

The *New* Medicare Plan Finder

Demonstration

Find a 2020 Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.
See your 2020 plan options now by logging in or creating an account.

Log in

[Continue without logging in](#)

Qualify for a Special Enrollment Period?

Log in or create account to change your 2019 coverage.

Log in

[Continue without logging in](#)

New to Medicare?

Learn about your options & enroll in a plan.

Continue

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Answer a few quick questions

What type of 2020 coverage are you looking for?

- Medicare Advantage Plan
- Drug plan (Part D)
- Drug plan (Part D) + Medigap policy
- Medigap policy
- I'm not sure. [Learn more about Medicare coverage options.](#)

For the best experience, log in or create an account.

When logged in, you can:

- See drug prices based on any help you get
- Access & store your drug list
- Compare your current plan to others
- Enjoy other useful features

[Log in](#)

Don't have an account? [Create one](#)

Answer a few quick questions

What type of 2020 coverage are you looking for?

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- Drug plan (Part D)
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- I'm not sure. Learn more about Medicare coverage options.

ENTER YOUR ZIP CODE

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Answer a few quick questions

What type of 2020 coverage are you looking for?

- Medicare Advantage Plan
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- Medigap policy
- I'm not sure. [Learn more about Medicare coverage options.](#)

ENTER YOUR ZIP CODE

02116 Suffolk County, Boston MA

Next

Your Medicare coverage options

When you first get Medicare, you'll start with **Original Medicare** (Hospital Part A & Medical Part B). It covers 80% of most costs, but doesn't cover drugs. You can add a **Medigap policy (Medicare Supplement Insurance)** to help pay the remaining costs and a **separate drug plan (Part D)**.

OR, you can get a **Medicare Advantage Plan** that bundles all of your Medicare coverage, plus drug coverage and extra benefits.

Choose a Medicare coverage option below to get started. Don't worry, you can explore both. Just start with either one.



Original Medicare

Medicare Advantage Plan

Your Medicare coverage options

Click next to a coverage option below to add or remove information.

Original Medicare

Add a Medigap Policy (Medicare Supplement)

Add a drug plan (Part D)

Switch to:

Medicare Advantage Plan

Original Medicare

This includes:

- ✓ Hospital (Part A)
- ✓ Medical (Part B)
- ✗ Drugs
- ✗ Help with out-of-pocket costs
- ✓ Use of any doctor or hospital that takes Medicare, across the U.S
- ✗ Vision, hearing, dental, & more

Total monthly premium
\$135.50

Original Medicare

Part A premium : Usually free

Standard Part B premium: \$135.50

- Covers 80% of most medical bills.
- You pay the remaining 20% costs, and there's no yearly limit on what you pay out of pocket.
- You can buy a Medigap policy to help with your out-of-pocket costs.
- You can buy a separate drug plan (Part D) if you want drug coverage.

[Learn more about Original Medicare](#)



If you don't add a Medigap policy or a drug plan (Part D) when you're first eligible, you may have to pay more to get it later.

Ready To Continue

Your Medicare coverage options

Click next to a coverage option below to add or remove information.

- Original Medicare
- Add a Medigap Policy (Medicare Supplement)
- Add a drug plan (Part D)

Switch to:

- Medicare Advantage Plan

Original Medicare

This includes:

- ✓ Hospital (Part A)
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[Learn more about Original Medicare](#)



If you don't add a Medigap policy or a drug plan (Part D) when you're first eligible, you may have to pay more to get it later.



Your Medicare coverage options

Click next to a coverage option below to add or remove information.

- Original Medicare  Add a Medigap Policy (Medicare Supplement)
 Add a drug plan (Part D)

Switch to:

- Medicare Advantage Plan

Original Medicare + Medigap policy

This now includes:

- ✓ Hospital (Part A)
- ✓ Medical (Part B)
- ✗ Drugs
- ✓ Help with out-of-pocket costs
- ✓ Use of any doctor or hospital that takes Medicare, across the U.S
- ✗ Vision, hearing, dental, & more

Standard Part B premium: \$135.50

Medigap policy premium range: \$76-239

Total monthly premium
\$211.50-374.50

Original Medicare

Medigap policy (Medicare Supplement)

Medigap policy premium range in your ZIP code: \$76-239

- Pays most of the 20% costs Original Medicare doesn't cover, plus some other costs.
- Plan can never drop you or change your coverage.
- Costs vary. Insurance companies can charge different premiums for the same level of coverage.

[Learn more about Medigap policies.](#)



If you don't get a Medigap policy when you're first eligible, you may have to pay more to get it later, or could be denied coverage.

Your Medicare coverage options

Click next to a coverage option below to add or remove information.

Original Medicare

Add a Medigap Policy (Medicare Supplement)

Add a drug plan (Part D)

Switch to:

Medicare Advantage Plan

Original Medicare + Medigap policy

This now includes:

✓ Hospital (Part A)

✓ Medical (Part B)

✗ Drugs

✓ Help with out-of-pocket costs

✓ Use of any doctor or hospital that takes Medicare, across the U.S

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Switch to:

- Medicare Advantage Plan

Original Medicare + Medigap policy

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Original Medicare



Add a Medigap Policy (Medicare Supplement)

Add a drug plan (Part D)

Switch to:

Medicare Advantage Plan

Original Medicare + Drug plan (Part D) + Medigap policy

This now includes:

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- ✓ Medical (Part B)
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Standard Part B premium: \$135.50

Drug plan (Part D) premium range: \$13 - \$155

Medigap policy premium range: \$76-239

Total monthly premium

\$224.50-529.50

Original Medicare

Drug plan (Part D)

Drug plan (Part D) premium range in your ZIP code: \$13-\$155

- Adds separate drug coverage to Original Medicare
- You can generally switch plans once a year
- Each plan can vary in cost and specific drugs covered

[Learn more about drug plans \(Part D\)](#)



If you don't get drug coverage when you're first eligible, you may have to pay more to get it later.

Medigap policy (Medicare Supplement)

Original Medicare

Add a Medigap Policy (Medicare Supplement)

Add a drug plan (Part D)

Switch to:

Medicare Advantage Plan

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Your Medicare coverage options

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Switch to:

Add a Medigap Policy (Medicare Supplement)

Add a drug plan (Part D)

Medicare Advantage Plan



Medicare Advantage Plan

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Standard Part B premium: \$135.50

Medicare Advantage Plan premium range: \$0-117

Total monthly premium
\$135.50 - 252.50

Medicare Advantage Plan

Medicare Advantage Plan premium range in your ZIP code: \$0-117

- All Hospital (Part A) and Medical (Part B) benefits provided by a Medicare-approved private plan
- Use doctors & hospitals in the plan's network (for non-emergency or non-urgent care)
- Most plans include drug coverage
- Many plans include extra benefits, like vision, hearing, dental, & more
- Yearly limit on out-of-pocket costs

[Learn more about Medicare Advantage Plans.](#)



If you don't get a Medicare Advantage Plan when you're first eligible, you may have to wait for the yearly Open Enrollment Period to enroll.

Your Medicare coverage options

Click next to a coverage option below to add or remove information.

Switch to:

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Add a drug plan (Part D)

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Medicare Advantage Plan

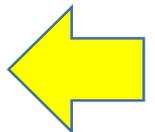
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Add a drug plan (Part D)

Original Medicare

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Medicare Advantage Plan

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[Learn more about Medicare Advantage Plans.](#)



If you don't get a Medicare Advantage Plan when you're first eligible, you may have to wait for the yearly Open Enrollment Period to enroll.



Account Log In (Or Creation)

Find a 2020 Medicare plan

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Log in

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Continue

Log in to your account

USERNAME

PASSWORD

Log In

[Trouble signing in?](#)

By accessing this system, you agree to our Terms and Conditions. [Read more +](#)

Need an account?

Create an account for a more personalized experience.



Create An Account

Create an account

All fields are required.

