



# Medicare Plan Finder Updates

*Updates releasing in May*

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*May 13, 2020*

# Summary of Changes – May release

- Plan results page
  - New default sort: Lowest drug + premium cost
  - Simplified design for plan cards
- Updated visual design
  - Fonts, minor layout adjustments, etc.
  - Redesigned other tools – PACE, Pharmaceutical Assistance Program (PAP), and State Pharmaceutical Assistance Program (SPAP)

# Plan Cards – Medicare Advantage Plan

Current:

**\$0.00**  
Medicare Advantage with drug coverage monthly premium

Doesn't include:  
\$144.60 Standard Part B premium

[Plan Details](#)  
[Enroll](#)

Anthem HealthKeepers  
**Anthem MediBlue Plus (HMO)**  
Plan ID: H3447-014-0

[Star rating: ★★★★★](#)  
[Add to compare](#)

**\$0**  
Health plan deductible  
The amount you must pay each year before your plan starts to pay for covered services.

**\$325.00**  
Drug deductible  
The amount you must pay each year before your plan starts to pay for covered drugs.

**\$6,700 In-network Out-of-pocket max**  
Once you spend this amount for covered services in a year, your plan pays 100% for your care.

**\$72.00**  
Estimated total drug + premium cost  
Based on the rest of the year. This price includes your monthly plan premium and estimated drug costs.

**COPAYS/COINSURANCE**  
**Primary doctor:** \$0 copay  
**Specialist:** \$45 copay per visit

**PHARMACIES & PRESCRIPTION DRUGS**  
[View covered drugs in plan details](#)

**PLAN BENEFITS**  
✓ Vision   ✓ Dental   ✓ Hearing   ✗ Transportation   ✓ Fitness benefits   [See more benefits](#) ▼

New:

**Anthem MediBlue Extra (HMO)**  
Anthem HealthKeepers | Plan ID: H3447-027-0  
Star rating: ★★★★★

**MONTHLY PREMIUM**  
**\$21.60** Includes: Health & drug coverage  
Doesn't include: Standard \$144.60 Part B premium

**YEARLY DRUG & PREMIUM COST**  
**\$612.00** Retail pharmacy: Estimated total drug + premium cost  
Doesn't include: Health costs

**OTHER COSTS**  
**\$0** Health deductible  
**\$435** Drug deductible  
**\$5,900 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 copay: **\$0 per visit**  
Specialist copay: **\$40 per visit**

**DRUGS**  
✓ Includes drug coverage  
[View drugs & their costs](#)

# Plan Cards – Drug Plan

Current:

**\$13.20**  
Drug plan (Part D) monthly premium

Doesn't include:  
\$144.60 Standard Part B premium

[Plan Details](#)  
[Enroll](#)

Humana

**Humana Walmart Value Rx Plan (PDP)**  
Plan ID: S5884-184-0

[Star rating: ★★☆☆☆](#)  
[Add to compare](#)

**\$435.00**  
**Drug deductible**  
The amount you must pay each year before your plan starts to pay for covered drugs.

**\$176.80**  
**Retail pharmacy Estimated total drug + premium cost**  
Based on the rest of the year. This price includes your monthly plan premium and estimated drug costs.

[Add mail order](#)  
**Mail order pharmacy Estimated total drug + premium cost**  
Based on the rest of the year. This price includes your monthly plan premium and estimated drug costs.

