: 1. Search Options, 2. Current Coverage Information, 3. Review Plan Results & Options (highlighted in orange), 4. Medication & Pharmacy Selection, and 5. Review Plan Details & Enroll.

The main content area is divided into sections:

- A. 48 Medicare Prescription Drug plans are available in your area**
Click on the "View Plan List" button to view your plans.
The following criteria have been applied: None
Buttons: View Plan List, New Search
- B. Enter your medications**
If your total monthly drug cost is more than 35 dollars, we strongly recommend that you personalize your search by entering your drugs as this will provide you with the most personalized plan information.
Button: Enter my medications (circled in red)
- C. Limit your drug plans**

A red vertical line runs down the page, and a green arrow points from the left side towards the "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.

Medicare.gov - Step 1 of 2: Drug Selection - Microsoft Internet Explorer

Find a Medicare Prescription Drug Plan

Getting Started > Personalize

Personalize Learn How Plans Work Other Assistance

Drug Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection

To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.

A. Find your drugs by name

Drug Name: hydrochlorothiazide (Type your drug name here and click [Search for Drug])

Search for Drug

The drug name you entered cannot be found.

Other drug search options:

1. [Search for drugs by first letter.](#)

**Brand name drugs are allowed if there is no equivalent generic drug available.*

Step 10: On this screen, select the drug you take.

The screenshot shows the Medicare.gov website in a Microsoft Internet Explorer browser window. The page is titled "Medicare.gov - Step 1 of 2: Drug Selection". The main heading is "Find a Medicare Prescription Drug Plan". Below this, there are navigation tabs for "Personalize", "Learn How Plans Work", and "Other Assistance". The "Drug Selection" section is active, showing a progress bar with three steps: "Step 4: Medication & Pharmacy Selection", "1 Search Options", "2 Current Coverage Information", and "3 Review Results".

The "A. Find your drugs by name" section is highlighted. It contains the following text: "To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking." Below this is a text input field with "hydrochlorothiazide" entered and a "Search for Drug" button. To the right of the input field is a dropdown menu with a list of drugs: "Hydergine", "Hydrocet", "HYDROCHLORIC ACID", "HYDROCHLOROTHIAZIDE" (highlighted in blue), "HYDROCHLOROTHIAZIDE/LISINAPRIL", "HYDROCODONE BITARTRATE/APAP", "HYDROCODONE/ACETAMINOPHEN", "HYDROCODONE/ACETAMINOPHEN-HS", "HYDROCODONE/APAP", and "HYDROCODONE/IBUPROFEN". To the right of the dropdown menu is the text: "(Select your drug from this list and click [Add Selected Drug to My List])".

Below the dropdown menu is a button labeled "Add Selected Drug to My List", which is circled in red. A red arrow points from a red box containing the text "Click on this button." to this button. A green arrow points from the "Search for Drug" button to the dropdown menu.

Below the "Add Selected Drug to My List" button are sections "B. Review your drug list" and "C. Choose how you want to view your plans". The "B. Review your drug list" section contains the text "No drugs selected." The "C. Choose how you want to view your plans" section is currently empty.

The browser's address bar shows the URL: "http://plancompare.medicare.gov/drugSelect.asp?vid=8987230&drxZip=94501&alpha_search=false#searchBox". The taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft Outlook, Part D Guide - Microsoft..., Microsoft PowerPoint - [...]), and the Medicare.gov - Step 1... window. The system clock shows 11:56 AM.

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).

The screenshot shows the Medicare.gov website at Step 1 of 2: Drug Selection. The page is titled "Medicare Prescription Drug Plan Finder" and is divided into three main sections: A. Find your drugs by name, B. Review your drug list, and C. Choose how you want to view your plans.

In section A, the "Drug Name" field contains "hydrochlorothiazide". Below the search bar, a list of search results is displayed, including "Hydrochlorothiazide" which is highlighted in blue. A red arrow points from a text box to the "Add Selected Drug to My List" button next to this result.

In section B, "No drugs selected." is displayed.

In section C, there is a table with the following data:

Drug Name	Lower Cost Generic	Remove
HYDROCHLOROTHIAZIDE	Not available	Remove

Below the table, there is a checkbox labeled "Use lower cost generic drugs when available. (What does this mean?)" which is checked. Below this checkbox, the "Add Additional Drugs" button is circled in red. A red box on the left contains the text "Press this button to add another drug." with a red arrow pointing to the "Add Additional Drugs" button.

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.

B. Review your drug list

Review the list of drugs you've added to your list. If you'd like to remove any of them from this list, click the Remove button.

To add more drugs to your list, click [Add Additional Drugs]

When you are done adding drugs, click [Continue with Selected Drugs]

Drug Name	Lower Cost Generic	Remove
ACETAMINOPHEN/CODEINE	Not available	<input type="button" value="Remove"/>
HYDROCHLOROTHIAZIDE	Not available	<input type="button" value="Remove"/>

Use lower cost generic drugs when available. (What does this mean?)

C. Choose how you want to view your plans

Page Last Updated: November 10, 2005

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[Freedom of Information Act](#) | [FirstGov.gov](#)

Centers for Medicare & Medicaid Services | U.S. Department of Health and Human Services

Step 13: Now, select the dosage (strength) of the medication you take.

when you are done adding drugs, click
[Continue with Selected Drugs]

HYDROCHLOROTHIAZIDE	Not available	Remove
---------------------	---------------	--------

Use lower cost generic drugs when available. ([What does this mean?](#))

C. Choose how you want to view your plans

Do you want to enter your exact drug dosages? (If not, we will use the most commonly prescribed dose.)

Yes:

No:

Page Last Updated: November 10, 2005

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[Freedom of Information Act](#) | [FirstGov.gov](#)

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Start | Inbox - Microsoft Outlook | Part D Guide - Microsoft ... | Microsoft PowerPoint - [...] | Medicare.gov - Step 1... | 12:19 PM

Press this
button.

Step 14: Select the dosage that applies to you.

Step 4: Medication & Pharmacy Selection

1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 **Medication & Pharmacy Selection** 5 Review Plan Details & Enroll

To update your medication's dosage/quantity, select the appropriate dosage in the list, enter the monthly quantity in the quantity field, then click [Update Dosage/Quantity].

A. Update your drug dosage(s)

Drug Name	30-Day Quantity	Remove
HYDROCHLOROTHIAZIDE TAB 25MG	30 per Month	Remove
HYDROCHLOROTHIAZIDE CAP 12.5MG		
HYDROCHLOROTHIAZIDE POW		
HYDROCHLOROTHIAZIDE SOL 50MG/5ML		
HYDROCHLOROTHIAZIDE TAB 100MG		
HYDROCHLOROTHIAZIDE TAB 25MG		
HYDROCHLOROTHIAZIDE TAB 50MG		

B. Choose how you want to view your plans

Would you like to add more drugs to your list?

Yes:

No:

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.

Medicare.gov - Step 1 of 2: Select Your Medications (continued) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Links >> Norton Internet Security Address http://plancompare.medicare.gov/drugSelect_Inter.asp?vid=10103595&drxZip=94501&generics=true&dest=drugSelectRefine Go

Personalize Learn How Plans Work Other Assistance

Drug Selection > Drug Selection (continued)

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

To update your medication's dosage/quantity, select the appropriate dosage in the list, enter the monthly quantity in the quantity field, then click [Update Dosage/Quantity].

A. Update your drug dosage(s)

Drug Name	30-Day Quantity	Remove
HYDROCHLOROTHIAZIDE TAB 25MG	30 per Month	Remove
HYDROCHLOROTHIAZIDE CAP 12.5MG		
HYDROCHLOROTHIAZIDE POW		
HYDROCHLOROTHIAZIDE SOL 50MG/5ML		
HYDROCHLOROTHIAZIDE TAB 100MG		
HYDROCHLOROTHIAZIDE TAB 25MG		
HYDROCHLOROTHIAZIDE TAB 50MG		

B. Choose how you want to view your plans

Would you like to add more drugs to your list?

Yes: Add More Drugs

No: Continue with Selected Drugs

Step 16: If you have a preferred pharmacy, you can check which plans the pharmacy accepts.

Press this button to select the pharmacy.

The screenshot shows the Medicare.gov website in Microsoft Internet Explorer. The browser title is "Medicare.gov - Step 1 of 2: Select Your Medications (continued)". The address bar shows the URL: <http://plancompare.medicare.gov/drugSelectRefine.asp?vid=10103595&drxZip=94501>. The page content includes:

A. Update your drug dosage(s)

To update your medication's dosage/quantity, select the appropriate dosage in the list, enter the monthly quantity in the quantity field, then click [Update Dosage/Quantity].