MEDICARE NUMBER

[Where can I find my Medicare Number?](#)

LAST NAME

SUFFIX

 ▼

EMAIL ADDRESS (IF YOU HAVE ONE)

CONFIRM EMAIL ADDRESS

I don't have an email address

DATE OF BIRTH

For example: 07 05 1970

Month Day Year

DATE OF BIRTH

For example: 07 05 1970

Month Day Year

| | | |
|----|----|------|
| 01 | 01 | 1944 |
|----|----|------|

ZIP CODE OR CITY

EFFECTIVE DATE FOR HOSPITAL (PART A)

[Where can I find my Part A effective date?](#)

| | |
|----------------------|---------------------|
| Month ▼ | Year ▼ |
|----------------------|---------------------|

[Don't have Part A?](#)

Continue

Cancel

Create an account

All fields are required unless marked as optional.

USERNAME

SECRET QUESTION

SECRET ANSWER

PASSWORD

CONFIRM PASSWORD

Password Creation Guidelines

- Must be 8 to 16 characters long
- Must contain at least one letter
- Must contain at least one number
- Must also contain one or more of the following special characters: @ ! \$ % ^ * ()
- Must be different from the previous six (6) passwords
- Cannot contain your username
- Cannot contain your Medicare Number or SSN



Create an account

All fields are required unless marked as optional.

USERNAME

SECRET QUESTION



SECRET ANSWER

PASSWORD

CONFIRM PASSWORD

Log in to your account



You successfully created an account.

You can start using your account now. You'll also get a confirmation letter in the mail within 10-14 days to the address on file with Social Security. If you're not sure which address is on file, contact [Social Security](#).

USERNAME

PASSWORD

Log In

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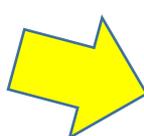
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Create An Account

Answer a few quick questions

Jane Doe



Current coverage: Kaiser Permanente Medicare Advantage Value (HMO)

Plan ID: H2172-006-0

Effective: 01/07/18

Part A coverage starts: 02/01/17

Part B coverage starts: 02/01/17

Current subsidy: Dual Eligible

What type of 2020 coverage are you looking for?

- Medicare Advantage Plan
- Drug plan (Part D)
- Drug plan (Part D) + Medigap policy
- Medigap policy
- I'm not sure. [Learn more about Medicare coverage options.](#)

Jane Doe

Current coverage: Kaiser Permanente Medicare Advantage Value (HMO)
Plan ID: H2172-006-0
Effective: 01/07/18

Part A coverage starts: 02/01/17

Part B coverage starts: 02/01/17

Current subsidy: Dual Eligible

What type of 2020 coverage are you looking for?



Medicare Advantage Plan

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

Drug plan (Part D)

Drug plan (Part D) + Medigap policy

Medigap policy

I'm not sure. [Learn more about Medicare plan options.](#)

ENTER YOUR ZIP CODE

02116 Suffolk County, Boston MA

Your date of birth: 04/05/1954

Great! You're still within your Initial Enrollment Period.

Add your search preferences

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

Yes

Great!

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

No

How do you normally fill your prescriptions?

Retail pharmacy

Mail order pharmacy

Both

Add your search preferences

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

Yes

Great!

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

No

How do you normally fill your prescriptions?

Retail pharmacy

Mail order pharmacy

Both

You'll need to tell us the pharmacies you use most to get accurate drug costs.

[Continue](#)

Add your prescription drugs

Select your drugs from your recent prescriptions

This information is pulled from your Medicare prescription drug claims from the last year.

- Kapvay 0.1mg
- lisinopril (Zestoretic) 20mg
- Microzide 25mg
- Norvasc 10mg
- Simvastatin 20mg
- Synthroid 50mcg
- Zinthromax 250mg
- None of the above

Continue

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This information is pulled from your Medicare prescription drug claims from the last year.

- Kapvay 0.1mg
- lisinopril (Zestoretic) 20mg
- Microzide 25mg
- Norvasc 10mg
- Simvastatin 20mg
- Synthroid 50mcg
- Zinthromax 250mg
- None of the above

[Continue](#)

Confirm your dosage & quantity

Kapvay

Dosage

Quantity

Microzide

Dosage

Quantity



Add to My Drug List

Confirm your drug list

Drug list

| | | |
|------------------------------|-----------------------|-----------------------------------|
| Kapvay 0.1mg brand | Quantity 60 | Frequency Every 1 month |
| Remove drug | | Edit drug |

| | | |
|--------------------------------|-----------------------|-----------------------------------|
| Microzide 25mg brand | Quantity 60 | Frequency Every 1 month |
| Remove drug | | Edit drug |

 [Add More Drugs](#)

[Continue](#)

2 drugs have been added to your drug list.

 [Add Another Drug](#)

[Done](#)

Add your prescription drugs

Begin typing to find and select your drug.

[Browse drugs A-Z](#)

You have **2 drug(s)** in your drug list. [See or edit drug list.](#)

Add your prescription drugs

Begin typing to find and select your drug.

| | |
|-------------------|----------|
| Hu ✕ | Add Drug |
| Humalog | |
| Humatrope | |
| Humira | |
| Humulin | |
| Hudralazine Hcl | |



You have **2 drug(s)** in your drug list. [See or edit drug list.](#)

Add Another Drug

Done

Add your prescription drugs

Begin typing to find and select your drug.

Humira  [Add Drug](#)

[Browse drugs A-Z](#)



You have **2 drug(s)** in your drug list. [See or edit drug list.](#)

[Add Another Drug](#)

[Done](#)

Add your prescription drugs

Humira

Dosage

INJ 10/0.1 ML 

Package

Box of 1 solutions (sold in a package of 2 solutions) 

Quantity

90 Every 3 months 

[Add to My Drug List](#)

You have **2 drug(s)** in your drug list. [See or edit drug list.](#)

[Add Another Drug](#)

[Done](#)

Confirm your drug list

Drug list

Humira INJ 10/0.1 ML

Box of 1 solutions (sold in a package of 2 solutions)

brand

[Remove drug](#)

Quantity
90

Frequency
Every 3 months

[Edit drug](#)

Kapvay 0.1mg

brand

[Remove drug](#)

Quantity
60

Frequency
Every 1 month

[Edit drug](#)

Microzide 25mg

brand

[Remove drug](#)

Quantity
60

Frequency
Every 1 month

[Edit drug](#)

[Add more drugs](#)

[Continue](#)

Humira INJ 10/0.1 ML has been added to your drug list.

You have **3 drug(s)** in your drug list.

[Add Another Drug](#)

[Done](#)

Add your prescription drugs

Begin typing to find and select your drug.

[Browse drugs A-Z](#)

Add your prescription drugs



Begin typing to find and select your drug.

| | |
|--|----------|
| lip x | Add drug |
| Lipitor (brand) | |
| atorvastatin (Lipitor generic) | |
| Lipofen | |
| Lip-Hepin | |
| Liptruzet | |
| eliphos (Calphron generic) | |

Add your prescription drugs

Begin typing to find and select your drug.

 × [Add drug](#)

[Browse drugs A-Z](#)

You have **3 drug(s)** in your drug list. [See or edit drug list.](#)

[Add Another Drug](#)[Done](#)

Add your prescription drugs

Begin typing to find a drug

[Browse drugs A-Z](#)

A generic is available

Lipitor has a lower cost generic version called **Atorvastatin**.

Would you like to add **Atorvastatin** to your list instead?

[Add Generic](#)

[Add brand instead](#)

[Continue to plans](#)

Add your prescription drugs

Atorvastatin

Dosage

Quantity

[Add to My Drug List](#)

Confirm your drug list

Drug list

| | | |
|--|-----------------------|---|
| Atorvastatin 10mg generic Remove drug | Quantity 60 | Frequency Every 1 month Edit drug |
| Humira INJ 10/0.1 ML Box of 1 solutions (sold in a package of 2 solutions) brand Remove drug | Quantity 90 | Frequency Every 3 months Edit drug |
| Kapvay 0.1mg brand Remove drug | Quantity 60 | Frequency Every 1 month Edit drug |
| Microzide 25mg brand Remove drug | Quantity 60 | Frequency Every 1 month Edit drug |



Atorvastatin 10mg has been added to your drug list.
You have **4 drug(s)** in your drug list.

