

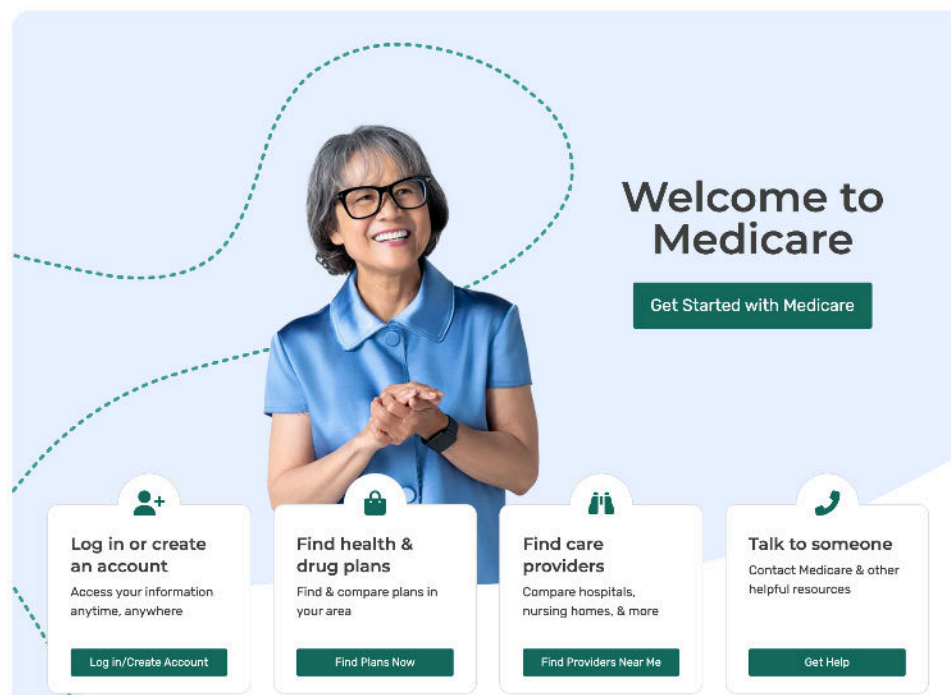


# The Medicare Family's Part D Instructions

for the  
— 2026 Annual Election Period —

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Please follow these steps to review / change your Part D plan through The Medicare Family during October 15 - December 7. Be sure to take your time and carefully follow each step to make sure you complete the application process correctly.



**Remember:** If you have any questions or need assistance during this process, access The Medicare Family Client Care page at <https://themedicarefamily.com/clients/aep>

# Part D Instructions

On the [“How to Review / Change your Part D Drug plan”](#) page of our Client Portal, click this button >>>

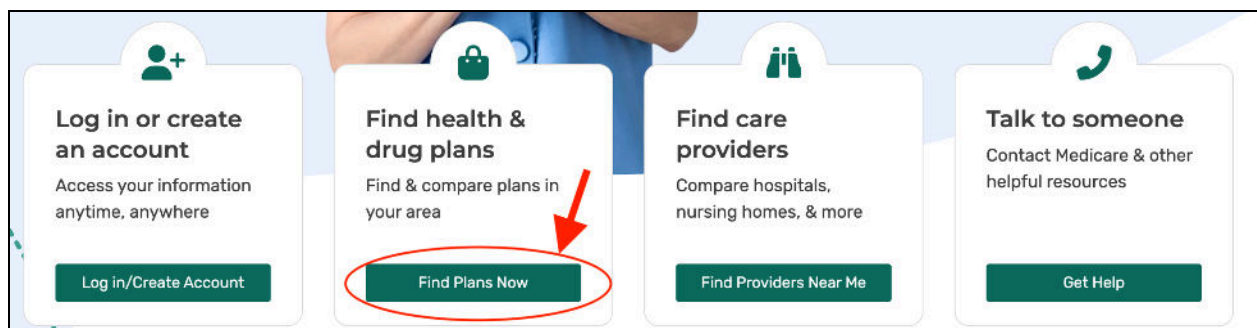
 **CLICK HERE for 2026 plans**

Available Oct.15 – Dec. 7

This will take you to the [Medicare.gov](https://www.medicare.gov) website where you can enroll in your 2026 Part D plan.

## Step 1 - Find Drug Plan

- On [Medicare.gov](https://www.medicare.gov), under “Find health & drug plans”
- Click the “Find Plans Now” button.



## Step 2 - Zip Code

- Enter your zip code
  - If asked, select your county
- Click the “Continue” button.

