



FREE FROM TIG MEDICARE

How to Run Your Drug Plan

Shop and enroll in a 2027 drug plan

Medicare.gov, one screen at a time, with pictures.
Keep this open next to your screen and follow along.

Enrollment is open: October 15 to December 7.

Find your plan, then enroll, one screen at a time.

Your new plan starts January 1, 2027.

Before you start

What to have next to you

- **Your pill bottles**, or a printed list from your pharmacy. For each drug you need the exact name, the strength (like 20mg), the form (tablet, capsule, extended release) and how many you fill each month.
- **The pharmacies you would use.** Pick two near you. We will add mail order too.
- **Your red, white and blue Medicare card.** You need your Medicare Number to enroll. You will type it **without the dashes**.
- **A pen.** There are boxes near the end to write down your pick and your confirmation number.

How to read the pictures

Green circle

Click or type here.

Blue circle

Stop and check this.

You can log in, or not. Both work.

No account? You do not need one. This guide shows every screen without logging in.

Have a Medicare.gov account? You can log in if you prefer. If you saved a drug list there before, the site brings it in, so you do not have to type every drug again. Your buttons and screens will look a little different from our pictures. You end up in the same place: your 2027 plans with your costs. Still read every drug, dose and quantity on your saved list before you trust the prices.

Two things about this time of year

Medicare.gov shows two years at once

From October through December the site has 2026 plans and 2027 plans. You are shopping for **2027**. We circle the year in blue on every screen where it shows.

Enrollment is open now

The Annual Enrollment Period runs **October 15 to December 7**. You can shop and enroll in one sitting. Your new plan starts **January 1**. Part 1 of this guide is shopping. Part 2 is enrolling.

About the example in the pictures

We ran a made-up person in ZIP code 48170 (Wayne County, Michigan) with four drugs. Every dollar figure in this guide comes from that example, checked on October 15, 2026. Your plans, prices and pharmacies will be different.

Part 1: Find your plan

1

Go to [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)

Type **medicare.gov/plan-compare** into your browser. The page should say “Pick your 2027 plan from Oct. 15 - Dec. 7.” Then scroll down to the box called “Find Medicare health & drug plans.”

Find the plan that works for you

Pick your 2027 plan from Oct. 15 -
Dec. 7.



Find out what you can do during Open
Enrollment.



Feedback

2

Choose 2027 and type your ZIP code

On the right side, under “Don’t have a Medicare account?”, make sure the **2027** circle is filled in. Type your ZIP code.

If you would rather use your saved drug list, the **Log in** button is on the left side of this same box. Your screens will look different from here on, but you finish in the same place.

Find Medicare health & drug plans

Save time by logging in

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

Create accountLog in

Don't have a Medicare account?

You'll need to answer a few questions before we show you plans. These questions help us give you better cost estimates, but won't change which plans you see.

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

COVERAGE FOR

☒ 2027☐ 2026

What's your ZIP code?
We use your ZIP code to find plans in your area.

00000Continue

If your ZIP code covers more than one county, the site lists them. Click yours, then click **Continue**.

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

COVERAGE FOR

☒ 2027 ☐ 2026

What's your ZIP code?
Select the county you live in.

☐ Washtenaw, MI

☒ Wayne, MI

3

Choose “Medicare drug plan (Part D)”

Click **Medicare drug plan (Part D)**, then click **Find plans**. This is the stand-alone drug plan that goes with Original Medicare and a Medicare Supplement.

Save time by logging in

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

Create account

Log in

Don't have a Medicare account?

You'll need to answer a few questions before we show you plans. These questions help us give you better cost estimates, but won't change which plans you see.

What type of plan are you looking for?

☐ Medicare Advantage Plan (Part C)

☒ Medicare drug plan (Part D)

☐ Medigap policy (supplement insurance)

Which type of plan should I choose?

i

← Back

Find plans

4

Answer the question about help with costs

The site asks if you get help from Medicaid, Supplemental Security Income, a Medicare Savings Program or Extra Help. Click the one that fits you. If none do, click **I don't get help from any of these programs**, then **Continue**.

☐ 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

Now look at the top of the page. From here on, a blue bar tells you which year you are looking at. It should say **2027**.

This screenshot shows the top of a Medicare plan selection page. A light blue header bar at the top contains an information icon and the text "You're viewing 2027 plans. [Show me 2026 plans.](#)". Below the header, on the left, is a green arrow and the text "Back". The main heading is "Do you get help with your Medicare health or drug costs?". Below this is a paragraph: "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." On the right side, there is a vertical green button labeled "Feedback".

5 Say yes to drug costs

Click **Yes, include drug costs**, then **Continue**. If you skip this, the site cannot tell you what each plan will cost you.

