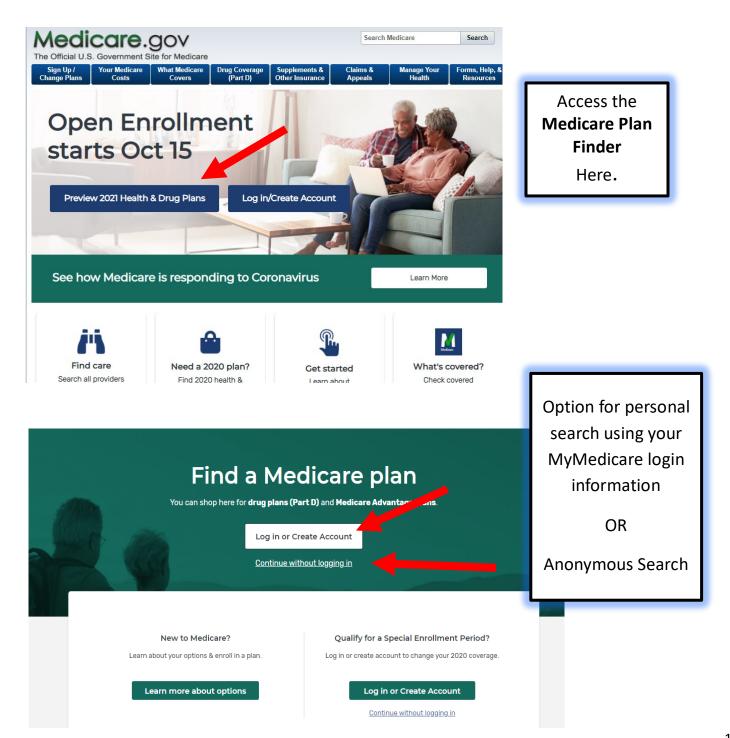
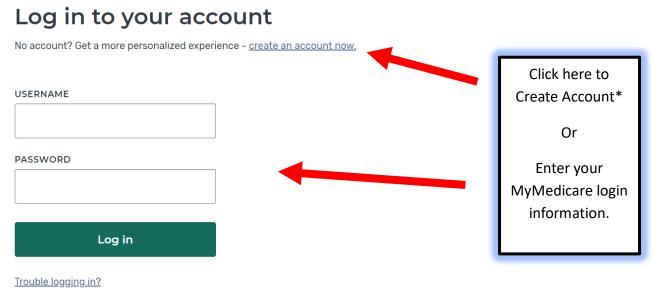
Guide to the Medicare Plan Finder

Type "www.Medicare.gov" into your web address bar.

The Medicare Homepage will open as follows:





Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

*See Instructions for Creating a MyMedicare Account.

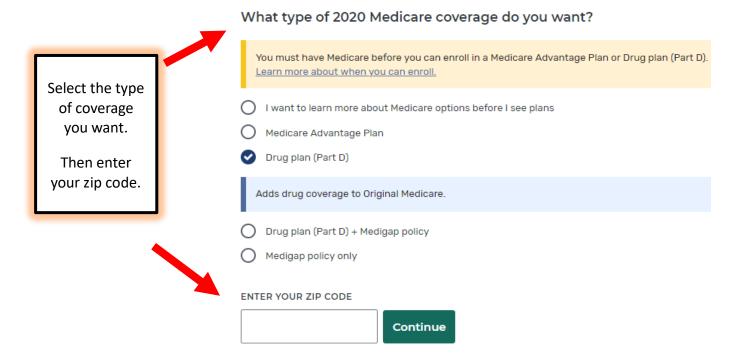
If you entered your MyMedicare information,

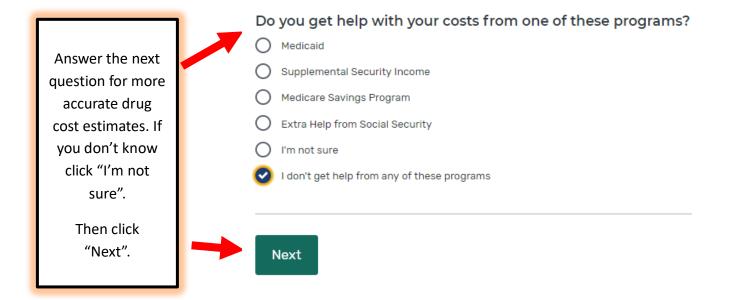
you will be asked to *Answer a few quick questions*. Your current coverage will be displayed. Available data will be pulled into the form from your MyMedicare Account.

