

# How to Run a Medicare.gov Review (5.13.26)



Learn how to navigate the official Medicare website to search for drug plans based on your specific prescriptions and preferred pharmacies. This guide helps you identify the most cost-effective options for your medication needs in your local area.



## Tip!

**Before you get Started (Very Important)** - To make sure you find the most accurate and cost-effective prescription drug plan, have the following information ready:

- **A list of your prescriptions**  
(Include the name, dosage, and how often you take each medication)
- **Your preferred pharmacies**  
(Examples: CVS, Walgreens, Walmart, or mail order)
- **Your Medicare card (optional)**  
(Helpful, but not required)
- **Your (<http://Medicare.gov>) account (optional)**  
(Logging in allows you to save your medications and results for future use)

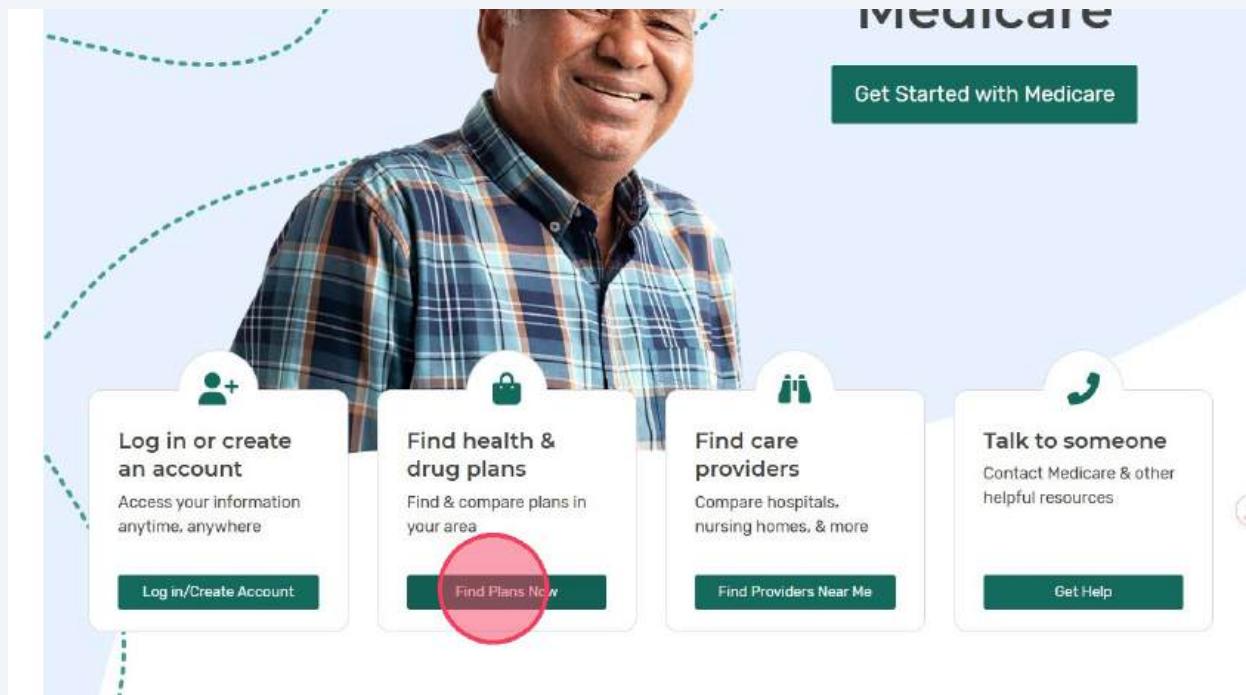
Having this information ready will allow you to compare plans based on your **exact medications and pharmacy preferences**, helping you identify the plan with the lowest overall cost and best coverage for your needs.