This screenshot shows a step in the Medicare plan selection process. At the top left is a green arrow and the text "Back". The main heading is "Do you want to use drug costs to help you compare plans?". Below this is a paragraph: "Drug prices vary between plans. Add all the prescription drugs you take regularly to get the most accurate cost estimates when you compare plans." There are two radio button options: "Yes, include drug costs" (which is selected and highlighted with a green border) and "No, don't include drug costs". At the bottom right is a green button labeled "Continue", also highlighted with a green border.

6

Type your first drug

Start typing the name. Wait for the list to drop down, click your drug in the list, then click **Add**.

If you logged in and your saved drugs are already showing, you do not need to type them again. Go to step 10 and check each one.

← [Back](#)

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 synthroid

Synthroid

Unithroid

Synarel

Synalar

[See plans without drug costs](#)

saved drug list.

Pick the plain drug, not the combination

When we typed “metformin,” the first 7 choices were combination pills, like glyburide / metformin. The plain one, metformin hydrochloride, was further down. Scroll the list until the name matches your bottle.

← [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.

Add

glyburide / metformin

alogliptin / metformin

glipizide / metformin

metformin / sitagliptin

metformin / saxagliptin

saved drug list.

[Privacy Setting](#) | [Linking Policy](#) | [Using this site](#)

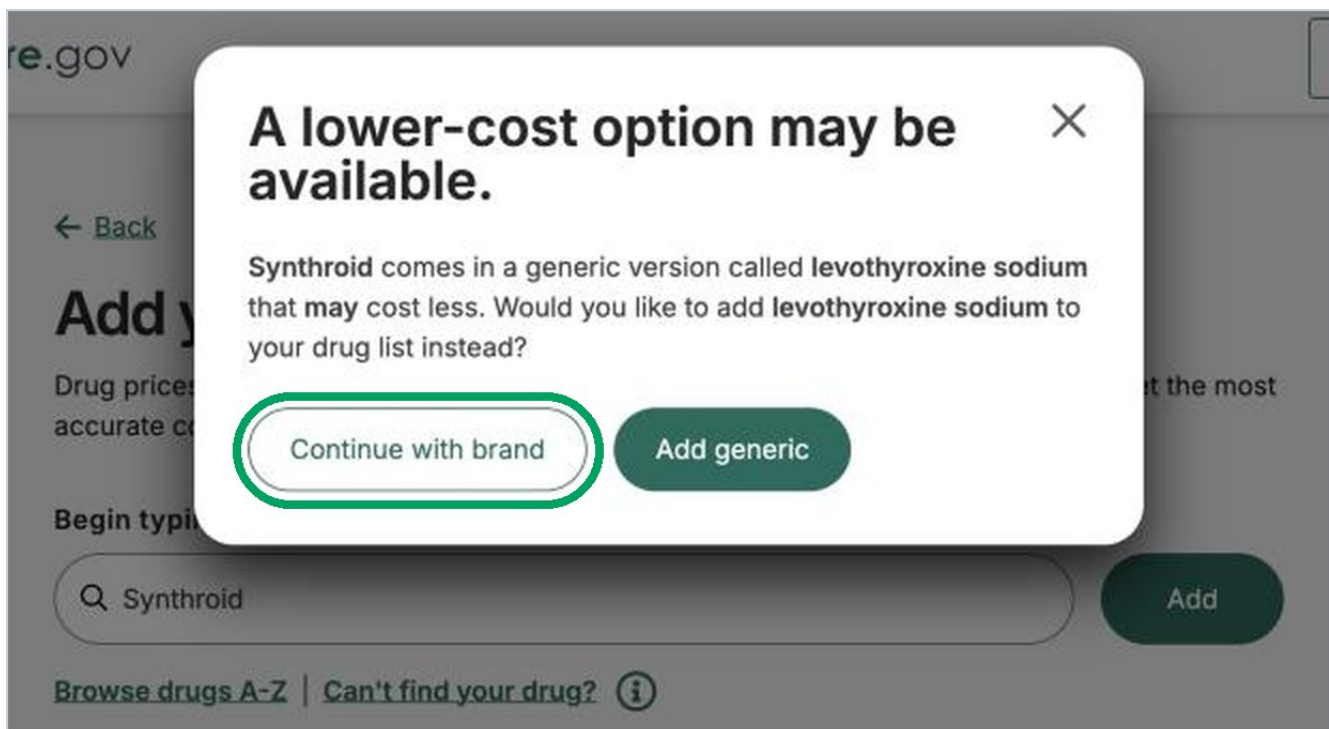
Every choice showing here is a combination pill. Keep scrolling.

7

Brand or generic? Choose what is on your bottle

If you type a brand name, the site may offer the generic. Our example person takes brand-name Synthroid, so we clicked **Continue with brand**. If you take the generic, click **Add generic**.