Drug Name	30-Day Quantity	Remove
HYDROCHLOROTHIAZIDE TAB 25MG	30 per Month	Remove

Update Dosage/Quantity

B. Choose how you want to view your plans

Would you like to add more drugs to your list?

Yes:

No: Your Choice

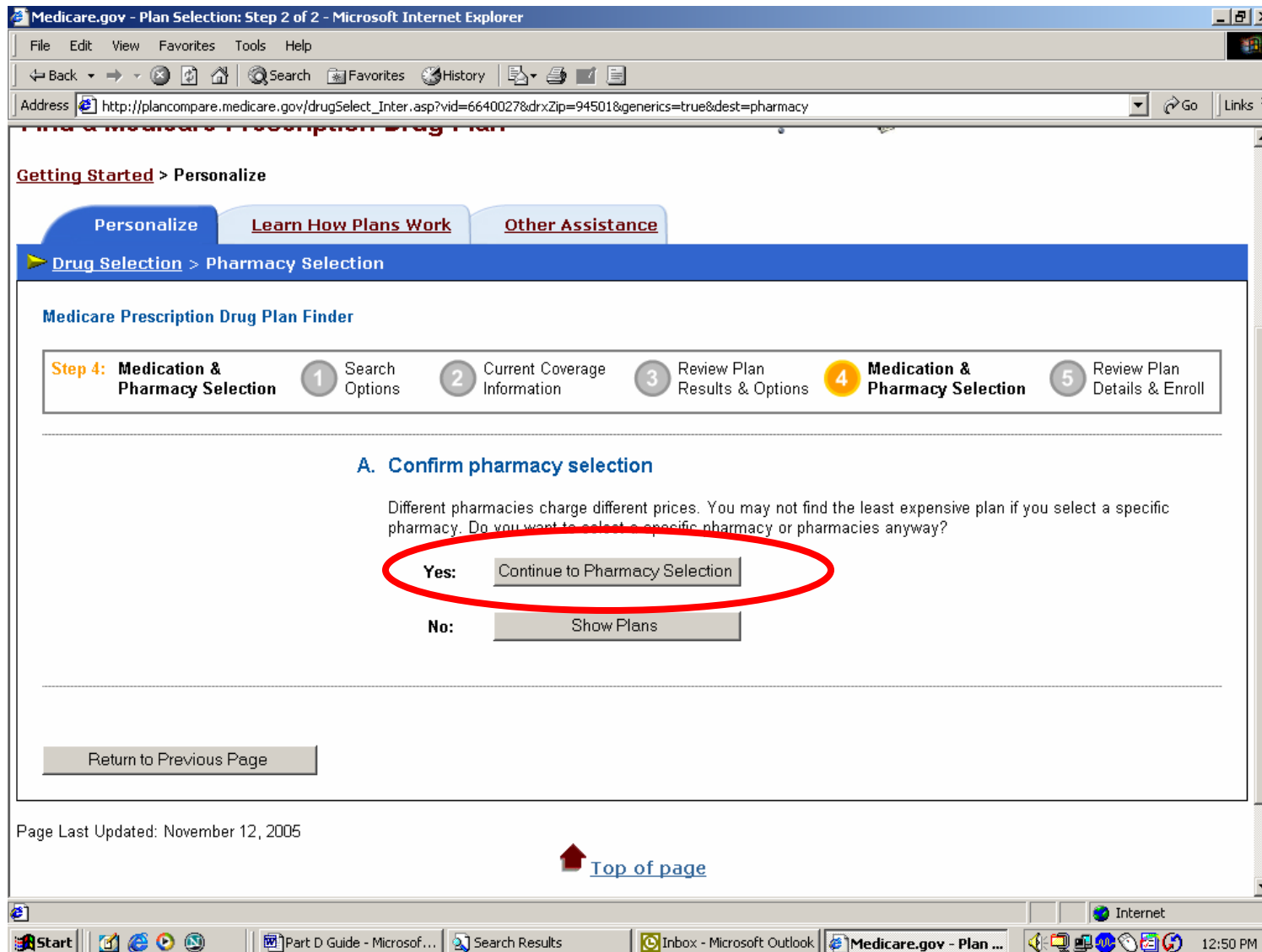
Do you want to get your drugs at a particular pharmacy or pharmacies? (If not, we will find the least expensive plan in your area.)

Yes:

No:

A red box highlights the "Select My Preferred Pharmacy" button, with a red arrow pointing from the text "Press this button to select the pharmacy." to it.

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.

Medicare.gov - Plan Selection: Step 2 of 2 - Microsoft Internet Explorer

Address: http://plancompare.medicare.gov/pharmacySearch.asp?vid=6640027&dr:Zip=94501

Personalize Learn How Plans Work Other Assistance

Drug Selection > Pharmacy Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection

There are 10 pharmacies within 1.75 mile(s) of the ZIP code 94501. Please choose up to three pharmacies from the list and click [Continue with Selected Pharmacies]. If your pharmacy is not listed, try changing search criteria below.

A. Select up to three (3) pharmacies

Pharmacy Chain Name
ALAMEDA HOSPITAL PHARMACY <input type="checkbox"/> 2070 CLINTON AVE, ALAMEDA, CA 94501
ALAMEDA USCG PHCY <input type="checkbox"/> COAST GUARD ISLAND BLDG 1, ALAMEDA, CA 94501
ALAMEDA USCG PHCY-P.H. <input type="checkbox"/> COAST GUARD ISLAND BLDG 1, ALAMEDA, CA 94501
KAISER PERMANENTE ALMEDA MOB PHCY <input type="checkbox"/> 2417 CENTRAL AVE, ALAMEDA, CA 94501
LONGS DRUG STORE <input type="checkbox"/> 931 MARINA VILLAGE PKY, ALAMEDA, CA 94501 <input type="checkbox"/> 2314 SANTA CLARA AVE, ALAMEDA, CA 94501
VERSAILLES PHARMACY <input type="checkbox"/> 2801 ENCINAL AVE, ALAMEDA, CA 94501
WALGREEN DRUG STORE <input type="checkbox"/> 1916 WEBSTER ST, ALAMEDA, CA 94501 <input type="checkbox"/> 2245 S SHORE CTR, ALAMEDA, CA 94501
WEBSTER PHARMACY <input type="checkbox"/> 1563 WEBSTER ST, ALAMEDA, CA 94501

Continue with Selected Pharmacies

Medicare.gov - Plan Selection: Step 2 of 2 - Microsoft Internet Explorer

Address: http://plancompare.medicare.gov/pharmacySearch.asp?vid=6645513&dr:Zip=94501

Continue with Selected Pharmacies

B. Find other/more pharmacies

Show Pharmacies with the Following Criteria:

ZIP code: 94501

Pharmacies within: 1.75 mile(s)

Find Pharmacies

Return to Previous Page

Step 19: When you find your pharmacy click on the box next to the address.

list and click [Continue with Selected Pharmacies]. If your pharmacy is not listed, try changing search criteria below.