## Initial Search Setup

1

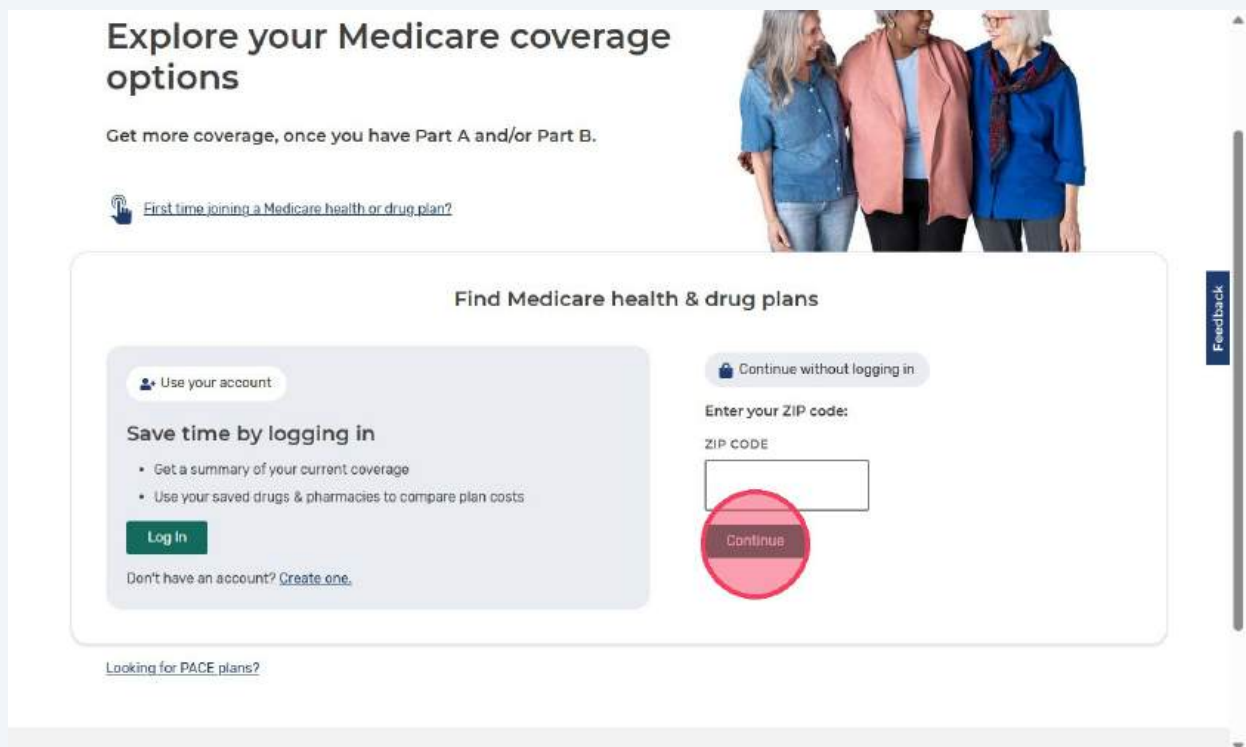
Navigate to <https://www.medicare.gov/>

## 2 Click "Find Plans Now"



## 3 Either click "Login" or Enter in your "Zip Code" and Select county.

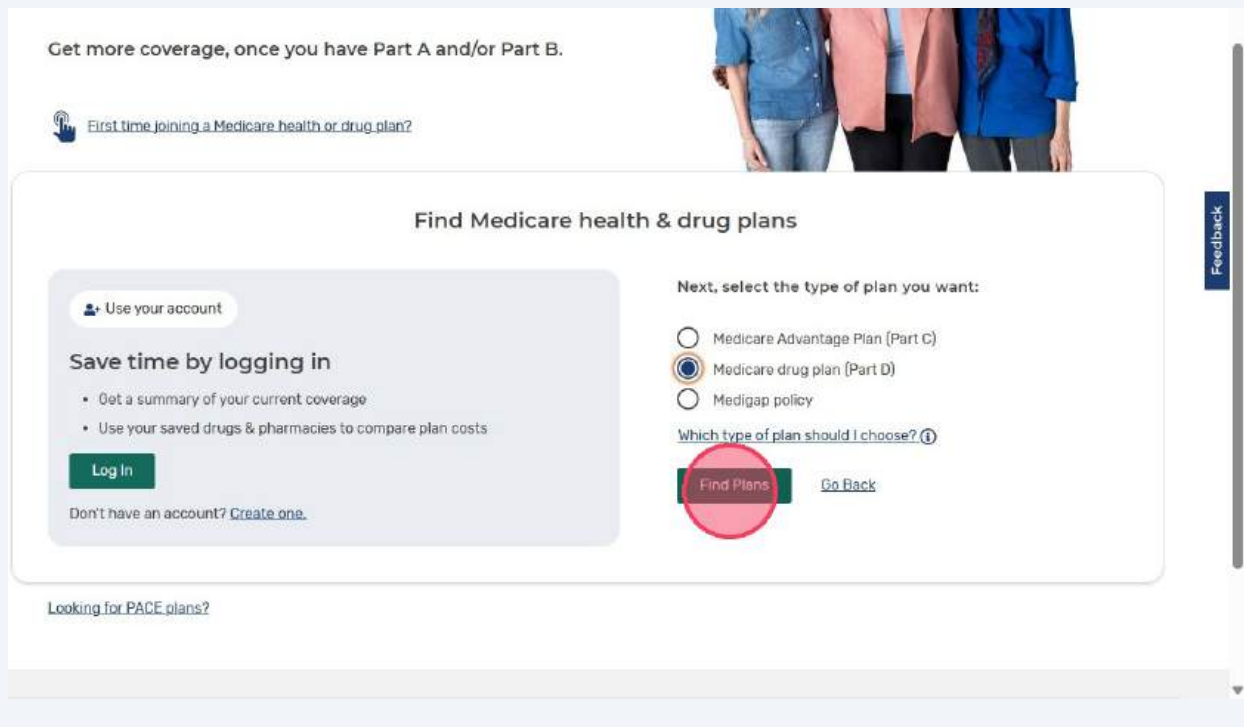
Click "Continue".



## Plan Type and Eligibility

4 Select 'Medicare drug plan (Part D)'.

Click "Find Plans".



Get more coverage, once you have Part A and/or Part B.

 [First time joining a Medicare health or drug plan?](#)

### Find Medicare health & drug plans

 Use your account

**Save time by logging in**

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

**Log In**

Don't have an account? [Create one.](#)

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](#)

[Looking for PACE plans?](#)

[Feedback](#)

## 5 Select 'I don't get help from any of these programs' regarding drug costs.

Click "Continue"

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

## 6 Select 'Yes' to see your drug costs when you compare plans.

Click "Next"