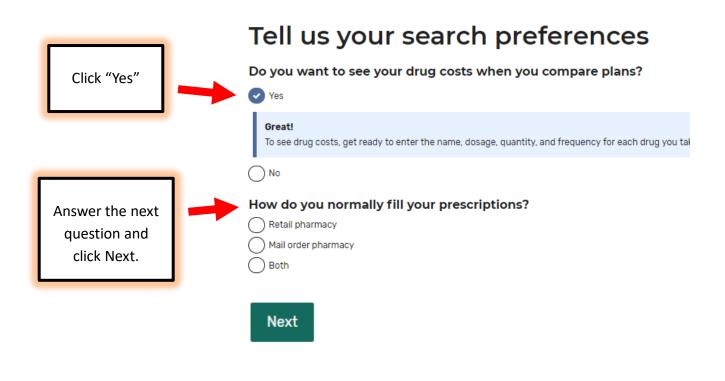
You will then need to verify *(and edit as needed)* your **prescription medication list** before making your **pharmacy selection**.

For an Anonymous search see below:

Answer a few quick questions





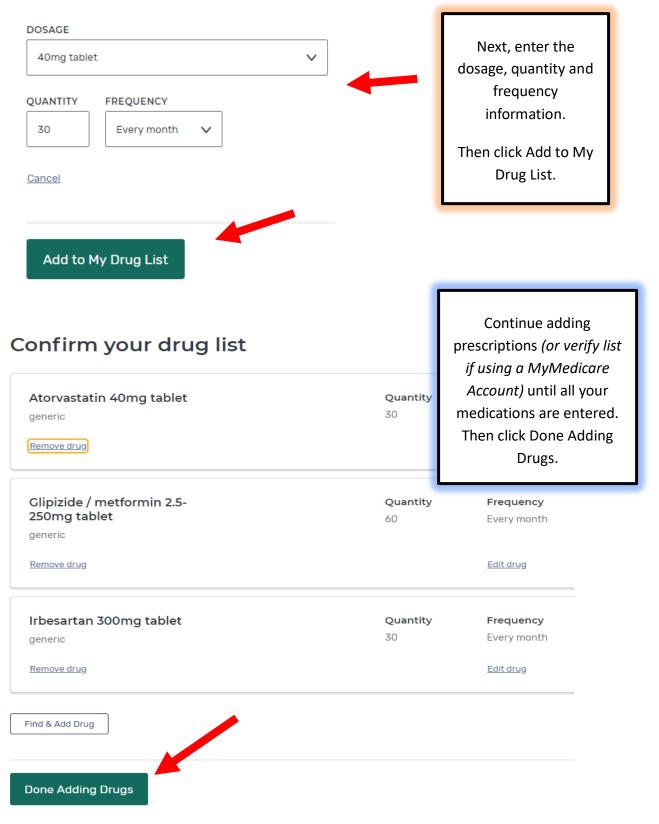


If you don't take prescription drugs, you may search without entering drug information, **OR** you may find **SeniorCare**, the Wisconsin State Pharmaceutical Assistance Program, to be a better option. You can find an application at: https://www.dhs.wisconsin.gov/seniorcare/index.htm



