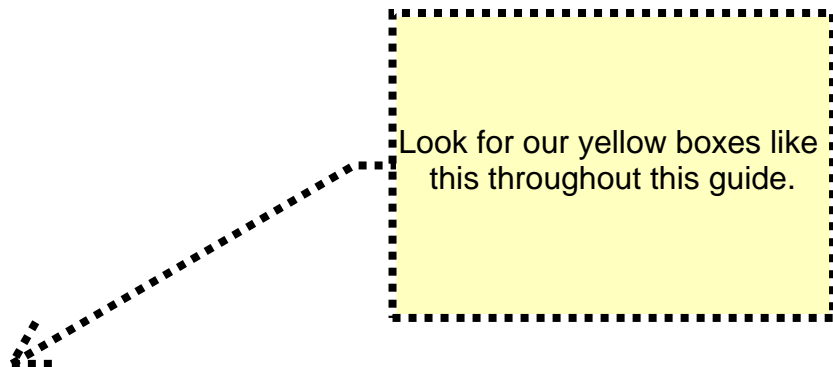


# Medicare Part D Enrollment Tip Sheet

## For those without 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](http://www.deesigned.com)



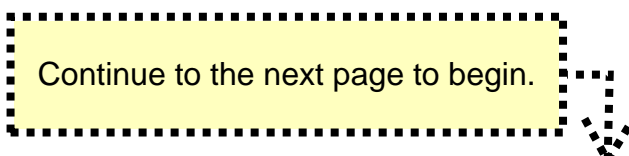
This information is provided as a public service. Dee-Signed Programs, LLC specializes in Medicare Supplements - the only Medicare-related product we sell. Rather than market a handful of Part D prescription plans, we prefer to provide information only, so that our clients and those they know can make 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](http://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](http://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](http://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](http://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 prescrip<sup>ti</sup>on(s)
- \* Select local pharmacy chains to compare
- \* View results - best plan listed at or near top
  - Pay attention to "Total Drug & Premium Cost"
- \* Open selcted plan details
  - Find out which pharmacy chain has best price
  - Click the Enroll link to apply.

It's Open  
Enrollment - now  
to December 7

Find Plans

Photo  
Changes  
Periodically

## Welcome to Medicare

Get Started with Medicare



### 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  
continue.


# Explore your Medicare coverage options

Pick your 2025 plan from Oct. 15 - Dec. 7.



 [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

☒ 2025 ☐ 2024

ZIP CODE

Continue

We're working anonymously without a logon. Enter your zip code, and if asked, select your county. Then click "Continue" to begin

Select  
"Medicare drug plan (Part D)"  
and click "Find Plans"

Next, select the type of plan you want:

- ☐ Medicare Advantage Plan (Part C)
- ☒ Medicare drug plan (Part D)
- ☐ Medigap policy

[Which type of plan should I choose?](#) 

Find Plans

[Go Back](#)

Next you'll be presented with the following screen, to begin the process of determining the best Part D plan for you.

# Proceeding without logging on to Medicare

## Do you get help with your Medicare health or drug costs?

If you get help with your Medicare health or drug costs from one of the programs below, it's important for us to know so we can show you accurate cost information when you search for and compare plans.

**Have an account?** [Log in](#) so we can give you the most accurate cost information based on any help you get.

- ☐ **Medicaid**  
If you have both Medicare and Medicaid, you might qualify for a type of plan that helps coordinate your Medicare and Medicaid benefits. These are called "Dual Eligible Special Needs Plans" (D-SNPs). If these plans are available in your area, we'll list them in your search results.

☐ Supplemental Security Income

☐ Medicare Savings Program

☐ Extra Help (with drug costs)

**Not sure?** [Learn more about these programs.](#) 

Most choose the last option.

Then click the "Next" button.

☒ I don't get help from any of these programs

Continue

## Tell us your search preferences

Do you want to see your drug costs when you compare plans?

☒ Yes

**Great!**

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

☐ No

If you have any prescriptions, make sure that you select "Yes" here, then click "Next"

Trick: if you have no prescriptions, but would like to see which pharmacies are preferred for each plan, add an inexpensive tier 1 drug, like simvastatin 20mg.

Remember, this system is just a cost estimator, you're not requesting/confirming actual Rx's.

Next

Next, we'll begin adding any drugs you're taking.

# Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

[Clear search](#)

[Browse drugs A-Z](#)

[Can't find your drug?](#)

Once the first 3,4 or 5 letters of a drug name are entered, a list of drug matches will appear.

You can enter either a Brand or Generic with an option to change. Once selected the only way to change is to delete the drug from your drug list and re-enter the correct type.

Your Generic isn't listed? Enter the Brand and then choose the Generic option.

Some drug names have extra descriptors, choose the one that most closely matches your Rx.

Click "Add Drug" to specify dosage and quantities.

## Editing a Prescription

### Tell us about this drug

Simvastatin

DOSAGE

20mg tablet

QUANTITY

30

FREQUENCY

Every month

[Cancel](#)

Add to My Drug List

This drop down shows standard dosages. If yours does not appear, you can add it, however, if the dosage is not listed, re-check the drug name, you may have entered the incorrect variant.

Defaults to the most common dosage and monthly quantity.

Set Frequency to "Every month" - it will make it easier to see the cash flow in the final report.

When everything looks good, click "Add to My Drug List" to add and return. Otherwise, use the little 'Cancel' link above to return without adding.

Next we'll return to the drug list in order edit an item or add another.

If you've entered any drugs, you'll be shown the following list to review your entries. Once satisfied, click "Done Adding Drugs" at the bottom.



## Confirm your drug list

<b>Simvastatin 20mg tablet</b> generic	<b>Quantity</b> 30	<b>Frequency</b> Every month
<a href="#">Remove drug</a>	<div>Entered in error? Remove it here.</div>	<a href="#">Edit drug</a>

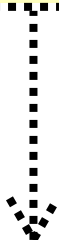
Add Another Drug

Done Adding Drugs

Edit incorrectly entered drug.

Add more drugs by clicking here.

Next you'll be asked to choose local pharmacy chains for comparison.



# 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

NAME OF PHARMACY (OPTIONAL)

60010

Find Pharmacy

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

### 1. Cvs Pharmacy #07181

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

☒

Pharmacy Added

### 2. Walgreens #11662

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

☒

Pharmacy Added

### 3. Osco Drug #3451

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

☐

Add Pharmacy

### 4. Osco Drug #4305

345 S Rte 1  
(847) 438-4388

☐

Add Pharmacy

### 5. Comprehensive Urologic Care, Sc

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

☐

Add Pharmacy

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 the tiny 'x' if you'd like to remove a selected pharmacy in order to add a different one to compare.

Click here when done.

Cvs Pharmacy  
#07181



Walgreens  
#11662



Done

## 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.

## IMPORTANT TIP:

### IF YOU ENTERED DRUGS

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 2024): Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE: Drug deductible

[Plan Details](#) ☒ Added to compare

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

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

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 2024): Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE: Drug deductible

[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.

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.

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.

## IMPORTANT

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

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

\* 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

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.

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 <b>year</b> )	\$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 <b>year</b>	You won't meet your deductible in <b>year</b>
<a href="#">When you'll enter the coverage gap</a> ▼	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 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!