

# Medicare Edge Data-Specific Site

for Viewing, Comparing and Quoting Medicare Plans



The **view** has never looked this good for brokers and agents.

## Medicare Edge

The exclusive Data-Specific Site for Connecture’s multicarrier partners to compare and quote Medicare plans for more informed decision-making.

## Medicare Edge is available for Plan Year 2020

- Look up carrier data (no public use files) to compare and quote on MA/MAPD/PDP plans in the Connecture network
- Increase agent exposure to more health plans
- Elevate agent access to the most current and accurate data available
- Accurately calculate drug costs
- See reliable total out-of-pocket estimates

## Giving Brokers and Agents a “Sharper Edge”

Due to the limitations of the new Medicare.gov site, including the inability to sort plans by lowest total estimated out-of-pocket costs, view drug costs by month/phase/preferred vs. standard pharmacies, and more, we have responded to feedback from our multi-carrier customers and are now offering this missing visibility through Connecture’s Data-Specific Site—Medicare Edge.

**Please Note: Medicare Edge does NOT include enrollment capabilities and will require user ID/password.**

### ADD DRUGS

For an estimate of how much drugs will cost with each plan, please provide prescriptions.

1 Type the first few letters of a drug name, then  
2 Select the drug from the list that appears.

asthma

Drug Name	Action
<a href="#">acetaminophen/codeine</a>	<input type="button" value="SELECT"/>
<a href="#">Actemra</a>	<input type="button" value="SELECT"/>
<a href="#">Actemra Actpen</a>	<input type="button" value="SELECT"/>
<a href="#">Actimmune</a>	<input type="button" value="SELECT"/>
<a href="#">Actonel</a>	<input type="button" value="SELECT"/>
<a href="#">Actonel generic: risedronate sodium</a> Select this to potentially save money ?	<input type="button" value="SELECT"/>
<a href="#">butalbital/acetaminophen/caffeine</a>	<input type="button" value="SELECT"/>

### DRUG LIST

risedronate sodium TAB 150MG has been added to Drug List.

<a href="#">atorvastatin calcium TAB 10MG</a> 30 per month Sunset Walk-In Healthcare And Occupational Medicine <input type="checkbox"/> change <input type="checkbox"/> remove	<input type="button" value="SELECT"/>
<a href="#">Byetta INJ 10MCG, 2.4ML Pen</a> 1 per month Sunset Walk-In Healthcare And Occupational Medicine <input type="checkbox"/> change <input type="checkbox"/> remove	<input type="button" value="SELECT"/>
<a href="#">Farxiga TAB 10MG</a> 30 per month Sunset Walk-In Healthcare And Occupational Medicine <input type="checkbox"/> change <input type="checkbox"/> remove	<input type="button" value="SELECT"/>
<a href="#">risedronate sodium TAB 150MG</a> 1 per month Sunset Walk-In Healthcare And Occupational Medicine <input type="checkbox"/> change <input type="checkbox"/> remove	<input type="button" value="SELECT"/>

Easily Add Drug Lists

HEALTH SUBSIDY DRUGS **PHARMACY** COMPARE PLANS

Calculator

**ADD PHARMACY**

Select your retail pharmacy for the most accurate drug pricing. The search is based on proximity to the ZIP code you entered earlier. To perform a new search you can adjust the map or enter a new location in the search box. If you would like a pharmacy that supports e-prescribing, look for the e icon. You can skip this step if you do not want to select a pharmacy right now.

Please enter an address or 5 digit ZIP code.  
30043 **FIND PHARMACIES**

Tag	Pharmacy	Select
1	CVS Pharmacy #03991 1525 Buford Drive Lawrenceville, GA Distance: <b>0.78 Mile(s)</b>	<input type="checkbox"/>
2	Kroger Pharmacy 1475 Buford Drive Lawrenceville, GA Distance: <b>0.81 Mile(s)</b>	<input type="checkbox"/>
3	Physicians Pointe 1925 Old Peachtree Road Lawrenceville, GA Distance: <b>1.88 Mile(s)</b>	<input type="checkbox"/>
4	Publix Pharmacy #0863 1030 Old Peachtree Rd Lawrenceville, GA Distance: <b>1.89 Mile(s)</b>	<input type="checkbox"/>
5	Walgreens #6088 2365 Buford Dr Lawrenceville, GA Distance: <b>1.90 Mile(s)</b>	<input type="checkbox"/>
6	Publix Pharmacy #0538 2380 Buford Dr Lawrenceville, GA Distance: <b>1.94 Mile(s)</b>	<input type="checkbox"/>

Map data ©2019 Google. Terms of Use. Report a map error.  
Pharmacy network may change on January 1st each year.