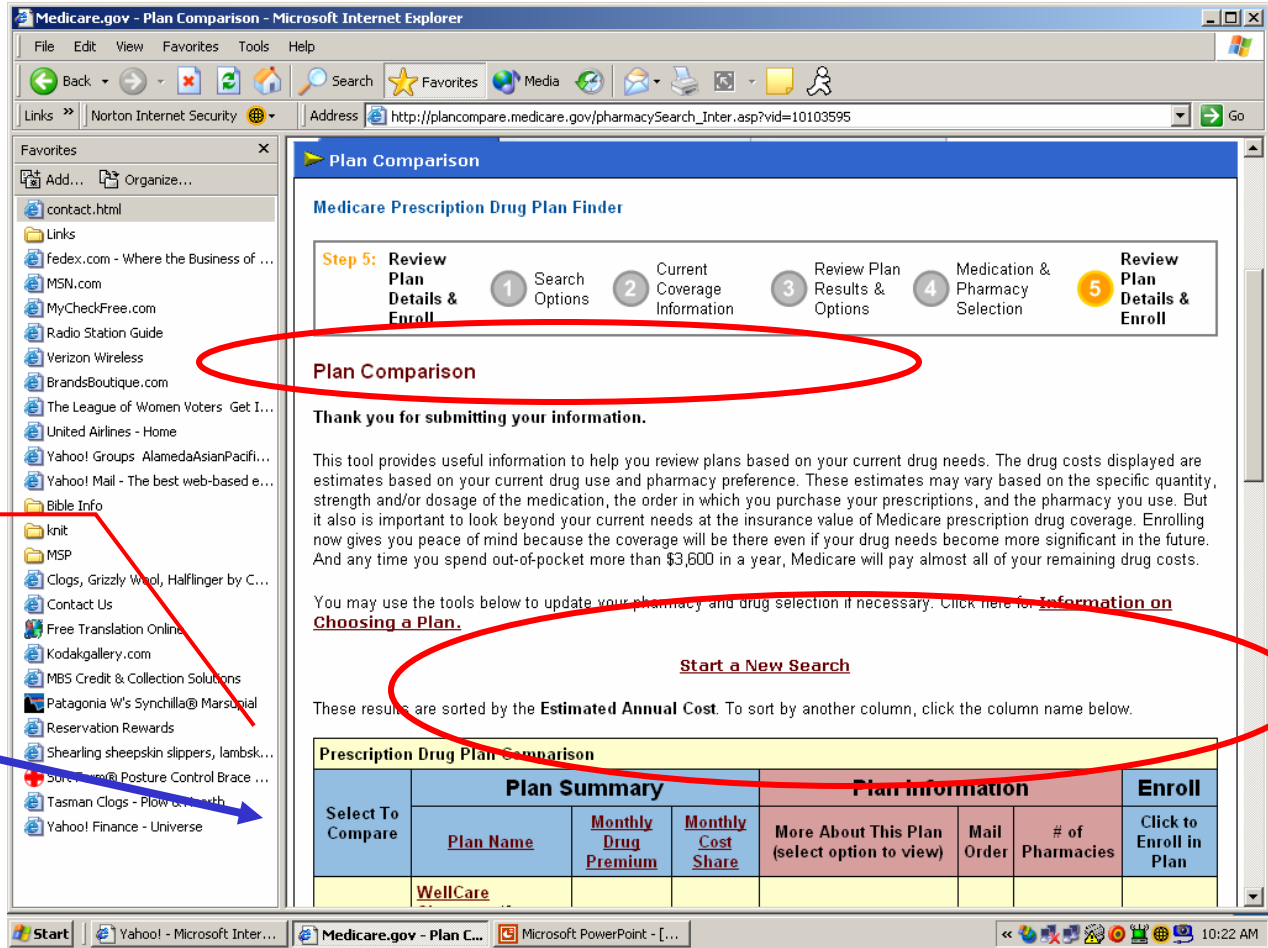
Pharmacy Chain Name	Address	Selected
KAISER FOUNDATION HOSP DISCHARGE	280 W MACARTHUR BLVD, OAKLAND, CA 94611	<input type="checkbox"/>
KAISER PERMANENTE ALAMEDA MOB PHCY	2417 CENTRAL AVE, ALAMEDA, CA 94501	<input type="checkbox"/>
LA CLINICA DE LA RAZA	1501 FRUITVALE AVE, OAKLAND, CA 94601	<input checked="" type="checkbox"/>
LA CLINICA PEDIATRIC PHARMACY	2647 INTERNATIONAL BLVD, OAKLAND, CA 94601	<input type="checkbox"/>
LAKE UNITED DRUG	287 13TH ST, OAKLAND, CA 94612	<input checked="" type="checkbox"/>
LEOS DAY AND NIGHT PHARMACY	1776 BROADWAY, OAKLAND, CA 94612	<input type="checkbox"/>
LEOS MEDICAL CENTER PHARMACY	411 30TH ST, OAKLAND, CA 94609	<input type="checkbox"/>
LONGS DRUG STORE	3300 WEBSTER ST #101, OAKLAND, CA 94609	<input type="checkbox"/>
	3320 FRUITVALE AVE, OAKLAND, CA 94602	<input type="checkbox"/>
	4100 REDWOOD RD, OAKLAND, CA 94619	<input type="checkbox"/>
	3236 LAKESHORE AVE, OAKLAND, CA 94610	<input type="checkbox"/>
	2000 MOUNTAIN BLVD BOX 13304, OAKLAND, CA 94611	<input type="checkbox"/>
	175 41ST AVE, OAKLAND, CA 94611	<input type="checkbox"/>
	5100 BROADWAY, OAKLAND, CA 94611	<input type="checkbox"/>
	344 20TH ST, OAKLAND, CA 94612	<input type="checkbox"/>
	931 MARINA VILLAGE PKY, ALAMEDA, CA 94501	<input type="checkbox"/>
	2314 SANTA CLARA AVE, ALAMEDA, CA 94501	<input type="checkbox"/>
	885 ISLAND DR #A, ALAMEDA, CA 94502	<input type="checkbox"/>
	4349 SAN PABLO AVE, EMERYVILLE, CA 94608	<input type="checkbox"/>
MIDTOWN PHARMACY	201 THIRD ST #102, OAKLAND, CA 94607	<input type="checkbox"/>

[<Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [Next>](#)

[Continue with Selected Pharmacies](#)

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.



Basic information about each plan. For more details click on the name of the plan.

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)

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.

Select to Compare	Plan Summary			Plan Information			Enroll
	Plan Name	Monthly Drug Premium	Monthly Cost Share	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Click to Enroll in Plan
<input type="checkbox"/>	AARP MedicareRx Plan (Contract ID: S5820, Plan ID: 031) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	5	Enroll
<input type="checkbox"/>	Health Net Orange (Contract ID: S5678, Plan ID: 002) <i>Approved by Medicare</i>	\$0.00	\$1.00	Enroll in this plan View Cost Details Lower My Cost Share View Notes	Yes	6	Enroll
<input type="checkbox"/>	PacificCare Saver Plan (Contract ID: S5921, Plan ID: 002) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	6	Enroll
<input type="checkbox"/>	Health Net Orange (Contract ID: S5678, Plan ID: 008) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	6	Enroll
<input type="checkbox"/>	WellCare Signature (Contract ID: S5967, Plan ID: 066) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	5	Enroll

<Previous 1 2 3 4 5 6 7 8 9 Next>

Plans per page: 5

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 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.

Medicare.gov - Plan Comparison - Microsoft Internet Explorer

Address: http://plancompare.medicare.gov/pharmacySearch_Inter.asp?vid=6645513

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.

Select To Compare	Plan Summary			Plan Information			Enroll
	Plan Name	Monthly Drug Premium	Monthly Cost Share	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Click to Enroll in Plan
<input type="checkbox"/>	AARP MedicareRx Plan (Contract ID: S5820, Plan ID: 031) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below Select Below	Yes	5	Enroll
<input type="checkbox"/>	Health Net Orange (Contract ID: S5678, Plan ID: 002) <i>Approved by Medicare</i>	\$0.00	\$1.00	Enroll in this plan View Cost Details Lower My Cost Share View Notes	Yes	6	Enroll
<input type="checkbox"/>	PacifiCare Saver Plan (Contract ID: S5921, Plan ID: 002) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	6	Enroll
<input type="checkbox"/>	Health Net Orange (Contract ID: S5678, Plan ID: 008) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	6	Enroll
<input type="checkbox"/>	WellCare Signature (Contract ID: S5967, Plan ID: 066) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	5	Enroll

<Previous 1 2 3 4 5 6 7 8 9 Next> Plans per page: 5

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.

Medicare.gov - Plan Comparison - Microsoft Internet Explorer

Address: http://plancompare.medicare.gov/pharmacySearch_Inter.asp?vid=10103595

<input type="checkbox"/>	PacifiCare Saver Plan (Contract ID: S5921, Plan ID: 002) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	6	Enroll
--------------------------	--	--------	--------	--------------	-----	---	--------

<Previous 1 2 3 4 5 6 7 8 9 10 Next> Plans per page: 5

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

My Information

Selected Pharmacies

Selected Pharmacies
LA CLINICA DE LA RAZA 1501 FRUITVALE AVE, OAKLAND, CA 94601
Change Pharmacy Selection

Selected Drugs

To update your medication's dosage/quantity, select the appropriate dosage below, enter the Monthly quantity in the quantity field, and click *Update Dosage/Quantity*.

Drug Name	30-Day Quantity	Remove
HYDROCHLOROTHIAZIDE TAB 25MG	30 per Month	Remove

Add Additional Medications Update Dosage/Quantity

Return to Previous Page

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.

