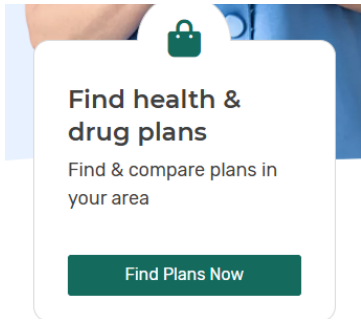


Step 1:

On Medicare.gov, choose Find Plans Now.



Step 2:

Enter your zip code and county.
Click Continue.

Enter your ZIP code:

ZIP CODE

54956

Select your county

☐ Outagamie, WI ☒ Winnebago, WI

Continue

Step 3:

Choose Medicare drug plan (Part D). 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](#)

Step 4:

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

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

Continue

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

Step 5:

Choose YES, for seeing drug costs.

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

Next

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

Step 6:

Enter your medications. Verify dosage, quantity and frequency.

Jardiance

DOSAGE

25mg tablet

QUANTITY

30

FREQUENCY

Every month

Add to My Drug List

Cancel

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.

Mail-order Pharmacy	
Add both mail-order and retail pharmacies to find the lowest cost.	
☒ Pharmacy Added	
1. Walmart Pharmacy 10-2986 1155 Winneconne Avenue, Neenah, WI 54956 (920) 722-1185	☒ Pharmacy Added
2. Pick N Save Pharmacy #6412 828 Fox Point Plz, Neenah, WI 54956 (920) 722-1348	☒ Pharmacy Added
3. Walgreens #10236 1191 Westowne Dr, Neenah, WI 54956 (920) 725-3152	☒ Pharmacy Added

Step 8:

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

Star rating: ★★☆☆☆

MONTHLY PREMIUM

\$89.20 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2025)

\$408.60 Retail pharmacy: Estimated total drug + premium cost

\$393.60 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$0.00 Drug deductible

Enroll

Plan Details

☒

Added to compare

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.

Enroll

Plan Details

☒ Added to compare

3 Plans to compare

AARP Medicare Rx Preferred from UHC (PDP)X

Wellcare Medicare Rx Value Plus (PDP)X

Cigna Healthcare Extra Rx (PDP)X

Compare

Plan Comparison

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

\$130.80
Monthly premium

Enroll

Plan Details

\$102.40
Monthly premium

Enroll

Plan Details

Overview

Star rating	★★★★☆	★★★★☆
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	—