This choice changes your price. In our example, on the plan we picked, brand-name Synthroid was \$515.22 of the \$551.22 yearly drug cost at our lower-priced retail pharmacy. The three generic drugs were \$12.00 each for the year.



8

Check the dose, the quantity and how often

Three boxes come up: **Dosage**, **Quantity** and **Frequency**. The site fills them in for you. Check every one against your bottle before you click **Add to my drug list**.

The screenshot shows a web form titled "Add Synthroid". At the top left is a green "Back" link with a left arrow. Below the title is a subtitle: "Tell us how you take this drug so we can estimate your costs more accurately." There are three input fields: "Dosage" with a dropdown menu showing "75mcg tablet", "Quantity" with a text box containing "30", and "Frequency" with a dropdown menu showing "Every month". Each field has a blue border and a small downward arrow on the right. At the bottom right is a green button labeled "Add to my drug list".

The site guessed wrong on metformin

It filled in **1000mg tablet** and a quantity of **90**. Our example is 500mg tablets, 180 a month. We had to change both.

The Dosage list for metformin had 12 choices: 5 tablet strengths, a liquid, and 6 extended release tablets. Tablets, capsules and extended release are priced as different drugs. Match the bottle.

[← Back](#)

Add metformin hydrochloride

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

Dosage

1000mg tablet

Quantity

90

Frequency

Every month

Add to my drug list

What the site filled in.

[← Back](#)

Add metformin hydrochloride

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

Dosage

500mg tablet

Quantity

180

Frequency

Every month

Add to my drug list

After we fixed it.

9

Watch the quantity when you change the dose

When we changed atorvastatin from 40mg to 20mg, the site changed the quantity from 30 to **60** without telling us. Look at the Quantity box again after you change the Dosage box.

[← Back](#)

Add atorvastatin

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

Dosage

20mg tablet

Quantity

60

Frequency

Every month

Update this drug

10

Review your drug list

Read every line: name, strength, form, quantity and frequency. This is where we caught the wrong quantity. Click **Edit** to fix a line.

← [Back](#) 

Review your drug list

Make sure you've added all the drugs you take regularly. This helps us show you the most accurate cost estimates when you compare plans.

Atorvastatin 20mg tablet
Quantity 60 • Frequency Every month

Edit Remove

Lisinopril 10mg tablet
Quantity 60 • Frequency Every month

Edit Remove

Quantity 60 was wrong. Our example takes 30.

Get the quantity right

- One pill twice a day is 60 a month, not 30.
- Something you fill once a year, like an EpiPen, is quantity 1 with Frequency set to “Every 12 months.” It is not 12.
- For inhalers, insulin pens and eye drops, read the Quantity box slowly. The site may count them differently than you do.
- Frequency can be every month, or every 2, 3, 6 or 12 months.

Keep a copy of your list

When the list is right, keep a copy. You will want it next year. There are three ways. Pick one.

[← Back](#)



Review your drug list

Make sure you've added all the drugs you take regularly. This helps us show you the most accurate cost estimates when you compare plans.

Atorvastatin 20mg tablet
Quantity 30 • Frequency Every month

EditRemove

Lisinopril 10mg tablet
Quantity 60 • Frequency Every month

EditRemove

Metformin hydrochloride 500mg tablet
Quantity 180 • Frequency Every month

EditRemove

Synthroid 75mcg tablet
Quantity 30 • Frequency Every month

EditRemove

The little printer picture is at the top right of your drug list.

1. Print it

- Click the little printer picture at the top right.
- A print window opens. Click **Print**.

2. No printer? Save it on your computer

- Click the same little printer picture.
- In the print window, find the box that names your printer. It may be labeled **Destination** or **Printer**.
- Click that box and choose **Save as PDF**.
- Click **Save**. Give it a name you will know, like “My drug list 2027.”
- On a Mac, you may see a button marked **PDF** at the bottom of the print window instead. Click it, then click **Save as PDF**.

3. Or take a picture with your phone

- Open the camera on your phone.
- Hold it steady over the screen until every drug on the list is in the picture. Take the picture.
- If the list is long, scroll down and take a second picture.
- Look at the picture. Make sure you can read every name and number.

Then scroll down and click **Continue**.

The screenshot displays a digital drug list interface. It features four medication entries, each in a rounded rectangular box. Each entry includes the medication name, its quantity, and its frequency, followed by 'Edit' and 'Remove' buttons. The medications listed are: Atorvastatin 20mg tablet (Quantity 30, Frequency Every month), Lisinopril 10mg tablet (Quantity 60, Frequency Every month), Metformin hydrochloride 500mg tablet (Quantity 180, Frequency Every month), and Synthroid 75mcg tablet (Quantity 30, Frequency Every month). At the bottom of the list, there are two buttons: 'Add another drug' and 'Continue'. The 'Continue' button is highlighted with a green circle.

