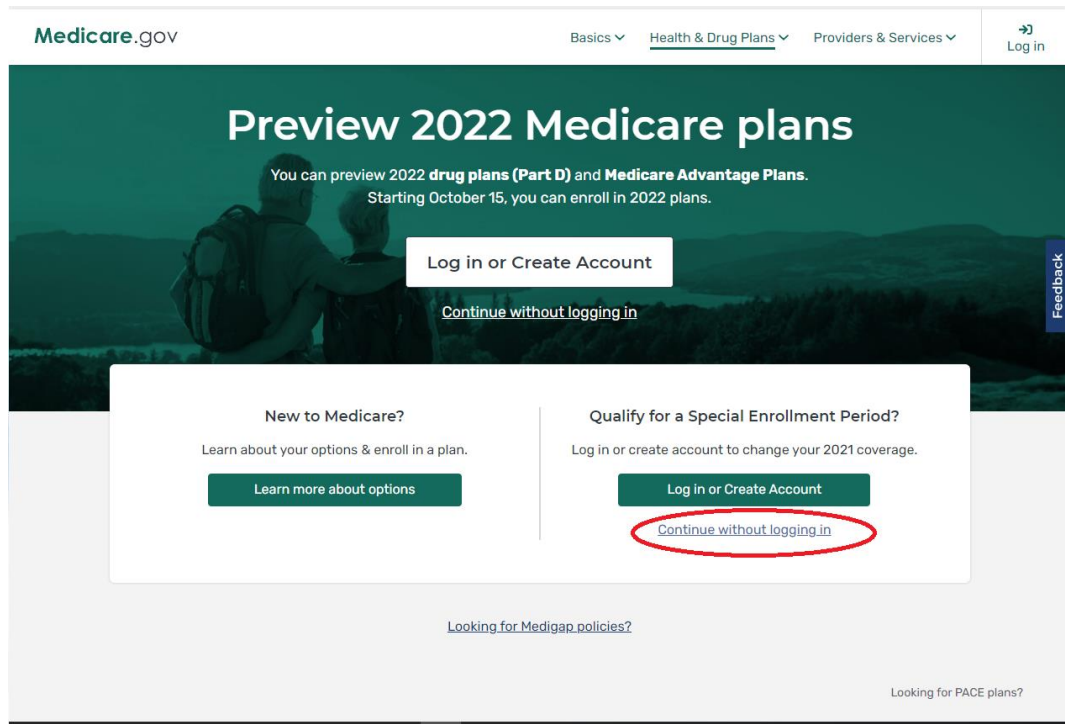


How to Compare Medicare Part D Drug Plans

1. Compare Drug Plans (Plan D): <https://www.medicare.gov/plan-compare/#/?lang=en>
Click [Continue without logging in]



2. Make sure you are looking at the 2022 plans and enter YOUR zip code

i You're viewing 2022 plans. [Show me 2021 plans.](#)

Answer a few quick questions

What type of 2022 coverage are you looking for?

We'll show you 2022 plans. If you want a plan that starts before January 1, [view 2021 plans.](#)

Medicare Advantage Plan

Drug plan (Part D)

Adds drug coverage to Original Medicare.

Drug plan (Part D) + Medigap policy

Medigap policy only

I want to learn more about Medicare options before I see plans

ENTER YOUR ZIP CODE

[Continue](#)

Select your county

24450, Lexington City, VA

24450, Rockbridge, VA

← Enter YOUR zip code. You may be asked to clarify the county as shown in the example here

3. Chose: I don't get help from any of these programs and click [Next]

Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs

Next

4. You want to see Drug Costs. 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

5. Enter your prescription drugs one at a time with your monthly quantities. When you have entered all your prescription press [DONE Adding Drugs]

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

[Clear search](#)

[Browse drugs A-Z](#) [Can't find your drug?](#)

6. You can choose up to 5 pharmacies to compare. Click [Done]

[Back to drug selection](#)

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

24450

NAME OF PHARMACY (OPTIONAL)

Find Pharmacy

Filter by:

