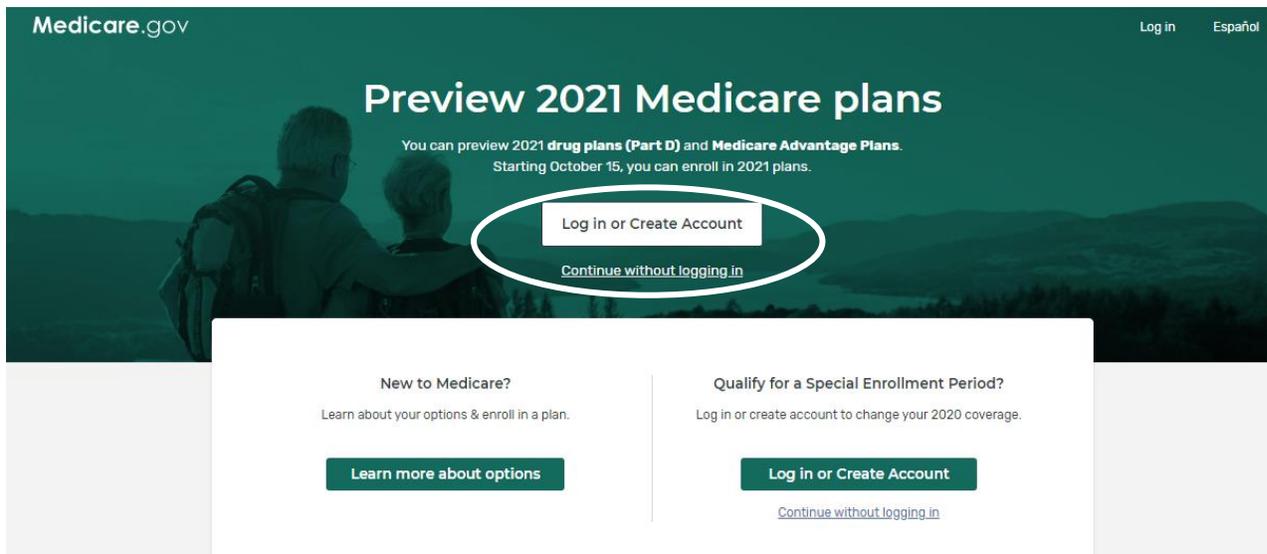


# Steps for Comparing Medicare Part D Prescription Drug Plans Using Medicare.gov 2021

- Go to [www.Medicare.gov](http://www.Medicare.gov)
- Click on: Find 2021 Health & Drug Plans



- You will have a choice to log in / create an account OR
- Continue without logging in – *For purposes of this outline – no log in / account information was used. Creating an account is recommended and can be very helpful but is a personal decision.*



- Click on Drug Plan

### Answer a few quick questions

What type of 2021 coverage are you looking for?

We'll show you 2021 plans. If you want a plan that starts before January 1, [view 2020 plans.](#)

Medicare Advantage Plan  
 Drug plan (Part D)

Adds drug coverage to Original Medicare.

Drug plan (Part D) + Medigap policy  
 Medigap policy only  
 I want to learn more about Medicare options before I see plans

ENTER YOUR ZIP CODE

41017

Select your county

41017, Kenton, KY

- Enter your zip code
- Click on your county
- Click on Continue

- Click on choice that applies to you
- Click on Next

### Do you get help with your costs from one of these programs?

Medicaid  
 Supplemental Security Income  
 Medicare Savings Program  
 Extra Help from Social Security  
 I'm not sure  
 I don't get help from any of these programs

## 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

How do you normally fill your prescriptions?

Retail pharmacy

Mail order pharmacy

Both

You'll need to tell us the pharmacies you use most to get accurate drug costs.

- Click on Yes (to see your drug costs)
- Answer how you fill your prescriptions – this can always be changed later. “Both” is always a good selection.
- Click on Next

- Enter the name of YOUR prescription drug in the box
- Click on the name of the drug from the list
- Click on Add Drug

## Add your prescription drugs

**Begin typing to find & select your drug.**

Add Drug

Can't find your drug?

