To print a customized Plan Finder drug report, go to the "Your Plan Comparison Page" on the Medicare Plan Finder:

Your Plan Comparison « Return to previous page Select the tabs below for more detailed information about the plan health benefits, drug costs and coverage and star ratings.	My Current Profile Update Search Zip Code: 98133 Current Coverage: Original Medicare Current Subsidy: No Extra Help [?] Drug List ID: 3607812224 Password Date: 09/10/2015 Important Coverage Information		
Symbols Nationwide Coverage Estimated			
Overview Health Plan Benefits Drug Costs & Coverage St	ar Ratings Manage Drugs		

Scroll down the page to this area and click on the "Print Comparison Report" button:

Drug Coverage Information					
All of your drugs are covered on the plan's formulary. [?]	All of your drugs are covered on the plan's formulary. [?]				
Lacrisert MIS 5MG OP	Lacrisert MIS 5MG OP				
No restrictions	No restrictions				
Tier 3: Preferred Brand	Tier 3: Preferred Brand				
Print My Drug List Print Comparison Report					
Pharmacy & Mail Order Information					

Print a customized Plan Finder Report

A new window will open. You can check, or un-check boxes to select the amount of information that you want the document to display. This example has the suggested boxes to check. To get the formatted report to pop open, click on the Print button at the bottom of the page:



The formatted report will look something like this. You can easily print it to give to a client, or you can copy it and paste it into a Word document, which will be properly formatted and you can then attach it to an e-mail to send to a client:

Dive The drug costs displayed are only estimates a feur Search Details gloode: 98135 Jarrent Pan: Original Medicare Jarrent Subolty: No Extra Help hog List ID: 3607812224 Tassword Date: 9/10/2015	nd actual costs may vary based	I on the specific quari	ity, strength and/or dosage of the drug, the order in wi	nich you buy y	our prescriptions, and the pharmacy ye	uuse.	
Your Drug Information							
Lacrisert MIS 5MG OP	1 X Box of 60 inserts		Every 1 Month	Brand		Lacrisert	
And the second of the second o							
		Cigna-HealthSpring Rx Secure-Xtra (PDP)		Transamerica MedicareRx Choice (PDP)			
		\$5617-275		\$9579-062			
	Members: 1.300.222-6700 711 (TTYTOD) Non-Members: 1.300.735-1459 711 (TTY/TOD) Plan Website:www.cignaheathspring.com			Members: 1.888-672.7206 711 (TTV/TDD) Non-Members: 1.877-627-1998 711 (TTV/TDD) Plan Website:www.transamencamedicarerx.com			
Drug Coverante Information							
Lacrosert MIS SMG OP Tar 3 Preformed Brand No restrictions No restrictions							

Print a customized Plan Finder Report

Here's an example of what it looks like pasted into a Word document:

Note: The drug costs displayed are only estimates and actual costs may vary based on the specific quantity, strength and/or dosage of the drug, the order in which you buy your prescriptions, and the pharmacy you use.

Your Search Details Zipcode: 98133 Current Plan: Original Medicare Current Subsidy: No Extra Help Drug List ID: 3607812224 Password Date: 9/10/2015

Your Drug Information							
Drug Name	Quantity	Frequency	Brand / Generic	Original Drug Entry			
Lacrisert MIS 5MG OP	1 X Box of 60 inserts	Every 1 Month	Brand	Lacrisert			
Cigna-HealthSpring Rx Secure-Xtra (PDP) Transamerica MedicareRx Choice (PDP)							