

HOW TO ENROLL IN A MEDICARE PRESCRIPTION DRUG PLAN

Learn how to:

- Navigate the Medicare.gov website
- Enter your current medications
- Find participating pharmacies
- Compare plans and select one that suits your needs



ENROLL at
www.medicare.gov

Username: _____

Password: _____

FOLLOW THE EASY STEP-BY-STEP GUIDE BELOW TO ENROLL IN A PRESCRIPTION DRUG PLAN



Medicare Part D Prescription Drug Benefit Eligibility

If you are eligible for Medicare coverage, you are also eligible for the Medicare prescription drug benefit (Part D). You must be enrolled in Medicare Part A and/or Part B in order to enroll in Part D. Even if you don't take any prescription medications, you should enroll in a Part D plan as soon as you are eligible. Delayed enrollment for any length of time will result in a permanent premium penalty.

Note: If you are enrolled in a Medicare Advantage plan, you cannot enroll in a separate Part D plan. Your prescription coverage must be packaged with your Advantage plan, unless you have Veteran's benefits or SeniorCare coverage.

Before you begin, gather all your prescriptions or write them all down. On the list, be sure to include the dosage (ex. 200 mg), frequency taken (ex. twice per day), number of doses in the container (ex. 60 tablets), and how often it is filled (every 30 days).

Step
1

Go to the Medicare.gov website

- At the top of the page, click on **Health & Drug Plans**
- On the dropdown menu under **Find & Compare**, click on **Find Health & Drug Plans**
- Type in your zip code, click continue
- Under plan type, select the type of plan, **Medicare Drug Plan (Part D)** and click **Find Plans**
- Click **Continue**

Step 2

Answer the following questions:

- Do you get help with your costs from one of these programs?
 - Select the appropriate answer or:
 - Select "I don't get help from any of these programs"
 - Click **Continue**
- Do you want to see your drug costs when you compare plans?
 - Select **Yes**, click **Next**

Step 3

Enter your Prescription Drugs

- Type the name of your drug and select it from the dropdown list
 - Make sure to only select the drug that you have. There may be other variations of your prescription (ER, HCL, /) that could change the outcome of the comparison
- Click the **Add Drug** button
- Enter the dosage, quantity, and frequency of the refill.
- Click the **Add to My Drug List** button
- If you need to add another prescription, click **Add Another Drug** and follow the above directions
- Once you are finished adding your prescriptions, click **Done Adding Drugs**

Step 4

Choose Your Pharmacy

- Type in your zip code if it hasn't been auto filled.
- If you have a pharmacy that you would like to stay with, you can enter it. If you are open to any pharmacy, leave this space blank. You will get more plan options if this is left blank.
- Choose up to 5 pharmacies by selecting **Add Pharmacy**. Make sure to pay attention to their locations. They will appear at the bottom of the page once selected. When you have all your pharmacies of choice selected, click **Continue to view plans** in the bottom right corner.
 - For a wider variety of plan options, choose Mail-order Pharmacy, a Walmart, a CVS, and a Walgreens pharmacy for comparison.

Step 5

Choose Plans to Compare

- The plans are displayed in order of combined drug & premium cost from lowest to highest.
- Pay attention to the Star Ratings. We recommend that you choose a plan with at least 3 stars.
- You can select up to 3 plans at a time to compare
 - Click the box next to **Add to compare**, and the plans you have selected will appear at the bottom of the page. After making your selections, click **Compare** in the bottom right corner.
- To learn more about a plan, click **Plan Details**
 - This will give you an overview of the plan including:
 - Monthly premium
 - Deductible
 - Which pharmacies are in/out of network
 - Your yearly drug + premium cost
 - Whether or not you will enter the coverage gap with your current medications
 - Breakdown of your monthly copay
- To return to the list of plans, scroll to the top of the page and click **Go back to plan comparison** at the top left. You may continue to browse the **Plan Details** for each plan
- Once you find a plan that fits your needs, click **Enroll**.

Note: before enrolling, you can change prescription information, pharmacies, look at other plans, etc. by selecting "Back to..." at the top left of each page.