- Synthroid
- Synjardy
- Synalar
- Syndros
- Synarel
- Synjardy
- Neo-Synalar
- Symfi

## Tell us about this drug

### Levothyroxine sodium

**DOSAGE**

50mcg tablet
▼

**QUANTITY**

30

[Cancel](#)

**FREQUENCY**

Every month
▼

- Every month
- Every 2 months
- Every 3 months
- Every 6 months
- Every 12 months

Add to My Drug List

- Select YOUR dosage amount from the drop-down box
- Select the frequency that you get this drug filled from the drop-down box
- Check the quantity and change as needed
- When all is correct, click on Add to My Drug List

- Continue this process until all your prescription drugs are entered.
- Then click on Done Adding Drugs

**Drug list**

<b>Amlodipine 5mg tablet</b> generic <a href="#">Remove drug</a>	<b>Quantity</b> 30	<b>Frequency</b> Every month <a href="#">Edit drug</a>
<b>Levothyroxine sodium 50mcg tablet</b> generic <a href="#">Remove drug</a>	<b>Quantity</b> 30	<b>Frequency</b> Every month <a href="#">Edit drug</a>

[Add Another Drug](#) [Done Adding Drugs](#)

[← Back to drug selection](#)

## 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)

[Find Pharmacy](#)

Filter by:

Showing 1-

Distance: 1 mile

Distance: 5 miles

Distance: 10 miles

Distance: 25 miles

[Apply](#)

Pharmacy Added

Mail Order Pharmacy

- You can select four pharmacies of your choice plus Mail order **OR** five pharmacies to compare your drug costs
- Click on the Filter by: Distance to increase the number of pharmacies to select and click on apply
- If you want a pharmacy from another zip code – change the zip code

Showing 1-10 of 147 pharmacies near 41017

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

Pharmacy Added

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1. **Ft Mitchell Drug Shoppe**  
2515 Dixie Hwy, Ft Mitchell, KY 41017  
(859) 341-2000

Pharmacy Added

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2. **The Urology Group**  
350 Thomas More Pkwy Ste 200, Crestview Hills, KY 41017  
(859) 363-2200

Add Pharmacy

Ft Mitchell Drug Shoppe ×
 Kroger Pharmacy #477 ×
 Walgreens #4082 ×
 Cvs Pharmacy #06116 ×
 Mail Order Pharmacy ×
 Done

- Once you have selected your pharmacies, click on done

**30 Prescription Drug Plans available**

Kenton, KY [Change location](#)

[Edit your drugs & pharmacies](#)

Showing 10 of 30 drug plans

Print

**Filter Plans**

No filters selected

SORT PLANS BY Lowest drug + premium cost

- All the Prescription Drug plans available in your zip code will come up
- Click on Filter Plans if you want to filter by the options offered

**26 Prescription Drug Plans available**

Kenton, KY [Change location](#)

[Edit your drugs & pharmacies](#)

**Drug coverage options**

Accepted across U.S.

**STAR RATINGS**

3 stars & up ▼

Select star rating

- 0 stars & up
- 1 stars & up
- 2 stars & up
- 3 stars & up
- 4 stars & up
- 5 stars

Insulin savings [What's this?](#)

**Apply Filters** [Clear](#)

- Suggest that you select 3 stars & up
- Click on Apply Filters

**SilverScript SmartRx (PDP)**  
 Aetna Medicare | Plan ID: S5601-190-0  
 Star rating: ★★★★★☆

**MONTHLY PREMIUM**  
**\$7.30** Includes: Only drug coverage

**YEARLY DRUG & PREMIUM COST**  
**\$87.60** Retail pharmacy: Estimated total drug + premium cost  
**\$87.60** Mail-order pharmacy: Estimated total drug + premium cost

**DEDUCTIBLE**  
**\$445.00** Drug deductible

Open Enrollment starts October 15 [Plan Details](#)  Add to compare

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

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

- This is the “snapshot” of each of the plans that will appear.