Select To Compare	Plan Summary			Plan Information			Enroll
	Plan Name	Monthly Drug Premium	Monthly Cost Share	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Click to Enroll in Plan
<input type="checkbox"/>	WellCare Signature (Contract ID: S5967, Plan ID: 066) <i>Approved by Medicare</i>	\$0.00	\$0.00	Select Below	Yes	5	Enroll
<input checked="" type="checkbox"/>	AARP MedicareRx Plan (Contract ID: S5820, Plan ID: 031) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	5	Enroll
<input type="checkbox"/>	United HealthRx (Contract ID: S5820, Plan ID: 140) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	5	Enroll
<input type="checkbox"/>	Health Net Orange (Contract ID: S5678, Plan ID: 002) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	6	Enroll
<input type="checkbox"/>	PacifiCare Saver Plan (Contract ID: S5921, Plan ID: 002) <i>Approved by Medicare</i>	\$0.00	\$1.00	Select Below	Yes	6	Enroll

<Previous 1 2 3 4 5 6 7 8 9 10 Next> Plans per page: 5

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.

Step 23a: You are now ready to enroll! Fill out the information requested.

A You will provide personal information;

B permanent residence;

C Medicare information;

D and information about any other insurance you may have (see next two screens).

Enrollment Gateway - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print Mail

Address vZ9Qf6jgNhZ18wfKMAGy0Q%2FqjuswLp5MgKOIkjVcbH%2BephevIRyFHWDDUFWYaBILWm4cX4Ra8A1UYehvM35XJITkqifYoZ1Mdpv%2F94hJv%2b4lJi06k1AcbaNjzpw%3d Go Links

Medicare Prescription Drug Plan Enrollment Center

MEDICARE APPROVED

Start Enrollment

You are enrolling in: **AARP MedicareRx Plan**

Please fill out the personal information below. When you're finished, please click the Continue button at the bottom.

To protect your privacy, we may be asking you to provide us information in the form below that you have already entered on this site. We're sorry for the inconvenience, but your privacy is important to us.

Note: This tool is entirely confidential. The information you are providing will only be used for the purposes of completing your enrollment in the Medicare Prescription Drug Plan that you selected. We will not share the information you provide with anyone for any other purpose.

A **Your Personal Information:**

Title: Mr. Mrs. Miss. Ms.

Your Name:
First Name M.I. Last Name

Birth Date: -Month- -Day- -Year-

Gender: Male Female

Email Address:
(This information is optional)

Home Phone Number: () -

B **Permanent Residence:**

Done

Start Internet

Part D Guide - Microsof... Search Results Inbox - Microsoft Outlook Enrollment Gateway... 1:03 PM

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](#)

MEDICARE HEALTH INSURANCE

Medicare Claim Number
[] - [] - [] - []

Is Entitled To **Effective Date**

Hospital (Part A) -Month- -Day- -Year-
Medical (Part B) -Month- -Day- -Year-

Your Plan Premium Payment Option:

You can have the monthly premium for this 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.

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 Me **D 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.

Will you have other prescription drug coverage in addition to AARP MedicareRx Plan? Yes No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:	ID # for this coverage:	Group # for this coverage:
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes" please provide the following information:

Name of Institution:	<input type="text"/>
Address of Institution:	<input type="text"/>
Phone Number of Institution:	(<input type="text"/>) <input type="text"/> - <input type="text"/>

Page Last Updated: 11/14/2005

When you are finished, press "Continue" to get a confirmation of your enrollment.

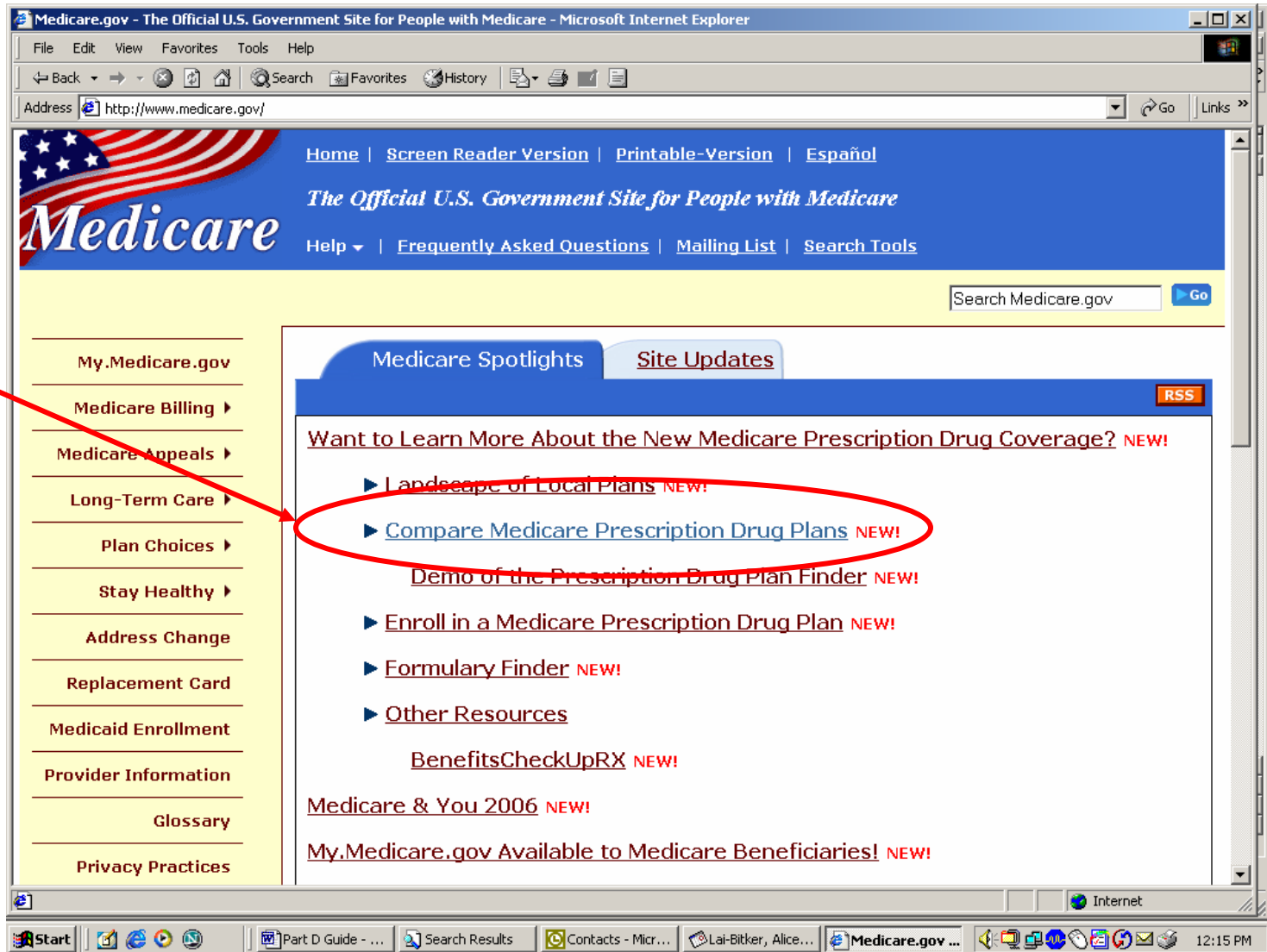
Congratulations, you are finished!

This section is for Medi-Cal/Medicare beneficiaries enrolled in a HMO/managed care plan.