Distance: 10 miles

Mail-order Pharmacy

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

Pharmacy Added

1. Lexcare Pharmacy

146 South Main St Ste B, Lexington, VA 24450
(540) 463-6284

Add Pharmacy

2. Lexington Prescription Center

800 S Main St, Lexington, VA 24450
(540) 463-9166

Pharmacy Added

3. Kroger Pharmacy

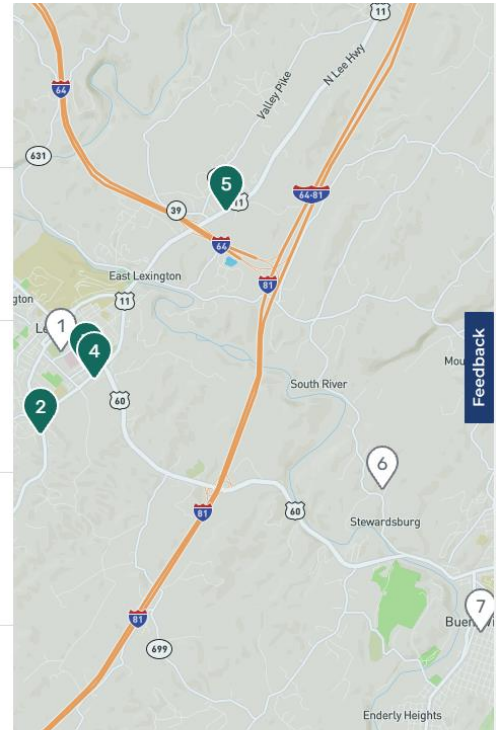
422 E Nelson St, Lexington, VA 24450
(540) 464-1600

Pharmacy Added

4. CVS Pharmacy #06325

506 East Nelson Street, Lexington, VA 24450
(540) 463-7126

Pharmacy Added



Lexington Prescription Center

Kroger Pharmacy

CVS Pharmacy #06325

Walmart Pharmacy 10-1335

Mail Order Pharmacy

Done

7. Sort the plans by lowest annual drug deductible + premium cost to view your best options.

Medicare.gov Basics Health & Drug Plans Providers & Services Log in

You're viewing 2022 plans. [Show me 2021 plans.](#)

There may be Medicare Advantage Plans available with lower drug costs. [Tell me more.](#) [View 18 available Medicare Advantage Plans](#)

[Back to drugs & pharmacies](#) Print

MY LOCATION: Lexington City, VA [Change location](#) PLAN TYPE: Select a Plan Type






Filter by: Insurance Carrier Star Ratings

Showing 10 of 23 drug plans SORT PLANS BY: **Lowest drug + premium cost**

8. Now you need to look at your specific PLAN DETAILS of your list.

For each Drug Plan you can see the pharmacies that you selected in your area. You will have a breakdown of:

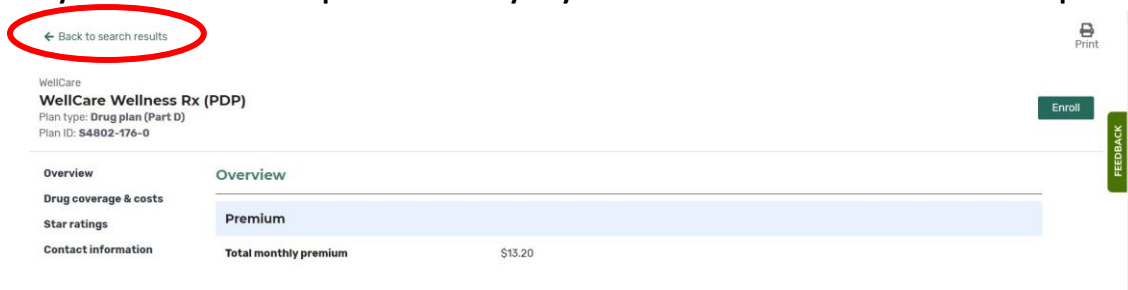
- Your specific drugs and how much they will cost (monthly) at the different phases of your coverage. How each plan categorizes your drugs into tiers.
- How much you can expect to pay for the year.
- Drug Plan annual deductible and a projection of when you will meet that deductible.
- When you will enter the coverage gap/donut hole and when you will exit
- Estimated monthly payments for financial planning.

