



# How to navigate and use Medicare.gov As a reference tool

Click "Find 2022 Health & Drug Plans"

It's Open Enrollment -  
now to Dec 7

Find 2022 Health & Drug Plans

Log in/Create Account

See how Medicare is responding to Coronavirus

[Learn More](#)



Get started

Learn about Medicare



Find care providers

Compare hospitals,  
nursing homes and more



Need a 2021 plan?

Find 2021 health & drug  
plans



Talk to Someone

Get answers & local help

# Find a 2022 Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.  
See your 2022 plan options now by logging in or creating an account.

Log in or Create Account

[Continue without logging in](#)

Click "continue without logging in"

## New to Medicare?

Learn about your options & enroll in a plan.

[Learn more about options](#)

## Qualify for a Special Enrollment Period?

Log in or create account to change your 2021 coverage.

[Log in or Create Account](#)

[Continue without logging in](#)

[Looking for Medigap policies?](#)

[Looking for PACE plans?](#)

**i** You're viewing 2022 plans. [Show me 2021 plans.](#)

## Answer a few quick questions

What type of 2022 coverage are you looking for?

We'll show you 2022 plans. If you want a plan that starts before January 1, [view 2021 plans.](#)

☒ Medicare Advantage Plan

Click "Medicare Advantage Plan"

Bundles all Medicare health benefits (with or without drug coverage) plus extra services - like vision, hearing, dental, and more.

☐ Drug plan (Part D)

☐ Drug plan (Part D) + Medigap policy

☐ Medigap policy only

☐ I want to learn more about Medicare options before I see plans

Enter Clients Zip Code

ENTER YOUR ZIP CODE

92705

Continue

Then Click "Continue"

- ☐ Medigap policy only
- ☐ I want to learn more about Medicare options before I see plans

ENTER YOUR ZIP CODE

92705

Continue

Select your county

- ☒ 92705, Orange, CA

After clicking "Continue" this bottom section will appear

Do you get help with your costs from one of these programs?

- ☐ Medicaid
- ☐ Supplemental Security Income
- ☐ Medicare Savings Program
- ☐ Extra Help from Social Security
- ☒ I'm not sure

Check "I'm not sure"

If you log in, we may be able to see if you get help from one of these programs.

- ☐ I don't get help from any of these programs

Then click "Continue Without Logging In"

Log in

Continue Without Logging In

 You're viewing 2022 plans. [Show me 2021 plans.](#)

## Tell us your search preferences

Do you want to see your drug costs when you compare plans?



Yes

Click "Yes" to the question

**Great!**

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.



No

Next

Click "Next"



**i** You're viewing 2022 plans. [Show me 2021 plans.](#)

## Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Add Drug

[Clear search](#)

[Browse drugs A-Z](#)

[Can't find your drug?](#)

Enter Medication. Be specific and add all medications your customer has

Done Adding Drugs

See Plans Without Drug Costs

**i** You're viewing 2022 plans. [Show me 2021 plans.](#)

## Tell us about this drug

Januvia

DOSAGE

50mg tablet ▾

QUANTITY

30

FREQUENCY

Every month ▾

Add to My Drug List

Cancel

Enter Dosage, Quantity, and Frequency. Be specific.

Feedback





Januvia 50mg tablet

Quantity

30

Frequency

Every month

[Remove drug](#)

[Edit drug](#)

Trulicity 1.5mg/0.5ml  
solution pen injector

Package Type

0.5ml pen (sold in pack of  
4)

Quantity

1

Frequency

Every month

[Remove drug](#)

[Edit drug](#)

Victoza 18mg/3ml solution  
pen injector

Package Type

3ml pen (sold in pack of  
3)

Quantity

1

Frequency

Every month

[Remove drug](#)

[Edit drug](#)

Add Another Drug

Done Adding Drugs

If you need to add more drugs,  
Click "Add Another Drug"

If you have added all the drugs,  
then Click "Done Adding Drugs"

# Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE    NAME OF PHARMACY (OPTIONAL)

