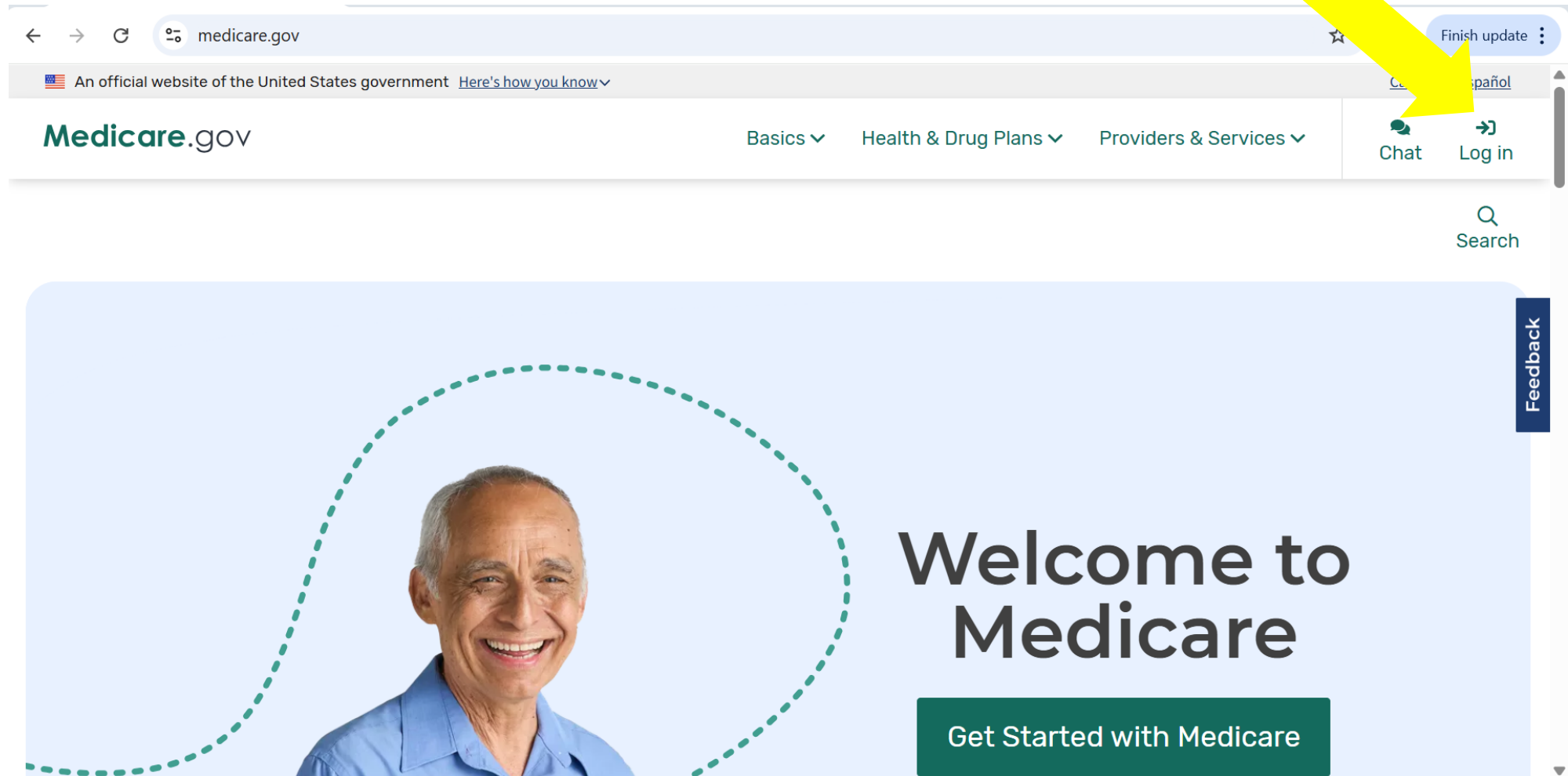


Go to [www.Medicare.Gov](https://www.Medicare.Gov), click on Log in ([Click Here](#))




You can log into a preexisting account or create one. This is the most accurate way to see information about your prescriptions.