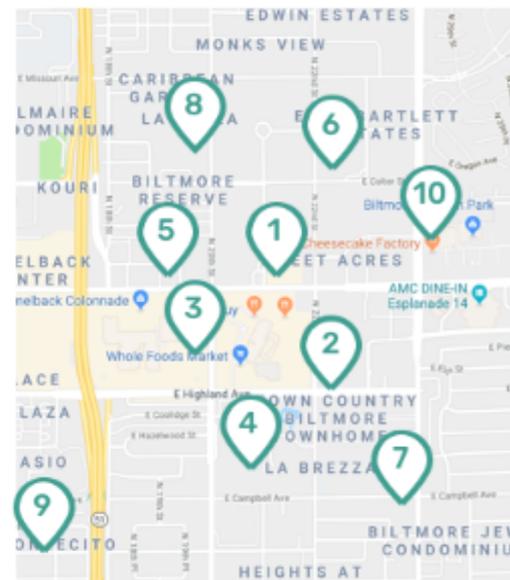
Add Another Drug

Done

Select pharmacies near you

Showing 10 pharmacies near 02116 Suffolk County, Boston MA

[Change location](#)



1 **SpotRX Pharmacy**

2196 E Camelback Rd #200
Boston, MA 02116

1-617-375-9600

2 **Fry's Pharmacy**

4724 N 20th St
Boston, MA 02116

1-617-375-7969

3 **CVS Pharmacy**

1610 E Camelback Rd
Boston, MA 02116

1-617-236-4007

4 **CVS Pharmacy**

1625 E Camelback Rd
Boston, MA 02116

1-617-437-7916

5 **Safeway Pharmacy**

3132 E Camelback Rd
Boston, MA 02116

1-617-542-2953

6 **Target**

4111 N 24th St
Boston, MA 02116

1-617-236-8538

7 **Phoenix Pharmacy**

1701 E Thomas Rd
Boston, MA 02116

1-617-927-6163

8 **CVS Pharmacy**

2406 E Thomas Rd
Boston, MA 02116

1-617-859-5300

Pharmacies
selected

Mail order pharmacy

Select up to 2 more
pharmacies

Done

Select pharmacies near you

Showing 10 pharmacies near 02116 Suffolk County, Boston MA

[Change location](#)



1 SpotRX Pharmacy

2196 E Camelback Rd #200
Boston, MA 02116

1-617-375-9600

2 Fry's Pharmacy

4724 N 20th St
Boston, MA 02116

1-617-375-7969

3 CVS Pharmacy

1610 E Camelback Rd
Boston, MA 02116

1-617-236-4007

4 CVS Pharmacy

1625 E Camelback Rd
Boston, MA 02116

1-617-437-7916

5 Safeway Pharmacy

3132 E Camelback Rd
Boston, MA 02116

1-617-542-2953

6 Target

4111 N 24th St
Boston, MA 02116

1-617-236-8538

7 Phoenix Pharmacy

1701 E Thomas Rd
Boston, MA 02116

1-617-927-6163

8 CVS Pharmacy

2406 E Thomas Rd
Boston, MA 02116

1-617-859-5300

Pharmacies selected

Mail order pharmacy

CVS Pharmacy #01206

Select 1 more pharmacy (optional)

Done

Select pharmacies near you

Showing 10 pharmacies near 02116 Suffolk County, Boston MA

[Change location](#)



1 SpotRX Pharmacy

2196 E Camelback Rd #200
Boston, MA 02116

1-617-375-9600

2 Fry's Pharmacy

4724 N 20th St
Boston, MA 02116

1-617-375-7969

3 CVS Pharmacy

1610 E Camelback Rd
Boston, MA 02116

1-617-236-4007

4 CVS Pharmacy

1625 E Camelback Rd
Boston, MA 02116

1-617-437-7916

5 Safeway Pharmacy

3132 E Camelback Rd
Boston, MA 02116

1-617-542-2953

6 Target

2500 E Water Rd
Boston, MA 02116

1-617-236-4007

7 Phoenix Pharmacy

1701 E Thomas Rd
Boston, MA 02116

1-617-927-6163

8 CVS Pharmacy

2406 E Thomas Rd
Boston, MA 02116

1-617-859-5300

Pharmacies selected

Mail order pharmacy

CVS Pharmacy #01206

Target

Done

Medicare Advantage (MA) Search and Compare

There may be separate drug plans available with lower drug costs. [Tell me more.](#)

[View 4 available drug plans](#)

26 Medicare Advantage Plans available

02116 Suffolk County, Boston MA [Change location](#)

Filter Plans



Your current plan ▼

Your current subsidy: Dual Eligible

\$0.00

Medicare Advantage +
Drug monthly premium

Doesn't include:
\$135.50 Standard Part B
premium

Plan Details

Your current plan

Kaiser Permanente

Kaiser Permanente Medicare Advantage (HMO)

Plan ID: H2172-006-0

[Star rating: ★★★★★☆](#)

✓ Added to Compare

| | | |
|--|---|---|
| <p style="font-size: 24pt; font-weight: bold; margin: 0;">\$0</p> <p style="font-weight: bold; margin: 0;">Health plan deductible</p> <p style="font-size: 10pt; margin: 0;">The amount you must pay each year before your plan starts to pay for covered services.</p> | <p style="font-size: 24pt; font-weight: bold; margin: 0;">\$0</p> <p style="font-weight: bold; margin: 0;">Drug deductible</p> <p style="font-size: 10pt; margin: 0;">The amount you must pay each year before your plan starts to pay for covered drugs.</p> | <p style="font-size: 24pt; font-weight: bold; margin: 0;">\$4,074</p> <p style="font-weight: bold; margin: 0;">Out-of-pocket max</p> <p style="font-size: 10pt; margin: 0;">Once you spend this amount for covered services in a year, your plan pays 100% for your care.</p> |
| <p style="font-size: 10pt; margin: 0;">COPAYS _____</p> <p style="font-weight: bold; margin: 0;">Primary: \$0 copay</p> <p style="font-weight: bold; margin: 0;">Specialist: \$50 per visit</p> | | <p style="font-size: 10pt; margin: 0;">PHARMACIES & PRESCRIPTION DRUGS _____</p> <p style="font-size: 24pt; font-weight: bold; margin: 0;">6 of 7</p> <p style="font-weight: bold; margin: 0;">Prescription drugs covered</p> <p style="font-size: 10pt; margin: 0;">Restrictions may apply</p> |
| <p style="font-size: 10pt; margin: 0;">PLAN BENEFITS _____</p> <p style="display: flex; justify-content: space-between; font-size: 10pt; margin: 0;"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✗ Fitness benefits See more benefits ▼ </p> | | |

Side-by-Side Comparison

Your Plan Results

Return to previous page Filter Plan Results

Your plan results are organized by plan type and are initially sorted by lowest estimated cost. To view more plans, select View 20 or View All. Select any plan name for details. Compare up to 3 plans by using the checkboxes and selecting Compare Plans. The costs displayed are estimates; your actual costs may vary.

My Current Profile Update Search

Zip Code: 94110
Current Coverage: Kaiser Permanente Senior Advantage Alam.- SF- Napa (HMO) (H0524-032-0)
Current Subsidy: Full Benefit Dual Eligible [?]
[Important Coverage Information](#)

Symbols

★ When you see this symbol near a plan name, it means that Medicare has given the plan a 5-star rating (the highest rating). If a plan has a 5-star rating, people with Medicare can switch into that plan at any time during the year, even if it's not during an enrollment period.