92705

Find Pharmacy

Filter by:    Distance: 1 mile    ▾

Choose up to 5 pharmacies from the list below

Showing 1-10 of 21 pharmacies near 92705

## Mail-order Pharmacy

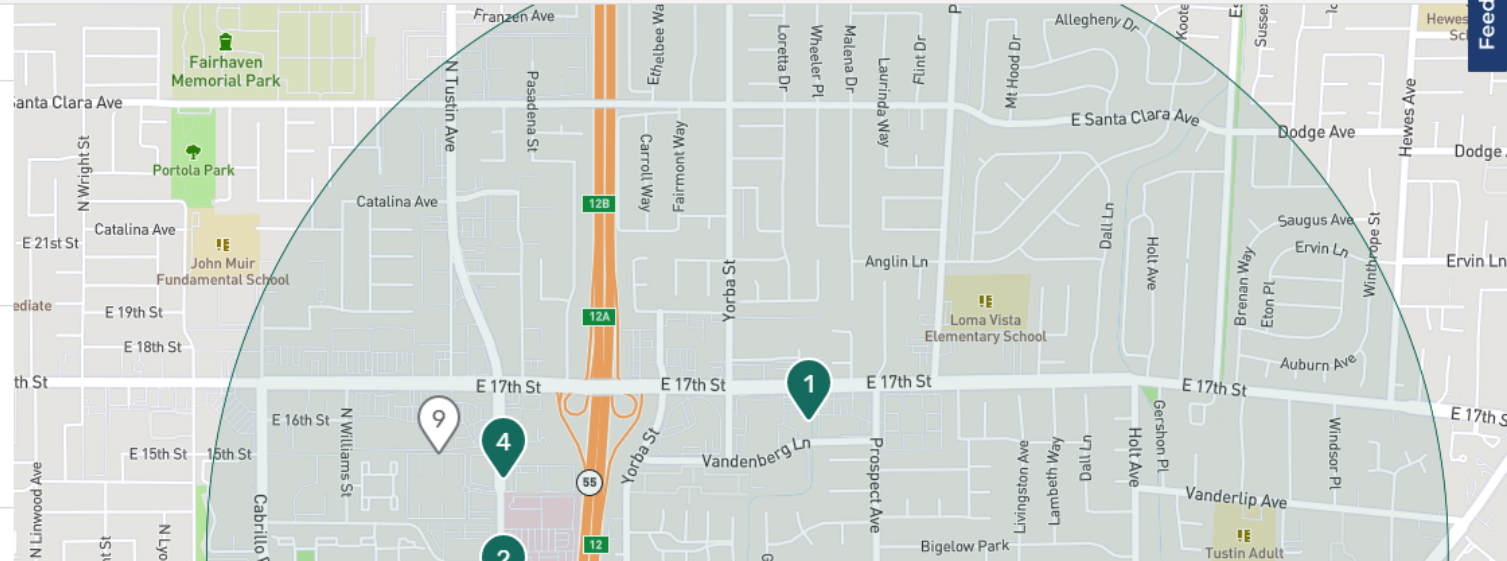
Add both mail-order and retail pharmacies to find the lowest cost.