Medication	Quantity	Frequency	Edit	Remove
Atorvastatin 20mg tablet	30	Every month	Edit	Remove
Lisinopril 10mg tablet	60	Every month	Edit	Remove
Metformin hydrochloride 500mg tablet	180	Every month	Edit	Remove
Synthroid 75mcg tablet	30	Every month	Edit	Remove

At the bottom of the list, there are two buttons: 'Add another drug' and 'Continue'.

11

Pick your pharmacies

You can add up to 5. Check **Mail-order Pharmacy** and the retail pharmacies you would use. We picked two retail pharmacies plus mail order. Then click **Continue**.

Add more than one because the same plan can cost a different amount at each pharmacy.

Showing 1 to 10 of 59 pharmacies near 48170

	Mail-order Pharmacy Add both mail-order and retail pharmacies to find the lowest cost.	Added ☒
1	CVS Pharmacy #08085 1400 S Sheldon Rd, Plymouth, MI 48170 (734) 453-5807	Added ☒
2	Kroger Pharmacy #670 44525 Ann Arbor Rd, Plymouth, MI 48170 (734) 414-9348	Added ☒
3	Birdi, Inc. 43811 Plymouth Oaks Blvd, Plymouth, MI 48170 (855) 247-3479	Add ☐

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

CVS Pharmacy #08085 X

Kroger Pharmacy #670 X

Mail Order Pharmacy X

Continue

Feedback

12

Check the year, then check the sort

Now you see your plans. Do two things before you read any prices.

First, the blue bar. It should say “You’re viewing 2027 plans.” If it says 2026, click “Show me 2027 plans.”

Second, “Sort plans by.” It should say **Lowest drug + premium cost**. That puts the lowest total cost for the year first. The other choices sort by deductible or by monthly premium. Leave it on drug + premium.

You're viewing 2027 plans. [Show me 2026 plans.](#)

[← Back to drugs & pharmacies](#)

Compare and choose a plan

Compare plan costs, coverage, and ratings based on the information you've provided. Check plan details to learn more, or compare up to 3 plans side-by-side.

Prescription Drug Plans [Switch plan type](#) • **Wayne, MI** [Change location](#)

Filter by: Insurance Carriers ▾ Star Ratings ▾ [View all filters](#)

Sort plans by Lowest drug + premium cost ▾

Showing 1 to 10 of 11 drug plans

Feedback

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Do not sort by deductible

A deductible sounds scary, so it is tempting to switch the sort to “Lowest yearly drug deductible.” In our example that put the more expensive plans first.

How we sorted	Deductible on the first plan	Its total for the year, retail
Lowest yearly drug deductible	\$125.00	\$1,753.80
Lowest drug + premium cost	\$687.00	\$757.62

Example only. Your numbers will differ.

The plan with the \$687 deductible came out **\$996.18 less** for the year than the plan with the \$125 deductible.

One big reason: the low-deductible plan had a premium of \$80.30 a month, against \$17.20. That is \$757.20 more in premiums over the year before you fill a single prescription.

So read the total for the year. The deductible is already counted inside it.

15

Read the plan card

Look under **Total Drug & Premium Cost (for 2027)**. Those are your drugs plus your premiums for the whole year, one number for retail and one for mail order. In our example the first plan was \$757.62 at retail and \$783.56 by mail.

The monthly premium is only part of it. In our example, the plan with a \$17.20 premium came out lower for the year at retail than plans with premiums of \$5.30 and \$6.30.

The **Enroll** button is right on the card. Hold off for now. Check the plan details first, then come back to enroll in Part 2.

Sort plans by
Lowest drug + premium cost
Showing 1 to 10 of 11 drug plans

Humana Value Rx Plan (PDP)
Humana | Plan ID: S5884-192-0

Star rating: ★★★★★

Deductible
\$687.00 Drug deductible

Total Drug & Premium Cost (for 2027)
\$757.62 Retail pharmacy: Estimated total drug + premium cost
\$783.56 Mail-order pharmacy: Estimated total drug + premium cost

Monthly Premium
\$17.20 Includes: Only drug coverage

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

Drugs
[View drugs & their costs](#)

[See plan details](#)
[Enroll](#)
☐ Add to compare

Feedback

Example only. Your numbers will differ.

16

Compare up to 3 plans side by side

Check **Add to compare** on up to three plans, then click **Compare** at the bottom of the screen.

HealthSpring Assurance Rx (PDP)
HealthSpring | Plan ID: S5715-034-0

Star rating: ★★☆☆☆

3 Plans to compare • You can add up to 3 plans to compare them

Humana Value Rx Plan (PDP) ✕

Wellcare Value Script (PDP) ✕

Humana Basic Rx Plan (PDP) ✕

Compare

Each plan lists each of your pharmacies with its own total for the year. In our example the first plan was \$812.81 at Kroger, \$757.62 at CVS and \$783.56 by mail. The same pharmacy can cost a different amount on each plan.