D Some Dental Coverage
 V Some Vision Coverage
 N Nationwide Coverage
 H Some Hearing Coverage

Your Current Plan(s)

Kaiser Permanente Senior Advantage Alam., SF, Napa (HMO) ★
 Organization: Kaiser Permanente

| Estimated Annual Drug Costs: [?] | Monthly Premium: [?] | Deductibles: [?] and Drug Copay [?] / Coinsurance: [?] | Health Benefits: [?] | Drug Coverage [?], Drug Restrictions [?] | Estimated Annual Health and Drug Costs: [?] | Overall Star Rating: [?] |
|----------------------------------|---|---|---|---|---|---|
| Retail Annual: \$792 | \$67.40 Drug: \$0.00 | Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3.40 - \$8.50 | Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,700 In-network | All Your Drugs on Formulary: :N/A Drug Restrictions: N/A MTM Program : Yes | \$5,010 | ★ This plan got Medicare's highest rating (5 stars) |
| Mail Order Annual: N/A | Part B Premium Reduction: :No | | | | | |

Medicare.gov | Find a Plan

Jane D. | Live chat | Español

There may be separate drug plans available with lower drug costs. [Tell me more.](#)

[View 4 available drug plans](#)

26 Medicare Advantage Plans available

02116 Suffolk County, Boston MA [Change location](#)

Filter Plans



Your current plan ▼

Your current subsidy: Dual Eligible

Kaiser Permanente Star rating: ★★★★★

Kaiser Permanente Medicare Advantage (HMO) Added to Compare

Plan ID: H2172-006-0

\$0.00
Medicare Advantage + Drug monthly premium

Doesn't include:
\$135.50 Standard Part B premium

[Plan Details](#)

Your current plan

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

COPAYS
Primary: \$0 copay
Specialist: \$50 per visit

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

\$4,074
Out-of-pocket max
Once you spend this amount for covered services in a year, your plan pays 100% for your care.

PHARMACIES & PRESCRIPTION DRUGS
6 of 7
Prescription drugs covered
[Restrictions may apply](#)

\$30.21
Estimated yearly drug costs
You may expect to pay this amount for drugs based on the drugs you entered.

There may be separate drug plans available with lower drug costs. [Tell me more.](#)

[View 4 available drug plans](#)

26 Medicare Advantage Plans available

02116 Suffolk County, Boston MA [Change location](#)



Filter Plans



Your current plan ▼

Your current subsidy: Dual Eligible

\$0.00

Medicare Advantage +
Drug monthly premium

Doesn't include:
\$135.50 Standard Part B
premium

Plan Details

Your current plan

Kaiser Permanente

Kaiser Permanente Medicare Advantage (HMO)

Plan ID: H2172-006-0

Star rating: ★★★★★☆

✓ Added to Compare

| | | |
|---|---|---|
| <p style="font-size: 24pt; font-weight: bold; margin: 0;">\$0</p> <p style="font-weight: bold; margin: 0;">Health plan deductible</p> <p style="font-size: 10pt; margin: 0;">The amount you must pay each year before your plan starts to pay for covered services.</p> | <p style="font-size: 24pt; font-weight: bold; margin: 0;">\$0</p> <p style="font-weight: bold; margin: 0;">Drug deductible</p> <p style="font-size: 10pt; margin: 0;">The amount you must pay each year before your plan starts to pay for covered drugs.</p> | <p style="font-size: 24pt; font-weight: bold; margin: 0;">\$4,074</p> <p style="font-weight: bold; margin: 0;">Out-of-pocket max</p> <p style="font-size: 10pt; margin: 0;">Once you spend this amount for covered services in a year, your plan pays 100% for your care.</p> |
| <p style="font-size: 10pt; margin: 0;">COPAYS</p> <p style="font-weight: bold; margin: 0;">Primary: \$0 copay</p> <p style="font-weight: bold; margin: 0;">Specialist: \$50 per visit</p> | <p style="font-size: 10pt; margin: 0;">PHARMACIES & PRESCRIPTION DRUGS</p> <p style="font-size: 24pt; font-weight: bold; margin: 0;">6 of 7</p> <p style="font-weight: bold; margin: 0;">Prescription drugs covered</p> <p style="font-size: 10pt; margin: 0;">Restrictions may apply</p> | <p style="font-size: 24pt; font-weight: bold; margin: 0;">\$30.21</p> <p style="font-weight: bold; margin: 0;">Estimated yearly drug costs</p> <p style="font-size: 10pt; margin: 0;">You may expect to pay this amount for drugs based on the drugs you entered.</p> |
| <p style="font-size: 10pt; margin: 0;">PLAN BENEFITS</p> | | |
| <p style="font-size: 10pt; margin: 0;">✓ Vision</p> | <p style="font-size: 10pt; margin: 0;">✓ Dental</p> | <p style="font-size: 10pt; margin: 0;">✓ Hearing</p> |
| <p style="font-size: 10pt; margin: 0;">✓ Transportation</p> | <p style="font-size: 10pt; margin: 0;">✗ Fitness benefits</p> | <p style="font-size: 10pt; margin: 0;">See more benefits ▼</p> |

There may be separate drug plans available with lower drug costs. [Tell me more.](#)

[View 4 available drug plans](#)

26 Medicare Advantage Plans available

02116 Suffolk County, Boston MA [Change location](#)

Filter Plans



Plan and drug coverage options

- Vision coverage
- Dental coverage
- Hearing coverage
- Wellness Programs
- Transportation
- Fitness benefits
- Has all my drugs on plan's drug list
- HMO only

Star rating

Select a star rating ▼

Insurance company

Select preferred insurance company ▼

[Clear](#)

Apply Filters

Your current plan ▼

Your current subsidy: Dual Eligible

\$0.00

Medicare Advantage +
Drug monthly premium

Doesn't include:
\$135.50 Standard Part B
premium

Kaiser Permanente

Kaiser Permanente Medicare Advantage (HMO)

Plan ID: H2172-006-0

Star rating: ★★★★★☆

✓ Added to Compare

\$0

Health plan deductible

The amount you must pay each
year before your plan starts to

\$0

Drug deductible

The amount you must pay each
year before your plan starts to

\$4,074

Out-of-pocket max

Once you spend this amount for
covered services in a year, your

Showing 10 of 26 Medicare Advantage Plans

Sort plans by

Monthly premium: low to high

[Add Special Needs Plans](#)

\$0.00
Medicare Advantage +
Drug monthly premium

Doesn't include:
\$135.50 Standard Part B
premium

[Plan Details](#)

[Enroll](#)

Humana

Humana Gold Plus H0028-027 (HMO)

Plan ID: H2256-028-0

| | | |
|--|---|--|
| <p>\$0</p> <p>Health plan deductible</p> <p>The amount you must pay each year before your plan starts to pay for covered services.</p> <p>COPAYS _____</p> <p>Primary: \$0 copay</p> <p>Specialist: \$50 per visit</p> | <p>\$0</p> <p>Drug deductible</p> <p>The amount you must pay each year before your plan starts to pay for covered drugs.</p> <p>PHARMACIES & PRESCRIPTION DRUGS _____</p> <p>6 of 7</p> <p>Prescription drugs covered</p> <p>Restrictions may apply</p> | <p>\$4,500</p> <p>Out-of-pocket max</p> <p>Once you spend this amount for covered services in a year, your plan pays 100% for your care.</p> <p>_____</p> <p>\$15.20</p> <p>Estimated yearly drug costs</p> <p>You may expect to pay this amount for drugs based on the drugs you entered.</p> |
|--|---|--|

PLAN BENEFITS _____

Vision
 Dental
 Hearing
 Transportation
 Fitness benefits
[See more benefits](#)

Star rating: ★★★★★☆

[Add to Compare](#)

\$0.00

Humana

Humana Gold Plus H0028-028 (HMO)