☑ Pharmacy Added

### 1. CVS Pharmacy #08890

17642 East 17th Street, Tustin, CA 92780  
(714) 832-1850

☑ Pharmacy Added



CVS Pharmacy #08890



Med-Zone Pharmacy



Cancer And Blood Care  
Specialists



Allcare Specialty Pharmacy



Mail Order Pharmacy



Done

6. **Santa Ana Tustin Pharmacy**

801 N Tustin Ave Ste 100, Santa Ana, CA 92705  
(714) 547-3949

☐ Add Pharmacy

7. **Concentra - Santa Ana-tustin**

800 N Tustin Ave Ste A, Santa Ana, CA 92705  
(714) 245-0800

☐ Add Pharmacy

8. **Med-zone Pharmacy**

800 N Tustin Ave Ste K, Santa Ana, CA 92705  
(714) 558-1900

☒ Pharmacy Added

9. **Savon Pharmacy #0598**

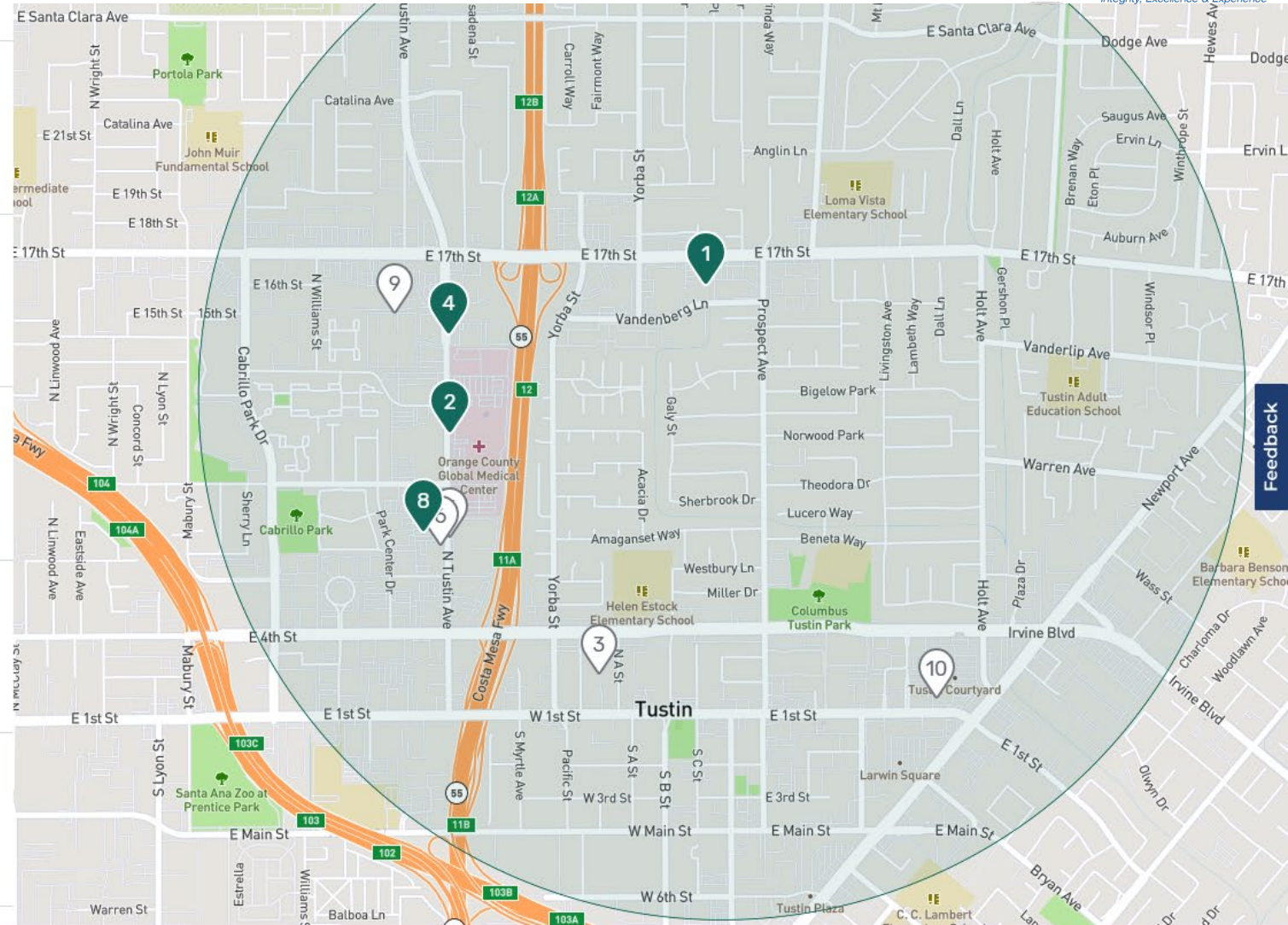
2000 E 17th St, Santa Ana, CA 92705  
(714) 543-8300

