# Medicare Part D Enrollment Tip Sheet

# For those with a Medicare account

Visit our website for the latest revisions of this document including versions for those with and those without a Medicare account.

www.deesigned.com



This information is provided as a public service. Dee-Signed Programs, LLC specializes in Medicare Supplements - the only Medicare-related product we sell. Rather than market a handful of Part D prescription plans, we prefer to provide information only, so that our clients and those they know can make the best decisions for themselves. There is no pat answer for Part D plans, as your best option is based on a combination of the drugs you take and the pharmacies you use. Use this sheet to work through the government's own website at www.medicare.gov, paying attention to our tip boxes. This document is a teaching sample only and does not endorse any drug, pharmacy or Part D plan.

Open medicare.gov in your browser, then open this document in another window or print it out, and refer to it as you work through the government's website.

Call upon us for Medicare enrollment help, or re-evaluation of your current Medicare coverages.

Dee-Signed Programs, LLC 847-234-1756 www.deesigned.com

This guide is not a product of the Centers for Medicare & Medicaid Services (CMS), or any other government body. All screen shots are taken from medicare.gov. Dee-Signed Programs, LLC is not affiliated with Medicare or any federal agency.





Next you'll be asked to log on to your Medicare account.

<b>options</b> Pick your 2025 plan from Oct. 15 - Dec. 7.	Photo Changes Periodically
Eirst time joining a Medicare health or drug plan?	CONTRACT OF A
Find Medicare heal	th & drug plans
<ul> <li>Use your account</li> <li>Save time by logging in</li> <li>Get a summary of your current coverage</li> <li>Use your saved drugs &amp; pharmacies to compare plan costs</li> <li>Log In</li> <li>Don't have an account? <u>Create one.</u></li> </ul>	Continue without logging in Choose the year you need coverage and enter your ZIP code: COVERAGE FOR 2025 2024 ZIP CODE
Log into your Medicare.gov account here. If you have your Medicare #, you can create an account by clicking the "Create One" link.	
After you log on, you'll be presented with the	

#### **Updating Pharmacies and Prescriptions**



Use this page to review your plans, drugs, and pharmacies. You can make changes or get details about your coverage.



payment option and participation is voluntary.

Learn how the Medicare Prescription Payment Plan works.





		continued)	Pharmacies near the ZIP code entered are listed.
			Note: you are not choosing a pharmacy chain, you are simply comparing prices.
Ch	oose up to 5 pharmac	ies	You can select 5 pharmacies (or four plus mail order) for cost comparison.
Drug co drug co use.	osts vary based on the pharmacy you use. Choosing pl ssts, helping you pick the lowest cost plan. You don't h	narmacies lets us show you your ave to choose the pharmacies yo	Select different pharmacy chains, not locations.
ENTER	YOUR COMPLETE ADDRESS OR ZIP CODE NAME	OF PHARMACY (OPTIONAL)	Chains independently set their prices within the same plan.
	· · · · · · · · · · · · · · · · · · ·		Same plan - same drug - different chain - different price!
Filter by	y: Distance: 5 miles ∨		Later you'll be given a chance to view
Showin	g 1-10 of 17 pharmacies near 60010		look at the details of a plan to see which of the pharmacy chains you
	Mall-order Pharmacy Add both mail-order and retail pharmacies to find t lowest cost.	he Add Pharmacy	selected has the best prices.
Consi It c	ider including mail-order. an be less expensive.	· · · · ·	Depending on drugs, mail order can save you money, consider adding it for comparison.
	101 S Nwest Hwy, Barrington, IL 60010 (847) 381-4105	Pharmacy Added	If you have major drug costs consider
2.	Walgreens #11662 189 W Northwest Hwy, Barrington, IL 60010 (847) 381-0689	Pharmacy Added	pharmacies to see more options.
Click phar	macy.		Inverpess
phar	Macy. 150 W Main St, Barrington, IL 60010 (847) 381-3152	Add Pharmacy	(9) (2) Barrington
4.	Macy. 150 W Main St, Barrington, IL 60010 (847) 381-3152 Osco Drug #4305 345 S Rand Rd, Lake Zurich, IL 60047 (847) 438-2450	Add Pharmacy	Inverpess South Barrington
4.	Osco         Drug #3451           150 W Main St, Barrington, IL 60010 (847) 381-3152         60010           Osco         Drug #4305           345 S Rand Rd, Lake Zurich, IL 60047 (847) 438-2450         60047           Comprehensive Urologic Care, Sc         22285 N Pepper Rd Ste 201, Lake Barrington, IL 600           (847) 382-5080         600	Add Pharmacy     Add Pharmacy     Add Pharmacy     Add Pharmacy     Add Pharmacy	The Factory Read Prairie Nater Preserve Sche Streamwood







#### Reading the Results

At this point you'll be taken to the results page.