Plan ID: H2939-102-0

Star rating: ★★★★★☆

[Add to Compare](#)

Medicare.gov



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

Plans to compare

Kaiser Permanente Medicare Advantage (HMO)

Select 2 More Plans

Compare

Showing 10 of 26 Medicare Advantage Plans

Sort plans by

Monthly premium: low to high

Add Special Needs Plans

Humana Star rating: ★★★★★

Humana Gold Plus H0028-027 (HMO)  Added to Compare

Plan ID: H2256-028-0

| | | | |
|---|---|---|---|
| <p>\$0.00 Medicare Advantage + Drug monthly premium</p> <p>Doesn't include: \$135.50 Standard Part B premium</p> <p>Plan Details</p> <p>Enroll</p> | <p>\$0 Health plan deductible The amount you must pay each year before your plan starts to pay for covered services.</p> <p>COPAYS</p> <p>Primary: \$0 copay Specialist: \$50 per visit</p> | <p>\$0 Drug deductible The amount you must pay each year before your plan starts to pay for covered drugs.</p> <p>PHARMACIES & PRESCRIPTION DRUGS</p> <p>6 of 7 Prescription drugs covered Restrictions may apply</p> | <p>\$4,500 Out-of-pocket max Once you spend this amount for covered services in a year, your plan pays 100% for your care.</p> <p>\$15.20 Estimated yearly drug costs You may expect to pay this amount for drugs based on the drugs you entered.</p> |
|---|---|---|---|

PLAN BENEFITS

Vision Dental Hearing Transportation Fitness benefits [See more benefits](#)

Humana Star rating: ★★★★★

Humana Gold Plus H0028-028 (HMO) Add to Compare

Plan ID: H2939-102-0

| | | | |
|--|---|--|--|
| <p>\$0.00 Medicare Advantage + Drug monthly premium</p> <p>Doesn't include:</p> | <p>\$0 Health plan deductible</p> | <p>\$0 Drug deductible</p> | <p>\$5,000 Out-of-pocket max</p> |
|--|---|--|--|

Plans to compare

Kaiser Permanente Medicare Advantage (HMO)

Humana Gold Plus H0028-028 (HMO)

Blue Medicare Advantage Classic (HMO)

[Compare](#)

Showing 10 of 26 Medicare Advantage Plans

Sort plans by

Monthly premium: low to high

Add Special Needs Plans

Humana Star rating: ★★★★★

Humana Gold Plus H0028-027 (HMO) ✓ Added to Compare

Plan ID: H2256-028-0

| | | | |
|---|---|---|---|
| <p>\$0.00 Medicare Advantage + Drug monthly premium</p> <p>Doesn't include: \$135.50 Standard Part B premium</p> <p>Plan Details</p> <p>Enroll</p> | <p>\$0 Health plan deductible The amount you must pay each year before your plan starts to pay for covered services.</p> <p>COPAYS</p> <p>Primary: \$0 copay Specialist: \$50 per visit</p> | <p>\$0 Drug deductible The amount you must pay each year before your plan starts to pay for covered drugs.</p> <p>PHARMACIES & PRESCRIPTION DRUGS</p> <p>6 of 7 Prescription drugs covered Restrictions may apply</p> | <p>\$4,500 Out-of-pocket max Once you spend this amount for covered services in a year, your plan pays 100% for your care.</p> <p>\$15.20 Estimated yearly drug costs You may expect to pay this amount for drugs based on the drugs you entered.</p> |
|---|---|---|---|

PLAN BENEFITS

✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✗ Fitness benefits [See more benefits](#)

Humana Star rating: ★★★★★

Humana Gold Plus H0028-028 (HMO) Add to Compare

Plan ID: H2939-102-0

| | | | |
|--|---|--|--|
| <p>\$0.00 Medicare Advantage + Drug monthly premium</p> <p>Doesn't include:</p> | <p>\$0 Health plan deductible</p> | <p>\$0 Drug deductible</p> | <p>\$5,000 Out-of-pocket max</p> |
|--|---|--|--|

Plans to compare

Kaiser Permanente Medicare Advantage (HMO) ✗

Humana Gold Plus H0028-028 (HMO) ✗

Blue Medicare Advantage Classic (HMO) ✗

 [Compare](#)

Suffolk County, Boston MA



Comparing 3 Medicare Advantage Plans

[Back to Results](#)

Your current plan

Kaiser Permanente Medicare Advantage Value (HMO) ✕

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$4,074.00 Out-of-pocket max

[Plan Details](#)

Your current plan

Humana Gold Plus H0028-028 (HMO) ✕

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$4,158.00 Out-of-pocket max

[Plan Details](#)

[Enroll](#)

Blue Medicare Advantage Classic (HMO) ✕

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$4,290.00 Out-of-pocket max

[Plan Details](#)

[Enroll](#)

Overview

| | | | |
|-------------------|--|--|--|
| Premium | <p>Health premium \$0.00</p> <p>Drug premium \$0.00</p> <p>Standard Part B premium \$135.50</p> | <p>Health premium \$0.00</p> <p>Drug premium \$0.00</p> <p>Standard Part B premium \$135.50</p> | <p>Health premium \$0.00</p> <p>Drug premium \$0.00</p> <p>Standard Part B premium \$135.50</p> |
| Deductible | <p>Health plan deductible \$0</p> <p>Drug plan deductible \$0.00</p> | <p>Health plan deductible \$0</p> <p>Drug plan deductible \$0.00</p> | <p>Health plan deductible \$0</p> <p>Drug plan deductible \$0.00</p> |

Suffolk County, Boston MA



Comparing 3 Medicare Advantage Plans

[Back to Results](#)

Your current plan

Kaiser Permanente Medicare Advantage Value (HMO) ✕

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$4,074.00 Out-of-pocket max

[Plan Details](#)

Your current plan

Humana Gold Plus H0028-028 (HMO) ✕

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$1,158.00 Out-of-pocket max

[Plan Details](#)

[Enroll](#)

Blue Medicare Advantage Classic (HMO) ✕

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$4,290.00 Out-of-pocket max

[Plan Details](#)

[Enroll](#)



Overview

| | | | |
|-------------------|--|--|--|
| Premium | <p>Health premium \$0.00</p> <p>Drug premium \$0.00</p> <p>Standard Part B premium \$135.50</p> | <p>Health premium \$0.00</p> <p>Drug premium \$0.00</p> <p>Standard Part B premium \$135.50</p> | <p>Health premium \$0.00</p> <p>Drug premium \$0.00</p> <p>Standard Part B premium \$135.50</p> |
| Deductible | <p>Health plan deductible \$0</p> <p>Drug plan deductible \$0.00</p> | <p>Health plan deductible \$0</p> <p>Drug plan deductible \$0.00</p> | <p>Health plan deductible \$0</p> <p>Drug plan deductible \$0.00</p> |

Humana Gold Plus H0028-027 (HMO)

Plan ID: H0028-027-0

[Enroll](#)**Overview****Benefits & costs****Extra benefits****Star rating****Contact information**[Enroll](#)

Overview

Premium

Total monthly premium \$0.00**Health plan premium** \$0.00**Drug plan premium** \$0.00

Deductible ▼

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

Estimated yearly costs

Estimated total yearly costs for care ▼ \$3,918.00**Estimated total yearly drug costs ▼** No Data

Out-of-pocket

Out-of-pocket max ▼ \$3,200 In-network

Humana

Humana Gold Plus H0028-027 (HMO)

Plan ID: H0028-027-0

Enroll

Primary doctor visit \$0-20 per visit

Specialist visit \$25 per visit

Tests, labs, imaging

Diagnostic test & procedures \$0-100

Lab services \$0-85

Diagnostic radiology services (like MRI) \$0-150

Outpatient X-rays \$0-100

Emergency care \$90 per visit (always covered)

Urgent care \$0-35 per visit (always covered)