☐ Add Pharmacy

10. **CVS Pharmacy #08877**

671 East 1st Street, Tustin, CA 92780  
(714) 544-7034

☐ Add Pharmacy



Your selection will populate the blue bar

CVS Pharmacy #08890



Med-Zone Pharmacy



Cancer And Blood Care  
Specialists



Allcare Specialty Pharmacy



Mail Order Pharmacy



Done

Once you select all the pharmacies wanted, click "Done"

Orange, CA [Change location](#)

Select a Plan Type ▾

Once you see the results, you can filter by various types of needs

Filter by: Plan Benefits ▾

Insurance Carrier ▾

Drug Coverage ▾

Star Ratings ▾

Special Needs Plans ▾

Showing 10 of 70 Medicare Advantage Plans

SORT PLANS BY Lowest drug + premium cost ▾

Sort plans by different factors

## Wellcare No Premium Best (HMO)

Wellcare | Plan ID: H5087-005-0

Star rating: ☆ This plan got Medicare's **highest rating** (5 stars)

### MONTHLY PREMIUM

**\$0.00** Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

**\$5,621.59** Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

### OTHER COSTS

**\$0** Health deductible

**\$0.00** Drug deductible

**\$1,000 In-network** Maximum you pay for health services

### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits ▾

### COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$0 copay**

### DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

you can "Add to compare"  
and compare up to 3 plans

Enroll

Plan Details

☐ Add to compare



## SCAN Classic (HMO)

SCAN Health Plan | Plan ID: H5425-007-0

Star rating: ★★★★★

### MONTHLY PREMIUM

**\$0.00** Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

**\$5,658.15** Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

### OTHER COSTS

**\$0** Health deductible

**\$0.00** Drug deductible

**\$499 In-network** Maximum you pay for health services

Enroll

Plan Details

☒ Added to compare

### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits ▾

### COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$0 copay**

### DRUGS

✓ Includes drug coverage

[View drugs & their costs](#)

Once you select 3 plans to compare, click "Compare"

3 Plans to compare

Wellcare No Premium Best (HMO) ×

Blue Shield Inspire (HMO) ×

SCAN Classic (HMO) ×

Compare

< Back to Plan Results

Here you can print out this page



Orange, CA

Here you will see the 3 plans you've chosen side-by-side

Wellcare No Premium Best (HMO) X

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

Blue Shield Inspire (HMO) X

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

SCAN Classic (HMO) X

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

## Overview

If you want more information on a specific plan, click "Plan Details"

Star rating	★ This plan got Medicare's <b>highest rating</b> (5 stars)	★★★★★	★★★★★
Health deductible	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$1,000 In-network	\$799 In-network	\$499 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00
Part B premium	\$148.50	\$148.50	\$148.50