Look at the green labels too. A pharmacy can be **Preferred** with one plan and only **In-network** with another. Preferred is where that plan gives its lower price.

	<div>×</div> <div>Humana Value Rx Plan (PDP)</div> <div>\$17.20</div> <div>Monthly premium</div> <div>See plan details</div> <div>Enroll</div>	<div>×</div> <div>Wellcare Value Script (PDP)</div> <div>\$5.30</div> <div>Monthly premium</div> <div>See plan details</div> <div>Enroll</div>	<div>×</div> <div>Humana Basic Rx Plan (PDP)</div> <div>\$6.30</div> <div>Monthly premium</div> <div>See plan details</div> <div>Enroll</div>
<div>Total drug + premium cost (for 2027)</div> <div>How do pharmacy networks affect what I pay? ⓘ</div>	<div>KROGER PHARMACY #670</div> <div>✓ In-network</div> <div>\$812.81</div> <div>CVS PHARMACY #08085</div> <div>✓ In-network</div> <div>\$757.62</div> <div>Mail order pharmacy</div> <div>✓ Preferred</div> <div>\$783.56</div>	<div>KROGER PHARMACY #670</div> <div>✓ Preferred</div> <div>\$776.15</div> <div>CVS PHARMACY #08085</div> <div>✓ Preferred</div> <div>\$761.30</div> <div>Mail order pharmacy</div> <div>✓ Preferred</div> <div>\$625.20</div>	<div>KROGER PHARMACY #670</div> <div>✓ In-network</div> <div>\$790.97</div> <div>CVS PHARMACY #08085</div> <div>✓ In-network</div> <div>\$803.35</div> <div>Mail order pharmacy</div> <div>✓ Preferred</div> <div>\$718.20</div>

Example only. Your numbers will differ.

17

Open the plan details

Click **See plan details** on a plan you like. The green box at the top shows your premium and your drug cost for 2027. These two drug numbers are before the premium is added. In our example: \$551.22 at retail and \$577.16 by mail, plus a \$17.20 monthly premium.

The **Enroll** button sits at the top right of this page. That is where Part 2 starts.

← [Go back to plan comparison](#)

Humana

Humana Value Rx Plan (PDP)

- Plan type: Drug plan (Part D)
- Plan ID: S5884-192-0

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

[Feedback](#)

[Enroll](#)

What you'll pay	Total monthly premium	Total retail pharmacy drug cost for 2027	Total mail order pharmacy drug cost for 2027
	\$17.20	\$551.22	\$577.16
		Estimated using your lowest price saved retail pharmacy	Estimated using your saved mail order pharmacy
		Covers 4 of 4 saved drugs View drug coverage	Covers 4 of 4 saved drugs View drug coverage

Example only. Your numbers will differ.

This page has the same little printer picture at the top right. Keep a copy of the plan you like the same three ways: print it, save it as a PDF, or take pictures with your phone.

The next screen lists the in-network pharmacies near you. Next to each one is your **estimated total drug cost for 2027** at that pharmacy, on this plan. Use it to find a lower price close to home.

Showing 1 to 10 of 40 pharmacies near 48170

☐ Show only preferred in-network pharmacies [What's this?](#) ⓘ

Mail-order Pharmacy

✓ Preferred In-network

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

Estimated total drug cost (for 2027)

\$577.16

Added ✓

1 **CVS Pharmacy #08085**

✓ In-network

1400 S Sheldon Rd, Plymouth, MI 48170
(734) 453-5807

Estimated total drug cost (for 2027)

\$551.22

Added ✓

2 **Kroger Pharmacy #670**

✓ In-network

44525 Ann Arbor Rd, Plymouth, MI 48170

Estimated total drug cost (for 2027)

\$606.41

Feedback

Example only. Your numbers will differ.

In our example, CVS at \$551.22 was already as low as any pharmacy on this plan's list. Kroger was \$606.41, and several other pharmacies nearby were \$598.32. On a different plan the order can flip, which is why this screen is worth a look.

- To add a pharmacy, check the **Add** box next to it. You can have up to 5.
- To drop one, click the **X** next to its name at the bottom of the screen.
- Click **Continue** to go back to the plan with your new pharmacies.

These prices are for this one plan. If you change pharmacies, go back and look at your plan list again. The plan order can change.

20

See what each drug costs at each pharmacy

Keep scrolling. One table shows each drug at each pharmacy for the year. The next one adds your premium and tells you when you would meet your deductible.