Hospital services

Inpatient hospital coverage
\$175 per day for days 1 through 5
\$0 per day for days 6 through 90
\$0 per day for days 91 and beyond

Outpatient hospital coverage \$150 per visit

Skilled nursing facility

Humana

Humana Gold Plus H0028-027 (HMO)

Plan ID: H0028-027-0

Enroll

Preventive services ▾

Preventive services \$0 copay

Ambulance

Ground ambulance \$265

Therapy services

Occupational therapy visit \$25

Physical therapy & speech & language therapy visit \$25

Mental health services

Outpatient group therapy with a psychiatrist \$20

Outpatient individual therapy with a psychiatrist \$20

Outpatient group therapy visit \$20

Humana

Humana Gold Plus H0028-027 (HMO)

Plan ID: H0028-027-0

[Enroll](#)

Other services

| | |
|--|------------------------|
| Durable medical equipment (like wheelchairs & oxygen) | 20% per item |
| Prosthetics (like braces, artificial limbs) | 20% per item |
| Diabetes supplies | \$0 or 10-20% per item |

Extra benefits & costs

Hearing

| | |
|---------------------------------|-----------|
| Hearing exam | \$25 |
| Fitting/evaluation | \$0 copay |
| Hearing aids - inner ear | \$399-699 |

Preventive dental

| | |
|------------------|-------------|
| Oral exam | Not covered |
| Cleaning | Not covered |

Humana Gold Plus H0028-027 (HMO)

Plan ID: H0028-027-0

[Enroll](#)

Comprehensive dental

| | |
|-----------------------------|-------------|
| Non-routine services | Not covered |
|-----------------------------|-------------|

| | |
|----------------------------|-------------|
| Diagnostic services | Not covered |
|----------------------------|-------------|

| | |
|-----------------------------|-------------|
| Restorative services | Not covered |
|-----------------------------|-------------|

| | |
|--------------------|-------------|
| Endodontics | Not covered |
|--------------------|-------------|

| | |
|---------------------|-------------|
| Periodontics | Not covered |
|---------------------|-------------|

| | |
|--------------------|-------------|
| Extractions | Not covered |
|--------------------|-------------|

| | |
|---|-------------|
| Prosthodontics, other oral/maxillofacial surgery, other services | Not covered |
|---|-------------|

Vision

| | |
|-------------------------|-----------|
| Routine eye exam | \$0 copay |
|-------------------------|-----------|

| | |
|-----------------------|-----------|
| Contact lenses | \$0 copay |
|-----------------------|-----------|

| | |
|--|-------------|
| Eyeglasses (like frames & lenses) | Not Covered |
|--|-------------|

| | |
|------------------------|-------------|
| Eyeglass frames | Not covered |
|------------------------|-------------|

| | |
|------------------------|-------------|
| Eyeglass lenses | Not covered |
|------------------------|-------------|

More benefits

| | |
|---|---------------|
| Fitness benefit | Some coverage |
| Transportation services for non-emergency care | Some coverage |
| Over the counter drug benefits | Some coverage |
| In-home support services | Not covered |
| Worldwide emergency | Not covered |
| Worldwide urgent care | Some coverage |
| Health-related emergency response device | Some coverage |
| Routine chiropractic care | Some coverage |
| Home & bathroom safety devices & modifications | Some coverage |
| Medically-approved non-opioid pain management | Not covered |
| Meals for short duration | Not covered |
| Yearly physical exams | Some coverage |
| Telehealth | Not covered |

Humana Gold Plus H0028-027 (HMO)

Plan ID: H0028-027-0

Enroll

Special benefits

These benefits MIGHT apply to you if you have qualifying chronic illnesses, diseases, or other factors. Contact plans to see if you qualify for these benefits before enrolling

| | |
|--|------------------|
| Food & Produce | Limited coverage |
| Meals | Limited coverage |
| Pest control | Limited coverage |
| Transportation for non-medical needs | Not covered |
| Indoor air quality equipment & services | Not covered |
| Social needs benefits | Limited coverage |
| Complimentary therapies | Limited coverage |
| Services supporting self-direction | Limited coverage |
| Structural home modifications | Limited coverage |
| General supports for living | Limited coverage |
| Reduced cost sharing for certain people with Medicare | Limited coverage |

Humana Gold Plus H0028-027 (HMO)

Plan ID: H0028-027-0

Enroll

Drug coverage & costs

Medicare Part B drugs ▾

Chemotherapy drugs 20%

Other Part B drugs 20%

Medicare star rating

Overall star rating ▾

★★★★☆

+ Health plan star rating

+ Drug plan (Part D) star rating

Documents

Contact information

[Visit plan website](#)

500 West Main Street
Louisville, KY 40202

[1-800-457-4708](tel:1-800-457-4708)
Members

[1-800-833-2364](tel:1-800-833-2364)
Non members

[About Medicare](#) | [Medicare Glossary](#)

[Nondiscrimination/Accessibility](#) | [Privacy Policy](#) | [Privacy Setting](#) | [Linking Policy](#) | [Using this site](#) | [Plain Writing](#)

Medicare.gov



A federal government website managed and paid for by the U.S. Centers for Medicare and Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244

Suffolk County, Boston MA



Comparing 3 Medicare Advantage Plans

[Back to Results](#)

Your current plan

**Kaiser Permanente
Medicare Advantage
Value (HMO)**

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and
drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$4,074.00 Out-of-pocket max

[Plan Details](#)

Your current plan

**Humana Gold Plus
H0028-028 (HMO)**

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and
drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible le
\$4,158.00 Out-of-pocket max

[Plan Details](#)[Enroll](#)
**Blue Medicare Advantage
Classic (HMO)**

Star rating: ★★★★★☆

\$0.00
Medicare Advantage and
drug monthly premium

\$0 Health plan deductible
\$0.00 Drug deductible
\$4,290.00 Out-of-pocket max

[Plan Details](#)[Enroll](#)**Overview****Premium****Health premium**

\$0.00

Drug premium

\$0.00

Standard Part B premium

\$135.50

Health premium

\$0.00

Drug premium

\$0.00

Standard Part B premium

\$135.50

Health premium

\$0.00

Drug premium

\$0.00

Standard Part B premium

\$135.50

Deductible**Health plan deductible**

\$0

Drug plan deductible

\$0.00

Health plan deductible

\$0

Drug plan deductible

\$0.00

Health plan deductible

\$0

Drug plan deductible

\$0.00

Comparing 3 Medicare Advantage Plans

[Back to Results](#)

Tufts Medicare Preferred HMO Saver Rx (HMO)

\$0.00

Medicare Advantage and Drug monthly premium

AARP Medicare Complete Plan 1 (HMO)

\$0.00

Medicare Advantage and Drug monthly premium

Medicare HMO Blue SaverRx (HMO)

\$10.00

Medicare Advantage and Drug monthly premium

Start your enrollment for this **Medicare Advantage Plan:**

Humana Gold Plus H0028-028 (HMO)

Be ready to provide:

- Your Medicare Number and effective dates
- Information about your other health coverage (if any), including policy and group numbers
- Dates that any changes take effect, like if you're moving to a long-term care facility

 All information you'll provide here is strictly confidential, secure, and will only be used to enroll you in your chosen plan.

[Start](#)

[Go back](#)

Health plan deductible
\$20 Drug plan deductible
\$700 Out-of-pocket max

[Plan details](#)

[Click me](#)

Medicare Advantage premium
\$0

premium

B premium

\$134

\$134

\$134

Deductible

Health plan deductible
\$0

Health plan deductible
\$0

Health plan deductible
\$0

Prescription Drug Plan (PDP) Search and Compare

There may be Medicare Advantage Plans available with lower drug costs. [Tell me more.](#)

[View 26 available Medicare Advantage Plans](#)

4 drug plans available

02116 Suffolk County, Boston MA [Change location](#)

Filter Plans



Print

Showing 4 of 4 drug plans

Sort plans by Monthly premium: low to high

\$0.00

Monthly premium

Doesn't include:
\$135.50 Standard Part B premium

Plan Details

Enroll

Magellan

Magellan Rx Medicare Basic (PDP)

Plan ID: S4802-158-0

Star rating: ★★★★★

Add to Compare

\$415

Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

Add Your Drugs

Enter drugs you take regularly (if any) to see your estimated yearly drug costs.