To see more side-by-side and keep comparing plans, scroll down

Feedback

	Wellcare No Premium Best (HMO) X	Blue Shield Inspire (HMO) X	SCAN Classic (HMO) X
	\$0.00 Medicare Advantage and drug monthly premium	\$0.00 Medicare Advantage and drug monthly premium	\$0.00 Medicare Advantage and drug monthly premium
	<a href="#">Enroll</a> <a href="#">Plan Details</a>	<a href="#">Enroll</a> <a href="#">Plan Details</a>	<a href="#">Enroll</a> <a href="#">Plan Details</a>
Drug coverage & costs			
Drugs covered/Not covered	4 of 5 Prescription drugs covered <a href="#">Restrictions may apply</a>	4 of 5 Prescription drugs covered <a href="#">Restrictions may apply</a>	4 of 5 Prescription drugs covered <a href="#">Restrictions may apply</a>
Estimated total drug + premium cost	CVS PHARMACY #08890 ✓ Preferred in-network <b>\$5,621.59</b>  MED-ZONE PHARMACY ✓ Standard in-network <b>\$5,728.44</b>  CANCER AND BLOOD CARE SPECIALISTS ✓ Standard in-network <b>\$5,720.10</b>  ALLCARE SPECIALTY PHARMACY ✓ Standard in-network <b>\$5,737.06</b>  Mail order pharmacy ✓ Preferred in-network <b>\$5,659.26</b>	CVS PHARMACY #08890 ✓ Preferred in-network <b>\$5,626.31</b>  MED-ZONE PHARMACY ✓ Standard in-network <b>\$5,723.93</b>  CANCER AND BLOOD CARE SPECIALISTS ✓ Preferred in-network <b>\$5,626.31</b>  ALLCARE SPECIALTY PHARMACY ✓ Standard in-network <b>\$5,723.93</b>  Mail order pharmacy ✓ Standard in-network <b>\$5,535.00</b>	CVS PHARMACY #08890 ✓ Preferred in-network <b>\$5,658.15</b>  MED-ZONE PHARMACY ✓ Standard in-network <b>\$5,698.70</b>  CANCER AND BLOOD CARE SPECIALISTS ✗ Out-of-network <b>\$36,713.04</b>  ALLCARE SPECIALTY PHARMACY ✓ Standard in-network <b>\$5,723.52</b>  Mail order pharmacy ✓ Preferred in-network <b>\$5,567.01</b>

View "Plan Details" to dive deeper into the specifics of the plan

Listed will be Preferred,

Standard,

and Out-of-network pharmacies per selected plan

By clicking enroll here, the member will be enrolled through medicare.gov and agent will NOT receive credit

[Go back to plan comparison](#)

WELLCARE

## Wellcare No Premium Best (HMO)

**Plan type:** Medicare Advantage with drug coverage

**Plan ID:** H5087-005-0

[Plan website](#) | **Non-members:** [1-844-917-0175](#) | **Members:** [1-866-999-3945](#)



Enroll

### What you'll pay

Total monthly premium

**\$0.00**

Health deductible

**\$0.00**

Primary doctor

**\$0**

copay

2022 estimated total drug costs (lowest cost retail pharmacy)

**\$5,621.59**

Covers **4 of 5** drugs

Lists estimated annual Medication Cost and the number of Medications Covered by the selected plan

Feedback

Overview

Benefits & Costs

Drug Coverage

Extra Benefits

Star Ratings

### Overview

#### PREMIUMS

Total monthly premium

\$0.00

Health premium

\$0.00



Drug premium

\$0.00



## YEARLY 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?](#)

	<b>CVS Pharmacy #08890</b>  Preferred in-network pharmacy	<b>Med-zone Pharmacy</b>  Standard in-network pharmacy	<b>Cancer And Blood Care Specialists</b>  Standard in-network pharmacy	<b>Allcare Specialty Pharmacy</b>  Standard in-network pharmacy	<b>Mail Order Pharmacy</b>  Preferred in-network pharmacy
<b>Alogliptin / metformin 12.5-1000mg tablet</b>	\$2,812.80	\$2,814.00	\$2,814.00	\$2,814.00	\$2,808.00
<b>Glipizide 5mg tablet</b>	\$17.88	\$21.56	\$21.56	\$21.56	\$7.90
<b>Januvia 50mg tablet</b>	\$605.90	\$634.16	\$630.96	\$637.46	\$583.35
<b>Trulicity 1.5mg/0.5ml solution pen injector</b>	\$1,008.50	\$1,042.48	\$1,036.92	\$1,048.11	\$971.98
<b>Victoza 18mg/3ml solution pen injector</b>	\$1,176.51	\$1,216.24	\$1,216.66	\$1,215.93	\$1,288.03
<b>Total yearly drug cost</b>	\$5,621.59	\$5,728.44	\$5,720.10	\$5,737.06	\$5,659.26

Illustrates estimated annual cost per medication based if preferred/standard pharmacy

