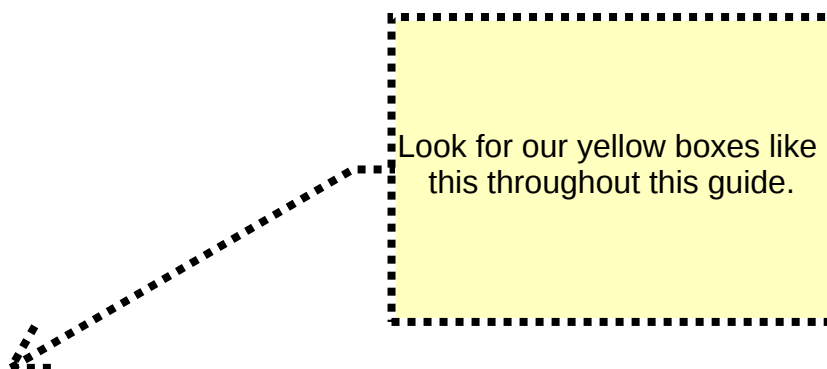


2026 Medicare Part D Shopper's Guide

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.

Begin by visiting the website

medicare.gov

Note that the homepage image changes frequently.

Overview of the Process

- * Enter prescription(s).
- * Select local pharmacy chains to compare.
- * View results - best plan listed at or near top.
 - Pay attention to "Total Drug & Premium Cost"
- * Click "Plan Details" for selected plan.
 - Find out which pharmacy chain has best cost.
 - Click the Enroll link to apply.

It's Open
Enrollment - now
to December 7

Find Plans

Welcome to Medicare

Get Started with Medicare

Photo Changes Periodically



Log in or create an account

Access your information
anytime, anywhere

Log in/Create Account



Find health & drug plans

Find & compare plans in
your area

Find Plans Now



Find care providers

Compare hospitals,
nursing homes, & more

Find Providers Near Me



Talk to someone

Contact Medicare & other
helpful resources

Get Help

Click "Find Plans Now" to
begin.

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

Explore your Medicare coverage options

Pick your **2026** plan from Oct. 15 - Dec. 7.

Photo Changes Periodically



First time joining a Medicare health or drug plan?



Find Medicare health & drug plans

Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one.](#)

Continue without logging in

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR



2026



2025

ZIP CODE

Continue

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 following screen. If after logging on, you do not see the following, look for a button labelled "Find health & drug plans" which should take you here.

Updating Pharmacies and Prescriptions

Hello, * Your Name *

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

Your plan

Right now you have:

Current Plan

Total monthly premium Retail pharmacy: estimated total drug costs

Current Premium and Drug Costs

[View plan details](#)

Open Enrollment is here!

Join or switch health and drug plans in Lake, IL, 60045

[\(Change location\)](#)

[Find Plans Now](#)

Resist the temptation to click "Find Plans Now" here, it's important to keep scrolling down and make sure your Rx's and Pharmacies are correct.

✓ Your other plans

2026 plan

If you don't make a change, you'll have:

Wellcare Value Script (PDP)

(S4802-151-0)

[Get plan details & contact information >](#)

Want to keep the plan you have?

See how your costs and benefits may change next year if you stay in the same plan.

[Compare Plan Details](#)

Your Medigap plan

UNITEDHEALTH GROUP

Start Date

1/1/2023

Have other Medicare coverage?

[Get details about your other coverage.](#)

💰 Your Extra Help with drug costs

Depending on your income, you may qualify for help with Medicare costs.

[Get details.](#)

2026 Extra Help with drug costs

None

2025 Extra Help with drug costs

None

Your Extra Help with Drug Costs

This is determined by Medicare, based on income, nothing to do here.

This year, you have the option to spread drug costs out across the year. Information is available here.

👤 Other help with drug costs

There are programs that can help manage or lower your prescription drug costs.

Get help managing your monthly drug costs

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January–December). All plans offer this payment option and participation is voluntary.

[Learn how the Medicare Prescription Payment Plan works.](#)

Keep scrolling down to your pharmacy list

 Preferred

██████████

☒ Preferred
 ☐ In-network

11 of 11

✓ Preferred In-network

11/11/2016

 In-network

Page 10 of 10

Page 10 of 10

100

Editing Pharmacy List Instructions (continued)

Choose up to 5 pharmacies

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

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

60010

NAME OF PHARMACY (OPTIONAL)

Filter by:

Distance: 5 miles

Showing 1-10 of 17 pharmacies near 60010

Mail-order Pharmacy

Add both mail-order and retail pharmacies to find the lowest cost.

☐ Add Pharmacy

Consider including mail-order.
It can be less expensive.

101 S Nwest Hwy, Barrington, IL 60010
(847) 381-4105

☒ Pharmacy Added

2. Walgreens #11662

189 W Northwest Hwy, Barrington, IL 60010
(847) 381-0689

☒ Pharmacy Added

Click to add
pharmacy.

