

How to Shop and Enroll in a Part D drug plan

https://www.medicare.gov/

An official website of the United States government [Here's how you know](#)

Medicare.gov

Basics

Health & Drug Plans

Providers & Services

Chat

Log in

Search

Welcome to Medicare

Get started with Medicare



Step 1

Register and/or log into your Medicare.gov account. Log in button is at the top right of screen.

Log in to (or create) your Medicare account

Once you have Medicare, you can use any of these free and secure identity verification services to log in to or create your Medicare account. [Learn about the new options.](#)

Each Medicare account needs a unique email address. Don't use an email address you share with someone else to create your Medicare account.

ID.me

ID.me

Trusted and used by federal services like IRS.gov and Social Security.



CLEAR

Trusted and used by airports and health systems.



Login.gov

Trusted and used by the VA, Social Security, and Global Entry.



Medicare

Medicare.gov

If you've already created a Medicare account, you can log in with your username and password.



Choose to Login to Medicare directly at Medicare.gov - Last option. Login with your existing Username & Password.

Log in

USERNAME

[Forgot your username or password?](#)

☐

Save my username for next time

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

[What's this?](#) ⓘ

Continue

Back

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 with Medicare.gov

Using a shared or public device?

Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

By accessing this site, you agree to our [Terms and Conditions](#)

Log in to (or create) your Medicare account

Once you have Medicare, you can use any of these free and secure identity verification services to log in to or create your Medicare account. [Learn about the new options.](#)

Each Medicare account needs a unique email address. Don't use an email address you share with someone else to create your Medicare account.

	ID.me Trusted and used by federal services like IRS.gov and Social Security.	
	CLEAR Trusted and used by airports and health systems.	
	Login.gov Trusted and used by the VA, Social Security, and Global Entry.	
	Medicare.gov If you've already created a Medicare account, you can log in with your username and password.	

If you don't have an existing username & password, you will need to go through "Identity Proofing". Use either ID.me or Login.gov.

OR go to public website - [medicare.gov](https://www.medicare.gov) - select "Find health & drug plans"



Verify your identity with ID.me to access your benefits or services online. To complete verification, you'll need:

- A smartphone with a front-facing camera
- A government-issued photo ID (U.S. driver's license, state ID, passport, passport card, or permanent resident card)
- [Your Social Security number \(SSN\)](#)

LOGIN.GOV

What do I need to verify my identity?

To verify your identity with Login.gov, you will need a:



- ✓ U.S. Driver's license, mobile driver's license (mDL), state ID, or passport book/card
- ✓ Social Security number
- ✓ U.S. phone number or mailing address

If you don't have all of these requirements, contact the agency you are trying to access to find out what you can do instead.

 Check my claims

 Get my electronic Medicare Summary Notices (eMSNs)

 Get my Medicare card

 Pay my premium

 Edit my account settings

 Open all options

Your plans

Original Medicare

Hospital Insurance (Part A)
Medical Insurance (Part B)

Coverage start dates

Part A: 7/1/2012

Part B: 7/1/2012

[Coverage details](#)

Drug Insurance (Part D)

Wellcare Value Script (PDP)

Coverage start date

1/1/2022

[Cost & coverage details](#)

[Print temporary prescription drug card](#)

Other Insurance

BLUE CROSS BLUE SHIELD
OF AZ

Coverage start date

1/1/2023

[How Medicare works with other insurance](#)

[Check Plan Summary](#)

[Review Plan History](#)

Step 2

Once on your personal home page, click on “Check Plan Summary”.

Your pharmacy list

You have 5 saved pharmacies. You can save up to 5.

 Preferred  In-network

Mail-order Pharmacies

 Preferred  In-network

FRYS FOOD AND DRUG

4815 E Carefree Hwy Suite 100 Bldg 1,
Cave Creek, AZ 85331

 Preferred  In-network

SAFEGWAY PHARMACY #0072

8010 W Happy Valley Rd, Peoria, AZ
85383

 Preferred  In-network

WALGREENS #3766

34402 N Scottsdale Rd, Scottsdale, AZ
85262

 In-network

WALMART PHARMACY 10-
5835

34399 N Cave Creek Rd, Cave Creek, AZ
85331

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

[Edit My Pharmacies](#)

Step 3

Click “edit” to change your pharmacy or to include mail order and compare other pharmacies.

Select pharmacies you're willing to use

Drug prices can be different at different pharmacies. Add the pharmacy you use, and up to 4 others you'd be willing to use, to find the plan with the lowest cost for your drugs.

