



Transitions Benefit Group
www.transitionsrbg.com
Phone: 800-936-1405

If you choose to call (800) Medicare and speak with a representative be sure that they aren’t enrolling you in a Medicare Advantage plan.

How to Use Medicare.gov for Your Rx / Prescription Drug Plan (PDP)

- 1. Go to: <https://www.medicare.gov/plan-compare/#/?year=2026&lang=en>
- 2. Enter your ZIP code – This ensures you see plans available in your area.

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 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's your ZIP code?

Select the county you live in.

30107

Continue

Cherokee, GA

☐

Forsyth, GA

☐

Pickens, GA

- 3. Select how you get your Medicare coverage – Then select “Drug Plan (Part D)” Then click “Find Plans.”

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What type of plan are you looking for?

☐ Medicare Advantage Plan (Part C)

☒ Drug plan (Part D)

☐ Medigap policy (supplement insurance)

Which type of plan should I choose? ⓘ

[← Back](#)

Find plans

- 4. Answer the next few questions: When asked if you get help from programs like Medicaid or Extra Help, select “I don’t get help from any of these programs” (unless you do). Continue to the next screen. When asked “Do you want to use drug costs to help you compare plans?” select “Yes, include drug costs.”
- 5. Add your prescription drugs: Type in each medication exactly as it appears on your prescription bottle. Select the correct dosage and quantity. Click “Add to my drug list” until all medications are entered. When finished, click “Continue.”

NOTE: Be sure to select the proper form of your medication. i.e. tablet vs. capsule, etc.

Add levothyroxine sodium

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

Dosage

50mcg tablet

150mcg capsule

175mcg capsule

200mcg capsule

25mcg tablet

✓ 50mcg tablet

Frequency

Every month

Add to my drug list

saved drug list.

- 6. Select your pharmacy: Choose up to five preferred pharmacies from the list shown. Click “Continue.” NOTE: Not all pharmacies are in network so check carefully.
- 7. Compare plans: You’ll see a list of plans available in your area, sorted by lowest total drug + premium cost combined (best overall value at the top). Each listing shows the monthly premium, deductible, and estimated yearly drug cost based on your prescriptions.

Wellcare Value Script (PDP)
Wellcare | Plan ID: S4802-145-0

Star rating: ★★★★★

Deductible

\$615.00

Drug deductible

Pharmacies

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

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

\$1,762.92

Retail pharmacy: Estimated total drug + premium cost

\$20,802.16

Mail-order pharmacy: Estimated total drug + premium cost

Drugs

[View drugs & their costs](#)

Monthly Premium

\$0.00

Includes: Only drug coverage

See plan details

Enroll

☐ Add to compare

- 8. Review plan details: Click “See plan details” for any plan to see copays, coverage information, and whether your medications are on the plan’s formulary. Verify the costs across the various pharmacies to determine which is most cost effective.

	Publix Pharmacy #1248 ✓ Preferred	Kroger Drugstore #408 ✓ Preferred	Mail Order Pharmacy ✓ Preferred
Dupixent 300mg/2ml solution auto injector	\$1,172.99	\$1,126.52	\$20,126.56
Levothyroxine sodium 50mcg tablet	\$0.00	\$0.00	\$0.00
Ozempic 2mg/3ml solution pen injector	\$635.20	\$636.40	\$675.60
Rosuvastatin calcium 10mg tablet	\$0.00	\$0.00	\$0.00
Total estimated drug cost for the rest of 2026	\$1,808.19	\$1,762.92	\$20,802.16

- 9. Enroll: When you’ve chosen your plan, click “Enroll”, and then “Join Plan” and follow the on-screen instructions to complete your online application. Have your Medicare information (from your red, white, and blue Medicare card) ready.
- 10. Under “Start your application” you will typically select one of three options:
 - If you are in your Initial Enrollment Period (IEP), you just turned or will soon turn 65 then you will choose the first option: “I’m new to Medicare”
 - If you are over 65 and are in your Special Enrollment Period (SEP) and coming off an active employer group health plan, they you will typically choose: “I left coverage from my employer or union (including COBRA coverage).” You will need to include the date that coverages ends as part of the application.
 - If you are enrolling during the Annual Enrollment Period (AEP) October 15th through December 7th then you will choose that option.