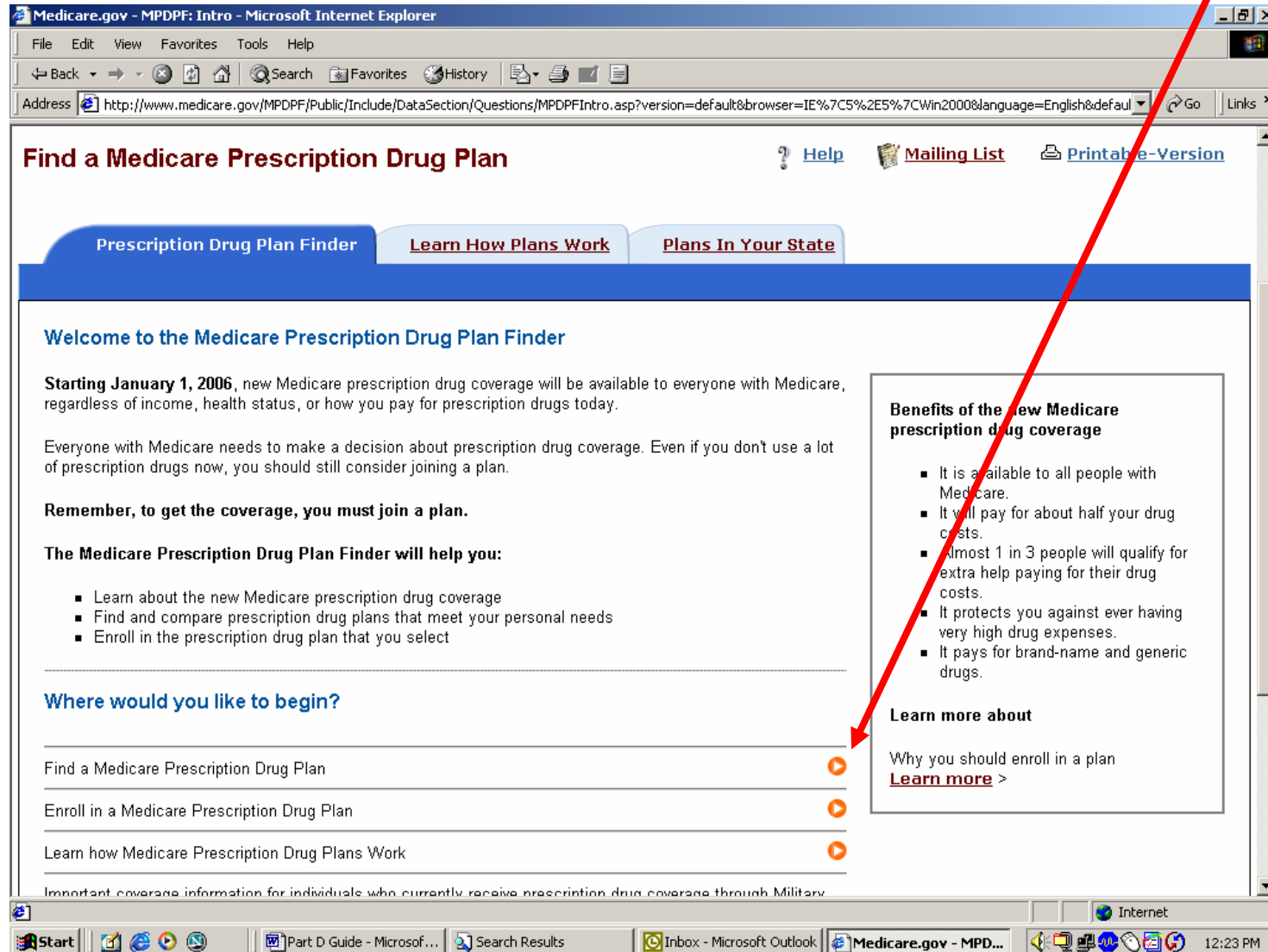
Dual eligibles who are in a Medicare Advantage (MA) plan (formerly known as HMO) will automatically be enrolled in a Medicare Advantage plan that includes prescription drug coverage (MA-PD) on January 1, 2006. If the MA-PD has a monthly premium above \$23.25, the beneficiary may have to pay the difference.

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



Find a Medicare Prescription Drug Plan

Prescription Drug Plan Finder | [Learn How Plans Work](#) | [Plans In Your State](#)

Welcome to the Medicare Prescription Drug Plan Finder

Starting January 1, 2006, new Medicare prescription drug coverage will be available to everyone with Medicare, regardless of income, health status, or how you pay for prescription drugs today.




Everyone with Medicare needs to make a decision about prescription drug coverage. Even if you don't use a lot of prescription drugs now, you should still consider joining a plan.

Remember, to get the coverage, you must join a plan.

The Medicare Prescription Drug Plan Finder will help you:

- Learn about the new Medicare prescription drug coverage
- Find and compare prescription drug plans that meet your personal needs
- Enroll in the prescription drug plan that you select

Where would you like to begin?

- Find a Medicare Prescription Drug Plan 
- Enroll in a Medicare Prescription Drug Plan 
- Learn how Medicare Prescription Drug Plans Work 

Important coverage information for individuals who currently receive prescription drug coverage through Military

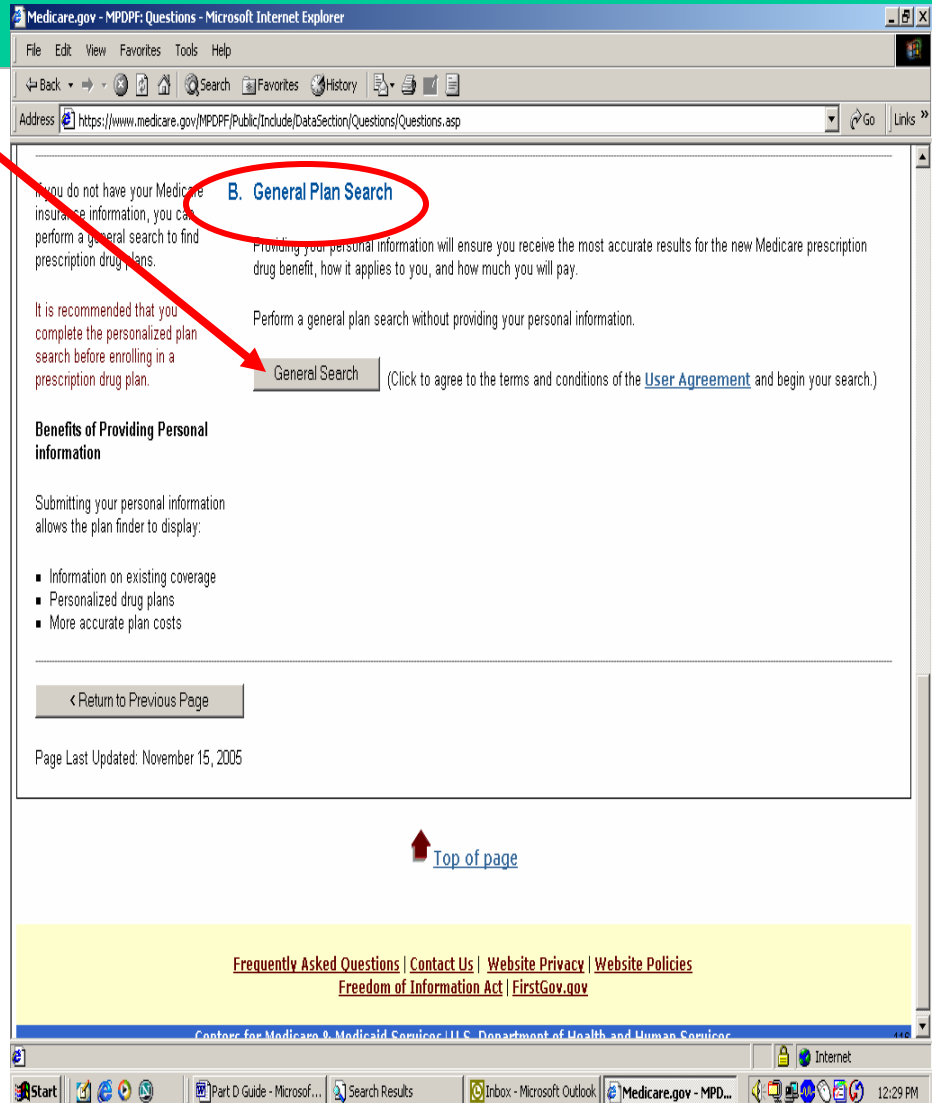
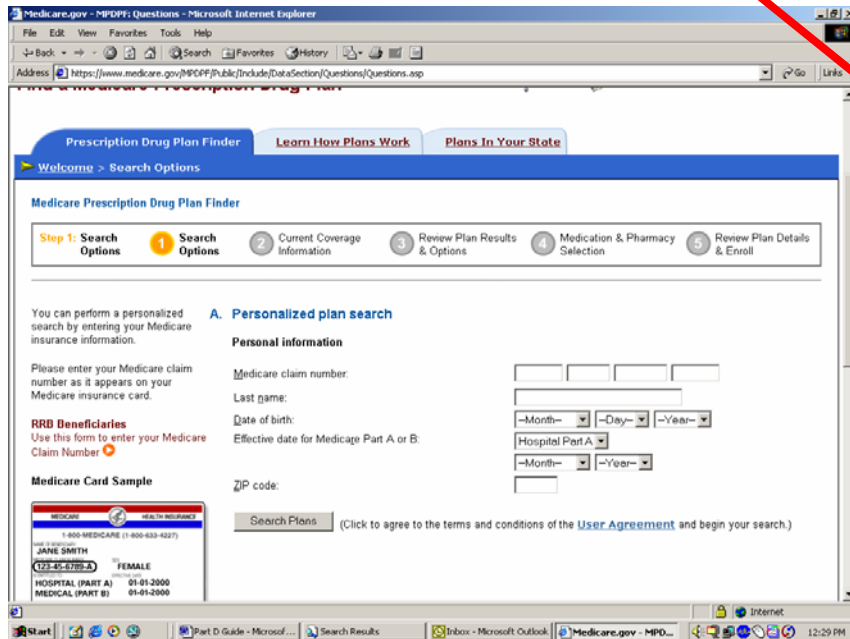
Benefits of the new Medicare prescription drug coverage

- It is available to all people with Medicare.
- It will pay for about half your drug costs.
- Almost 1 in 3 people will qualify for extra help paying for their drug costs.
- It protects you against ever having very high drug expenses.
- It pays for brand-name and generic drugs.