If you logged in and are currently enrolled in a Part D plan, it will be listed first.

Below it all available Part D plans are listed.

If you entered prescriptions, make certain that "Sort plans by" is always set to "Lowest drug + premium cost" and pay attention to each plan's "Total Drug and Premium Cost" information.

SORT PLANS BY

Lowest drug + premium cost

V

You'll find a sample start of this list on the next page.

#### **Drug Plan List**



### Drug Plan List Item





* Plan Name*			Print
			Enroll
What you'll pay	Total monthly nramium	Petail pharmacy year estimated total drug costs <b>\$</b> Covers <b>3 of 3</b> drugs	Mail order pharmacy: <mark>year</mark> estimated total drug costs <b>\$`</b> Covers <b>3 of 3</b> drugs
Overview Drug C	overage Star	Ratings	
Overview			
PREMIUMS			
Total monthly premiun	n		
DEDUCTIBLES The amount you must pa	ay each year before y	your plan starts to pay for covered se	ervices or drugs.
Drug deductible			
CONTACT INFORMATI	ON		
Plan address			
Drug Cover	age		
See if there's help to lowe	er costs for drugs you	<u>u take.</u>	
PHARMACIES Check the network statu time to find lower costs How do pharmacy netwo	is of each pharmacy for drugs. orks affect what I pa	on your list. You can change pharma	cies at any Change Pharmacies
		Out-of-network Find an	in-network pharmacy.
		Preferred In-network	

In-network

Mail Order Pharmacy

Preferred In-network

Costs vary based on the specific mail-order

pharmacy

Scroll down to compare pharmacies. 



# Plan Details (middle)

YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. <u>Can my drug costs change by pharmacy?</u>

	* Pharmacy Names *				
	Out-of-network	Preferred	In-network	Preferred	
Esomeprazole 40mg capsule delayed release	\$3,183.72	\$103.80	\$100.20	\$129.60	
Metformin hydrochloride 500mg tablet	\$496.68	\$0.00	\$24.60	\$0.00	
Simvastatin 20mg tablet	\$2.599.56	\$0.00	\$30.00	\$0.00	
Total yearly drug cost	\$6,279.87	\$103.80	\$154.80	\$129.60	

ESTIMATED TOTAL DRUG + PREMIUM COST

	* Pharmacy Names *			
	Out-of-network	Preferred	V In-network	Preferred
Total drug + premium cost (for the rest of <mark>year</mark>	\$6,567.87	\$391.80	\$442.80	\$417.60
When you'll meet your deductible	February 2024	You won't meet your deductible in <b>year</b>	You won't meet your deductible in <mark>year</mark>	You won't meet your deductible in <b>year</b>
When you'll enter the coverage gap	November 2024	You won't enter the coverage gap in <b>year</b>	You won't enter the coverage gap in <b>year</b>	You won't enter the coverage gap in <b>year</b>
When you'll get out of the coverage gap	You won't get out of the coverage gap in 2024	You won't get out of the coverage gap in <b>year</b>	You won't get out of the coverage gap in <b>year</b>	You won't get out of the coverage gap in <b>year</b>

#### ESTIMATED TOTAL MONTHLY DRUG COST

****	* Pharmacy Name	s *		
	Out-of-network	Preferred	In-network	Preferred
January	\$523.32	\$8.65	\$12.90	\$10.80
February	\$523.33	\$8.65	\$12.90	\$10.80
		.intervening m	onths	
November	\$523.33	\$8.65	\$12.90	\$10.80
December	\$523.33	\$8.65	\$12.90	\$10.80

Clicking the plus symbol to the left of any pharmacy will open up a table breaking down drug costs throughout the phases of coverage.

The "Total drug and premium cost" we keep drawing your attention to takes all of this into account.

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# Plan Details (bottom)

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

Learn more about coverage phases.



+ View more drug coverage

Star Ratings	+ Expand All Ratings
<b>Overall star rating</b> Overall rating is based on the categories below.	★☆☆☆☆
+ Drug plan star rating	
Summary rating of drug plan quality	***

If you are satisfied with this plan, return to the top of the webpage to enroll. If you enroll online, you'll be redirected to the particular carrier's website to complete.

When you enroll in a new plan, your previous plan is automatically cancelled for you.

Good luck in your search, we hope you've found these tips beneficial!