## S E N I O R PHARM/LSsist

For 2024, if you are taking no prescription medications \& want to enroll in a stand-alone Medicare Part D drug plan

Note: These prices do NOT include any late enrollment penalties you may owe and it does not include the higher Part D monthly premiums that you may pay if your income is above $\$ 103,000 /$ single or $\$ 206,000 /$ couple.

| Plan Name | SilverScript <br> SmartSaver | Wellcare Value <br> Script | Wellcare Medicare <br> Rx Value Plus |
| :---: | :---: | :---: | :---: |
| CMS Plan Code | S5601-183 | S4802-143 | S4802-211 |
| Plan Phone Number | Members: <br> $1-866-235-5660$ <br> Non Members: <br> $1-833-526-2445$ | Members: <br> 1-888-550-5252 <br> $1-866-859-9084$ | Members: <br> Non Members <br> $1-866-859-9084$ |
| Monthly Premium | $\$ \mathbf{5 . 2 0}$ | $\$ 0$ | $\$ 78.90$ |
| Annual Deductible | $\mathbf{\$ 2 8 0}$ | $\$ 545$ | $\$ 0$ |
| Total annual cost if you <br> take no medications <br> during the year | $\mathbf{\$ 6 2 . 4 0}$ | $\$ 0$ | $\$ 946.80$ |
| Annual premium cost + <br> deductible or first <br> dollar help | $\$ 342.40$ | $\$ 545$ | $\$ 946.80$ |

We suggest you call Medicare to enroll in one of these plans at 1-800-MEDICARE
(1-800-633-4227) 7 days/week, 24 hours/day. Have your Medicare ID card available, and be ready to give the EXACT name of the plan you want to enroll in, and the plan's ID number. After hearing Medicare's recorded greeting, say "agent" to reach a customer service representative.

Write down and keep the following for your records:
$\nabla$ Date and time you called Medicare: $\qquad$
First and last name of the person you spoke with: $\qquad$
$\square$ Exact name of the plan you asked to enroll in: $\qquad$
$\nabla$ The date you are told this plan will take effect: $\qquad$
Your enrollment confirmation number: $\qquad$

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