Your location

85383

[Use current location](#)

[Use home address](#)

Pharmacy name (optional)

Distance

5 miles

[Find pharmacies](#)

Showing 1 to 10 of 22 pharmacies near 85383

Mail-order Pharmacy

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

Added 

1 Safeway Pharmacy #0072

8010 W Happy Valley Rd, Peoria, AZ 85383
(623) 201-1615

Added 

2 Fry's Pharmacy #657

25401 N Lake Pleasant Pkwy, Peoria, AZ 85383
(623) 235-2360

Added 

5 of 5 selected • Add up to 5 pharmacies to find the plan with the lowest cost for your drugs.

Fry's Food And Drug X

Safeway Pharmacy #0072 X

Walgreens #3766 X

Fry's Pharmacy #657 X

Mail Order Pharmacy X

[Continue](#)

Glipizide er 2.5mg
tablet extended
release 24 hour
generic

Quantity
90

Frequency
Every 3 months

Levothyroxine sodium
25mcg tablet
generic

Quantity
90

Frequency
Every 3 months

Losartan potassium-
hctz 100-25mg tablet
generic

Quantity
90

Frequency
Every 3 months

Showing 6 of 8 drugs

View/Edit Drug List

Add recently filled drugs

Step 4

Click on “view/Edit Drug List” or Click on “Add recently filled drugs” to update your medications, dosage, and frequency. Add, delete, or modify recently used meds as necessary.

Levothyroxine sodium 25mcg tablet

Quantity 90 • Frequency Every 3 months

Edit

Remove

Losartan potassium-hctz 100-25mg tablet

Quantity 90 • Frequency Every 3 months

Edit

Remove

Ozempic (0.25 or 0.5 mg/dose) 2mg/3ml solution
pen injector (3ml pen)

Quantity 1 • Frequency Every month

Edit

Remove

Pantoprazole sodium 40mg tablet delayed release

Quantity 90 • Frequency Every 3 months

Edit

Remove

Add recently filled drugs

Add another drug

Done Adding Drugs

Step 5

Only include drugs where you will be using your drug plan. Don't include OTC drugs, or those used by a discount card like Good Rx. Then hit “Done Adding Drugs”.

[← Back to drug list](#)

Add your drugs

Drug prices vary between plans. Add all the prescription drugs you take regularly to get the most accurate cost estimates when you compare plans.

Begin typing to find & select your drug.

Q levot

Add

Levoxyl

levofloxacin

levocarnitine

levothyroxine sodium

carbidopa / levodopa

Step 6

Add, delete, or modify recently used meds as necessary. Only include drugs where you will be using your drug plan. Don't include OTC drugs, or those used by a discount card like Good Rx.

Add levothyroxine sodium

Tell us how you take this drug so we can estimate your costs more accurately.

Dosage

50mcg tablet



Quantity

30

Frequency

Every month



Add to my drug list



Ready to shop for plans?

Explore your coverage options

Consider health and drug plans or Medigap policies in Maricopa, AZ, 85383

[\(Change location\)](#)

Find Plans Now

Step 7

Click on “Find Plans Now” at bottom of the page or top right of the page.

Find Plans Now



Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

☒ 2027 ☐ 2026

ZIP CODE

85383

Continue

[Cancel](#)

Step 8

Then select next year plans, enter your zip code, continue.

Find Plans Now



What type of plan are you looking for?

- ☐ **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 (supplement insurance)**
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.](#)

[← Back](#)

Find plans

Step 9

Then select **ONLY**
“Medicare drug plan
Part D”, then “Find plans”.

[← Back](#)

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.

- ☐ **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 our search results.
- ☐ **Supplemental Security Income**
- ☐ **Medicare Savings Program**
- ☐ **Extra Help (with drug costs)**

[Learn more about these programs.](#) 

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

Continue

Step 10

Do you get assistance?
Click Continue.

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

[← Back](#)

Do you want to use drug costs to help you compare plans?

Drug prices vary between plans. Add all the prescription drugs you take to get accurate cost estimates when you compare plans.