### 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

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**Medicare.gov**



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

# Drug List Creation

7 Begin typing to find & select your prescription drug.

An official website of the United States government

Here's how you know

Medicare.gov

BasicsHealth & Drug PlansProviders & Services

ChatLog

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Add Drug

Clear search

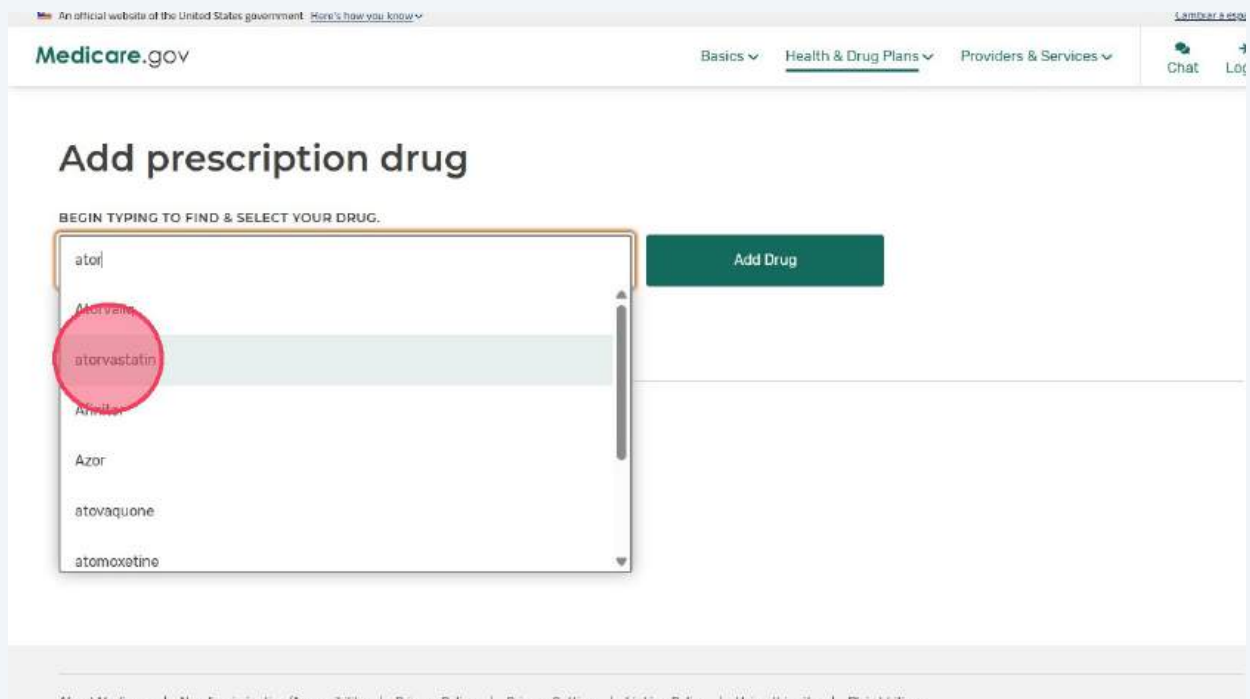
[Browse drugs A-Z](#)

See Plans Without Drug Costs

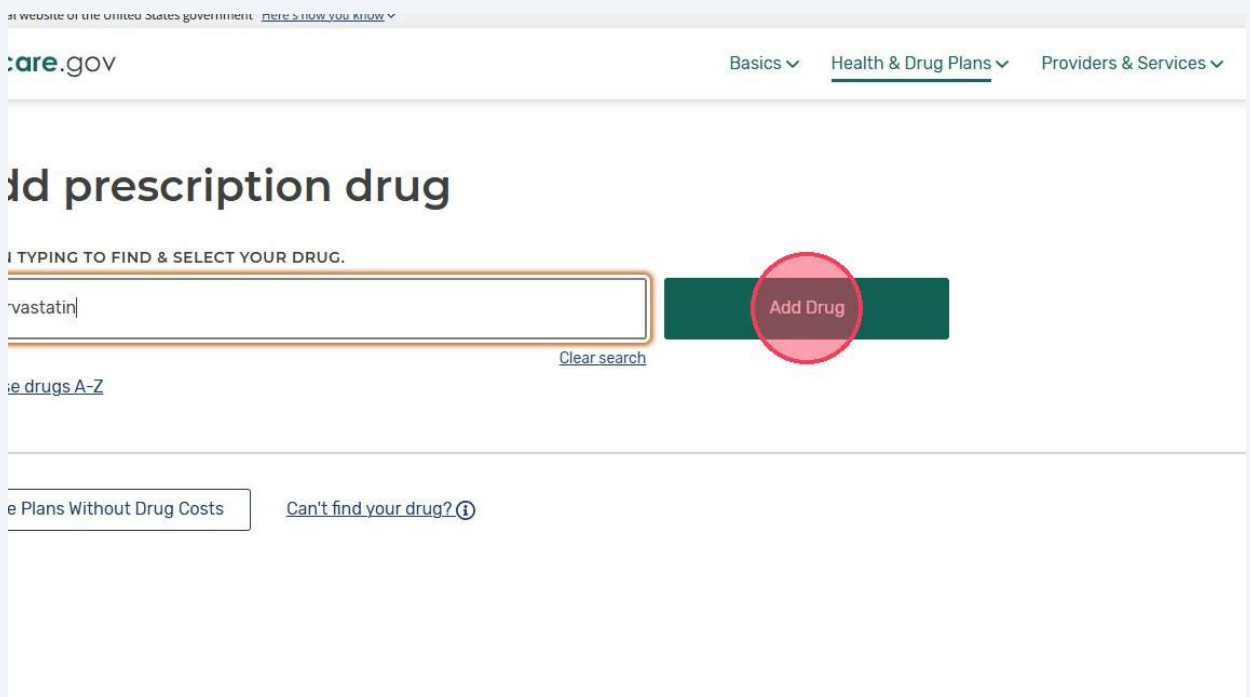
Can't find your drug?