Tell us about this drug

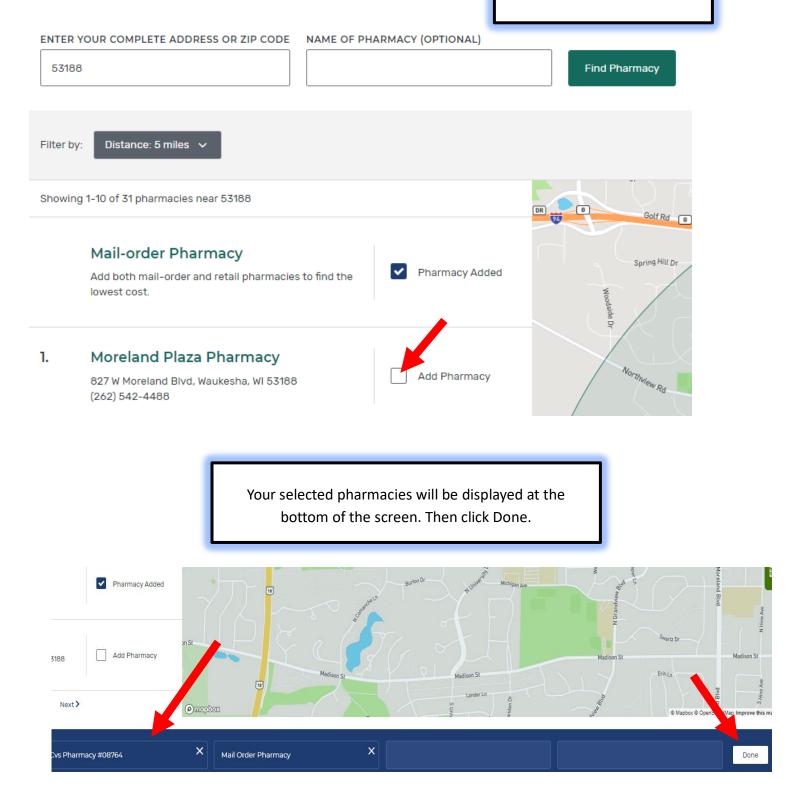
Atorvastatin



Choose up to 5 pharmacies

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

Select the pharmacy you use. You may select up to 5 pharmacies for comparison.



Your search results will show the available plans.

31 Prescription Drug Plans available Waukesha, WI <u>Change location</u> Edit your drugs & pharmacies Showing 10 of 31 drug plans	Plans are sorted showing the plan with the lowest estimated total drug cost plus	Filter Plans
WellCare Value Script (PDP) WellCare Plan ID: S4802-132-0 Star rating: Coming Scon MONTHLY PREMIUM \$14.80 legeluide: Only drug coverage	premium cost first.	CIES our selected retail pharmacies are in-network
YEARLY DRUG & PREMIUM COST \$177.60 Retail pharmacy: Estimated to al drug + premium cost	View your DRUGS	pharmacies
\$177.60 Mail-order pharmacy: Estimated total drug + premium cost	<u>View drug</u>	<u>is & their costs</u>
Open Enrollment starts October 15 Plan Details	Add to compare	
	Click here important plar as cost of eac restrictions	n details such h drug, drug

When the Plan Details Page opens, scroll down to view important information.

Pla	WellCare Value Script (PDP) Plan type: Drug plan (Part D) Plan ID:S4802-132-0					emium uctible		
	Overview		, Overview					
	Drug coverage & costs	5 🗸	PREMIUM Total monthly premium					
	Star ratings	~			\$14.80			
	Contact information		DEDUCTIBLE					
					\$445.00			
			Drug plan deducti					
ORELAND Standard in-net	ea PLAZA PHARM	ch pharn	Drug plan deducti o view specific d nacy in the differ g costs during cov	rug costs and de ent coverage ph	etails at			
	ea PLAZA PHARM	ch pharn	o view specific d nacy in the differ	rug costs and de ent coverage ph	etails at	Cost after covera		
' Standard in-net	ea PLAZA PHARM/ work pharmacy	ch pharn ACY - Dru	o view specific d nacy in the differ g costs during cov	rug costs and de ent coverage ph verage phases	etails at lases.	Cost after covera \$3.70		
' Standard in-net' elected drugs	ea PLAZA PHARM/ work pharmacy	ch pharn ACY - Dru Retail cost	o view specific d nacy in the differ g costs during cov	rug costs and de rent coverage ph /erage phases Cost after deductible	etails at ases. Cost in coverage gap			
' Standard in-net' elected drugs torvastatin 40mg	ea PLAZA PHARM/ work pharmacy	ch pharn ACY - Dru Retail cost \$8.71	o view specific d nacy in the differ g costs during cov Cost before deductible \$5.00	rug costs and de rent coverage ph /e age phases	etails at ases. Cost in coverage gap \$2.18	\$3.70		