- This view can help you to “filter” which plans you are most interested in looking at in more detail.
- Includes:

**SilverScript SmartRx (PDP)**  
 Aetna Medicare | Plan ID: S5601-190-0  
 Star rating: ★★★★★☆

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[Enroll](#) [Plan Details](#)  Added to compare

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

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[View drugs & their costs](#)

3 Plans to compare: SilverScript SmartRx (PDP) X WellCare Wellness Rx (PDP) X Humana Walmart Value Rx Plan (PDP) X [Compare](#)

- If you logged in with an account and currently have a Part D plan – it will automatically be added to the comparison
- Select up to 3 plans to compare side-by-side
- When done click on Compare

**Comparing 3 Prescription Drug plans**

SilverScript SmartRx (PDP)	WellCare Wellness Rx (PDP)	Humana Walmart Value Rx Plan (PDP)
Star rating: ★★★★★☆	Star rating: ★★★★★☆	Star rating: ★★★★★☆
<b>\$7.30</b> Monthly premium	<b>\$15.80</b> Monthly premium	<b>\$17.20</b> Monthly premium
<b>\$445.00</b> Yearly drug deductible	<b>\$445.00</b> Yearly drug deductible	<b>\$445.00</b> Yearly drug deductible
<a href="#">Plan Details</a>	<a href="#">Plan Details</a>	<a href="#">Plan Details</a>
Open Enrollment starts October 15	Open Enrollment starts October 15	Open Enrollment starts October 15

[Back to results](#)

Continue to scroll down to view more information about each plan  
 You can compare key features in this view

- Note if all drugs are covered

Drugs covered/Not covered	2 of 2	2 of 2	2 of 2
	Prescription drugs covered <a href="#">Restrictions may apply.</a>	Prescription drugs covered <a href="#">Restrictions may apply.</a>	Prescription drugs covered <a href="#">Restrictions may apply.</a>
Estimated total drug + premium cost	<b>FT MITCHELL DRUG SHOPPE</b> ✖ Out-of-network \$239.76 <b>CVS PHARMACY #06116</b> ✔ Preferred in-network \$87.60 <b>KROGER PHARMACY #477</b> ✔ Preferred in-network \$87.60 <b>WALGREENS #4082</b> ✖ Out-of-network \$239.76 <b>Mail order pharmacy</b> ✔ Preferred in-network \$87.60	<b>FT MITCHELL DRUG SHOPPE</b> ✔ Standard in-network \$375.84 <b>CVS PHARMACY #06116</b> ✔ Standard in-network \$381.60 <b>KROGER PHARMACY #477</b> ✔ Preferred in-network \$189.60 <b>WALGREENS #4082</b> ✔ Standard in-network \$376.80 <b>Mail order pharmacy</b> ✔ Preferred in-network \$189.60	<b>FT MITCHELL DRUG SHOPPE</b> ✔ Standard in-network \$331.32 <b>CVS PHARMACY #06116</b> ✔ Standard in-network \$369.60 <b>KROGER PHARMACY #477</b> ✔ Preferred in-network \$229.32 <b>WALGREENS #4082</b> ✔ Standard in-network \$399.00 <b>Mail order pharmacy</b> ✔ Preferred in-network \$225.32
	<a href="#">SilverScript SmartRx (PDP)</a> <a href="#">Plan Details</a>	<a href="#">WellCare Wellness Rx (PDP)</a> <a href="#">Plan Details</a>	<a href="#">Humana Walmart Value Rx Plan (PDP)</a> <a href="#">Plan Details</a>

- Which of the pharmacies that you selected are
  - Preferred in-network
  - Standard in-network
  - Out-of-network
- And very importantly – how much you can expect to pay for your drugs AND the premium for the year (if comparing in March, for example, will show what expect to pay for April to December)
- You can return to the pharmacy page and change pharmacies at any time.
- May want to print the comparison page
- Click on “Plan Details” for more specific information.