PHARMACIES & PRESCRIPTION DRUGS

Add Your Drugs & Pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

\$5.00

Monthly premium

WellCare

WellCare Value Script

Plan ID: S4802-158-0

Star rating: ★★★★★

Add to Compare

There may be Medicare Advantage Plans available with lower drug costs. [Tell me more.](#)

[View 26 available Medicare Advantage Plans](#)

4 drug plans available

02116 Suffolk County, Boston MA [Change location](#)

Filter Plans



Drug coverage options

Has all my drugs on plan's drug list

Star rating

5 stars

Insurance company

Select preferred insurance company

[Clear](#)

Apply filters

Showing 4 of 4 drug plans

Sort plans by

Monthly premium: low to high

Star rating: ★★★★★

\$0.00

Monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Magellan

Magellan Rx Medicare Basic (PDP)

Plan ID: S4802-158-0

Add to Compare

\$415

Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

Add Your Drugs

Enter drugs you take regularly (if any) to see your estimated yearly drug costs.

There may be Medicare Advantage Plans available with lower drug costs. [Tell me more.](#)

[View 26 available Medicare Advantage Plans](#)

4 drug plans available

02116 Suffolk County, Boston MA [Change location](#)

Filter Plans



Showing 4 of 4 drug plans

Sort plans by

Monthly premium: low to high



\$0.00

Monthly premium

Doesn't include:
\$135.50 Standard Part B premium

Plan Details

Enroll

Magellan

Magellan Rx Medicare Basic (PDP)

Plan ID: S4802-158-0

Star rating: ★★★★★

✓ Added to Compare

\$415

Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

Add Your Drugs

Enter drugs you take regularly (if any) to see your estimated yearly drug costs.

PHARMACIES & PRESCRIPTION DRUGS

Add Your Drugs & Pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

WellCare

Star rating: ★★★★★

Plans to compare

Magellan Rx Medicare Basic (PDP)

Select 2 More Plans

Compare

Enroll

Add Your Drugs & Pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

\$5.00

Monthly premium

Doesn't include:
\$135.50 Standard Part B premium

Plan Details

Enroll

WellCare

WellCare Value Script

Plan ID: S4802-158-0

Star rating: ★★★★★

✓ Added to Compare



\$415

Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

Add Your Drugs

Enter drugs you take regularly (if any) to see your estimated yearly drug costs.

PHARMACIES & PRESCRIPTION DRUGS

Add Your Drugs & Pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

\$6.00

Monthly premium

Doesn't include:
\$135.50 Standard Part B premium

WellCare

WellCare Extra (PDP)

Plan ID: S4802-158-0

Star rating: ★★★★★

✓ Added to Compare



\$215

Drug deductible

Add Your Drugs

Medicare.gov



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

Plans to compare

Magellan Rx Medicare Basic (PDP) ✕

Wellcare Value Script ✕

Wellcare Extra (PDP) ✕

Compare



Comparing 3 drug Plans

[Back to Results](#)

WellCare Value Script ✕

\$14.00
Monthly premium

\$415
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

EnvisionRxPlus ✕

\$14.50
Monthly premium

\$365
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

Aetna MedicareRx Select ✕

\$17.20
Monthly premium

\$385
Yearly drug deductible

[Plan Details](#)

[Enroll](#)

Overview

Premium

Total
\$14.00

Standard Part B premium
\$135.50

Total
\$14.50

Standard Part B premium
\$135.50

Total
\$17.20

Standard Part B premium
\$135.50

Deductible

Yearly drug deductible
\$415

Yearly drug deductible
\$365

Yearly drug deductible
\$385

WellCare Value Script ✕

[Plan Details](#)

[Enroll](#)

EnvisionRxPlus ✕

[Plan Details](#)

[Enroll](#)

Aetna MedicareRx Select ✕

[Plan Details](#)

[Enroll](#)

Magellan Rx Medicare Basic (PDP)

Plan ID: S44607-023-0

Enroll

Deductible

Yearly drug deductible \$415.00

Estimated yearly costs

Estimated total yearly costs for care ▼ \$1,992.00

Out-of-pocket

Out-of-pocket maximum No data

Medicare star rating

Overall star rating ▼

Plan star rating not available.

+ Drug plan (Part D) star rating

Documents

Contact information

[Visit plan website](#)

15950 North 76th Street
Suite 200
Scottsdale, AZ 85260

[1-800-424-5870](tel:1-800-424-5870)
Members

[1-800-424-5759](tel:1-800-424-5759)
Non members

The *New* Medicare Plan Finder: Live Site Now Under Testing

A peek at the live site:

\$12.90
Monthly premium

Doesn't include:
\$135.50 Standard Part B premium

[Plan Details](#)

[Enroll](#)

EnvisionRx Plus
EnvisionRxPlus (PDP)

Plan ID: [S7694-032-0](#)

\$315.00

Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

PHARMACIES & PRESCRIPTION DRUGS

1 of 2

Retail pharmacies in-network

\$334.08

Retail pharmacy

Estimated yearly drug costs

Based on the rest of the year. This doesn't include your monthly plan premium.

[View covered drugs in plan details](#)

[Star rating:](#)

[Add to compare](#)

\$578.28

Mail order pharmacy

Estimated yearly drug costs

Based on the rest of the year. This doesn't include your monthly plan premium.

[View drugs & pharmacies](#)

\$15.00
Monthly premium

Doesn't include:
\$135.50 Standard Part B premium

[Plan Details](#)

[Enroll](#)

WellCare
WellCare Value Script (PDP)

Plan ID: [S4802-163-0](#)

\$415.00

Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

PHARMACIES & PRESCRIPTION DRUGS

1 of 2

Retail pharmacies in-network

\$113.10

Retail pharmacy

Estimated yearly drug costs

Based on the rest of the year. This doesn't include your monthly plan premium.

[View covered drugs in plan details](#)

[Star rating:](#)

[Add to compare](#)

\$145.94

Mail order pharmacy

Estimated yearly drug costs

Based on the rest of the year. This doesn't include your monthly plan premium.

[View drugs & pharmacies](#)

Estimated drug costs during coverage phases

[Learn more about coverage phases.](#)

KAISER PERMANENTE PHARMACY #208 - Drug costs during coverage phases

In-network pharmacy

| Selected drugs | Retail cost | Cost after deductible | Cost in coverage gap | Cost after coverage gap |
|---|----------------|-----------------------|----------------------|-------------------------|
| Amitriptyline hcl 10mg tablet | \$7.02 | \$7.02 | \$7.02 | \$4.00 |
| Amlodipine besylate 5mg tablet | \$6.01 | \$6.01 | \$6.01 | \$4.00 |
| Atorvastatin calcium 10mg tablet | \$6.34 | \$6.34 | \$6.34 | \$4.00 |
| Levothyroxine sodium 50mcg tablet | \$12.44 | \$12.44 | \$12.44 | \$4.00 |
| Lisinopril-hydrochlorothiazide 20-12.5mg tablet | \$9.27 | \$7.00 | \$7.00 | \$4.00 |
| Prednisone 10mg tablet | \$26.49 | \$15.00 | \$15.00 | \$4.00 |
| Monthly totals | \$67.58 | \$53.81 | \$53.81 | \$24.00 |

Estimated monthly drug costs

Based on current drug costs, it's estimated that:

- You'll meet your **\$0.00 deductible** in July
- You won't enter the **coverage gap** this year

WALGREENS #5455 - Drug costs during coverage phases

Out-of-network pharmacy

You may have to pay the full cost for drugs. Choose an in-network pharmacy to get drugs at a lower cost.