Learn more about

Why you should enroll in a plan
[Learn more >](#)

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.

Medicare.gov - MPDPF: General Questions: Additional Questions - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History Print

Address <http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/GeneralQuestions.asp> Go Links

Prescription Drug Plan Finder Learn How Plans Work Plans In Your State

Welcome > Search Options > General Questions

Medicare Prescription Drug Plan Finder

Step 1: Search Options Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

General Questions:

A. What is your ZIP code?

To provide you with accurate information about the available plans in your area, please answer the following questions.

Enter your 5-digit ZIP code.

ZIP Code [ZIP Code Locator](#)

What types of prescription drug coverage do you have? (Check all that apply)

B. Current Prescription Drug Coverage

- Prescription drug coverage through Medicaid
- Prescription drug coverage through an employer or union retiree health plan
- Prescription drug coverage through Medigap (Medicare supplement insurance)
- Medigap (Medicare supplement insurance) without drug coverage
- Prescription drug coverage through a Medicare Advantage plan (like an HMO, PPO, or Private-Fee-for-Service Plan)
- I don't know
- None of the above

Start | Part D Guide - Microsof... | Search Results | Inbox - Microsoft Outlook | Medicare.gov - MPD... | 12:32 PM

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.

The screenshot shows a web browser window with the URL <http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/GeneralQuestions.asp>. The page contains three questions:

- C. Eligible or Qualify for Additional Help**: Did you get a letter from Medicare or the Social Security Administration (SSA) that said you are either **eligible for** or **qualified for** extra help paying for your Medicare Prescription drug plan costs?
 Yes
 No
- D. Source of the Letter**: Who sent you the letter?
 Medicare
 Social Security Administration
 I don't know
- E. Type of Letter**: What kind of help do you currently get? If you have a copy of the letter, it will tell you.
 Medicare & Medicaid
 Help from State paying Medicare premiums
 Supplemental Security Income

At the bottom of the form are two buttons: "< Return to Previous Page" and "Continue".

Three red callout boxes provide instructions:

- Box 1**: "Select 'yes.'" (points to the 'Yes' radio button in question C)
- Box 2**: "D & E will appear on the screen ONLY if your answer to question C is 'yes.'" (points to the 'Source of the Letter' and 'Type of Letter' sections)
- Box 3**: "Select whether your notification letter came from Medicare or the Social Security Administration. Select the type letter you received for this information." (points to the radio buttons in question E)

At the bottom of the page, there is a "Top of page" link with a red house icon.

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.

Medicare.gov - MPDPF: Review Current Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History

Address [&language=English&ViewType=Public&LetterCoverage=Medicare&MAPDYear=2006&SearchType=General&ReceivedLetter=Yes&county=6001%7CALAMEDA&SSAReq=NA](#) Go Links >>

[Vea en Español](#)

Find a Medicare Prescription Drug Plan [Help](#) [Mailing List](#) [Printable Version](#)

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > [Search Options](#) > [General Questions](#) > Review & Continue

Step 2: Current Coverage Information 1 Search Options 2 **Current Coverage Information** 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

I understand that if I do not join a Medicare drug plan, Medicare will enroll me in a plan.

A. Decide on your plan options

You indicated that you do not have prescription drug coverage through a Medicare Prescription Drug Plan.

You indicated that you are approved for extra help paying for Medicare prescription drug coverage. Starting January 1, 2006, Medicare will cover prescription drug costs instead of Medicaid. You will have continuous Medicare prescription drug coverage and, in most cases, will pay a small amount out of your own pocket.

You will need Medicare prescription drug coverage. You need to make a choice and join a plan.

If you do not join a plan by December 31, 2005, Medicare will enroll you in a plan effective January 1, 2006.

[Review details on plan options](#)

< Return to Previous Page **Choose a Drug Plan Type**

Start | Part D Guide - Microsof... | Search Results | Inbox - Microsoft Outlook | Medicare.gov - MPD... | Internet | 12:34 PM

Is this information right?

STEP 7-MAPD: Click on “Search for Medicare Advantage Plans.”

The screenshot shows a Microsoft Internet Explorer browser window displaying the Medicare.gov website. The address bar shows the URL: <http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/Options.asp>. The page content is titled "Choose Drug Plan Type:" and is divided into three sections: A, B, and C.

Choose Drug Plan Type:
You can get Medicare prescription drug coverage in two different ways.

A. Your Current Health Plan Type
We do not have information to determine if you are receiving your Medicare benefits through an Original Medicare Plan or a Medicare Advantage (or other Medicare health plan).

B. Medicare Advantage Plans and Other Medicare Health Plans
These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, including drug coverage, through a single plan. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

C. Medicare Prescription Drug Plans
These plans add coverage to the Original Medicare Plan (and Medicare Cost Plans and some Medicare Private-Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

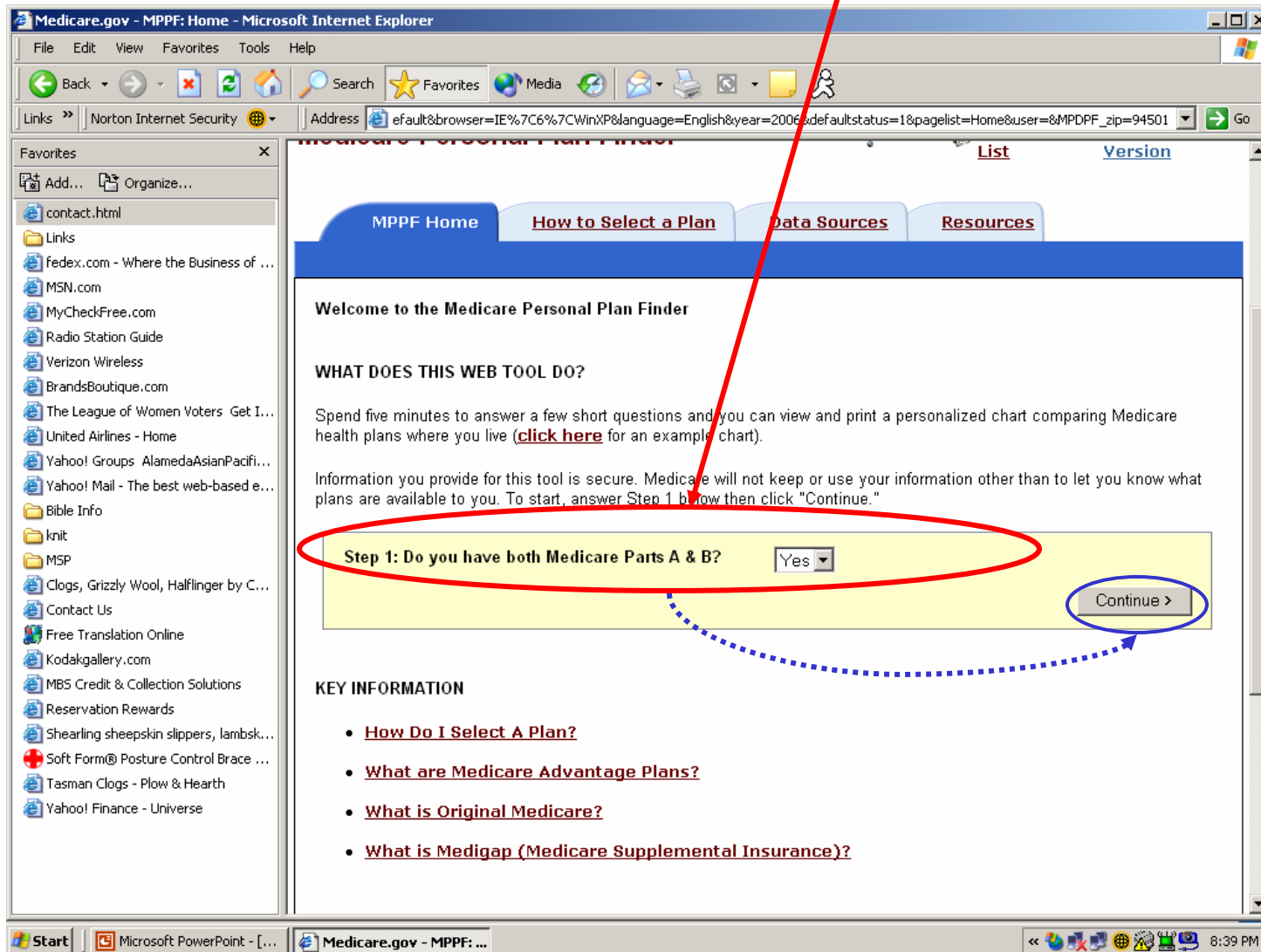
Also include Medicare Advantage and Other Medicare Health Plans

The button "Search for Medicare Advantage Plans" is circled in red.