☒ Yes, include drug costs

☐ No, don't include drug costs

Continue

Sort plans by Lowest drug + premium cost

Showing 1 to 10 of 10 drug plans

Your current plan

Wellcare Value Script (PDP)

Wellcare | Plan ID: S4802-134-0

Star rating: ★★★★★

Deductible

\$0.00 [Drug deductible](#)

Total Drug & Premium Cost (for the rest of 2026)

\$34.65 [Retail pharmacy](#): Estimated total drug + premium cost

\$12.65 [Mail-order pharmacy](#): Estimated total drug + premium cost

Monthly Premium

\$0.00 Includes: Only drug coverage

[See plan details](#)

☒ Added to compare

Pharmacies

4 of 4

[View](#)

[View](#)

Pharmacies

4 of 4 of your

[View your plan](#)

Drugs

[View](#)

Humana Value Rx Plan (PDP)

Humana | Plan ID: S5884-207-0

Star rating: ★★★★★

Deductible

\$0.00 [Drug deductible](#)

Total Drug & Premium Cost (for the rest of 2026)

\$45.45 [Retail pharmacy](#): Estimated total drug + premium cost

\$20.15 [Mail-order pharmacy](#): Estimated total drug + premium cost

Monthly Premium

\$2.50 Includes: Only drug coverage

[See plan details](#)

[Enroll](#)

☐ Add to compare

Step 11 Choose Yes, include drug costs and Continue

Step 12 A list of different drug plans will appear. The very first plan shown at the top is your CURRENT drug plan.

Step 13 The second plan shown will be the lowest overall annual costs for the 2027 plan year. If it's the same plan, keep the plan, it will auto-renew and log out.

Humana Value Rx Plan (PDP)

Humana | Plan ID: S5884-207-0

Star rating: ★★☆☆☆

Deductible

\$0.00 [Drug deductible](#)

Total Drug & Premium Cost (for the rest of 2026)

\$45.45 [Retail pharmacy:](#) Estimated total drug + premium cost

\$20.15 [Mail-order pharmacy:](#) Estimated total drug + premium cost

Monthly Premium

\$2.50 Includes: Only drug coverage

[See plan details](#)



☐ Add to compare

Pharmacies

4 of 4 of your selected retail pharmacies are in-network

[View your pharmacies](#)

Step 14

This number includes the monthly premium AND the out-of-pocket drug costs over the 12 months.

[Back to search results](#)

Humana

Humana Value Rx Plan (PDP)

- Plan type: Drug plan (Part D)
- Plan ID: S5884-207-0

[Plan website](#) • Non-members: 1-877-529-9871 • Members: 1-800-281-6918

What you'll pay

Total monthly premium
\$2.50

Total retail pharmacy drug cost for the rest of 2026
\$37.95
Estimated using your lowest price saved retail pharmacy
Covers 9 of 9 saved drugs [View drug coverage](#)

Total mail order pharmacy drug cost for the rest of 2026
\$12.65
Estimated using your saved mail order pharmacy
Covers 9 of 9 saved drugs [View drug coverage](#)

Step 15

The second plan shown could be the same plan you are on now, meaning you want to keep your current plan for next year. The rest of the plans are automatically sorted in order of TOTAL annual costs, which is the most important number to focus on. Click on the "Plan Details" button of the specific drug plan you want to review.

Overview

PREMIUMS

Total monthly premium	\$2.50
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DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

Drug deductible	\$0.00
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CONTACT INFORMATION

Plan address	101 E Main Street Louisville, KY 40202
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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 calcium 40mg tablet		90	Every 3 months	Generic

Humana Value Rx Plan (PDP)

- Plan type: Drug plan (Part D)
- Plan ID: 55884-207-Q

Plan website • Non-members: 1-877-529-9871 • Members: 1-800-281-6938

Enroll

What you'll pay

Total monthly premium
\$2.50

Total retail pharmacy drug cost for the rest of 2026
\$37.95
 Estimated using your lowest price saved retail pharmacy
 Covers 9 of 9 saved drugs [View drug coverage](#)

Total mail order pharmacy drug cost for the rest of 2026
\$12.65
 Estimated using your saved mail order pharmacy
 Covers 9 of 9 saved drugs [View drug coverage](#)

Overview

PREMIUMS

Total monthly premium \$2.50

DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

Drug deductible \$0.00

CONTACT INFORMATION

Plan address 101 E Main Street
 Louisville, KY 40202

Drug Coverage

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

MY DRUG LIST

[Change Drugs](#)

	Package	Quantity	Frequency	Brand/Generic
Atorvastatin calcium 40mg tablet		90	Every 3 months	Generic
Carvedilol 25mg tablet		180	Every 3 months	Generic
Clopidogrel bisulfate 75mg tablet		90	Every 3 months	Generic
Glipizide er 2.5mg tablet extended release 24 hour		90	Every 3 months	Generic
Levothyroxine sodium 50mcg tablet		30	Every month	Generic
Levothyroxine sodium 25mcg tablet		90	Every 3 months	Generic
Losartan potassium-hctz 100-25mg tablet		90	Every 3 months	Generic
Ozempic (0.25 or 0.5 mg/dose) 2mg/3ml solution pen injector	3ml pen	1	Every month	Brand
Pantoprazole sodium 40mg tablet delayed release		90	Every 3 months	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.