## 8 Click "atorvastatin"

*\*For example purposes ONLY.*



## 9 Click "Add Drug"



## 10 Verify drug details.

Select the drop down under "Dosage" and find your dosage.

Adjust the "Quantity" and "Frequency" if needed. Then click "Add to My Drug List".

*\*For example purposes ONLY.*

### Tell us about this drug

#### Atorvastatin

**DOSAGE**

40mg tablet ▾

**QUANTITY** **FREQUENCY**

30

Every month ▾

Add to My Drug List

Cancel

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## 11 Click "Add Another Drug".

### Confirm your drug list



|                                                       |                           |                          |
|-------------------------------------------------------|---------------------------|--------------------------|
| Atorvastatin 40mg<br>tablet<br><small>generic</small> | Quantity<br>30            | Frequency<br>Every month |
| <a href="#">Remove drug</a>                           | <a href="#">Edit drug</a> |                          |

[Add Another Drug](#)

Done Adding Drugs

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### Alert!

Repeat Steps 7 - 11 until all medications have been added to your drug list.

Once all medications have been added you will click **"Done Adding Drugs"** and move on to Pharmacy Selection.



IF Insulin "Click Here"

IF Inhaler "Click Here"

IF Eye Drop "Click Here"

IF Cream / Ointment "Click Here"

IF Tablet VS Capsule "Click Here"

## Pharmacy Selection

## 12 Select 'Add Pharmacy'.

Filter by: **Distance: 5 miles** ▾

Showing 1 to 10 of 91 pharmacies near **63119**

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

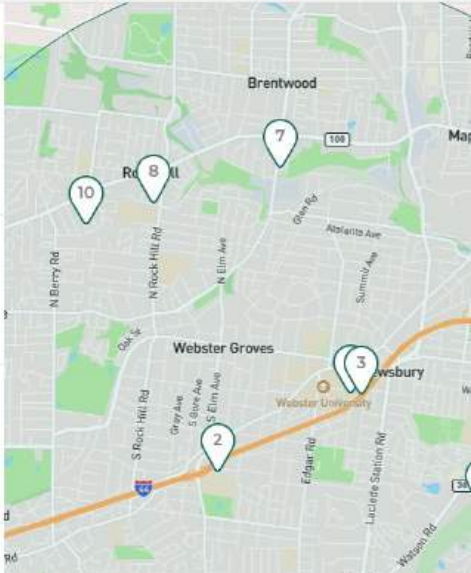
☐ Add Pharmacy

1. **Webster Pharmacy**  
608 E Lockwood Ave, Webster Groves, MO 63119  
(314) 962-1065

☐ Add Pharmacy

2. **CVS Pharmacy #18024**  
8650 Big Bend, Saint Louis, MO 63119  
(314) 961-5222