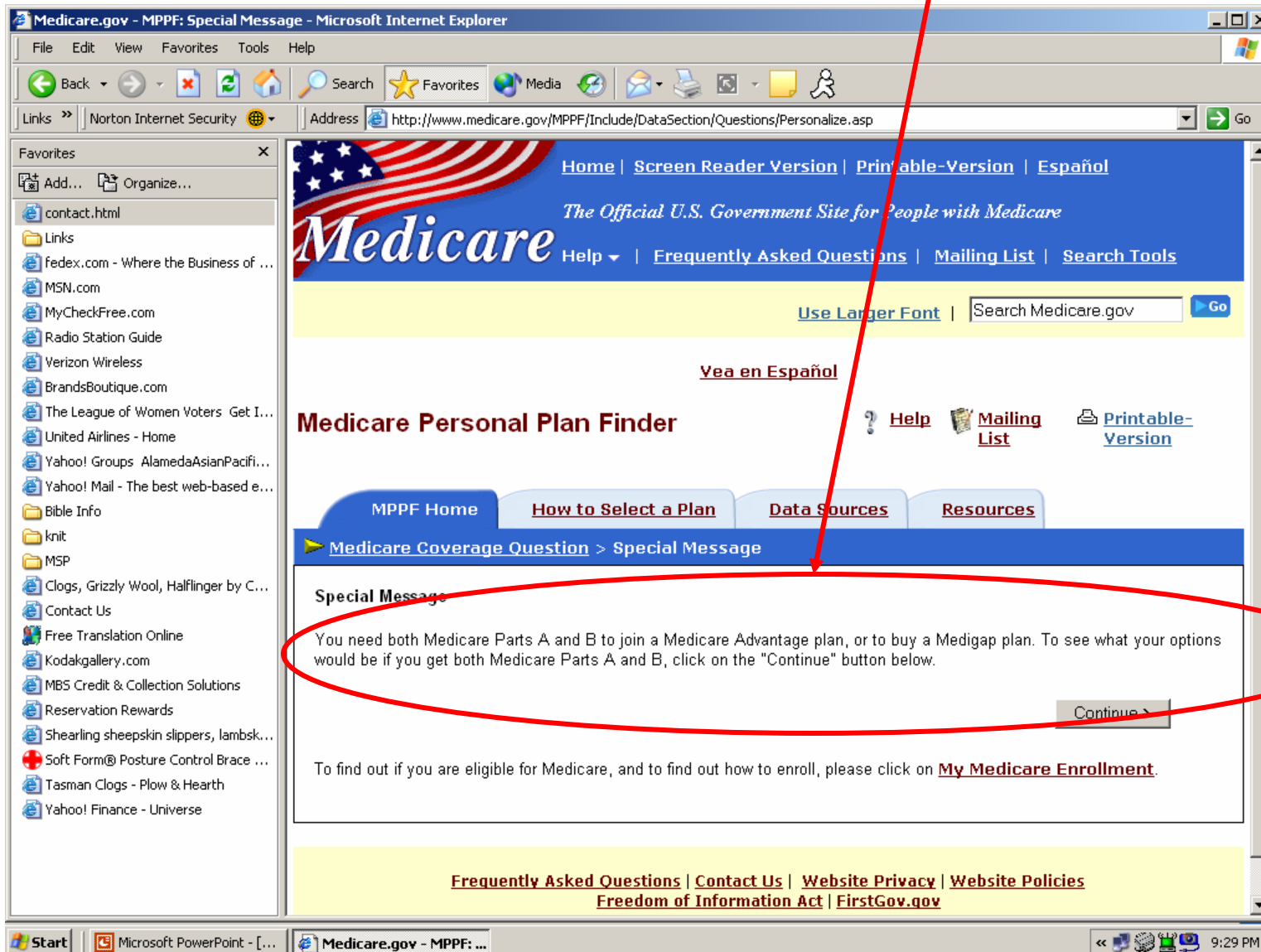
< Return to Previous Page

Page Last Updated: November 15, 2005

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.

The screenshot shows the Medicare Personal Plan Finder website in Microsoft Internet Explorer. The browser's address bar displays the URL: <http://www.medicare.gov/MPPF/Include/DataSection/Questions/Personalize.asp>. The page title is "Medicare Personal Plan Finder".

At the top right, there are links for "Ve en Español", "Help", "Mailing List", and "Printable Version". Below these are navigation tabs: "MPPF Home", "How to Select a Plan", "Data Sources", and "Resources".

The main content area is titled "Personalize Your Search". It contains two steps:

- Step 2: What is your ZIP code?** A text input field contains "94501" and a "ZIP Code Locator" link.
- Step 3: For which of the following are you interested in obtaining benefits information? (You may select more than one.)** There are three radio button options: "Medicare Advantage Plans" (which is selected), "Original Medicare", and "Medigap".

At the bottom right of the form area is a "Find a Plan >" button. Below the form area is a "Start a New Search" link.

At the bottom of the page, there are links for "Frequently Asked Questions", "Contact Us", "Website Privacy", "Website Policies", "Freedom of Information Act", and "FirstGov.gov".

Red annotations are present: a red arrow labeled "1" points to the ZIP code input field; a red arrow labeled "2" points to the "Medicare Advantage Plans" radio button; and a red arrow labeled "3" points to the "Find a Plan >" button.

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.

Cost and Benefits - Basic Report for ZIP Code 94501

To view more detailed information about one or more of the plans below, click the checkbox next to each plan that you want to see and then click the "View Detailed Report" button at the bottom of the page. It is recommended that you choose up to three plans at a time.

Important: If you have other insurance apart from Original Medicare, please click on [Special Notes](#) to see how it will affect your enrollment into a Medicare Advantage or Medigap plan.

[Medicare Advantage \(Click here to hide information\)](#)

[Medicare Advantage Prescription Drug Plans \[MA-PDs\] \(Click here to show additional information\)](#)

	Plans	Monthly Plan Premium (in addition to the Part B Premium)	Prescription Drug Cost Sharing	Doctor Choice (can you go to any doctor?)	Routine Physical Exams	Vision Services	Dental Services
<input type="checkbox"/>	Health Net of CA Health Net Seniority Plus H0562 - 011 Managed Care Plan	\$39.00	\$5 - \$55 25%	Plan Doctors Only	✓	✓	✓ (for an extra cost)
<input type="checkbox"/>	Kaiser Permanente Kaiser Permanente Senior Advantage H0524 - 008 Managed Care Plan	\$70.00	\$10 - \$40	Plan Doctors Only	✓	✓	
<input type="checkbox"/>	Secure Horizons Medicare Advantage Plan	\$59.00	\$8.50 - \$26.45 22% - 50%	Plan Doctors Only	✓	✓	✓ (for an extra cost)

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.”

The screenshot shows the Medicare.gov website in Microsoft Internet Explorer. The browser address bar shows <http://www.medicare.gov/MPPF/Include/DataSection/ComparePlans/ComparePlans.asp>. The page title is "Medicare.gov - MPPF: Cost and Benefits - Basic Report".

On the left side, there is a "Plans" list with the following entries:

- Health Net Of CA**
Health Net Seniority Plus
H0562 - 011
Managed Care Plan
- Kaiser Permanente**
Kaiser Permanente Senior Advantage
H0524 - 008
Managed Care Plan
- Secure Horizons Medicare Advantage Plan**
Secure Horizons Classic Plan
H0543 - 070
Managed Care Plan
- Secure Horizons Medicare Advantage Plan**
Secure Horizons Classic Plan II
H0543 - 071
Managed Care Plan

On the right side, there is a table with the following data:

<input type="checkbox"/> Secure Horizons Medicare Advantage Plan Secure Horizons Medical Plan H0543 - 098 Managed Care Plan	\$35.00	Plan Doctors Only	✓	✓	(for an extra cost)
---	---------	-------------------	---	---	---------------------

Below the table, there are two links:

- [Original Medicare \(Click here to show additional information\)](#)
- [Medigap Plans \(Click here to show additional information\)](#)

At the bottom of the page, there is a button labeled "View Detailed Report >" which is circled in red. Below the button, there is a "Top of page" link and a footer with the following text:

Frequently Asked Questions | Contact Us | Website Privacy | Website Policies
Freedom of Information Act | FirstGov.gov

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”.