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

Fry's Food And Drug	In-network
SAFeway PHARMACY #0072	Preferred In-network
WALGREENS #3766	In-network
Fry's PHARMACY #057	In-network
Mail Order Pharmacy	Preferred In-network Costs vary based on the specific mail-order pharmacy

ESTIMATED DRUG COSTS BY PHARMACY

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

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

	Fry's Food And Drug In-network	Safeway Pharmacy #0072 Preferred	Walgreens #3766 In-network	Fry's Pharmacy #057 In-network	Mail Order Pharmacy Preferred
Atorvastatin calcium 40mg tablet	\$3.00	\$0.00	\$3.00	\$3.00	\$0.00
Carvedilol 25mg tablet	\$3.00	\$0.00	\$3.00	\$3.00	\$0.00
Clopidogrel bisulfate 75mg tablet	\$3.00	\$0.00	\$3.00	\$3.00	\$0.00
Glipizide er 2.5mg tablet extended release 24 hour	\$3.00	\$0.00	\$3.00	\$3.00	\$0.00
Levothyroxine sodium 50mcg tablet	\$3.00	\$0.00	\$3.00	\$3.00	\$0.00
Levothyroxine sodium 25mcg tablet	\$3.00	\$0.00	\$3.00	\$3.00	\$0.00
Losartan potassium-hctz 100-25mg tablet	\$3.00	\$0.00	\$3.00	\$3.00	\$0.00
Ozempic (0.25 or 0.5 mg/dose) 2mg/3ml solution pen injector	\$37.95	\$37.95	\$37.95	\$37.95	\$12.65
Pantoprazole sodium 40mg tablet delayed release	\$5.10	\$0.00	\$5.10	\$5.10	\$0.00
Total estimated drug cost for the rest of 2026	\$64.05	\$37.95	\$64.05	\$64.05	\$12.65

ESTIMATED DRUG + PREMIUM COST

	Fry's Food And Drug In-network	Safeway Pharmacy #0072 Preferred	Walgreens #3766 In-network	Fry's Pharmacy #057 In-network	Mail Order Pharmacy Preferred
Total estimated drug + premium cost for the rest of 2026	\$71.55	\$45.45	\$71.55	\$71.55	\$20.35
When you'll meet your deductible	October 2026	October 2026	October 2026	October 2026	October 2026

ESTIMATED TOTAL MONTHLY DRUG COST

	Fry's Food And Drug In-network	Safeway Pharmacy #0072 Preferred	Walgreens #3766 In-network	Fry's Pharmacy #057 In-network	Mail Order Pharmacy Preferred
October	\$36.75	\$12.65	\$36.75	\$36.75	\$12.65
November	\$13.65	\$12.65	\$13.65	\$13.65	-
December	\$13.65	\$12.65	\$13.65	\$13.65	-

ESTIMATED DRUG COSTS

The drug prices shown here were based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

Step 16

Take notice of the premium, the deductible, then annual drug costs, and the preferred / standard / or out-of-network pharmacies. Also make sure the drug is a covered drug on the formulary list and scroll down to the bottom (hit + sign) to see if the drug requires any pre-authorization or step therapy. Be sure to check different preferred pharmacies, as each will have different pricing options for the same medication. You may want to print off this page as future proof to Medicare if things go wrong.

Once you find your plan, click on “Enroll” button, then the “Join Plan” button. Once the application begins, you’ll notice that most of your information is prepopulated including your Medicare#, name, address, etc. Put in your phone number and continue to hit the “next” button at the bottom of each page. Under general questions, just say “no” to the first question, the rest are optional. If taking Social Security, be sure to select that as your form of payment and hit “Next”. Select “I’ve read and agree”, and “I am the person”, and hit “next” to go over the review page. Click on the “I understand” button and hit “Submit” for the final step for enrollment.

Step 17

You're joining:

Humana Value Rx Plan (PDP)

Plan ID: S5884-207-0

Be ready to provide:

- Your Medicare Number and effective dates
- Information about your other health coverage (if any), including policy and group numbers
- Dates that any changes take effect, like if you're moving to a long-term care facility

Your information is strictly confidential, secure, and used to process your enrollment.

A large orange arrow points from the bottom right towards the "Join Plan" button.

Your Medicare information

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-134-0

Plan Includes: Only drug coverage

All fields required unless marked optional.