PHARMACIES & PRESCRIPTION DRUGS

**1 of 1**  
**Retail pharmacies in-network**

[View covered drugs in plan details](#)  
[View Drugs & Pharmacies](#)

New:

**Humana Walmart Value Rx Plan (PDP)**  
Humana | Plan ID: S5884-184-0  
Star rating: ★★★★★

**MONTHLY PREMIUM**  
**\$13.20** Includes: Only drug coverage  
Doesn't include: Standard \$144.60 Part B premium

**YEARLY DRUG & PREMIUM COST**  
**\$283.00** Retail pharmacy: Estimated total drug + premium cost  
**\$573.79** Mail-order pharmacy: Estimated total drug + premium cost

**DEDUCTIBLE**  
**\$435** Drug deductible

[Enroll](#)  
[Plan Details](#)  
☒ Added to compare

PHARMACIES

**1 of 1** of your selected retail pharmacies are in-network

DRUGS

[View drugs & their costs](#)


# Updated Visual Design

- Minor adjustments to font and layout
  - Improve readability
  - Establish consistency with overall brand
- Updates throughout Medicare Plan Finder
- Visual refresh to other Medicare.gov products:
  - PACE Plan Finder
  - Pharmaceutical Assistance Program (PSP) Finder
  - State Pharmaceutical Assistance Program (SPAP) Finder

# Updated Visual Design

## Current:

[Medicare.gov](#) | [Find a Plan](#) [Log in](#) [Español](#)



Comparing  
3  
Prescription  
Drug plans

[Back to results](#)

Humana Walmart Value Rx Plan (PDP)  
Star rating: ★★★★★

**\$13.20**  
Monthly premium

\$435.00  
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

WellCare Wellness Rx (PDP)  
Star rating: ★★★★★

**\$13.30**  
Monthly premium

\$435.00  
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

EnvisionRxPlus (PDP)  
Star rating: ★★★★★

**\$13.80**  
Monthly premium

\$335.00  
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

### Overview


Premium	<b>Total</b> \$13.20	<b>Total</b> \$13.30	<b>Total</b> \$13.80
Deductible	<b>Yearly drug deductible</b> \$435.00	<b>Yearly drug deductible</b> \$435.00	<b>Yearly drug deductible</b> \$335.00

### Drug coverage & costs

Drugs covered/Not covered	<b>1 of 1</b> Prescription drugs covered	<b>1 of 1</b> Prescription drugs covered	<b>1 of 1</b> Prescription drugs covered
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## New:

[Medicare.gov](#) | [Find a Plan](#) [Log in](#) [Español](#)



Suffolk County, Boston MA

Comparing  
3 Drug  
Plans

[Back to Results](#)

WellCare Value Script  
Star rating: ★★★★★

**\$14.00**  
Monthly premium

**\$415**  
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

WellCare Value Script  
Star rating: ★★★★★

**\$14.00**  
Monthly premium

**\$415**  
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

WellCare Value Script  
Star rating: ★★★★★

**\$14.00**  
Monthly premium

**\$415**  
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

### Overview

Premium	<b>Total</b> \$14.00	<b>Total</b> \$14.50	<b>Total</b> \$17.20
Deductible	<b>Yearly drug deductible</b> \$415	<b>Yearly drug deductible</b> \$365	<b>Yearly drug deductible</b> \$385

### Drug costs & coverage

# Updated Visual Design

## Current:

[Medicare.gov](#) | [Find a Plan](#) [Log in](#) [Español](#)

[← Back to search results](#) [Print](#)

Johns Hopkins HealthCare

**Johns Hopkins Advantage MD (HMO)**

Plan type: Medicare Advantage with drug coverage

Plan ID: H1225-001-0

[Enroll](#)

Overview

Benefits & costs

Extra benefits

Optional packages

Drug coverage & costs

Star ratings

Contact information

### Overview

Premium

Total monthly premium	\$25.00
Health plan premium	\$15.70
Drug plan premium	\$9.30
Standard Part B premium	\$144.60
Part B premium reduction	No

Deductible

Health plan deductible	\$0
Drug plan deductible	\$0.00

## New:

[Medicare.gov](#) | [Find a Plan](#) [Log in](#) [Español](#)

[← Back to search results](#) [Print](#)

HUMANA

**Humana Gold Plus H0028-025 (HMO)**

Plan type: Medicare Advantage with drug coverage

Plan ID: H0028-025-2

[Enroll](#)