Enter your ZIP code:

ZIP CODE

Continue

## Step 3 - Select Part D

- Click “Medicare drug plan (Part D)”
- Click “Find Plans”

Next, select the type of plan you want:

☐ Medicare Advantage Plan (Part C)

☒ Medicare drug plan (Part D)

☐ Medigap policy

[Which type of plan should I choose?](#) ⓘ

[Find Plans](#) [Go Back](#)

## Step 4 - Do you get help?

- For this example, click “I don’t get help from any of these programs”
- Click “Continue”

Do you get help with your Medicare health or drug costs?

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.

Have an account? [Log in](#) so we can give you the most accurate cost information based on any help you get.

☐ Medicaid  
If you have both Medicare and Medicaid, you might qualify for a type of plan that helps coordinate your Medicare and Medicaid benefits. These are called "Dual Eligible Special Needs Plans" (D-SNPs). If these plans are available in your area, we'll list them in your search results.

☐ Supplemental Security Income

☐ Medicare Savings Program

☐ Extra Help (with drug costs)

Not sure? [Learn more about these programs.](#) ⓘ

☐ I don't get help from any of these programs

[Continue](#)

## Step 5 - Search Preferences

- Select “Yes”
- Click “Next”

Tell us your search preferences

Do you want to see your drug costs when you compare plans?

☐ Yes

☐ No

## Step 6 - Medications

- Enter your drug's name.
- The search results will populate with drugs of that name.
- Select the exact name of the drug you take (look on your bottle for the specific name).
- Click “Add Drug”

### Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

[Clear search](#)

Add Drug

[Browse drugs A-Z](#)

## Step 7 - Medications (Continued)

- Choose dosage.
- Choose quantity.
- Choose frequency.
- Click “Add to My Drug List”.
- Repeat this process for all of your prescription drugs.
- Once you’ve added them all, click “Done Adding Drugs”.

### Tell us about this drug

#### Levothyroxine sodium

DOSAGE

88mcg tablet

QUANTITY

30

FREQUENCY

Every month

Add to My Drug List Cancel

## Step 8 - Pharmacy

- Search for or select Pharmacies
- Click “Add Pharmacy”
- Click “Continue to View Plans”

**Choose up to 5 pharmacies**

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

**YOUR LOCATION**  
 Enter street address or ZIP code

**PHARMACY NAME**  
 Enter

Filter by: **Distance: 5 miles**

Showing 110 of 27 pharmacies near 46062

**Mail-order Pharmacy**  
 Add both mail order and retail pharmacies to find the lowest price. ☐ Add Pharmacy

1. **Meijer Pharmacy #682**  
 0950 PremaRoad Shops Blvd, Noblesville, IN 46062  
 (317) 775-2000 ☐ Add Pharmacy

2. **CVS Pharmacy #04375**  
 0855 PremaRoad Shops Blvd, Noblesville, IN 46062  
 (317) 775-4105 ☐ Add Pharmacy

## Step 9 - Choose a Plan

**IMPORTANT:** If your current plan is still the most cost-effective for the next year, **you do not need to do anything**. Your current plan will automatically renew on January 1st.

- Once you decide on the Part D plan you want to enroll in, click the button that says “Enroll” for that plan.
- Click “Enroll”, “Plan Details”, or “Add to Compare”

**Choose a plan to join**

**Prescription Drug Plans** [Switch plan type](#)

Plans in: Hamilton, IN [Change location](#)

Filter by: Insurance Carriers

Showing 10 of 14 drug plans

**Wellcare Value Script (PDP)**  
 Wellcare | Plan ID: S4802-150-0  
 Star rating: ★★★★★

**MONTHLY PREMIUM**  
**\$0.00** Includes: Only drug coverage

**TOTAL DRUG & PREMIUM COST (for the rest of 2025)**  
**\$0.00** Retail pharmacy: Estimated total drug + premium cost

☐ Add to compare

# Step 10 - Enroll

- Review the plan.
- Click “Join Plan”

You're joining: ×

**Wellcare Value Script (PDP)**

Plan ID: S4802-150-0

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**Be ready to provide:**

- Your Medicare Number and effective dates
- Information about your other health coverage (if any), including policy and group numbers
- Dates that any changes take effect, like if you're moving to a long-term care facility

Your information is strictly confidential, secure, and used to process your enrollment.

- Please verify you are enrolling in a PDP (*prescription drug plan*) before continuing with the application.
- Your new plan will start on January 1st, and your current plan will automatically disenroll you on December 31st.

# Step 11 - Start Application

- Choose “Open Enrollment”
- Scroll down, click “Next”

## Start your application

**You're joining: Wellcare Value Script (PDP)**

Plan ID: S4802-150-0

Plan Includes: Only drug coverage

You can only join a Medicare Advantage Plan or Drug Plan (Part D) at certain times, called enrollment periods. Most people join plans when they first get Medicare and each fall during Open Enrollment (October 15–December 7). There are other times you can join a plan based on your situation. Your coverage starts based on which enrollment period you use.