★ Central Point  
To change the search location, you can adjust the map. Pharmacy results and distances are based on proximity to the central point on the map denoted by a gold star.

Choose Pharmacies by Zip Code

Compare Plans and View Plan Details

HEALTH SUBSIDY DRUGS PHARMACY COMPARE PLANS

Calculator

**PLAN COMPARISON**

Here are plan highlights for the plans you selected.  
This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

	flexicare MA plan 4	flexicare MA plan 1	flexicare MA plan 3
	<a href="#">VIEW DETAILS</a>	<a href="#">VIEW DETAILS</a>	<a href="#">VIEW DETAILS</a>
PREVIOUS	<a href="#">Remove from comparison</a>	<a href="#">Remove from comparison</a>	<a href="#">Remove from comparison</a>
<b>Costs</b>	<b>\$85.00</b> per month	<b>\$115.00</b> per month	<b>\$0.00</b> per month
Estimated medical costs based on age 65 - 69 and Good health	\$1,500 per year	\$1,500 per year	\$1,400 per year
Total Estimated Costs	\$2,520 per year	\$2,880 per year	\$1,400 per year
<b>Coverage Overview</b>			
Medicare Star Rating	N/A	N/A	N/A
Are My Drugs Covered?	0 of 0 drugs are covered	0 of 0 drugs are covered	0 of 0 drugs are covered
<b>Benefits—Amounts You Pay</b>			
Medical Deductible	\$0.00	\$0.00	\$0.00
Medical Out of Pocket Maximum	\$1,500.00	\$1,500.00	\$3,400.00
Doctor Office Visit	\$5 copayment PCP's Office	\$5 copayment PCP's Office	\$5 copayment PCP's Office
Specialist Office Visit	\$45 copayment Specialist's Office	\$45 copayment Specialist's Office	\$45 copayment Specialist's Office
Skilled Nursing Facility	\$0 copayment per day, days 1 to 20 / \$160 copayment per day, days 21 to 100	\$0 copayment per day, days 1 to 20 / \$160 copayment per day, days 21 to 100	\$0 copayment per day, days 1 to 20 / \$160 copayment per day, days 21 to 100
Home Health Care	\$0 copayment Member's Home	\$0 copayment Member's Home	\$0 copayment Member's Home
Outpatient Mental Health Care	\$40 copayment Specialist's Office, Hospitalization	\$40 copayment Specialist's Office, Outpatient Hospital, Partial Hospitalization	\$40 copayment Specialist's Office, Outpatient Hospital, Partial Hospitalization
Emergency Room	Emergency Services: \$80 copayment Emergency Room You do not pay the emergency room visit costshare if you are admitted to the hospital within 24 hours for the same condition.	Emergency Services: \$80 copayment Emergency Room You do not pay the emergency room visit costshare if you are admitted to the hospital within 24 hours for the same condition.	Emergency Services: \$80 copayment Emergency Room You do not pay the emergency room visit costshare if you are admitted to the hospital within 24 hours for the same condition.
Hospital Inpatient Stay	\$300 copayment per day, days 1 to 6, Inpatient Hospital \$0 copayment per day, days 7 to 90, Inpatient Hospital	\$300 copayment per day, days 1 to 6, Inpatient Hospital \$0 copayment per day, days 7 to 90, Inpatient Hospital	\$300 copayment per day, days 1 to 6, Inpatient Hospital \$0 copayment per day, days 7 to 90, Inpatient Hospital
<b>Optional Coverage</b>			
Type of optional coverage available for each plan	<input type="checkbox"/> Combined Ancillary Rider <input type="checkbox"/> Dental Rider <input type="checkbox"/> Hearing <input type="checkbox"/> Vision	<input type="checkbox"/> Combined Ancillary Rider <input type="checkbox"/> Dental Rider <input type="checkbox"/> Hearing <input type="checkbox"/> Vision	<input type="checkbox"/> Combined Ancillary Rider <input type="checkbox"/> Dental Rider <input type="checkbox"/> Hearing <input type="checkbox"/> Vision
	<a href="#">VIEW DETAILS</a>	<a href="#">VIEW DETAILS</a>	<a href="#">VIEW DETAILS</a>