## Log in

USERNAME

☐ Save my username for next time

**Don't check this box if you're using a shared or public device.**

[What's this?](#) 

PASSWORD

  Show

Log in

[Forgot your username or password?](#)

## Create an account

Your secure Medicare account lets you access your information anytime.

- ✓ Get a summary of your current coverage
- ✓ Add your drugs & pharmacies
- ✓ Use your saved drugs & pharmacies to compare plan costs
- ✓ Access your "Medicare & You" handbook and more online

Create Account

Website

Click here

Then, click here

Medicare.gov

Health & Drug Plans ▾

Providers & Services ▾

Maria Messages Chat Log out

# Welcome,

What do you want to

**Find & Compare**

- [Find health & drug plans](#)
- Compare coverage options
- Find a Medicare Supplement Insurance (Medigap) policy

**Learn**

- Medicare health plans
- Medicare Supplemental Insurance (Medigap)
- How Medicare works with other coverage
- Drug coverage (Part D)

Check my claims

Pay my premium

Edit my account settings

Open all options

Medicare card

**Your plans**

<https://www.medicare.gov/plan-compare/>

Feedback

Make  
sure the  
zip code  
is  
accurate

Browser tabs: Your Plan Summary

Address bar: <https://www.medicare.gov/plan-compare/#/summary?lang=en&year=2025>

Bookmarks: MM Field Net, Anthem mProducer, MedicareCENTER, (303 unread) - nde..., World Class Medical..., Think Agent, EyeMed Providers, owners.marriottvaca..., Dashboard, All Bookmarks

# Welcome back

It's time to review your pharmacy changes to your existing coverage

**Find Plans Now** [X]

Enter your ZIP code:

ZIP CODE

85032 [Red button with three dots]

[Continue](#) [Cancel](#)

**Your current plan**  
Right now you have:  
**Wellcare Value Script**

**Plan type:** Drug plan (Part D)  
**Plan ID:** S4802-134-0

Total monthly premium	Retail pharmacy: 2025 estimated total drug costs	Mail order pharmacy: 2025 estimated total drug costs
<b>\$0.00</b>	<b>\$135.00</b> Covers 10 of 10 drugs	<b>\$135.00</b> Covers 10 of 10 drugs

[View plan details](#)

**Explore your coverage options**

Consider health and drug plans or Medigap policies in Maricopa, AZ, 85032  
([Change location](#))

[Find Plans Now](#)

[Feedback](#)

[Print](#)

Select Medicare Drug Plan Part D, this is where you can find the Part D Plan you want to enroll in.

Browser tabs: Your Plan Summary

Address bar: <https://www.medicare.gov/plan-compare/#/summary?lang=en&year=2025>

Bookmarks: MM Field Net, Anthem mProducer, MedicareCENTER, (303 unread) - nde..., World Class Medical..., Think Agent, EyeMed Providers, owners.marriottvaca..., Dashboard, All Bookmarks

# Welcome back

It's time to review your pharmacy changes to your existing coverage

**Your current plan**  
Right now you have:

**Plan type:** Drug plan (Part D)  
**Plan ID:** S4802-134-0

Total monthly premium	Retail pharmacy drug costs
<b>\$0.00</b>	<b>\$135.00</b>
	Covers 10 of 10

[View plan details](#)

## Find Plans Now

Next, select the type of plan you want:

- ☐ **Medicare Advantage Plan (Part C)**  
A Medicare-approved plan from a private company that offers an alternative to Original Medicare (Part A & Part B) for your health and drug coverage. Most plans include prescription drug coverage.
- ☐ **Medicare drug plan (Part D)**  
A Medicare-approved plan from a private company that helps cover your prescription drug costs.
- ☐ **Medigap policy**  
Extra insurance you can buy from a private company to help pay your out-of-pocket costs that Original Medicare doesn't cover. Policies are standardized, and the basic benefits in each are the same. Most policies don't include prescription drug coverage.

