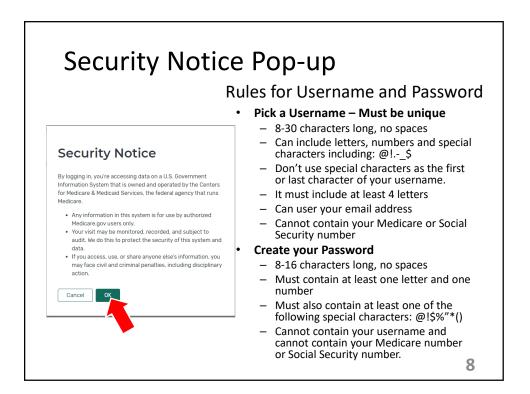
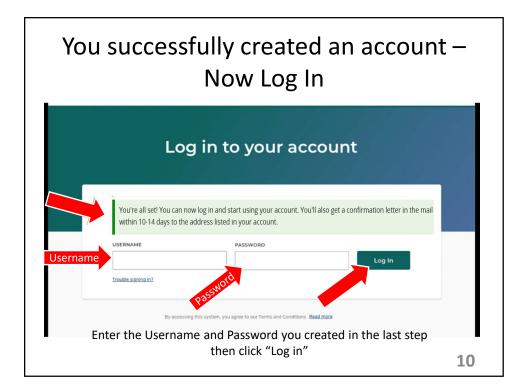




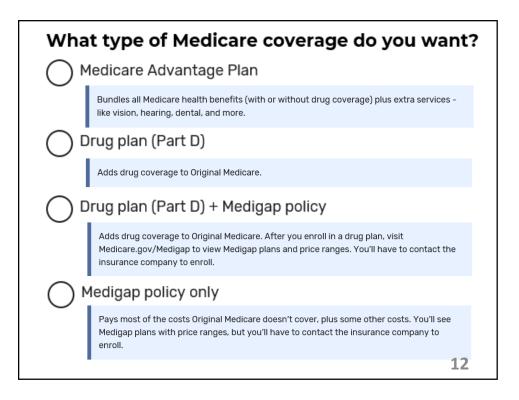
Medicare.gov	Basics Health & Providers Drug Plans & Services
Create an account	Complete the fields with
STEP 2 OF 3 Your basic information	your basic information
	UFFIX Last Name Date of Birth
DATE OF BIRTH Use the format MM/DD/YYYY Month Day Year	 Zipcode Email address (Optional)
	Agree to the statement by clicking the box
	Agree to the statements below
EMAIL ADDRESS	By checking this box, you certify that the information listed is true and complete to the best of your knowledge.
CONFIRM EMAIL ADDRESS	Back Next
Don't have an email address?	Then select
We'll send information about your account by mail to th I don't have an email address.	"Next" 7



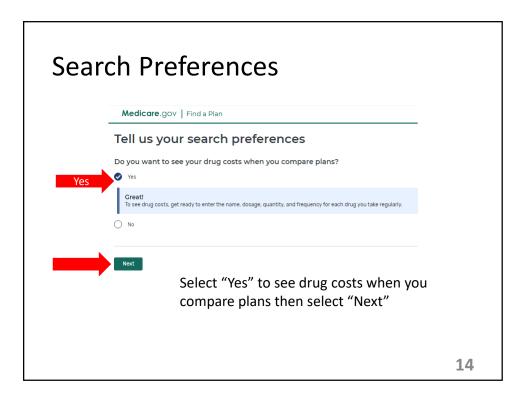
	Create an account
	STEP 3 OF 3 Your account details
	Create username and password
	USERNAME
Usernan	ne
	PASSWORD
Password	d ® Show
	CONFIRM PASSWORD
Password	d Show SECRET QUESTION
	Secure your account
	What is your favorite vacation spot?
Secret	In what city did you first meet your spouse?
Jeeret	What is the title of your favorite book? What is the name of the first street you lived on?