| Selected drugs | Retail cost | Cost after deductible | Cost in coverage gap | Cost after coverage gap |
|---|-----------------|-----------------------|----------------------|-------------------------|
| Amitriptyline hcl 10mg tablet | \$8.87 | \$8.87 | \$8.87 | \$8.87 |
| Amlodipine besylate 5mg tablet | \$25.46 | \$25.46 | \$25.46 | \$25.46 |
| Atorvastatin calcium 10mg tablet | \$56.67 | \$56.67 | \$56.67 | \$56.67 |
| Levothyroxine sodium 50mcg tablet | \$14.88 | \$14.88 | \$14.88 | \$14.88 |
| Lisinopril-hydrochlorothiazide 20-12.5mg tablet | \$71.31 | \$71.31 | \$71.31 | \$71.31 |
| Prednisone 10mg tablet | \$24.47 | \$24.47 | \$24.47 | \$24.47 |
| Monthly totals | \$201.65 | \$201.66 | \$201.66 | \$201.66 |

Estimated monthly drug costs

Based on current drug costs, it's estimated that:

- You'll meet your **\$0.00 deductible** in July
- You won't enter the **coverage gap** this year

2019 vs. 2020 Plans

- The version of the new MPF launched on August 27 is for 2019 plans, and has an option to revert to the old MPF
 - Only people new to Medicare or with a Special Election Period (SEP) can use this version to enroll in a 2019 plan
- Starting with OEP, you can only use the *New* Medicare Plan Finder to find 2020 plans and enroll
 - You must have a MyMedicare.gov account to access personalized features

Key Changes

- **Design:** Overall look and feel brought to current standards
- **Mobile Optimized:** For a smart phone or a tablet
- **Pharmacies:** You can pick a mail order pharmacy plus 2 retail pharmacies to price
- **Drug List:** Claims based list you can then customize
 - Old drug lists will not transfer to the new MPF
 - Drug list IDs and password ID dates cannot be used with the new MPF
 - Now you can price 40 drugs instead of 25

The *New* Medicare Plan Finder: Account Recovery

**Username and Password recovery
on MyMedicare
or Medicare Plan Finder**

Log in or create account

USERNAME

PASSWORD

Log in

[Trouble signing in?](#)

Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

By accessing this system, you agree to our [Terms and Conditions](#) +.

No account? Create one now

Create an account for a more personalized experience.

Create Account

Trouble logging in?

What are you having trouble with?

- [Forgot Username](#)
- [Forgot Password](#)
- [Forgot Username and Password](#)



Are you unsure of whether you have an account?

- [Verify Your Account Access](#)

[Return to MyMedicare.gov](#)

Forgot username

Step 1 of 2: Enter Your Information

All fields required.

MEDICARE NUMBER [Info](#)

[Where can I find my Medicare Number?](#)

LAST NAME

SUFFIX

None 

DATE OF BIRTH

Month 

Day 

Year 

PROVE YOU'RE NOT A ROBOT

Type the last 3 numbers of 116783?

Continue

Back

Forgot username

Step 2 of 2: Username Reminder

Your MyMedicare.gov user name is **MightyMouse**

Return to [MyMedicare.gov](#) to sign in.

[About Medicare](#) | [Medicare Glossary](#)

Medicare.gov

Trouble logging in?

What are you having trouble with?

- [Forgot Username](#)
- [Forgot Password](#)
- [Forgot Username and Password](#)



Are you unsure of whether you have an account?

- [Verify Your Account Access](#)

[Return to MyMedicare.gov](#)

Forgot password

Step 1 of 4: Enter Your Information

All fields required.

MEDICARE NUMBER [Info](#)

[Where can I find my Medicare Number?](#)

LAST NAME

SUFFIX

DATE OF BIRTH

Username [Info](#)

PROVE YOU'RE NOT A ROBOT

Type the first and last number of 263?

Continue

Back

Forgot password

Step 2 of 4: Answer Secret Question

All fields required.

Secret Question [Info](#)

In what city did you first meet your spouse?

SECRET ANSWER

Continue

Cancel

Note: If you do not have or remember the correct answer, and make three (3) incorrect attempts, your account will be locked out and you will not be able to access MyMedicare.gov until you complete the registration process.

Forgot password

Step 3 of 4: Change Password

Please update your password using following the [password creation guidelines](#).

All fields required.

NEW PASSWORD

CONFIRM NEW PASSWORD

Continue

Cancel

Password Creation Guidelines

- Must be 8 to 16 characters long
- Must contain at least one letter
- Must contain at least one number
- Must also contain one or more of the following special characters: @ ! \$ % ^ * ()
- Must be different from the previous six (6) passwords
- Cannot contain your username
- Cannot contain your Medicare Number or SSN

Trouble logging in?

What are you having trouble with?

- [Forgot Username](#)
- [Forgot Password](#)
- [Forgot Username and Password](#)



Are you unsure of whether you have an account?

- [Verify Your Account Access](#)

[Return to MyMedicare.gov](#)

Forgot username and password

Step 1 of 5: Enter Your Information

All fields required.

MEDICARE NUMBER [Info](#)

[Where can I find my Medicare Number?](#)

LAST NAME

SUFFIX

DATE OF BIRTH

PROVE YOU'RE NOT A ROBOT

What color is the purple pen?

Continue

Back

Forgot username and password

Step 2 of 5: Username Reminder

Your MyMedicare.gov Username is **MightyMouse**

Please note your MyMedicare.gov username for your records, so that you may visit MyMedicare.gov often.

Continue on to the Forgot Password process in order to change your password.

Continue

Cancel

Forgot username and password

Step 2 of 5: Username Reminder

Your MyMedicare.gov Username is **MightyMouse**

Please note your MyMedicare.gov username for your records, so that you may visit MyMedicare.gov often.

Continue on to the Forgot Password process in order to change your password.

Continue

Cancel

Forgot username and password

Step 3 of 5: Answer Secret Question

All fields required.

Secret Question [Info](#)

In what city did you first meet your spouse?

SECRET ANSWER

Continue

Cancel

Note: If you do not have or remember the correct answer, and make three (3) incorrect attempts, your account will be locked out and you will not be able to access MyMedicare.gov until you complete the registration process.

Forgot username and password

Step 4 of 5: Change Password

Please update your password using following the [password creation guidelines](#).

All fields required.

NEW PASSWORD

CONFIRM NEW PASSWORD

Continue

Cancel

Password Creation Guidelines

- Must be 8 to 16 characters long
- Must contain at least one letter
- Must contain at least one number
- Must also contain one or more of the following special characters: @ ! \$ % ^ * ()
- Must be different from the previous six (6) passwords
- Cannot contain your username
- Cannot contain your Medicare Number or SSN

Trouble logging in?

What are you having trouble with?

- [Forgot Username](#)
- [Forgot Password](#)
- [Forgot Username and Password](#)

Are you unsure of whether you have an account?

- [Verify Your Account Access](#)



[Return to MyMedicare.gov](#)

Verify account access

Step 1 of 2: Enter Your Information

All fields required.

MEDICARE NUMBER [Info](#)

[Where can I find my Medicare Number?](#)

LAST NAME

SUFFIX

None

DATE OF BIRTH

Month

Day

Year

PROVE YOU'RE NOT A ROBOT

Type the last 2 numbers of 9953925?

Continue

Back

Verify account access

Step 2 of 2: Registration Status

You have previously enrolled in MyMedicare.gov.

You registered on **07/11/2019**.

You were registered by **Beneficiary (Self)**.

Your MyMedicare.gov user name is **MightyMouse**

Please note your MyMedicare.gov username for your records, so that you may visit MyMedicare.gov often.

Return to [MyMedicare.gov](https://www.mymedicare.gov) to sign in.

Questions?



**This training was provided by the
CMS National Training Program (NTP)**

Thank you.