[I want to compare coverage options before I see plans.](#)

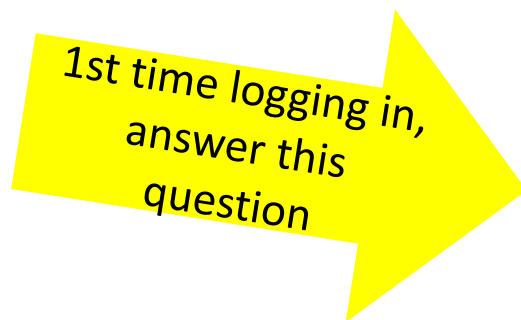
[Find Plans](#) [Go Back](#)

**Explore your coverage options**  
Consider health and drug plans or Medigap policies in Maricopa, AZ, 85032  
([Change location](#))

[Find Plans Now](#)

[Print](#)

*Click here* (Yellow arrow pointing to the Medicare drug plan (Part D) option)



## Do you get help with your Medicare health or drug costs?

If you get help with your Medicare health or drug costs from one of the programs below, it's important for us to know so we can show you accurate cost information when you search for and compare plans.

**Have an account?** [Log in](#) so we can give you the most accurate cost information based on any help you get.

☐ **Medicaid**  
If you have both Medicare and Medicaid, you might qualify for a type of plan that helps coordinate your Medicare and Medicaid benefits. These are called "Dual Eligible Special Needs Plans" (D-SNPs). If these plans are available in your area, we'll list them in your search results.

☐ **Supplemental Security Income**

☐ **Medicare Savings Program**

☐ **Extra Help (with drug costs)**

**Not sure?** [Learn more about these programs.](#) ⓘ

---

☐ **I don't get help from any of these programs**

Continue

## Tell us your search preferences



Do you want to see your drug costs when you compare plans?

- ☐ Yes
- ☐ No

# Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Add Drug

[Clear search](#)

[Browse drugs A-Z](#)

[See Plans Without Drug Costs](#)

[Can't find your drug?](#)

[← 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.

### YOUR LOCATION

Enter street address or ZIP code


[Use Current Location](#)

### PHARMACY NAME

Optional

Find Pharmacies

Filter by:

Distance: 5 miles 

Add your prescriptions and potential pharmacies to compare cost of plans.

The least expensive plan is at the top. To enroll, click on the green Enroll button.

14 Prescription Drug Plans avail x +

https://www.medicare.gov/plan-compare/#/summary/search-results?year=2025&lang=en&page=1

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## Wellcare Value Script (PDP)

Wellcare | Plan ID: S4802-137-0

Star rating: ★★★★★

### MONTHLY PREMIUM

**\$12.40** Includes: Only drug coverage

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

**\$221.55** Retail pharmacy: Estimated total drug + premium cost

**\$192.15** Mail-order pharmacy: Estimated total drug + premium cost

### DEDUCTIBLE

**\$0.00** Drug deductible

[View your pharmacies](#)

### PHARMACIES

3 of 3 of your selected retail pharmacies are in-network

### DRUGS

[View drugs & their costs](#)

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

Feedback

Once enrollment has been selected it will ask you to state the situation of your enrollment period.

Start your application

https://www.medicare.gov/plan-compare/#/enroll?year=2025&lang=en&page=Sep

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You can only join a Medicare Advantage Plan or Drug Plan (Part D) at certain times, called enrollment periods. Most people join plans when they first get Medicare and each fall during Open Enrollment (October 15-Your coverage starts based on which enrollment period you use.

Note: You can join a Cost Plan without drug coverage anytime the plan's accepting new members. If you want to join a Cost Plan with drug coverage, you can only join during an enrollment period.

[Show common enrollment periods and when your coverage in the plan would start.](#)

### Confirm your enrollment period

You can join a plan only if your situation matches one of these statements. The plan will contact you to confirm if you're eligible to join and to tell you if your request is approved.

**Note:** By checking a box, you certify that to the best of your knowledge you're eligible for that enrollment period.

Check the box next to all of the statements that apply to you.

#### Initial Enrollment Period or when you first become eligible to enroll in Medicare

☐ I'm new to Medicare.

☐ I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started.

☐ I had Medicare before, but I'm now turning 65.

☐ I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1-March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.

#### Medicare Advantage Plan Open Enrollment Period

☐ I'm in a Medicare Advantage Plan and want to make a change.

Turning 65

If you moved

Leaving employer coverage

If you are changing your plan during the Annual enrollment Period, please select that box

Start your application

https://www.medicare.gov/plan-compare/#/enroll?year=2025&lang=en&p

MM Field Net Anthem mProducer MedicareCENTER -... (303 unread) - nde...

