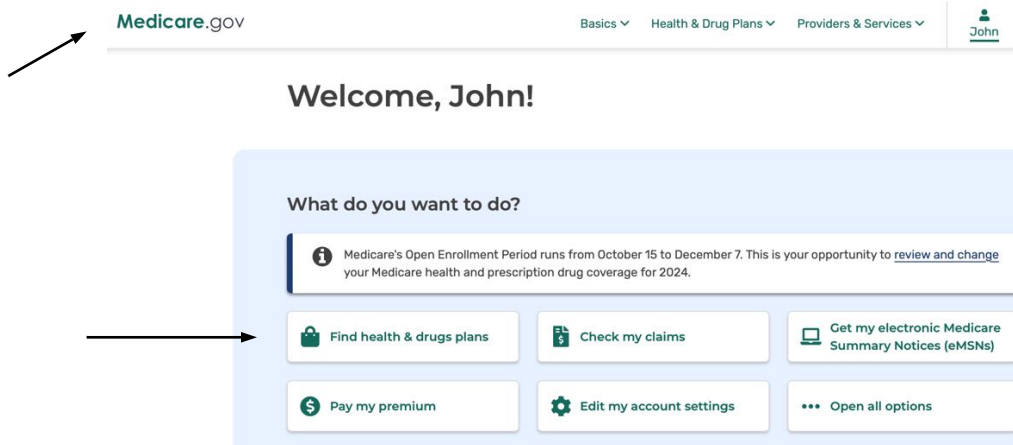
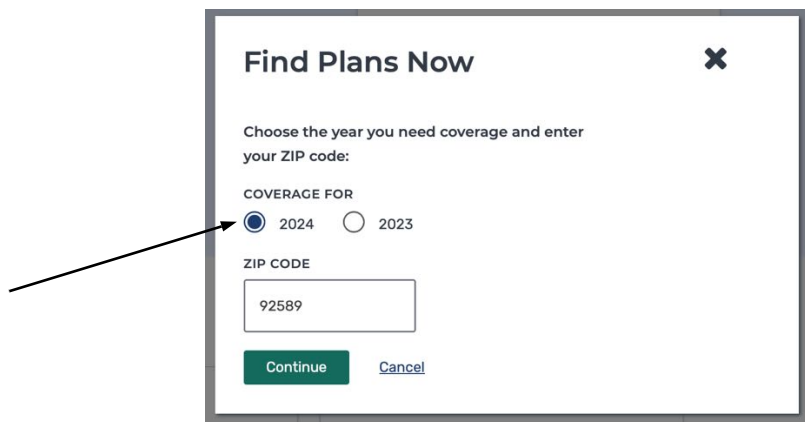


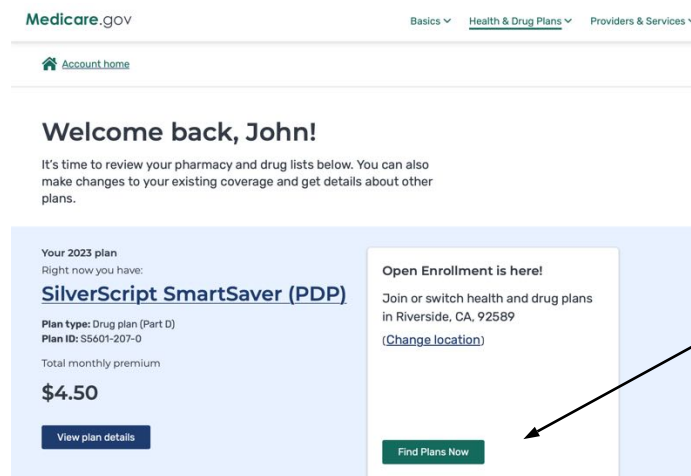
WHEN YOU LOG IN WILL LOOK LIKE THIS AND SELECT THE FIND HEALTH & DRUG PLANS



THEN SELECT 2024



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



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 hospital and medical insurance. 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 from a private company that helps pay your share of costs in Original Medicare. 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](#)

Medicare.gov Basics ▾ Health & Drug Plans ▾ Providers &

i You're viewing 2024 plans. [Show me 2023 plans.](#)

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.

THEN ENTER ANY MEDICINES TO INCLUDE IN THE SEARCH

EXAMPLE

Medicare.gov

Basics ▼ [Health](#)

i You're viewing 2024 plans. [Show me 2023 plans.](#)

Tell us about this drug

Cephalexin

DOSAGE

250mg capsule ▼

QUANTITY

30

FREQUENCY

Every month ▼

Add to My Drug List

Cancel

WHEN IT ASKS FOR PHARMACY, BE SURE AND PICK SEVERAL TO SEE IF PRICES VARY. YOU CAN PICK UP TO FIVE PHARMACIES WHEN ASKED.

EXAMPLE TO SEE EACH PLAN IN DETAIL

Your next plan

SilverScript SmartSaver (PDP)

Aetna Medicare | Plan ID: S5601-207-0

Star rating: ★★☆☆☆

MONTHLY PREMIUM

\$18.60 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2024)

\$243.96 [Retail pharmacy:](#) Estimated total drug + premium cost

\$285.44 [Mail-order pharmacy:](#) Estimated total drug + premium cost

DEDUCTIBLE

\$280.00 [Drug deductible](#)

PHARMACIES

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

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Plan Details



Added to compare

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.

Cigna Saver Rx (PDP)
Cigna | Plan ID: S5617-382-0
Star rating: ★ ★ ☆ ☆ ☆

MONTHLY PREMIUM
\$15.80 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2024)
\$261.60 Retail pharmacy: Estimated total drug + premium cost
\$213.60 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE
\$545.00 Drug deductible

PHARMACIES
4 of 4 of your selected retail pharmacies are in-network
[View your pharmacies](#)

DRUGS
[View drugs & their costs](#)

Add to compare

The screen shots on this FAQ are for 2024. Medicare does like to change the screens