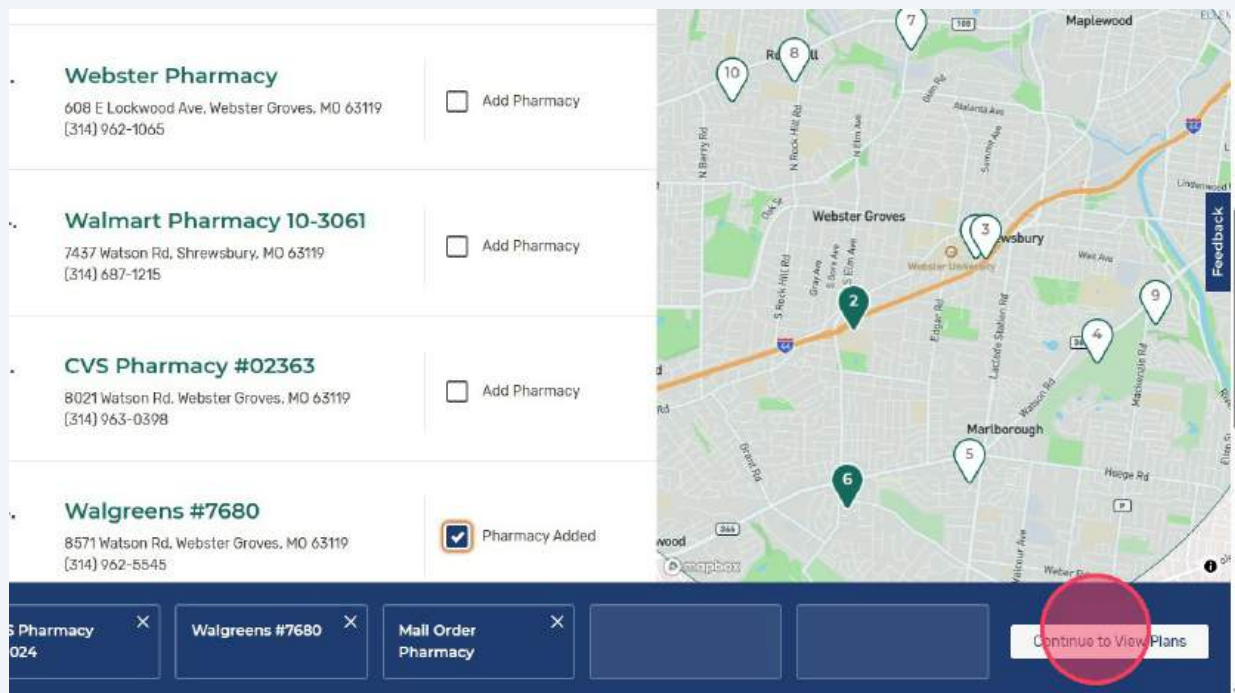
☐ Add Pharmacy



### Alert!

Add your preferred retail pharmacies, such as - Mail-order, CVS, Walgreens, Walmart etc. to your list of preferred pharmacies. Medicare.gov will allow you to add up to five retail pharmacies.

### 13 Click "Continue to View Plans".



## Plan Comparison and Enrollment

**14** Click 'Add to compare' for the first plan of interest.

You can "Sort Plans By" - Lowest drug + premium cost, Lowest yearly drug deductible, or Lowest monthly premium.

**\$9.60** Includes: Only drug coverage

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

**TOTAL DRUG & PREMIUM COST (for the rest of 2026)**

**\$67.20** [Retail pharmacy:](#) Estimated total drug + premium cost

**\$67.20** [Mail-order pharmacy:](#) Estimated total drug + premium cost

**DEDUCTIBLE**

**\$615.00** [Drug deductible](#)

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

**Wellcare Classic (PDP)**  
Wellcare | Plan ID: S4802-072-0  
Star rating: ★★★★★

**MONTHLY PREMIUM**

**\$10.70** Includes: Only drug coverage

**PHARMACIES**  
2 of 2 of your selected retail pharmacies are in-



**Tip!**

Before comparing plans, first locate your **current prescription drug plan** in the medicare.gov Plan Finder results. Then compare it side-by-side with the plan showing the **lowest total annual cost (premium + drug costs)**.