An official website of the United States government. Here's how you know

Medicare.gov

Basics ▾ Health & Drug Plans ▾ Providers & Services ▾

Chat Log in

◀ Back to drug selection

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

54701

NAME OF PHARMACY (OPTIONAL)

Find Pharmacy

Filter by: Distance: 5 miles ▾

Showing 1-10 of 19 pharmacies near 54701

Mail-order Pharmacy

Pharmacy Added

Walgreens #3497 x CVS Pharmacy #10550 x Walmart Pharmacy 10-1669 x Hy-Vee Pharmacy (1166) x Mail Order Pharmacy x

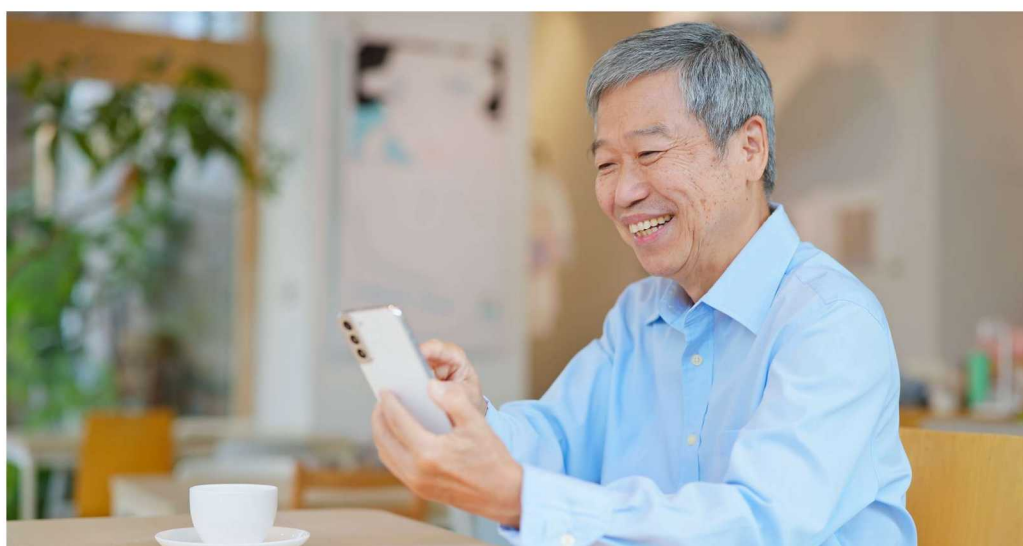
Done

Step
6

Enroll in a plan

- Once you select **Enroll**, a pop-up will appear with your plan choice. If the correct plan is listed in the pop-up, click **Join Plan**.
- Follow the directions on the application that appears on the page, making sure to answer all the questions and check any boxes that apply to you.
- Please read through everything thoroughly before answering.
- Once you are finished with the application, you will see **"You're all set. Your application is with the plan carrier"**
 - You will see the name of the plan that you just enrolled in, a plan ID number, your name, a confirmation number, and the contact information for your plan carrier.
 - Please print this page for your records if you are able.
- You will receive your plan ID card and welcome kit in the mail

**CONGRATULATIONS! You are now enrolled in
your new prescription drug plan!**



Enrollment in or changes to any prescription drug plan is limited to specific times of year and/or qualifying life events.

- **Initial Enrollment Period (IEP):** when you are first eligible for Medicare
- **Annual Enrollment Period (AEP):** October 15 - December 7 each year (for a January 1st effective date).
- **Open Enrollment Period (OEP):** only available if enrolled in a Medicare Advantage plan and switching back to Original Medicare. In this case, a Part D plan can be added. (Effective the 1st of the month following application date.)
- **Special Enrollment Period (SEP):** situations or life events may allow you to make a change. Examples are:
 - Moving in /out of a network area
 - Losing employer health insurance and/or other creditable drug coverage
 - Receiving financial assistance from the Extra Help program
 - A Part D plan that has been given 5 Stars has additional enrollment opportunities

This is not an exhaustive list of enrollment time periods or restrictions. For more information, please visit www.Medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Need additional assistance?

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ENROLL at
www.medicare.gov