	Kroger Pharmacy #670 ✓ In-network	CVS Pharmacy #08085 ✓ In-network	Mail Order Pharmacy ✓ Preferred
Atorvastatin 20mg tablet	\$12.00	\$12.00	\$0.00
Lisinopril 10mg tablet	\$12.00	\$12.00	\$0.00
Metformin hydrochloride 500mg tablet	\$12.00	\$12.00	\$0.00
Synthroid 75mcg tablet	\$570.41	\$515.22	\$577.16
Total estimated drug cost for 2027	\$606.41	\$551.22	\$577.16

Example only. Your numbers will differ.

ESTIMATED DRUG + PREMIUM COST			
	Kroger Pharmacy #670 ✓ In-network	CVS Pharmacy #08085 ✓ In-network	Mail Order Pharmacy ✓ Preferred
Total estimated drug + premium cost for 2027	\$812.81	\$757.62	\$783.56
When you'll meet your deductible	November 2027	November 2027	You won't meet your deductible in 2027

Example only. Your numbers will differ.

21 Look at it month by month

The next table shows what you would pay each month. In our example that was \$54.24 a month at Kroger and \$52.54 at CVS. Mail order showed \$144.29 every third month.

Plan pages for 2027 also note that you will not pay more than \$2,400 out of pocket for covered Part D drugs in 2027.

	Kroger Pharmacy #670 ✓ In-network	CVS Pharmacy #08085 ✓ In-network	Mail Order Pharmacy ✓ Preferred
January	\$54.24	\$52.54	\$144.29
February	\$54.24	\$52.54	-
March	\$54.24	\$52.54	-
April	\$54.24	\$52.54	\$144.29
May	\$54.24	\$52.54	-
June	\$54.24	\$52.54	-
July	\$54.24	\$52.54	\$144.29
August	\$54.24	\$52.54	-
September	\$54.24	\$52.54	-
October	\$54.24	\$52.54	\$144.29

Example only. Your numbers will differ.

22 Check for restrictions

Scroll down and click **View more drug coverage**.

[+ View more drug coverage](#)

Find the table called **Other drug information**. It has three columns to read for every drug:

- **Prior authorization:** the plan has to approve the drug before it pays.
- **Quantity limits:** the plan covers only so many per fill.
- **Step therapy:** the plan wants you to try a different drug first.

On the plan we picked, every drug showed a dash in all three columns. A dash means no restriction.

OTHER DRUG INFORMATION				
	Tier	Prior authorization	Quantity limits	Step therapy
Atorvastatin 20mg tablet	Tier 1	—	—	—
Lisinopril 10mg tablet	Tier 1	—	—	—
Metformin hydrochloride 500mg tablet	Tier 1	—	—	—
Synthroid 75mcg tablet	Tier 3	—	—	—

Example only. Your numbers will differ.

What a “Yes” looks like

Another plan in our search, Wellcare Value Script, showed “Yes” under Quantity limits for two drugs. Click the word **Yes** (or point at it with your mouse). A small box opens and shows the limit, so you do not have to call the plan to find out.

- **Quantity Limits Amount** is how many the plan covers.
- **Quantity Limits Frequency** is how often, in days.

Select Care Drugs	\$11.00 copay	\$0 copay		
OTHER DRUG INFORMATION				
	Tier	Prior authorization		
Atorvastatin 20mg tablet	Tier 1	—	Yes	—
Lisinopril 10mg tablet	Tier 1	—	—	—
Metformin hydrochloride 500mg tablet	Tier 1	—	Yes	—
Synthroid 75mcg tablet	Tier 3	—	—	—

×

Quantity Limits Amount
30

Quantity Limits Frequency
30 Day(s)

Feedback

Atorvastatin: 30 every 30 days. Our example takes 30, so this one is fine.

Now compare each limit to what you take. That plan covers metformin up to **150 every 30 days**. Our example person takes **180**. That is a problem to sort out before picking that plan.

OTHER DRUG INFORMATION				
	Tier	Prior authorization		
Atorvastatin 20mg tablet	Tier 1	—		
Lisinopril 10mg tablet	Tier 1	—		
Metformin hydrochloride 500mg tablet	Tier 1	—	Yes *****	—
Synthroid 75mcg tablet	Tier 3	—	—	—

Metformin: 150 every 30 days. Our example takes 180.

Write each limit in pen next to that drug on your printed copy. If a limit is lower than what you take, call the plan and ask how to get the amount you need covered. The plan’s phone number is at the top of its plan details page.

Before you pick

- ☐ It says **2027** in the blue bar and in the cost line.
- ☐ I sorted by **Lowest drug + premium cost** and looked at the total for the year, not just the premium.
- ☐ The plan covers **every** drug on my list.
- ☐ Each drug shows the right strength, form, quantity and Brand or Generic.
- ☐ My pharmacy is in-network. Preferred if I can get it.
- ☐ I read the restrictions for every drug.