Note that this is a **Standard in-network pharmacy**. Generally you will pay less to get your drugs filled at a **Preferred in-network pharmacy**.

Your second pharmacy selection is shown next. This pharmacy is a **Preferred in-network pharmacy**.

CVS PHARMACY #08764 Drug costs during coverage phases

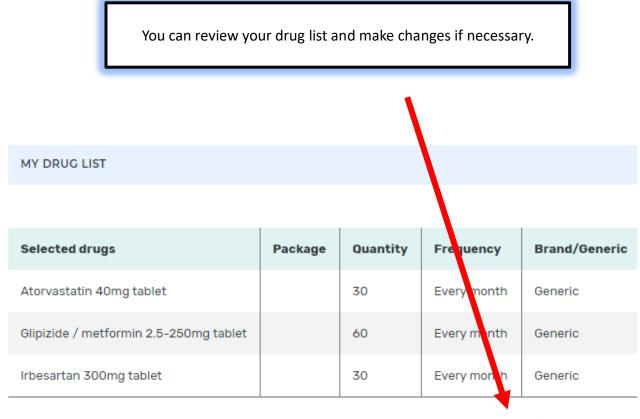
✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after cover
Atorvastatin 40mg tablet	\$8.61	\$0.00	\$0.00	\$2.15	\$3.70
Glipizide / metformin 2.5-250mg tablet	\$37.70	\$0.00	\$0.00	\$9.43	\$3.70
Irbesartan 300mg tablet	\$63.40	\$0.00	\$0.00	\$15.85	\$3.70
Monthly totals	\$109.72	\$0.00	\$0.00	\$27.43	\$11.10

View drug tier status and note any drug restrictions.

OTHER DRUG INFORMATION

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Atorvastatin 40mg tablet	Tier 1			
Glipizide / metformin 2.5-250mg tablet	Tier 1		Yes	
Irbesartan 300mg tablet	Tier 1			



Edit/Remove drugs

Scroll down to see star rating and plan contact information.

Star ratings

+ Drug plan (Part D) star rating

Contact information

CONTACT INFORMATION

View plan website

500 West Main Street Louisville, KY 40202 <u>1-800-281-6918</u> Members <u>1-800-706-0872</u> Non-members **★ ★ ☆** ☆ ☆

	 To Enroll in a plan, Click the Enroll Button from the Results Page Enter the information requested 	
	Be sure to Print Confirmation Page !	
WellCare Star rating	are Value Script (PDP) Plan ID: S4802-132-0 9: ★★★☆☆ PREMIUM	
	ncludes: Only drug coverage	
\$31.20 <u>R</u>	etail pharmacy: Estimated total drug + premium cost	
\$ 31.20	lail-order pharmacy: Estimated total drug + premium cost	
\$135.00	Enroll Plan Details Add to compare	

Other options for enrolling:

- Call the plan directly
- Call Medicare at 1-800-633-4227

For Questions or Assistance with Plan Comparisons:

- Medicare: 1-800-633-4227
- WI Medigap Prescription Drug Helpline: 1-855-677-2783 (Ages 60 and over)
- Disability Drug Benefit Helpline: 1-800-926-4862 (Under age 60)



LOCAL HELP FOR PEOPLE WITH MEDICARE

 This project is supported in whole or in part by grant numbers 1701WIMSH, 1701WIMAA and 1701WIMDR from the U.S. Administration for Community Living,

 Department of Health and Human Services, Washington, D.C. 20201.
 July 2020