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(920) 831-3210

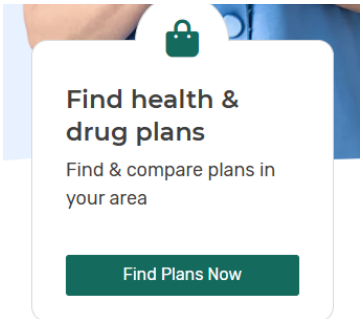
Navigating Medicare.gov

How to compare and shop your medications

Find the Part D plan that is right for you

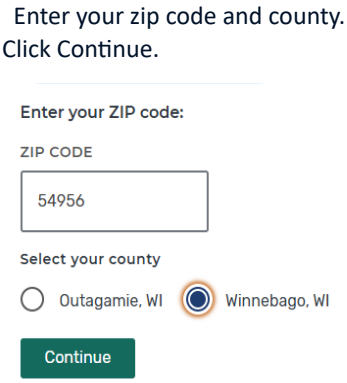
Step 1:

On Medicare.gov, choose Find Plans Now.



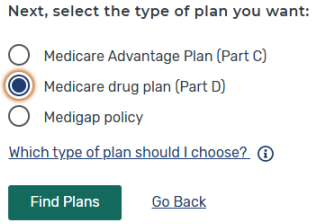
Step 2:

Enter your zip code and county. Click Continue.



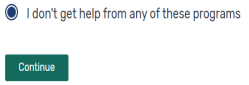
Step 3:

Choose Medicare drug plan (Part D). Click Find Plans.



Step 4:

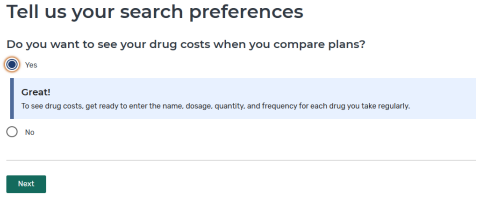
Choose I don't get help from any of these programs. Click continue.



If you are getting help from other programs, your costs will be mailed to you.

Step 5:

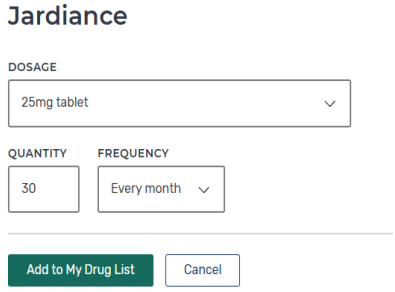
Choose YES, for seeing drug costs.



If you are not currently on any medications, select no.

Step 6:

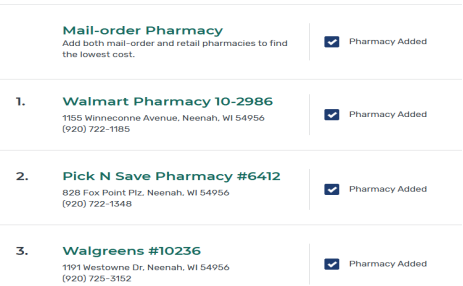
Enter your medications. Verify dosage, quantity and frequency.



Once you have finished adding all your medications, select done adding drugs.

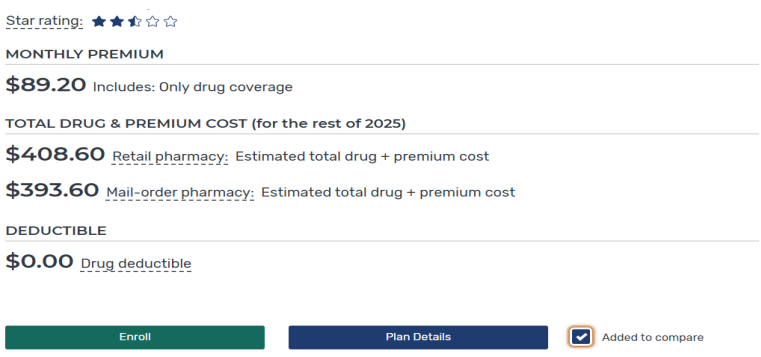
Step 7:

Choose the pharmacies you want to compare. Include Mail Order for 90 day supply.

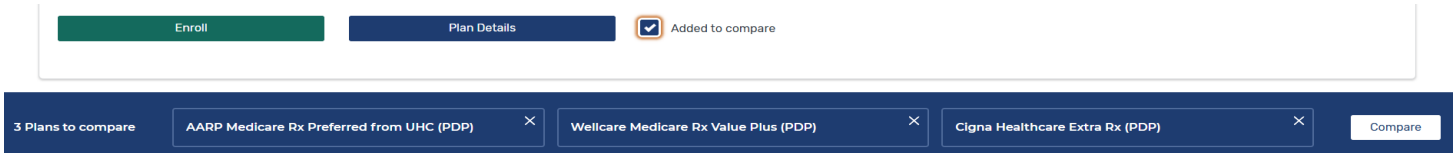


Step 8:

On the main compare page you can view things like star ratings, estimated retail and mail-order costs, and the annual deductible.



Use Plan Details to view detailed information about the plan and how it covers your meds. Check the “Add to compare “box on the top 2-3 plans and select compare on lower right side of screen.



Plan Comparison

Click Enroll, when you are ready to choose a plan.
Click Plan Details for more information.

	$130.80 Monthly premium	$102.40 Monthly premium
	Enroll / Plan Details	Enroll / Plan Details
Overview		
Star rating	★★★½☆	★★★½☆
Total monthly premium	$130.80	$102.40
Yearly drug deductible	$0.00	$590.00
Drug coverage & costs		
Drugs covered/Not covered	**2 of 2** Prescription drugs covered Restrictions may apply	**2 of 2** Prescription drugs covered Restrictions may apply
Total drug + premium cost (for the rest of 2025) How do pharmacy networks affect what I pay?	WALGREENS #12693 In-network **$548.40** MEIJER PHARMACY #300 In-network **$541.95** Mail order pharmacy Preferred **$517.40**	WALGREENS #12693 Preferred **$577.89** MEIJER PHARMACY #300 Preferred **$568.11** Mail order pharmacy Preferred **$564.92**

Plan Details

Here you will be able to see what the costs per tier are, where your medications fall on the tier list, and if your medications are subject to prior authorization, quantity limits, or step therapy.

TIER DRUG COST FOR: Preferred retail pharmacy drug cost for 1 month — Change

Tiers	Initial coverage phase	Catastrophic coverage phase
Preferred Generic	$5.00 copay	$0 copay
Generic	$10.00 copay	–
Preferred Brand	$47.00 copay	$0 copay
Non-Preferred Drug	40% coinsurance	$0 copay
Specialty Tier	33% coinsurance	$0 copay

OTHER DRUG INFORMATION

	Tier	Prior authorization	Quantity limits	Step therapy
Atorvastatin 40mg tablet	Tier 1	–	–	–
Jardiance 25mg tablet	Tier 3	–	Yes	–

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