Write down your pick

Plan name	
Plan ID	
Monthly premium	
Total for the year, retail	
Total for the year, mail order	
Pharmacy I will use	

The Plan ID is under the plan name. It looks like S5884-192-0.

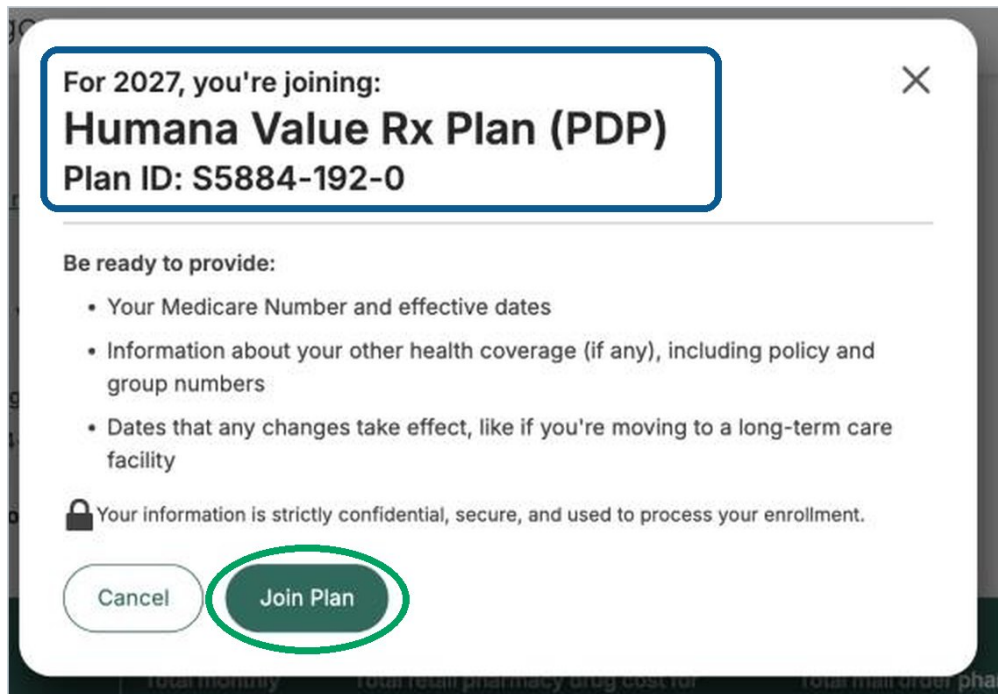
Part 2: Enroll

You found your plan. Now you are ready to join it. Have your Medicare card next to you.

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Click Enroll on your plan

Go back to your plan's details page (or its card in the plan list) and click **Enroll**. A box pops up.

A screenshot of a web-based enrollment confirmation box. The box has a white background with a blue border and a close button (X) in the top right corner. At the top, it says "For 2027, you're joining:" followed by "Humana Value Rx Plan (PDP)" and "Plan ID: S5884-192-0". Below this, it says "Be ready to provide:" followed by a bulleted list: "Your Medicare Number and effective dates", "Information about your other health coverage (if any), including policy and group numbers", and "Dates that any changes take effect, like if you're moving to a long-term care facility". Below the list is a lock icon and the text "Your information is strictly confidential, secure, and used to process your enrollment." At the bottom, there are two buttons: "Cancel" and "Join Plan". The "Join Plan" button is highlighted with a green oval.

Read the top of the box. It should say **For 2027**, with the plan name and Plan ID you wrote down. If anything does not match, click **Cancel** and go back.

The box lists what to have ready: your Medicare Number and dates, any other health coverage you have, and the dates any changes take effect. When it all matches, click **Join Plan**.

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Step 1 of 7: Your Medicare Number

The enrollment form has 7 steps. The first one asks for your **Medicare Number**. Type the letters and numbers exactly as they are on your card, **with no dashes**.

The screenshot shows the first step of a 7-step enrollment form. At the top left, a blue circle contains the number '24'. The step indicator 'Step 1 of 7' is in a blue pill shape. The title 'Your Medicare information' is in large bold text. Below it, the plan name 'For 2027, you're joining: Humana Value Rx Plan (PDP)' is shown. Plan details include 'Plan ID: S5884-192-0' and 'Plan Includes: Only drug coverage'. A note states 'All fields required unless marked optional.' The 'Medicare Number' field is highlighted with a green border and a green circle. Below the field is a link 'Where can I find my Medicare Number?' with an information icon. A vertical 'Feedback' button is on the right side.

Step 1 of 7

Your Medicare information

For 2027, you're joining: Humana Value Rx Plan (PDP)

Plan ID: S5884-192-0
Plan Includes: Only drug coverage

All fields required unless marked optional.

