WHEN YOU LOG IN WILL LOOK LIKE THIS AND SELECT THE FIND HEALTH & DRUG PLANS

Medicare.gov	,	Basics ∽ Health & Drug Plans ∽	Providers & Services V
	Welcome, John!		
	What do you want to do? Medicare's Open Enrollment Period your Medicare health and prescript	runs from October 15 to December 7. This on drug coverage for 2024.	is your opportunity to <u>review and change</u>
	Find health & drugs plans	Check my claims	Get my electronic Medicare Summary Notices (eMSNs)
	Pay my premium	🗱 Edit my account settings	••• Open all options

THEN SELECT 2024

Find Plans Now	×
Choose the year you need coverage and enter your ZIP code: COVERACE FOR 2024 2023 ZIP CODE 92589 Continue Cancel	

WILL SHOW WHAT PLAN YOU HAVE AND THEN CLICK FIND PLANS NOW

Account home	Basics V <u>Health & Drug Plans</u> V Prov	iders & Services Υ
Welcome back, John! It's time to review your pharmacy and drug lists below. Yo make changes to your existing coverage and get details a plans.	u can also bbout other	
rour 2023 plan Bight now you have: SIIVerScript SmartSaver (PDP) Man type: Drug plan (Part 0) Man 10: S5601-207-0 Total monthly premium \$4.50	Open Enrollment is here! Join or switch health and drug plans in Riverside, CA, 92589 (Change location)	



Medicare.gov	Basics 🗸	Health & Drug Plans ~	Providers &
You're viewing 2024 plans. Show me 2023 plan	L		

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 No
Next

THEN ENTER ANY MEDICINES TO INCLUDE IN THE SEARCH

EXAMPLE

	Medicare.gov B		
	You're viewing 2024 plans. <u>Show me 2023 plans.</u>		
	Tell us about this dr	ug	
	Cephalexin		
	DOSAGE	~	
	QUANTITY FREQUENCY 30 Every month ~		
	Add to My Drug List Cancel		
WHEN IT ASKS FOR PHARM	ACY, BE SURE AND PICK SEVEI	RAL TO SEE IF PRICES VARY. YOU C	AN
PIC	K UP TO FIVE PHARMACIES W	HEN ASKED.	
	EXAMPLE TO SEE EACH PLAN		
Your port plan			
Your next plan	Saver (PDP)		
Your next plan SilverScript Smart: Aetna Medicare Plan ID: Star ration:	Saver (PDP) 55601-207-0		
Your next plan SilverScript Smart: Aetna Medicare Plan ID: Star rating: ★ ★ ☆ ☆ MONTHLY PREMIUM	Saver (PDP) 55601-207-0	PHARMACIES	
Your next plan SilverScript Smart: Aetna Medicare Plan ID: S Star rating: ★ MONTHLY PREMIUM \$18.60 Includes: Only dr	Saver (PDP) 55601-207-0 rug coverage	PHARMACIES 4 of 4 of your selected retail pharmacies are in-network	
Your next plan SilverScript Smart: Aetna Medicare Plan ID: 5 Star rating: ★ MONTHLY PREMIUM \$18.60 Includes: Only dr TOTAL DRUG & PREMIUM	Saver (PDP) 55601-207-0 Tug coverage COST (for the rest of 2024)	PHARMACIES 4 of 4 of your selected retail pharmacies are in-network View your pharmacies	
Your next plan SilverScript Smart: Aetna Medicare Plan ID: Star rating: ★★★☆☆ MONTHLY PREMIUM \$18.60 Includes: Only dr TOTAL DRUG & PREMIUM \$243.96 Retail pharma	Saver (PDP) 55601-207-0 rug coverage COST (for the rest of 2024) ccy: Estimated total drug + premium cost	PHARMACIES 4 of 4 of your selected retail pharmacies are in-network View your pharmacies DRUGS	
Your next plan SilverScript Smart: Aetna Medicare Plan ID: Star rating: ★★★☆☆ MONTHLY PREMIUM \$18.60 Includes: Only dr TOTAL DRUG & PREMIUM \$243.96 Retail pharma \$285.44 Mail-order ph	Saver (PDP) 55601-207-0 rug coverage COST (for the rest of 2024) rcy: Estimated total drug + premium cost armacy: Estimated total drug + premium cost	PHARMACIES 4 of 4 of your selected retail pharmacies are in-network View your pharmacies DRUGS View drugs & their costs	
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IF YOU FIND A PLAN YOU WANT TO ENROLL IN / OR SWITCH TO, CLICK ENROLL BUTTON TO TAKE YOU THROUGH STEPS TO ENROLL AND CANCEL YOUR CURRENT PLAN IF YOU HAVE ONE.

DURING ANNUAL OPEN ENROLLMENT ALL CHANGES WILL BECOME EFFECTIVE JANUARY 1st.

MONTHLY PREMIUM	PHARMACIES
\$15.80 Includes: Only drug coverage	4 of 4 of your selected retail pharmacies a in-network
TOTAL DRUG & PREMIUM COST (for the rest of 2024)	View your pharmacies
\$261.60 Retail pharmacy: Estimated total drug + premium	cost DRUGS
\$213.60 Mail-order pharmacy: Estimated total drug + prem	<u>View drugs & their costs</u> um cost
DEDUCTIBLE	
\$545.00 Drug deductible	
\$545.00 Drug deductible	