

# How to Navigate the Medicare Part D Online Enrollment and Analysis Tool

Here are step-by-step instructions giving you a walkthrough for how to navigate and use our Medicare Part D Quoting & Enrollment tool. Follow along from start to finish for a more user-friendly experience.

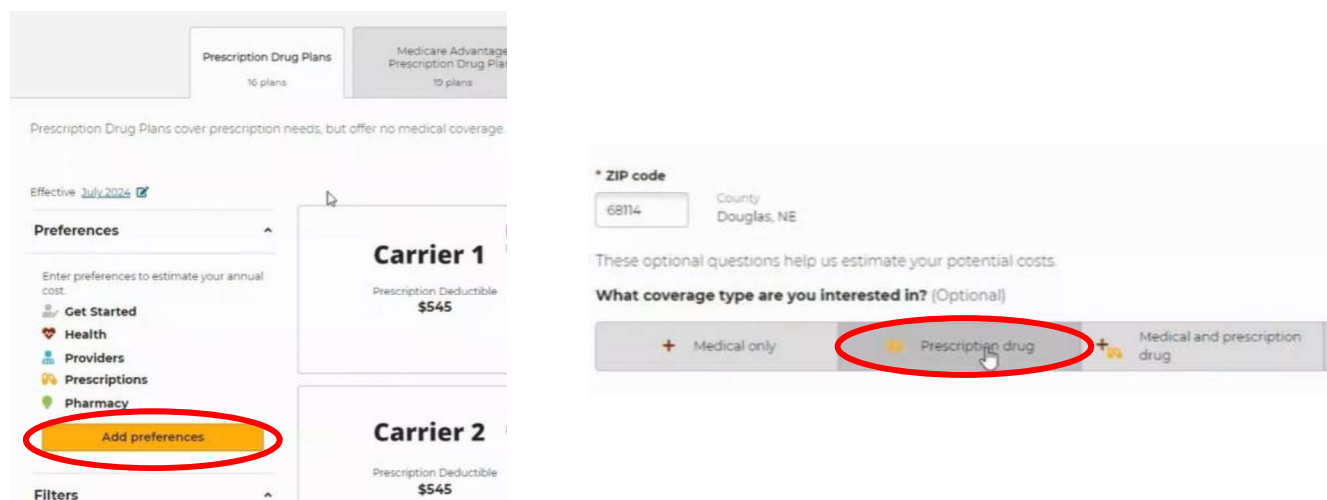
Visit the Medicare Insurance Direct website using the website URL provided by your licensed insurance agent.

You will be brought to the homepage where you can shop for and enroll in a Medicare Prescription Drug Plan.

Create an Account, Login, then enter your Zip Code and click *View Plans*.



The next page shows you all of the prescription drug plans available, but in order to determine the best plan for you, select *Add Preferences* and enter your *Prescription drug(s)*.



Start typing the name of your prescription drugs into the search box. Select the appropriate drug from the dropdown list.

If there's a generic available, you will have to option to select *YES*, if you are taking the generic instead of brand.

Select proper dosage (i.e. tablets vs. capsules). Enter quantity and select frequency (i.e. how frequent you fill your prescription). Click *Add* to continue, and repeat until all of your drugs are added.

Prescriptions

Add your prescriptions to see how each plan provides coverage.

Search prescriptions

Lipitor

Select your dosage and enter the amount you use below. The most common dosage and quantity is pre-filled.

Select dose and form

Lipitor TAB 10MG  
Lipitor TAB 20MG  
Lipitor TAB 40MG  
Lipitor TAB 80MG

Enter quantity and frequency

30 per month

Would you like to use a Generic (atorvastatin calcium) for Lipitor

According to the FDA, this generic drug has the same quality, strength, safety and active ingredient as the brand name drug.

Yes No

Cancel Add

Select a pharmacy by typing the name of the pharmacy in the search box and scroll down the list until you see the pharmacy you're like to choose (you can choose 3 at a time). Click *Add pharmacy*, then click *Continue*.

Pharmacy

Drug costs vary based on the pharmacy you use. Select multiple pharmacies to compare estimated drug costs for all available plans.

\* ZIP code Pharmacy name

68114 Pharmacy name Search

Retail pharmacy Digital pharmacy

Viarx  
825 N 30th St  
Omaha, NE 68114  
Pharmacy added

Walgreens #07563  
8989 W Dodge Rd  
Omaha, NE 68114  
Pharmacy added

Urology Center PC  
105 S 30th St  
Omaha, NE 68114  
Pharmacy added

Walgreens #03621  
3013 Biberick Street

Now it's time to compare plans. You can click on *Plan details* and view premiums, drug costs, total estimates and more. You have the option to check the *Add to compare* box to compare plans. To select a plan click *Add to cart*.

Sort: Total Annual Estimated Cost

**Carrier 1 PDP Plan**  Add to compare

Plan ID: [redacted]  
★★★★☆ Medicare Star Rating

Prescription Deductible: \$545    Initial Coverage Limit: \$5,030    Monthly plan premium: \$0.50

**Plan details**    **Add to cart**

Prescriptions: ✓ atorvastatin c... ✓ mycophenolate ...    Total est. annual cost: \$100 Effective Jul 2024

Pharmacy: ✓ [redacted] Standard in-network

Est. drug cost: \$97

**Carrier 2 PDP Plan**  Add to compare

Plan ID: [redacted]  
★★★★☆ Medicare Star Rating

Prescription Deductible: \$545    Initial Coverage Limit: \$5,030    Monthly plan premium: \$22.90

To move forward with the plan, click Continue to apply. Then, you will be redirected to the carrier's website where you will fill in your information and submit your application.

Total monthly plan premium **\$0.50**

**Continue to apply**

*Not connected with or endorsed by the U.S. government or the federal Medicare program*

**\*How to use this document if sending via email or electronically:**

**Copy and paste the content below into the body of an email and send to your clients. Add your insurance producer's license number if required by state law. Make sure you comply with all CAN-SPAM requirements; include an opt-out function so members can unsubscribe and include the respective disclaimer (details below).**

**Required footer instructions:**

1. Please select one of the following two disclaimers required by CMS that are highlighted below in yellow. Delete the one which will not be used before going onto step 2.
2. Fill in your # of organizations and # of plans in the bracketed portion of the disclaimer.
3. Highlight the paragraph you are keeping and unselect the yellow color. Make sure all of the yellow highlighted areas are not visible when you are submitting your final communication to your client.

**Option 1 (Use this option if you do NOT sell all MA organizations and/or Part D sponsors in the service area)**

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

**Option 2 (Use this option if you do sell for all MA organizations and/or Part D sponsors in the service area)**

Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.