Note: You can join a Cost Plan without drug coverage anytime the plan's accepting new members. If you want to join a Cost Plan with drug coverage, you can only join during an enrollment period.

[Show common enrollment periods and when your coverage in the plan would start.](#)

## Confirm your enrollment period

You can join a plan only if your situation matches one of these statements. The plan will contact you to confirm if you're eligible to join and to tell you if your request is approved.

**Note:** By checking a box, you certify that to the best of your knowledge, you're eligible for that enrollment period.

☐ **Open Enrollment Oct 15 - Dec 7**

## Step 12 - Enter Information

- Enter your Medicare Number
- Click Next

Step 1 of 7

### Your Medicare information

**You're joining: Wellcare Value Script (PDP)**

**Plan ID:** S4802-150-0

**Plan Includes:** Only drug coverage

All fields required unless marked optional.

**MEDICARE NUMBER**

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

## Step 13 - Enter Information

- Enter your Name, DOB, etc.
- Click Next

Step 2 of 7

### Your personal information

**You're joining: Wellcare Value Script (PDP)**

**Plan ID:** S4802-150-0

**Plan Includes:** Only drug coverage

All fields required unless marked optional.

**FIRST NAME**

**MIDDLE INITIAL (optional)**

**LAST NAME**

**Date of birth**  
Use the format MM/DD/YYYY

<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Step 14 - Enter Information

- Enter address, etc.
- Click Next

Step 3 of 7

## Your address

**You're joining: Wellcare Value Script (PDP)**  
Plan ID: S4802-150-0  
Plan Includes: Only drug coverage

All fields required unless marked optional.

### Your permanent residence

P.O. Box not allowed

ADDRESS LINE 1

ADDRESS LINE 2 (optional)

CITY

STATE

Select your state ▼

# Step 15 - Enter Information

- Answer general questions
- Click Next

Step 4 of 7

## General questions

**You're joining: Wellcare Value Script (PDP)**  
Plan ID: S4802-150-0  
Plan Includes: Only drug coverage

All fields required unless marked optional.

Do you have other drug coverage that you're keeping in addition to this plan?  
[What are types of other drug coverage?](#)

☐ Yes  
☐ No

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Do you work? (optional)

☐ Yes  
☐ No

Does your spouse work? (optional)

☐ Yes  
☐ No



# Step 16 - Payment Information

- Select how you want to pay
- Click Next

Step 5 of 7

## Paying your plan premium

**You're joining: Wellcare Value Script (PDP)**  
**Plan ID:** S4802-150-0  
**Plan Includes:** Only drug coverage

All fields required unless marked optional.

To keep your plan coverage, you have to pay your plan's monthly premium, including any late enrollment penalty you may owe. Some people qualify for Extra Help with drug costs to help pay their monthly premium. [What's Extra Help?](#)

### Ways to pay your plan premium

Most people pay by having their plan premium deducted from their Social Security or Railroad Retirement Board (RRB) benefit. You can also pay your plan directly. [Learn more about my payment options](#)

### 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.

# Step 17 - Read and Agree

- Agree to the plan
- Click Next

Step 6 of 7

## Plan agreement

**You're joining: Wellcare Value Script (PDP)**  
**Plan ID:** S4802-150-0  
**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 disenrolled from the plan.

# Step 18 - Review and Submit

- Review and submit
- Click Submit

Step 7 of 7

## Review & submit your application

**You're joining: Wellcare Value Script (PDP)**  
Plan ID: S4802-150-0  
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.

<b>Your Medicare information</b>	<a href="#">Edit</a>
Medicare Number	

<b>Your personal information</b>	<a href="#">Edit</a>
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- Your new plan will start on January 1st, and your current plan will automatically disenroll you on December 31st.

# Step 19 - Confirmation Page

- Download or take a screenshot of your confirmation page.
- This will serve as proof that you enrolled in the plan.

## You're all set. Your application is with the plan.

**You're joining: AARP Medicare Rx Preferred from UHC (PDP)**  
Plan ID: S5921-396-0  
Plan Includes: Only drug coverage

**Name of person joining plan:** Mark  
**Confirmation number for your application:** 2da175  
Keep this number. You'll need it if you contact the plan before your coverage starts.

The plan will review and process your application. The plan may contact you if it needs more information to see if you're eligible to join

[Print This Page](#)

**Contact the plan directly if you have any questions.**

AARP Medicare Rx Preferred from UHC (PDP)  
P.O. Box 30770  
Salt Lake City, UT 84130  
Phone: [1-800-753-8004](tel:1-800-753-8004)  
Website: <http://AARPMedicarePlans.com>