### Special Enrollment Period

[Learn more about these Special Enrollment Periods and when you can use them.](#)

#### You change where you live

Generally, you have from 1 month before you move to 2 months after you move to join a plan.

☐ I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for me.

☐ I moved back to the U.S. after living outside the country.

☐ I was released from jail.

☐ I recently got lawful presence status in the U.S.

☐ I live in or (within the past 2 months) moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. I want to join a Medicare drug plan.

#### You lose or have a change in your current coverage

Generally, you have 2 months after your current coverage changes, or ends, to join a plan.

☐ I left coverage from my employer or union (including COBRA coverage).  
[What's COBRA coverage?](#)

☐ I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable.  
[What counts as creditable coverage?](#)

☐ I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan.

☐ I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan.

☐ I lost my Special Needs Plan because I no longer have a condition required for that plan.

☐ I want to join a Special Needs Plan that tailors its benefits to my chronic condition.

☐ I lost my Medicare Advantage Plan with drug coverage because I lost Medical (Part B) coverage. I want to join a Medicare drug plan.

To keep your plan coverage, you have to pay your plan's monthly premium, including any late enrollment penalty you may owe. Some people qualify for Extra Help with drug costs to help pay their monthly premium. [What's Extra Help?](#)

## Ways to pay your plan premium

Most people pay by having their plan premium deducted from their Social Security or Railroad Retirement Board (RRB) benefit. You can also pay your plan directly. [Learn more about my payment options](#)

### How do you want to pay your plan premiums?

- ☐ Deduct it from my Social Security or Railroad Retirement Board benefit each month.
- ☐ I want the plan to bill me each month.

## More about paying your premiums

**If you get other help paying your premiums**, like from a state program, you may get a refund for the amount covered by the state. Or, you may only have to pay your share of the premium. [Learn more about paying premiums when you get other help.](#)

**If your income is over a certain amount**, you'll have to pay a Part D-Income Related Monthly Adjustment Amount (Part D IRMAA) each month in addition to your plan premium. You must pay this extra amount to Medicare, not your plan, to keep your plan coverage. Most people have this extra amount deducted from their Social Security benefits. [Learn more about Part D IRMAA.](#)

Back

Next

Select how you would like to pay for any premium

Be careful selecting SS deductions. You must still pay any bills you receive before SS deductions start

## Read and sign below

### I understand and agree to the following:

- I must keep Hospital (Part A) or Medical (Part B) to keep Wellcare Value Script (PDP).
- By joining Wellcare Value Script (PDP), I acknowledge that this plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize collection of this information.
- The information I entered is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.

I understand that by checking the box below, this is my signature (or the signature of the person legally authorized to act on my behalf) on this application, and it means that I have read and understand these statements.

If a person legally authorized to act on my behalf checks the box below, it certifies that:

1. This person is authorized under state law to complete this application, and
  2. Documentation of this person's legal authority is available upon request by Medicare.
- ☒ I've read and agree to these statements.

### Who is the person completing this application?

- ☒ I am the person joining the plan (or I am helping the person join the plan)
- ☐ I am the person legally authorized under state law to act on the behalf of the person joining the plan

Back

Next

Agree with the statements before continuing to the next steps

Agree with statement

1<sup>st</sup> bullet, unless you are a Power of Attorney

This is the final step before you submit your application, please review all information

Review & submit your applicati

https://www.medicare.gov/plan-compare/#/enroll?year=2025&lang=en&page=Review

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Paying for your plan

How do you want to pay your plan premiums?  
Have the plan bill me monthly and I will pay it directly (this can be paid by mail or a monthly electronic funds transfer (EFT) from your bank account).

Plan agreement

I've read and agree to the plan agreement statements in this application.

Who is the person completing this application?  
I am the person joining the plan (or I am helping the person join the plan)

Submit your application

☒ I understand that by selecting "Submit," I have read and understand the contents of this application. I confirm that I am submitting an application to join Wellcare Value Script (PDP).

Submit

About Medicare | Nondiscrimination/Accessibility | Privacy Policy | Privacy Setting | Linking Policy | Using this site | Plain Writing

Medicare.gov

Submit here