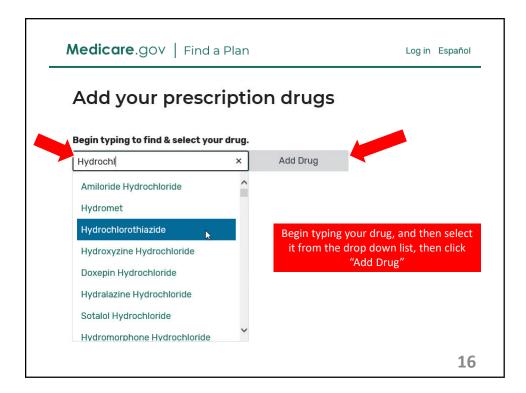
	your current cove a few questions. Answer a few quick que	
	Jane Doe	
Current Coverage	Current coverage: Kaiser Permanente Medicare Advantage Value (H Pian ID: H2172-006-0 Effective: 01/07/18 Part A coverage starts: 02/01/17 Part B coverage starts: 02/01/17 Current subsidy: Dual Eligible	IMO)
	What type of 2020 coverage are you looking fo	r?
	O Medicare Advantage Plan	
Click on the circle	O Drug plan (Part D)	Make a
to get a	O Drug plan (Part D) + Medigap policy	election
description	Medigap policy I'm not sure. Learn more about Medicare coverage options.	
	Enter your ZIP code and select your locatio	n
Zip Code		Select your location
,	<u>Clear search</u>	11



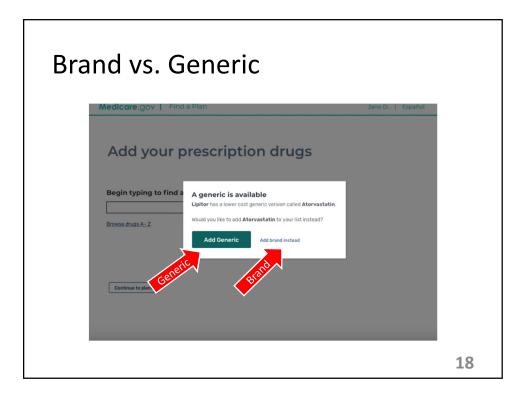
Do you get "Extra Help"			
Make a selection then click Next	Do you get help with your costs from a Medicaid Supplemental Security Income Medicare Savings Program Extra Help from Social Security I'm not sure	You will see a blue pop up box when you make a selection. They provide you with brief information about each of these programs.	
	Next		
		13	



Add your Prescr	iptions	
Without an account you will have to enter your drugs each time you want to compare plans.	If you have a MyMedicare. drugs will be saved in your a drugs you want to compare Medicare.gov	account. Select the
Medicare.gov Find a Plan	·····	serve or 1 of the trink 1 tableton
Add your prescription drugs Begin provide a select your drug. Dear senses Browsee drugs A:2 Can't find your drug? Mind Your Saved Drug Lats Cae Plans Without Drug Costs	Add your prescription dru:	-
		15



Drug Details	
Medicare.gov Find a Plan	_
Tell us about this drug	
Dosage 25mg tablet	
Quantity Frequency 30 Every month C + Frequency	
Add to My Drug List	
	17

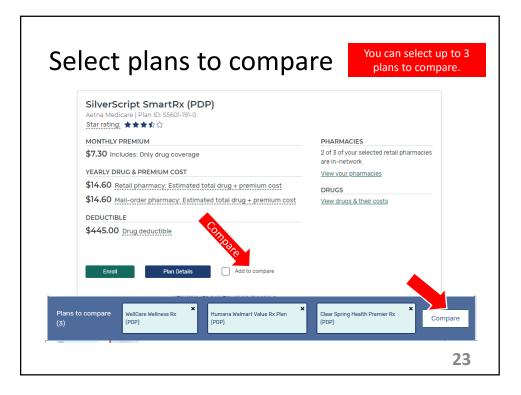


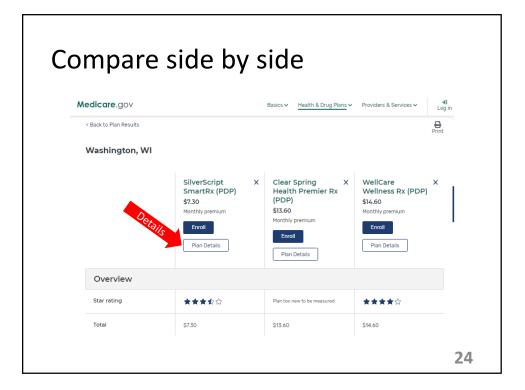
C	Confirm your d	rug	list		
	Medicare.gov Find a Plan			Log in Espa	añol
	Confirm your drug list ^{Drug list}				
	Hydrochlorothiazide 25mg tablet generic	Quantity 30	Frequency Every month		
Add N	Remove drug		Edit drug		
[Add Another Drug Done Adding Drugs			Done	
	Hydrochlorothiazide 25mg tablet On/a ampule has been added to You have 1 drugs(s) in your drug list. <u>See or edit drug list</u> .	your drug list.		Add Another Drug Done	
Sel	ect "Add Another Drug	g" unti	l all of your	prescriptions	5
hav	ve been entered. Ther	n selec	t "Done"	1	.9