This allows you to clearly see if switching plans will actually save you money based on your specific medications.

15



16

Compare

## 17 Review Drug coverage and Costs.

**Wellcare Value Script (PDP)**  
\$9.60  
Monthly premium  
[Enroll](#) [Plan Details](#)

**Wellcare Classic (PDP)**  
\$10.70  
Monthly premium  
[Enroll](#) [Plan Details](#)

### Overview

|                        |          |          |
|------------------------|----------|----------|
| Star rating            | ★★★★☆    | ★★★★☆    |
| Total monthly premium  | \$9.60   | \$10.70  |
| Yearly drug deductible | \$615.00 | \$615.00 |

### Drug coverage & costs

|                                                  |                                                                                |                                                                                |
|--------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Drugs covered/Not covered                        | 1 of 1<br>Prescription drugs covered<br><a href="#">Restrictions may apply</a> | 1 of 1<br>Prescription drugs covered<br><a href="#">Restrictions may apply</a> |
| Total drug + premium cost (for the rest of 2026) | CVS PHARMACY #18024<br>✓ Preferred<br>\$67.20                                  | CVS PHARMACY #18024<br>✓ Preferred<br>\$98.00                                  |

[How do pharmacy networks affect what I pay? ⓘ](#)



### Tip!

Review Drug Plan Total Monthly Premium and Yearly Drug Deductible.

Make sure all of your medications are **covered by the plan**. If a drug isn't covered, it won't count toward your plan's **deductible or maximum out-of-pocket costs**, and you may have to pay the **full retail price**.

## 18 Click "Plan Details"

The screenshot shows a comparison of two health plans. The 'Wellcare Value Script (PDP)' plan has a monthly premium of \$9.60 and a yearly drug deductible of \$615.00. The 'Wellcare Classic (PDP)' plan has a monthly premium of \$10.70 and a yearly drug deductible of \$615.00. Both plans have a star rating of 4.5 out of 5. The 'Plan Details' button for the Value Script plan is highlighted with a red circle.

| Overview               |          |          |
|------------------------|----------|----------|
| Star rating            | ★★★★☆    | ★★★★☆    |
| Total monthly premium  | \$9.60   | \$10.70  |
| Yearly drug deductible | \$615.00 | \$615.00 |

| Drug coverage & costs                                                                                           |                                                                                |                                                                                |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Drugs covered/Not covered                                                                                       | 1 of 1<br>Prescription drugs covered<br><a href="#">Restrictions may apply</a> | 1 of 1<br>Prescription drugs covered<br><a href="#">Restrictions may apply</a> |
| Total drug + premium cost (for the rest of 2026)<br><a href="#">How do pharmacy networks affect what I pay?</a> | CVS PHARMACY #18024<br>✓ Preferred<br>\$67.20<br>WALGREENS #7680               | CVS PHARMACY #18024<br>✓ Preferred<br>\$98.00<br>WALGREENS #7680               |

## 19 Review "Overview" section.

Including the Total Monthly Premium and Drug Deductible.

The screenshot shows the 'Overview' section of a plan comparison interface. It includes a table with columns for Premiums, Deductibles, and Contact Information. The 'Total monthly premium' is \$9.60, and the 'Drug deductible' is \$615.00. The 'Plan address' is PO Box 31411, Tampa, FL 33631.