ESTIMATED TOTAL DRUG + PREMIUM COST					
	<b>CVS Pharmacy #08890</b> <span>Preferred</span> Preferred in-network pharmacy	<b>Med-zone Pharmacy</b> <span>✓</span> Standard in-network pharmacy	<b>Cancer And Blood Care Specialists</b> <span>✓</span> Standard in-network pharmacy	<b>Allcare Specialty Pharmacy</b> <span>✓</span> Standard in-network pharmacy	<b>Mail Order Pharmacy</b> <span>Preferred</span> Preferred in-network pharmacy
<b>Total yearly drug + premium cost</b>	\$5,621.59	\$5,728.44	\$5,720.10	\$5,737.06	\$5,659.26
<b>When you'll enter the coverage gap</b> ✓	February 2022	February 2022	February 2022	February 2022	January 2022
<b>When you'll get out of the coverage gap</b>	June 2022	May 2022	May 2022	May 2022	April 2022
<b>Estimate if/ when the beneficiary will Enter/ Exit coverage gap/ Donut Hole</b>					

ESTIMATED TOTAL MONTHLY DRUG COST

	<b>CVS Pharmacy #08890</b> <span>Preferred</span> Preferred in-network pharmacy	<b>Med-zone Pharmacy</b> <span>✓</span> Standard in-network pharmacy	<b>Cancer And Blood Care Specialists</b> <span>✓</span> Standard in-network pharmacy	<b>Allcare Specialty Pharmacy</b> <span>✓</span> Standard in-network pharmacy	<b>Mail Order Pharmacy</b> <span>Preferred</span> Preferred in-network pharmacy
January	\$279.40	\$309.50	\$309.50	\$309.50	\$1,564.90
February	\$415.17	\$463.14	\$456.08	\$470.22	-
March	\$855.29	\$864.30	\$860.77	\$867.85	-
April	\$855.29	\$864.30	\$860.77	\$867.85	\$1,932.24
May	\$688.43	\$682.49	\$693.10	\$671.89	-
June	\$358.59	\$363.53	\$362.84	\$364.25	-
July	\$361.57	\$363.53	\$362.84	\$364.25	\$1,081.06

Feedback

Break down of monthly estimated Medication Cost by pharmacy

[Go back to plan comparison](#)

WELLCARE

Wellcare No Premium Best (HMO)

Plan type: Medicare Advantage with drug coverage

Plan ID: H5087-005-0

[Plan website](#)

Non-members: [1-844-917-0175](#)

Members: [1-866-999-3945](#)



Remember!! Don't enroll clients using this link!  
Go to the carrier's website to enroll them.



Feedback

What you'll pay	Total monthly premium	Health deductible	Primary doctor	2022 estimated total drug costs (lowest cost retail pharmacy)
	\$0.00	\$0.00	\$0 copay	\$5,621.59 Covers 4 of 5 drugs

- Overview
- Benefits & Costs
- Drug Coverage
- Extra Benefits
- Star Ratings

Overview

PREMIUMS

Total monthly premium	\$0.00
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< Back to Plan Results

Print

Orange, CA

To get back to this screen and see all plans side-by-side, click the back arrow in your web browser

To compare different plans, click the 'X' to remove it, then click "Back to Plan Results" to add a new plan to see it side-by-side

Wellcare No Premium Best (HMO) X

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

Blue Shield Inspire (HMO) X

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

SCAN Classic (HMO) X

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

## Overview

Star rating

This plan got Medicare's **highest rating** (5 stars)

★★★★☆

★★★★☆

Health deductible

\$0

\$0

\$0

Drug plan deductible

\$0.00

\$0.00

\$0.00

Maximum you pay for health services

\$1,000 In-network

\$799 In-network

\$499 In-network

Health premium

\$0.00

\$0.00

\$0.00

Drug premium

\$0.00

\$0.00

\$0.00

Feedback



Thank you for viewing. We hope this helps you grow and successfully maintain your book of business. If you have any questions on how to use this tool reach out to Johnny at [johnny@teamalvarez.net](mailto:johnny@teamalvarez.net) or call him at (714) 803-6732.