Pha	rmacy Selection Medicare.gov Find a Plan	Select up to 4 pharmacies + Mail order to compare. If you can't find the pharmacy you are looking for click the "Next" link. When you've made your selection click "Done".
	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 pha use.	macies you currently
	ENTER YOUR COMPLETE ADDRESS OR ZIP CODE NAME OF PHARMACY (OPTIC 53095	Find Pharmacy
	Filter by: Distance: 5 miles 🗸	
Selection	1S Showing 1-10 of 16 pharmacies near 53095	Creek Dr
appear here.	Mail-order Pharmacy Add both mail-order and retail pharmacies to find the lowest cost.	acy Added
	Pick N Save X Walgreens X Meijer X Pharmacy #299	Mail Order X Pharmacy Done
		20

Nedicare.gov	Basics 🗸	Health & Drug Plans 🗸	Providers & Services V	→) Log in
You're viewing 2022 plans. Show me 2021 pl	ans.			Log III
There may be Medicare Advantage Plans available wi	th lower drug costs. <u>Tell me more.</u>	Vi	ew 32 available Medicare Advan	itage Plans
K Back to drugs & pharmacies				Print
MY LOCATION PLA	N TYPE			
Washington, WI Change location Se	elect a Plan Type 🐱			
Filter by: Insurance Carrier 🗸 Star	Ratings View all filters			
Showing 10 of 24 drug plans	SORT PL BY	ANS Lowest drug +	premium cost	~
SilverScript SmartRx (
Aetna Medicare Plan ID: S5601-191- Star rating: Coming Soon				
		Lowest w	early drug ded	luctible

Aetna Medicare Plan ID: S5601-191-0 <u>Star rating:</u> ★★★☆☆	
MONTHLY PREMIUM	PHARMACIES
\$7.30 Includes: Only drug coverage	2 of 3 of your selected retail pharmacie are in-network
YEARLY DRUG & PREMIUM COST	View your pharmacies
\$14.60 Retail pharmacy: Estimated total drug + premium cost	DRUGS
\$14.60 Mail-order pharmacy: Estimated total drug + premium cost	View drugs & their costs
\$445.00 Drug deductible	





Aedicare .gov		Basics ✓ He	ealth & Drug Plans Providers & Services	→) Log in
Co back to plan compa	Inson	ct "Back to search resi to look at other plans.		
AETNA MEDICARE SilverScrip		· · · ·		0
Plan type: Drug plan (Plan ID: \$5601-191-0	(Part D)		« "Enroll" to	Print
	nbers: 1-833-526-24-	join 45 Members: 1-866-235-5660	the plan	nroll
What you'll pay	Total monthly premium	Retail pharmacy: 2021 estimated total drug costs	Mail order pharmacy: 2021 estimated total drug costs	

Click to open additional details	
+ WALGREENS #13088	
+ PICK N SAVE PHARMACY	
+ MEIJER PHARMACY #299	
+ MAIL ORDER PHARMACY	
+ View more drug coverage	
	26

Start Your Enrollment Medicare.gov | Find a Plan Log in Español **B** Print ← Back to search results Start your enrollment for this drug plan (Part D): WellCare Value Script (PDP) Plan ID: S4802-132-0 WellCare Value Scr Be ready to provide: Plan type: Drug plan (Part D) Plan ID: **S4802-132-0** Your medicare Number and effective dates Information about your other health cov erage (if any), including policy and group numbers Overview · Dates that any changes take effect, like if you're moving to a long-term Drug coverage & costs care facility Star ratings All information you'll provide here is strictly confidential, secure, and will only be used to enroll you in your chosen plan. **Contact information** Start Go back 27