Number of Pharmacies in Your Area	6 pharmacies	1 pharmacy
Important Notes	This is a regional plan that offers national coverage. You can use this plan to get your prescription drugs in any of the 50 states across the country. This plan offers the ability to have your prescriptions filled for amounts greater than 30 days (For example: 2 or 3 month quantities) at some of their network retail pharmacies. Please contact the plan for additional information.	This is a regional plan that offers coverage only in certain areas of the country. You can use this plan to get your prescription drugs only in those specified areas. If you reside in two different locations throughout the year, you will need to contact the plan directly to make sure this plan offers prescription drug coverage in both locations. This plan is a Medicare Advantage Health Plan. Medicare Advantage Health Plans offer complete Medicare-covered health care, including drug coverage, through a single plan. Most of these plans generally offer extra benefits and lower co-payments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services. This plan offers the ability to have your prescriptions filled for amounts greater than 30 days (for example: 2 or 3 month quantities) at some of their network retail pharmacies. Please contact the plan for additional information. In addition to paying the co-payments/co-insurances listed below, you will be required to pay

List of pharmacies

Pharmacy List: Health Net Seniority Plus

There are 6 pharmacies within 1.50 mile(s) of the ZIP code 94501 for Health Net Seniority Plus. To expand the radius and see more pharmacies, try changing the criteria below.

Pharmacy Name	Preferred Pharmacy
LONGS DRUG STORE 2314 SANTA CLARA AVE, ALAMEDA, CA 94501	Yes
LONGS DRUG STORE 931 MARINA VILLAGE PKY, ALAMEDA, CA 94501	Yes
VERSAILLES PHARMACY 2801 ENCINAL AVE, ALAMEDA, CA 94501	Yes
WALGREEN DRUG STORE 2245 S SHORE CTR, ALAMEDA, CA 94501	Yes
WALGREEN DRUG STORE 1916 WEBSTER ST, ALAMEDA, CA 94501	Yes

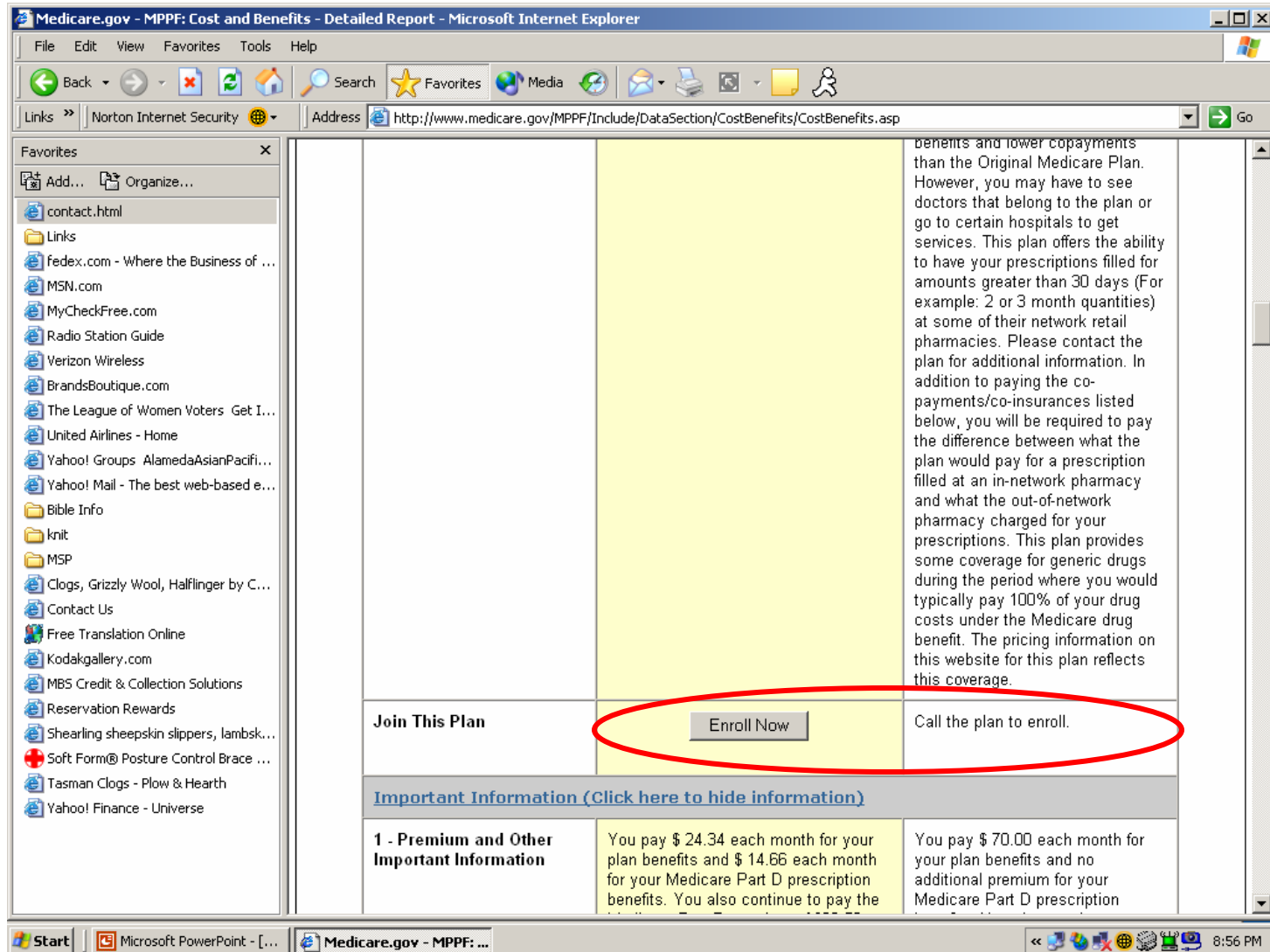
<Previous 1 2 Next>

Show Pharmacies with the Following Criteria:

ZIP code:

Pharmacies within:

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.

A You will provide personal information;

B permanent residence;

C Medicare information;

D and information about any other insurance you may have (see next two screens).

A Your Personal Information:

Title: Mr. Mrs. Miss. Ms.

Your Name:
First Name M.I. Last Name

Birth Date: -Month- -Day- -Year-

Gender: Male Female

Email Address:
(This information is optional)

Home Phone Number: () -

B Permanent Residence:

Step 15-MAPDb: Fill out the information requested.

Enrollment Gateway - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print Copy Paste

Address v29Qf6jgNhz18wFKMAGy0Q%2FqjuswLp5MgKOIkjVcbH%2BephreVIRyFHWDDUFWYabILWm4cX4Ra8A1UYehvM35XJITkqifYoZ1Mdpv%2F94hvjv%2b4IjI06k1AcbaNJzpw%3d Go Links >>

Please **C** Complete 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](#)

MEDICARE HEALTH INSURANCE

Medicare Claim Number

- - -

Is Entitled To	Effective Date
Hospital (Part A)	<input type="text"/> -Month- <input type="text"/> -Day- <input type="text"/> -Year-
Medical (Part B)	<input type="text"/> -Month- <input type="text"/> -Day- <input type="text"/> -Year-

Your Plan Premium Payment Option:

You can have the monthly premium for this 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.

Done

Start | Part D Guide - Microsof... | Search Results | Inbox - Microsoft Outlook | Enrollment Gateway... | Internet | 1:04 PM

Step 15-MAPDc: Fill out the information requested.

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 **Determine 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.

Will you have other prescription drug coverage in addition to AARP MedicareRx Plan? Yes No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:	ID # for this coverage:	Group # for this coverage:
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes" please provide the following information:

Name of Institution:	<input type="text"/>
Address of Institution:	<input type="text"/>
Phone Number of Institution:	(<input type="text"/>) <input type="text"/> - <input type="text"/>

Page Last Updated: 11/14/2005

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

Medicare: 1-800-Medicare (1-800-633-4227). TTY Users: 1-877-486-2048

OTHER RESOURCES:

4. <http://www.BenefitsCheckuprx.org>
5. <http://www.calmedicare.org>
6. <http://healthassistancepartnership.org>
7. <http://medicarerights.org>