Overview

Premium

Deductible

Estimated yearly costs

Out-of-pocket max

Benefits & costs

Extra benefits

Optional packages

Drug coverage & costs

Star ratings

Contact information

### Overview

PREMIUM

Total monthly premium	\$0.00
Health plan premium	\$0.00
Drug plan premium	\$0.00
Standard Part B premium	\$135.50
Part B premium reduction	No

DEDUCTIBLE

Health plan deductible	\$0.00
Drug plan deductible	\$0.00

# Updated Visual Design

Current:

**Medicare.gov** | Find a Plan

## Tell us about this drug

**Colesevelam hydrochloride**

**Dosage**

Select a dosage ▾

**Quantity** **Frequency**

Every month ▾

[Cancel](#)

Add to My Drug List

New:

**Medicare.gov** | Find a Plan Log in Español

## Tell us about this drug

**Alvesco**

DOSAGE

Select a dosage ▾

QUANTITY FREQUENCY

Every month ▾

[Cancel](#)

Add to My Drug List



# Updated Visual Design - SPAP example

## Current:

### State Pharmaceutical Assistance Programs

[Return to Six Ways to Lower Your Costs](#)

Many states and the U.S. Virgin Islands offer help paying drug plan premiums and/or other drug costs. Select a state or territory below then click "Search" to see if any programs are available in your area.

**State Index:**

Select the state/territory you live in:

Search

[Back to Top](#)

## New:

Medicare.gov

Find a State Pharmaceutical Assistance Program

Español

## Find out if your state has a State Pharmaceutical Assistance Program

If your state offers a State Pharmaceutical Assistance Program, we'll show information about that program.

SELECT YOUR STATE

Select Your State

View Programs

Only states offering a State Pharmaceutical Assistance Program will display.

# Updated Visual Design – SPAP example

Current:

## State Pharmaceutical Assistance Programs

[« Return to Six Ways to Lower Your Costs](#)

Many states and the U.S. Virgin Islands offer help paying drug plan premiums and/or other drug costs. Select a state or territory below then click "Search" to see if any programs are available in your area.

**State Index:**

Select the state/territory you live in:

Maryland

Search

**Program Details**

Program Name	Maryland Senior Prescription Drug Assistance Program
Phone	(800) 551-5995
Who is eligible	<ul style="list-style-type: none"><li>Maryland residents enrolled in MedicareRx may be eligible for prescription drug subsidies under the Maryland Senior Prescription Drug Assistance Program (SPDAP).</li><li>You may be eligible for SPDAP if you are enrolled in a MedicareRx plan or Medicare Advantage Prescription Drug plan.</li><li>Reside in Maryland for at least 6 months.</li><li>Have income up to 300% FPL, have no other prescription drug benefits, and are not eligible for full federal extra help with MedicareRx coverage (Low Income Subsidy).</li></ul>
Where to apply	Maryland SPDAP

New:

Medicare.gov

Español

SELECT A DIFFERENT STATE

Maryland

View Programs

Print

## Maryland

Maryland Senior Prescription Drug Assistance Program

+ Program Details

Maryland Kidney Disease Program

+ Program Details

Primary Adult Care Program (PAC)

- Program Details

Who is eligible

You may receive health care services from PAC if you:

- Are a Maryland resident ages 19 and over,
- Are not on Medicare,
- Are a U.S. citizen or a qualified alien who meets all requirements for benefits, and
- Have income below 116% of the Federal Poverty Level.



# COVID-19 Nursing Home Updates

*Jean Moody-Williams, Acting  
Director of Center for Clinical  
Standards and Quality, CMS*

*May 13, 2020*

# COVID-19 Telehealth Updates

*Emily Yoder, Analyst  
Division of Practitioner  
Services/Hospital and  
Ambulatory Policy  
Group/Center for Medicare*

*May 13, 2020*