

2020

Medicare Advantage Plan Network Search Tool

This tool is for your personal use. Per Medicare guidelines, an insurance agent may not ask you for information concerning the prescription drugs you use. If you would like help selecting the plan that most appropriately meets your needs, you would have to volunteer this information, without being asked.

Client Information			A						AW			B			BH		C		H			I	U					W					SNP Networks						
Last Name: _____ First Name: _____ Middle: _____ Zip Code: _____			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28									
Physician Information			Freedom (PPO)	Platinum (PPO)	Platinum (HMO)	Premier (HMO)	Prime (HMO)	Prime Plus (HMO)	Essentials (HMO)	Essentials I (HMO)	Essentials II (HMO)	Premier (HMO)	CHF/Diabetes (C-SNP)	Dual (D-SNP)	Classic / Plus (HMO)	BluePathway 2&3 (HMO)	BlueJourney	AZ Care Network	IPA/CMG	Alliance	Medicare PPO	Gold Plus 020/028	Gold Plus -027	Imperial Health	Optum	Phoenix direct	Banner	Pinal	Walgreens PPO	Value	Compass	Dividend	Liberty	CareMore	University Care 007/015	Mercy Care (01/04/05)	Steward Health Generations	U Community	
Doctor Name: _____ Specialty: _____																																							
Preferred Hospital:			Abrazo Banner Dignity Honor Oasis Steward																																				
Preferred Pharmacy:			Albertsons Frys Costco CVS Osco Safeway Walgreens Walmart																																				
Prescription Name: _____ dosage _____ per day																																							
RX Co-Pay																																							