Medicare Number

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

Feedback

Do not type the dashes.

Your card shows your Medicare Number with dashes, like 1EG4-TE5-MK72. Type only the letters and numbers: **1EG4TE5MK72**.

Not sure where it is? Click **Where can I find my Medicare Number?** A panel opens with a sample card. Your number is in the same spot on your own card. The letters B, I, L, O, S and Z are never used, so a mark that looks like an O is a zero.

Finding your Medicare card

Check your red, white, and blue Medicare card. Enter your Medicare Number as it appears on your Medicare card, with or without dashes. Check carefully, since letters can look similar to numbers. (The letters B, I, L, O, S, and Z are not used in Medicare Numbers.)

If you're new to Medicare and don't have your Medicare card yet, you can get your Medicare Number by [logging into your Social Security account](#).



Medicare.gov's own sample card. The card shows dashes. Do not type them.

Then read the box called **Important information** before you go on.

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.

Feedback

Read this part twice

In a Medicare Advantage plan today? If you join a stand-alone drug plan, you leave your Medicare Advantage plan and go back to Original Medicare when the new plan starts. Only do this if that is what you want.

Have drug coverage from an employer or union? Talk to them before you join. Joining a plan might end that coverage for you and your family.

At the bottom, check the box that says you have read the page, then click **Next**.

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

Feedback

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Your name, address and other details

Next, the site asks for your name, birth date, address and phone. Spell your name the way it is on your Medicare card. If it asks about other coverage you have, answer the way things are today.

You will **not** be asked to pick an enrollment window. The site already knows it is the Annual Enrollment Period.

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Choose how to pay your premium

If the plan has a monthly premium, the site asks how you want to pay it. You have two choices: have it taken out of your Social Security (or Railroad Retirement) check each month, or have the plan bill you each month. Either one is fine. Pick what you like.

How do you want to pay your plan premiums?

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

Our example chose to have the plan send a bill.

Whichever you pick, make sure the payment really happens

If you chose a bill: watch for it in the mail and pay it. If no bill comes in the first few weeks of January, call the plan.

If you chose Social Security: it can take a few months to start. Check that the premium actually shows up as a deduction on your Social Security payment. Until it does, the plan may send you a bill for those months. Pay it, so the plan does not end for an unpaid premium.

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Step 6 of 7: Plan agreement

Check the top again. It should say **For 2027, you're joining** and the plan you picked. Read the statements.

Step 6 of 7

Plan agreement

For 2027, you're joining: Wellcare Value Script (PDP)

Plan ID: S4802-148-0
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 disqualified from the plan.

Feedback

Check the box that says **I've read and agree to these statements**. Checking that box is your signature.

Under **Who's completing this application?**, choose **The person joining this plan (Me)**. If a family member or friend is filling it in for you, they choose **Someone else**. Then click **Next**.

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

Feedback

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Step 7 of 7: Review and submit

Read every section: your Medicare information, your name and address, how you will pay, and the plan. Click **Edit** on any section that is wrong.

Check the plan name, the Plan ID and the year, **2027**, one last time. Then click **Submit**.

Step 7 of 7

Review & submit your application

For 2027, you're joining: Wellcare Value Script (PDP)

Plan ID: S4802-148-0
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

These last enrollment screens show a different plan, Wellcare Value Script, from another walk-through. The steps are the same for every plan.

Save your confirmation number

After you click Submit, the last screen shows a **confirmation number**. Keep it. Print the page, save it as a PDF, or take a picture of it with your phone, the same three ways you kept your drug list. Then write it here too:

Confirmation number

Date I enrolled

Plan name and Plan ID

After you enroll

- **Watch your mail.** The plan sends a letter confirming you are enrolled, your new member ID card, and your first bill if you chose to be billed.
- **Your new plan starts January 1, 2027.** Keep using your current card until then.
- **Already in a different drug plan for 2026?** In most cases you do not need to cancel it. Joining the new plan ends the old one when the new one starts. If you are not sure, call your old plan.
- **Changed your mind?** You can pick a different plan any time until December 7. The last plan you choose by December 7 is the one that starts January 1.
- **Have not heard from the plan in a few weeks?** Call the plan's phone number for members, using your confirmation number.

Dates that matter

October 15	Annual Enrollment opens.
December 7	Last day of the Annual Enrollment Period.
January 1	Your 2027 plan starts.

If you need help with Medicare Supplements, Medicare Advantage plans and more, give us a call.

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TIG Thomas Insurance Group · We make insurance easy!

We may not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

The screens in this guide are from Medicare.gov and were captured on October 1, 2 and 15, 2026. Plan names and prices are shown only as an example of how the site works. Medicare.gov can change its screens at any time.