Medicare Number

[Where can I find my Medicare Number?](#) ⓘ

#X###XX#XX##

Step 18

Once the application begins, you'll notice that most of your information is pre-populated including your Medicare#, name, address, etc.

Important information:

If you have health or drug coverage from an employer or union: Talk to your current plan provider or employer before you make any changes. Joining a plan might cause you and your family to lose your employer or union coverage.

You're requesting to join a "Drug Plan." Generally, you can only join a separate Drug Plan if you have Original Medicare or if you have one of these types of health plans:

- Private Fee-for-Service Plan
- Medical Savings Account Plan
- Cost Plan

If you join this plan and have any other Medicare Advantage Plan (like an HMO or PPO), you'll lose your current plan's health coverage and you'll go back to Original Medicare when this plan's coverage starts.

Talk to your current plan if you have questions about what will happen to your current health coverage.

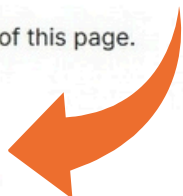
Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

☐ I've read and understand the contents of this page.

Back

Next



Your personal information

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-134-0

Plan Includes: Only drug coverage

All fields required unless marked optional.

FIRST NAME

John

MIDDLE INITIAL (optional)

LAST NAME

Doe

Date of birth

Use the format MM/DD/YYYY

MONTH

10

DAY

21

YEAR

1958

SEX

☒

Male

☐

Female

PHONE NUMBER

6025551212

Step 19

Put in your phone number and continue to hit the “next” button at the bottom of each page. Under general questions, just say “no” to the first question, the rest are optional. If taking Social Security, be sure to select that as your form of payment and hit “Next”. Select “I’ve read and agree”, and “I am the person”, and hit “next” to go over the review page. Click on the “I understand” button and hit “Submit” for the final step for enrollment.

Your address

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-134-0

Plan Includes: Only drug coverage

All fields required unless marked optional.

Your permanent residence

P.O. Box not allowed

ADDRESS LINE 1

123 Anywhere Street

ADDRESS LINE 2 (optional)

CITY

Peoria

STATE

Arizona

ZIP CODE & COUNTY

We pre-fill this field based on your plan search. If this isn't where you live, the plan may deny your request to join. To change the ZIP code, click the “Back” button until you return to search results and change your location at the top left of the screen.

85383, Maricopa

☐ Is your mailing address different from the address where you live?

General questions

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-134-0

Plan Includes: Only drug coverage

All fields required unless marked optional.

Do you have other drug coverage that you're keeping in addition to this plan?

What are types of other drug coverage?

- ☐ Yes
- ☒ No

Step 20

Under general questions, just say "no" to the first question, the rest are optional.

Step 5 of 7

Paying your plan premium

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-134-0

Plan Includes: Only drug coverage

All fields required unless marked optional.

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?
(optional)

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

I get benefits each month from:

- ☒ Social Security
- ☐ Railroad Retirement Board

Step 21

If taking Social Security, be sure to select that as your form of payment and hit "Next".

Plan agreement

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-134-0

Plan Includes: Only drug coverage

All fields required unless marked optional.

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's completing this application?

- ☒ The person joining this plan (Me).
- ☐ An authorized representative for the person joining this plan.
[What's an authorized representative?](#) ⓘ
- ☐ A licensed agent, broker, or SHIP counselor.
- ☐ Someone else (I'm a friend, family member, or other person helping the person join this plan).

Back

Next

Step 22

Select "I've read and agree", and "I am the person", and hit "next" to go over the review page.

Review & submit your application

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-134-0

Plan Includes: Only drug coverage

Review what you entered. You can select "Edit" in each section if you need to make a change. Then you can submit your application.

Your Medicare information

[Edit](#)

Medicare Number

General questions

[Edit](#)

Do you have other drug coverage that you're keeping in addition to this plan?

No

Do you want to get materials from your plan by email? (optional)

Chose not to answer

Select the language if you don't want to get plan materials in English (optional)

English

Select a format if you want to get materials in an accessible format (optional)

Standard print format

Paying for your plan

[Edit](#)

How do you want to pay your plan premium?

Deduct it from my Social Security or Railroad Retirement Board (RRB) benefit check

I get monthly benefits from

Social Security

Plan agreement

[Edit](#)

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

Step 23

Click on the "I understand" button and hit "Submit" for the final step for enrollment.

Final Step: Print off the final page that will have your enrollment confirmation number, and other details. Your old drug plan will be sent a termination notice for 12/31, and your new drug plan will start Jan 1st. You will get a new drug card in the mail by the end of the year.