View and Compare Prescription Drug Pricing

Costs	flexicare MA plan 4	flexicare MA plan 1	flexicare MA plan 3
Premium	<b>\$13.20</b> per month	<b>\$13.70</b> per month	<b>\$20.60</b> per month
Estimated Drug Costs based on 0 drugs in Drug List	\$0 per year	\$0 per year	\$0 per year
Total Estimated Costs	\$158 per year	\$164 per year	\$247 per year
<b>Coverage Overview</b>			
Medicare Star Rating	★★★★☆	★★★★☆	★★★★☆
Search Pharmacy Directory	<a href="#">Pharmacy Directory</a>	<a href="#">Pharmacy Directory</a>	<a href="#">Pharmacy Directory</a>
Are My Drugs Covered?	0 of 0 drugs are covered	0 of 0 drugs are covered	0 of 0 drugs are covered
<b>Benefits—Amounts You Pay</b>			
Prescription Deductible	\$435.00	\$435.00	\$275.00
Prescription Initial Coverage Limit	\$4,020.00	\$4,020.00	\$4,020.00
Prescription Drugs	<b>One Month Supply (Retail) Pharmacy with Preferred Cost Sharing</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$1.00</li> <li>Generic: \$4.00</li> <li>Preferred Brand: \$47.00</li> <li>Non-Preferred Drug: 35%</li> <li>Specialty Tier: 25%</li> </ul>	<b>One Month Supply (Retail) Pharmacy with Preferred Cost Sharing</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$0.00</li> <li>Generic: \$5.00</li> <li>Preferred Brand: \$40.00</li> <li>Non-Preferred Drug: 46%</li> <li>Specialty Tier: 25%</li> </ul>	<b>One Month Supply (Retail) Preferred Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$1.00</li> <li>Generic: \$2.00</li> <li>Preferred Brand: 20%</li> <li>Non-Preferred Drug: 37%</li> <li>Specialty Tier: 25%</li> </ul>
	<b>One Month Supply (Retail) Standard Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$10.00</li> <li>Generic: \$20.00</li> <li>Preferred Brand: \$47.00</li> <li>Non-Preferred Drug: 50%</li> <li>Specialty Tier: 25%</li> </ul>	<b>One Month Supply (Retail) Standard Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$8.00</li> <li>Generic: \$15.00</li> <li>Preferred Brand: \$40.00</li> <li>Non-Preferred Drug: 50%</li> <li>Specialty Tier: 25%</li> </ul>	<b>One Month Supply (Retail) Standard Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$8.00</li> <li>Generic: \$9.00</li> <li>Preferred Brand: 22%</li> <li>Non-Preferred Drug: 39%</li> <li>Specialty Tier: 25%</li> </ul>
	<b>Three Month Supply (Mail-Order) Pharmacy with Preferred Cost Sharing</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$3.00</li> <li>Generic: \$12.00</li> <li>Preferred Brand: \$141.00</li> <li>Non-Preferred Drug: 35%</li> </ul>	<b>Three Month Supply (Mail-Order) Pharmacy with Preferred Cost Sharing</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$0.00</li> <li>Generic: \$12.50</li> <li>Preferred Brand: \$100.00</li> <li>Non-Preferred Drug: 46%</li> </ul>	<b>Three Month Supply (Mail Order)</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$3.00</li> <li>Generic: \$6.00</li> <li>Preferred Brand: 20%</li> <li>Non-Preferred Drug: 37%</li> <li>Specialty Tier: An extended day supply is not available for this tier</li> </ul>



Contact Us

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