3. Walgreens #3451

150 W Main St, Barrington, IL 60010
(847) 381-3152

☐ Add Pharmacy

4. Osco Drug #4305

345 S Rand Rd, Lake Zurich, IL 60047
(847) 438-2450

☐ Add Pharmacy

5. Comprehensive Urologic Care, Sc

22285 N Pepper Rd Ste 201, Lake Barrington, IL 60010
(847) 382-5080

☐ Add Pharmacy

Cvs Pharmacy
#07181

Walgreens
#11662

Done

Pharmacies near the ZIP code entered are listed.

Note: you are not choosing a pharmacy chain, you are simply comparing prices.

You can select 5 pharmacies (or four plus mail order) for cost comparison.

Select different pharmacy chains, not locations.

Chains independently set their prices within the same plan.

Same plan - same drug - different chain - different price!

Later you'll be given a chance to view the details of Part D policies. Always look at the details of a plan to see which of the pharmacy chains you selected has the best prices.

Depending on drugs, mail order can save you money, consider adding it for comparison.

If you have major drug costs consider re-running this tool with different pharmacies to see more options.

Click here when done.

Having selected your pharmacies, click "OK" at the bottom of My Saved Pharmacies to return to the main page. The next step is to scroll down and review your drug list.

Editing your Drug List

The "Add recently filled drugs" button at the bottom lists all recently filled prescriptions, allowing you to easily update the list.

If you need to remove a drug, or enter an unlisted drug, click "Edit My Drug List" to bring the list up to date if needed.

Tips when adding a drug:

Choose frequency of "Every month" to clearly show cost breakdown

IMPORTANT: Tablets (TAB) are likely cheaper than Capsules (CAP). People often accidentally choose Capsules because they appear in the list ahead of Tablets and have the same dosage. You may have to scroll down on the dosage list to even see the Tablet entries.

If your dosage is not listed, check the drug name again. Some drugs have different variants, each with their own dosages.



Your drug list

You have 3 drugs. When you've entered your drugs, you'll find out how much they cost in each plan.

Drug #1

Quantity

Frequency

Drug #2

Quantity

Frequency

Drug #3

Quantity

Frequency

Showing 3 of 3 drugs

Edit My Drug List

Add recently filled drugs



"Add recently filled drugs" allows you to quickly add drugs to your list.

When your drug list is up to date, scroll to the bottom to begin your plan search.



✓ Ready to shop for plans?

Open Enrollment is here!

Join or switch health and drug plans
in *** Your County ***
([Change location](#))

Find Plans Now

Once you've updated your drug list,
we move to the bottom of the page
and begin to search for your best
plan this year.

Click the "Find Plans Now" button.

Find Plans Now

Choose the year you need coverage and enter
your ZIP code:

COVERAGE FOR

☒ 2026 ☐ 2025

ZIP CODE

*** ZIP ***

Continue

[Cancel](#)

Verify the coverage
year and your ZIP
code. Then click
"Continue"

Find Plans Now

Next, select the type of plan you want:

- ☐ **Medicare Advantage Plan (Part C)**
A Medicare-approved plan from a private company that offers an alternative to Original Medicare (Part A & Part B) for your hospital and medical insurance. Most plans include prescription drug coverage.
- ☒ **Medicare drug plan (Part D)**
A Medicare-approved plan from a private company that helps cover your prescription drug costs.
- ☐ **Medigap policy**
Extra insurance from a private company that helps pay your share of costs in Original Medicare. Policies are standardized, and the basic benefits in each are the same. Most policies don't include prescription drug coverage.

[I want to compare coverage options before I see plans.](#)

Find Plans

[Go Back](#)

Select "Medicare drug
plan (Part D)"

Click "Find Plans"
and you'll be
taken to the
Result List.

When you click "Find Plans"
you'll be taken to the Result List. The next
section will explain how to read the results.

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



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

Drug Plan List

On the next page we'll examine a single plan listing

If you've logged in, your current plan will be listed first. If you do nothing, this plan will begin January 1st.

Enrolling in a new policy automatically cancels the old one on January 1st.

Logged in or not, a list of the available plans in your area is shown next.

This area happens to have 22 available. The first 10 are listed with navigation buttons at the bottom for the rest.

Ensure, every time that you visit the results page showing available drug plans that SORT PLANS BY is set to "Lowest drug + premium cost"

No drugs? Consider sorting by "Lowest monthly premium"

Next we'll closely examine an individual plan in this list.

