

How to Use the Plan Finder On Medicare.gov

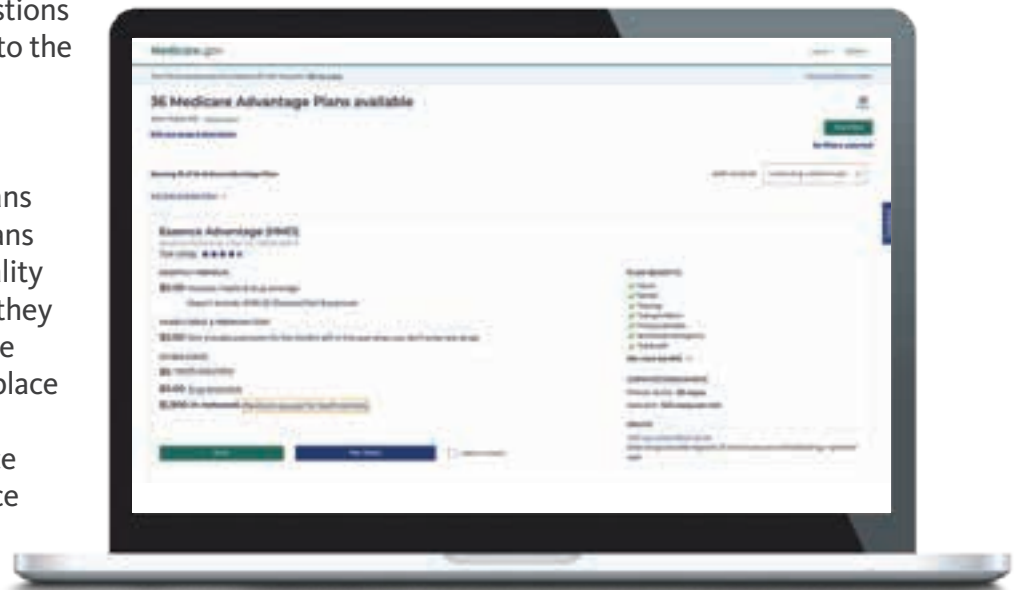
Medicare.gov is designed to help you understand your Medicare health insurance options, find the best health insurance plan possible and sign up. The site's Plan Finder tool is especially helpful in locating plans and offering important information about them. But if you're not familiar with Medicare, figuring out exactly what that information means can be a challenge. To help you make the most of Medicare.gov's Plan Finder, here's a guide to help you understand exactly what the tool is telling you.

Before we get to what the results mean, let's review the Plan Finder steps.

- Step 1:** Go to Medicare.gov.
- Step 2:** Click on "Find health & drug plans."
- Step 3:** Create an account to log in or continue without one.
- Step 4:** If you continue without logging in, select the coverage year and zip code that you're researching.
- Step 5:** Select the type of plan you're looking for.
- Step 6:** Answer any additional questions as prompted and continue to the results page.

Once you get to the results page, it's important to take note of how the plans are organized. Medicare.gov ranks plans by taking into consideration their quality rating as well as the financial burden they place on the Medicare beneficiary. The higher-ranking plans, and those that place less financial burden on the Medicare beneficiary, are closer to the top. Once you look at a specific plan, you'll notice that each one has seven pieces of important information.

Medicare.gov packs a lot of important information into the results page, and knowing what all that means is a necessary step in selecting the right plan for you. If you have additional questions about the results page, you can contact the plan you're interested in.



Star Rating

This is probably the most important piece of information. Plans that place less financial burden on the beneficiary and have the highest rating will likely appear first on the page. The rating pertains to the number of stars a plan has. Though the other pieces of information offer you specific details, Star Ratings give you a glimpse of how the plan performs overall. The ratings are given out each year by the Centers for Medicare & Medicaid Services (CMS) and are based on a number of criteria including how consumers rate

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their own plan. Medicare plans are rated from 1 to 5 stars—with 1 being poor and 5 being excellent. Star Ratings offer an unbiased view of a Medicare plan and are evaluated each year to remain current. A plan with a high Star Rating likely puts a lot of time and effort into ensuring their members are happy, healthy and satisfied with their coverage and level of service.

Monthly Premium

Your monthly premium is the amount you'll pay regardless of if you use your benefits. In our example, the premium shown on the results page lists the cost for medical and drug coverage together.

Yearly Drug and Premium Cost

This number is what you'll pay for premiums and prescription drugs during a plan year. These costs could be lower depending on your income.

Other Costs

- 1. Drug deductible:** This covers what you'll have to pay yearly for your prescriptions before insurance kicks in.
- 2. Health deductible:** This covers what you'll have to pay yearly for your medical care before insurance kicks in.
- 3. Maximum you pay for health services:** This is one of the most important pieces of information the results page offers. The out-of-pocket spending limit tells you the most you'll ever have to spend per year on medical costs. It doesn't matter if you spend \$3,000 or \$100,000 on care. Once you hit the out-of-pocket spending limit, your plan will cover 100 percent of your medical costs. This means that whatever number you see listed under the limit will be all you ever have to budget for your care in a given plan year.

Plan Benefits

This section shows the benefits that each plan offers or doesn't offer. Benefits include dental, vision, fitness, over-the-counter allowance and many more. The list shown isn't all inclusive; you should view the Summary of Benefits for any plan that you're interested in to see a full list of available benefits.

Copays/Coinsurance

In this section, you'll find copays and coinsurance amounts for primary care physicians (PCPs) and specialists.

- **Copay:** This is a set amount that you pay for a medical visit, service or prescription drug. As long as no tests or additional services are performed during that visit, you should only be responsible for the copay and no other costs. You might have an additional amount (coinsurance) to pay on top of this amount if your plan requires it.
- **Coinsurance:** This is a percentage of a medical visit, service or prescription drug that you're responsible for. It's common to be charged a certain percentage for tests or services even after you meet your deductible.

Drugs

This section tells you if drug coverage is included in each plan. It also allows you to enter the drugs you take and see their prices.

Every year, Medicare evaluates plans based on a 5-star rating system.

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