Overview	Drug Coverage	Star Ratings			
Overview					
PREMIUMS					
Total monthly premium	\$7.30				
DEDUCTIBLES					
The amount you must pay each year before your plan starts to pay for covered services or drugs.					
Drug deductible	\$445.00				
CONTACT INFORMATION					
Plan address	P.O. Box 30016 Pittsburgh, PA 15222				
YEARLY 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.					
	CVS Pharmacy #06325  Preferred in-network pharmacy	Walmart Pharmacy 10-1335  Standard in-network pharmacy	Kroger Pharmacy  Preferred in-network pharmacy	Lexington Prescription Center  Out-of-network pharmacy	Mail Order Pharmacy  Preferred in-network pharmacy
Atorvastatin 20mg tablet	\$0.00	\$38.00	\$0.00	\$339.12	\$0.00
Metformin hydrochloride 1000mg tablet	\$0.00	\$4.08	\$0.00	\$84.80	\$0.00
Total yearly drug cost	\$0.00	\$42.08	\$0.00	\$423.92	\$0.00

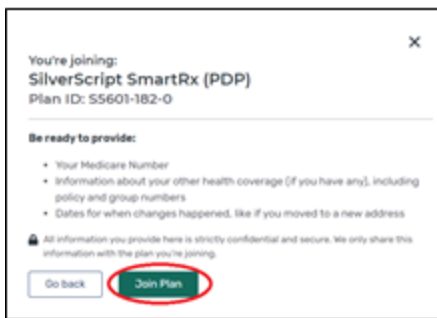
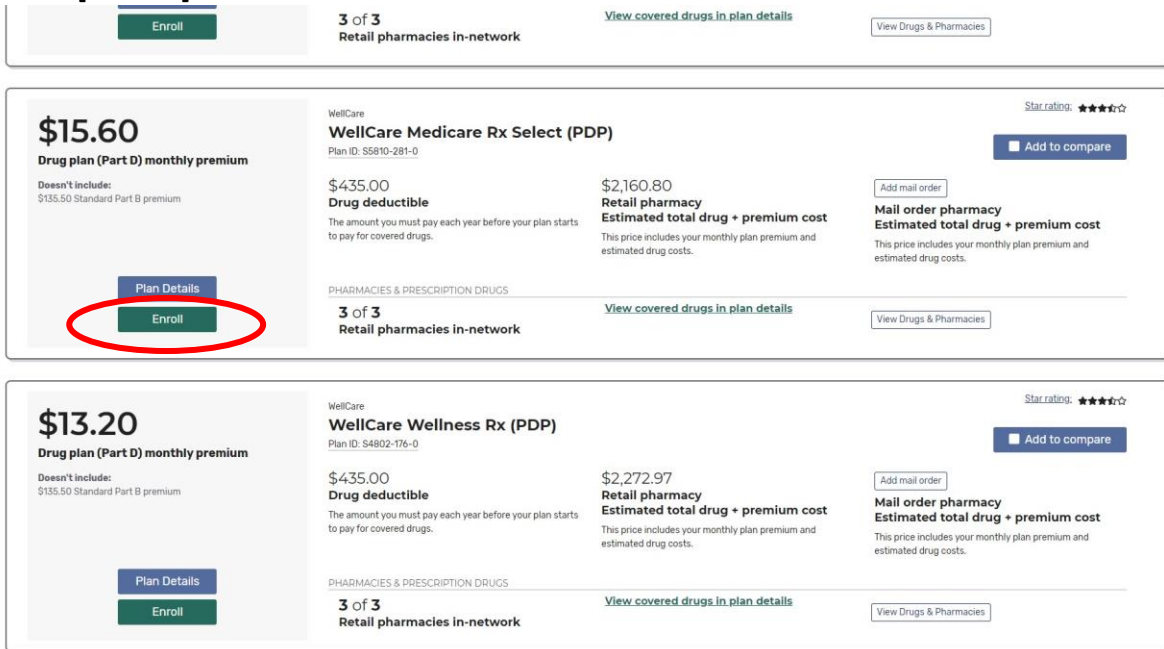
You can see in this example that you can save money with this plan by using a PREFERRED in-network pharmacy. All plans will be different so check carefully.

The sample medications are on the least expensive tier and therefore are covered at the highest rate. This might not be the case for your medications, so make sure you check the plan details.

9. Once you determine which plan is best for you you can return to search results at the top of the page



10. Click [ENROLL]



← This box will pop up. Click [Join Plan] and enter your Medicare details to complete your enrollment.

11. Finally Please Note:

- Your **2022** Part D Drug Coverage will begin on January 1, 2022. Depending on when you completed your 2022 Coverage enrollment, your payment booklet may arrive after this date! It's OK. Just pay it when it comes.
- Your **2021** Part D Drug Plan will be automatically terminated as of Dec 31, 2021. Depending on when you completed your 2022 Coverage enrollment, a payment booklet may arrive for your 2021 drug plan company! Do not pay it. You have chosen a new plan.