[Your Plan Summary](#) Print

MY LOCATION: Lake, IL [Change location](#) PLAN TYPE: Select a Plan Type

Filter by: Insurance Carrier Star Ratings [View all filters](#)

[Your next plan](#)

*** Plan Selected for Next Year ***

MONTHLY PREMIUM: Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of year): Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE: Drug deductible

PHARMACIES: 5 of 5 of your selected retail pharmacies are in-network [View your pharmacies](#)

DRUGS: [View drugs & their costs](#)

Plan Details ☒ Added to compare

Showing 10 of 22 drug plans SORT PLANS BY: Lowest drug + premium cost

*** Plan #1 ***

MONTHLY PREMIUM: Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of year): Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE: Drug deductible

Your next plan Plan Details ☒ Added to compare

*** Plan #2 ***

Drug Plan List Item

Note on Part D Premiums
Best if the premiums are automatically deducted from one's Social Security payment.
If you're paying yourself and accidentally forget a payment, the plan is NOT reinstatable.
If you're paying yourself, consider paying the entire year's premium when you enroll so that you never miss a payment.

Total annual out of pocket for your drug list at the least expensive of your selected retail pharmacies and mail order (if selected).

IMPORTANT
IF YOU ENTERED DRUGS
Focus on annual "Estimated total drug + premium cost", which includes all copay, deductible, coinsurance and premium charges.

* Plan Name*

MONTHLY PREMIUM

\$ Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of year)

\$ Retail pharmacy: Estimated total drug + premium cost

\$ Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$ Drug deductible

Your next plan

Plan Details

Added to compare

4 of 4 of your selected retail pharmacies are in-network
[View your pharmacies](#)

DRUGS
[View drugs & their costs](#)

Depending on drugs, mail order may be more expensive than 90-day refills from retail drug stores.
However, mail order may be required for expensive drugs.

IMPORTANT
Click "Plan Details" to see which pharmacy option has this lowest total for your selected drugs (if any) before enrolling.

The yearly drug and premium cost takes into account the plan's deductible.
Many never reach the deductible and only pay discounted costs for their drugs. (Some drugs may be discounted all the way down to zero dollars.)
Copays apply once this annual deductible has been satisfied.

Clicking the "Plan Details" button below the name of any plan takes you to the following detail page.

Make sure you scroll down and understand which pharmacy provides the best prices before enrolling.

To enroll online, click the green "Enroll" button. If the plan you're looking at is the one you're slated to be enrolled in automatically for next year "Your next plan" appears instead of the Enroll button.

To enroll by phone, call the Non-members number listed beneath the plan name/type/id information to the right of this yellow box.

Scroll down to compare pharmacies.

Plan Details (top)

* Plan Name*

Print

Enroll

What you'll pay

Total monthly premium

\$

Retail pharmacy estimated total drug costs

\$

Covers 3 of 3 drugs

Mail order pharmacy estimated total drug costs

\$

Covers 3 of 3 drugs

Overview Drug Coverage Star Ratings

Overview

PREMIUMS

Total monthly premium

DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

Drug deductible

CONTACT INFORMATION

Plan address

Drug Coverage

[See if there's help to lower costs for drugs you take.](#)

PHARMACIES

Check the network status of each pharmacy on your list. You can change pharmacies at any time to find lower costs for drugs.

[How do pharmacy networks affect what I pay?](#)

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

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. [Can my drug costs change by pharmacy?](#)

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

ESTIMATED TOTAL MONTHLY DRUG COST

	* Pharmacy Names *			
	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 months...

November	\$523.33	\$8.65	\$12.90	\$10.80
December	\$523.33	\$8.65	\$12.90	\$10.80

Drug prices can vary between pharmacies even though it's the same Part D plan.

Look to the next area of the table for estimated total drug + premium costs.

"Total drug + premium cost" is the number to pay attention to.

It is the complete estimated annual cost of the selected drugs at the pharmacy listed in the column.

Monthly drug costs.

If you entered your prescriptions by monthly amounts, it's easy to see cash flow here.

Those with expensive drugs will see their monthly costs vary as they hit the deductible, pay copays, enter the coverage gap, and again as they leave the coverage gap.

Plan Details (bottom)

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.

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.](#)

+ * Pharmacy A * DRUG COSTS DURING COVERAGE PHASES

+ * Pharmacy B * DRUG COSTS DURING COVERAGE PHASES

+ * Pharmacy C * DRUG COSTS DURING COVERAGE PHASES

- * Pharmacy D * DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Esomeprazole 40mg capsule delayed release	\$10.80	\$10.80	\$5.18	\$2.70	\$0.00
Metformin hydrochloride 500mg tablet	\$10.80	\$0.00	\$0.00	\$2.70	\$0.00
Simvastatin 20mg tablet	\$16.20	\$0.00	\$0.00	\$4.05	\$0.00
Monthly totals	\$37.80	\$10.80	\$5.18	\$9.45	\$0.00

+ View more drug coverage

Star Ratings

+ Expand All Ratings

Overall star rating

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!