|  | \$9.60 | \$0.00                                                                                                                  | \$0.00                                                                                                         |
|--|--------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|  |        | Estimated using your lowest price saved retail pharmacy<br>Covers 1 of 1 saved drugs <a href="#">View drug coverage</a> | Estimated using your saved mail order pharmacy<br>Covers 1 of 1 saved drugs <a href="#">View drug coverage</a> |

| Overview                                                                                        |                                 |
|-------------------------------------------------------------------------------------------------|---------------------------------|
| PREMIUMS                                                                                        |                                 |
| Total monthly premium                                                                           | \$9.60                          |
| DEDUCTIBLES                                                                                     |                                 |
| The amount you must pay each year before your plan starts to pay for covered services or drugs. |                                 |
| Drug deductible                                                                                 | \$615.00                        |
| CONTACT INFORMATION                                                                             |                                 |
| Plan address                                                                                    | PO Box 31411<br>Tampa, FL 33631 |

## 20 Review "Drug Coverage" section.

Review your Pharmacy selection and that your Pharmacy is "Preferred and In-Network".

### Drug Coverage

[See if there's help to lower costs for drugs you take.](#)

MY DRUG LIST
Change Drugs

|                          | Package | Quantity | Frequency   | Brand/Generic |
|--------------------------|---------|----------|-------------|---------------|
| Atorvastatin 40mg tablet |         | \$0      | Every month | Generic       |

PHARMACIES

Check the network status of each pharmacy on your list. You can change pharmacies at any time to find lower costs for drugs.

[How do pharmacy networks affect what I pay?](#)
Change Pharmacies

|                     |                                                                                             |
|---------------------|---------------------------------------------------------------------------------------------|
| CVS PHARMACY #18024 | Preferred In-network                                                                        |
| WALGREENS #7680     | Preferred In-network                                                                        |
| Mail Order Pharmacy | Preferred In-network<br><small>Costs vary based on the specific mail-order pharmacy</small> |

## 21 Review "Estimate Drug Cost by Pharmacy" and "Estimated Drug and Premium Cost".

### ESTIMATED DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs.

[Can my drug costs change by pharmacy?](#)

|                                                | CVS Pharmacy #18024<br>Preferred | Walgreens #7680<br>Preferred | Mail Order Pharmacy<br>Preferred |
|------------------------------------------------|----------------------------------|------------------------------|----------------------------------|
| Atorvastatin 40mg tablet                       | \$0.00                           | \$0.00                       | \$0.00                           |
| Total estimated drug cost for the rest of 2026 | \$0.00                           | \$0.00                       | \$0.00                           |

### ESTIMATED DRUG + PREMIUM COST

|                                                          | CVS Pharmacy #18024<br>Preferred       | Walgreens #7680<br>Preferred           | Mail Order Pharmacy<br>Preferred       |
|----------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| Total estimated drug + premium cost for the rest of 2026 | \$67.20                                | \$67.20                                | \$67.20                                |
| When you'll meet your deductible                         | You won't meet your deductible in 2026 | You won't meet your deductible in 2026 | You won't meet your deductible in 2026 |



### Tip!

After reviewing the drug plans, you'll be able to determine whether your current plan is still the best option for the upcoming year.

If the first plan displayed is your current Prescription Drug Plan and it continues to meet your needs, no further action is required — your plan will automatically renew.

If you decide a different plan would better fit your needs for the upcoming year, simply select "Enroll."

22

Click "Enroll".

The screenshot shows the Medicare.gov website for the Wellcare Value Script (PDP) plan. The page includes a header with the Medicare logo and navigation links. The main content area displays the plan name, plan type (Drug plan (Part D)), and plan ID (S4802-152-0). A red circle highlights the 'Enroll' button. Below this, a table summarizes the costs for the plan.

| What you'll pay | Total monthly premium | Total retail pharmacy drug cost for the rest of 2026                                                                    | Total mail order pharmacy drug cost for the rest of 2026                                                       |
|-----------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|                 | \$9.60                | \$0.00                                                                                                                  | \$0.00                                                                                                         |
|                 |                       | Estimated using your lowest price saved retail pharmacy<br>Covers 1 of 1 saved drugs <a href="#">View drug coverage</a> | Estimated using your saved mail order pharmacy<br>Covers 1 of 1 saved drugs <a href="#">View drug coverage</a> |

23 Click "Join Plan".