- There are different sections of information. You can click on each one or simply scroll down to see all the information.

Aetna Medicare  
**SilverScript SmartRx (PDP)**  
 Plan type: Drug plan (Part D)  
 Plan ID:S5601-190-0

Overview

PREMIUM

Total monthly premium	\$7.30
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DEDUCTIBLE

Drug plan deductible	\$445.00
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Overview

Drug coverage & costs

Star ratings

Contact information

**Pharmacies** Change Pharmacies

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

[More about pharmacy cost levels](#)

<b>FT MITCHELL DRUG SHOPPE</b>	✗	Out-of-network pharmacy
<b>CVS PHARMACY #06116</b>	✓	Preferred in-network pharmacy
<b>KROGER PHARMACY #477</b>	✓	Preferred in-network pharmacy
<b>WALGREENS #4082</b>	✗	Out-of-network pharmacy
<b>Mail Order Pharmacy</b>		Costs vary based on the specific mail-order pharmacy

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.](#)

**KROGER PHARMACY #477 - 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 coverage gap
Amlodipine 5mg tablet	\$0.79	\$0.00	\$0.00	\$0.20	\$0.79
Levothyroxine sodium 50mcg tablet	\$1.51	\$0.00	\$0.00	\$0.38	\$1.51
Monthly totals	\$2.30	\$0.00	\$0.00	\$0.58	\$2.30

**Estimated total drug + premium cost**

You will pay **\$87.60** per year on drug + premium costs. Based on current drug costs, it's estimated that:

- You won't meet your **\$445.00 deductible** this year

**Estimated monthly drug costs**

*This doesn't include your monthly plan premium of \$7.30.*

View the costs of your drugs every month ^

Time period	Estimated monthly drug costs
January	\$0.00
February	\$0.00
March	\$0.00
April	\$0.00
May	\$0.00
June	\$0.00
July	\$0.00
August	\$0.00
September	\$0.00
October	\$0.00
November	\$0.00
December	\$0.00

- In this example – Kroger is a Preferred network pharmacy and both drugs are generics
- With this company – there is no out-of-pocket cost for preferred generics at a preferred network pharmacy
- As a result, the only cost to you is the monthly premium, ( $\$7.30 \times 12 = \$87.60$ ) the two drugs have a \$0 co-pay

- Make sure to view all your drugs and how much each prescription will cost you **for each pharmacy**.
- Review the estimated cost each month

- You can click on Star Ratings to expand
- You can review each section as well and the individual ratings as well.

- You can call the plan directly for answers to any questions you have

**SilverScript SmartRx (PDP)**  
 Aetna Medicare | Plan ID: S5601-190-0  
 Star rating: ★★★★★☆

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**\$445.00** Drug deductible

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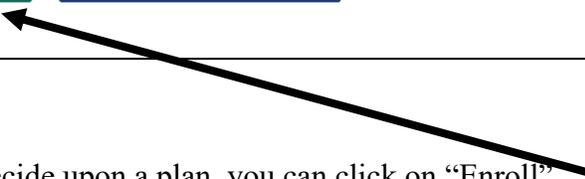
**PHARMACIES**  
 1 of 4 of your selected retail pharmacies are in-network  
[View your pharmacies](#)

---

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

---

[Enroll](#) [Plan Details](#)  Add to compare



- If you decide upon a plan, you can click on “Enroll”
- Answer the questions and complete the enrollment form – then make sure to print the confirmation sheet.

Questions? Contact PrimeWise

- [primewise@stelizabeth.com](mailto:primewise@stelizabeth.com)
- (859) 301-5999

**Annual Open Enrollment for Part D Prescription Drug Plans  
 and for Medicare Advantage Plans for  
 all those NOT new to Medicare is  
 October 15 to December 7 each year.  
 The new coverage begins on January 1.**