

**Go to
www.medicare.gov**

Welcome to Medicare

Get Started with Medicare



Log in or create an account

Access your information
anytime, anywhere

Log in/Create Account



Find health & drug plans

Find & compare plans in
your area

Find Plans Now



Find care providers

Compare hospitals,
nursing homes, & more

Find Providers Near Me

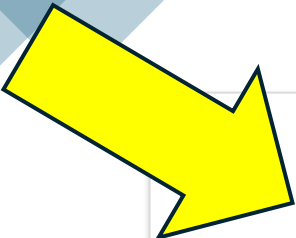


Talk to someone

Contact Medicare & other
helpful resources

Get Help

Log in or Create an account.



Log in

USERNAME

☐

Save my username for next time

**Don't check this box if you're
using a shared or public device.**

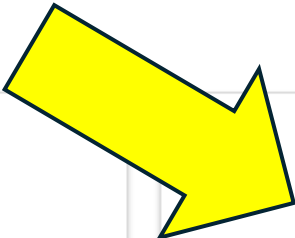
[What's this?](#) 

PASSWORD

 Show

Log in

[Forgot your username or password?](#)



Create an account

Your secure Medicare account lets you
access your information anytime.

- ✓ Get a summary of your current coverage
- ✓ Add your drugs & pharmacies
- ✓ Use your saved drugs & pharmacies to compare plan costs
- ✓ Access your "Medicare & You" handbook and more online

Create Account

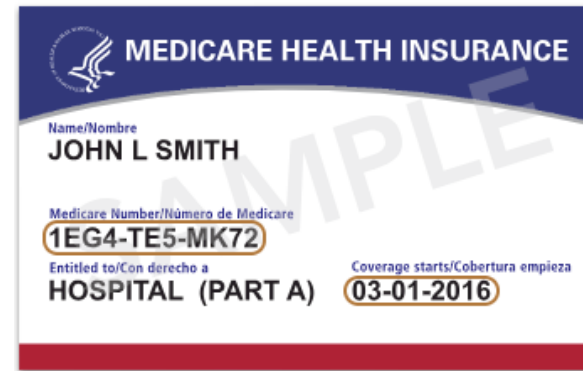
Step 1 of 3

Enter your Medicare information

To get started, you'll need your red, white, and blue Medicare card.

[I don't have a Medicare card](#) 

Enter your Medicare Number and coverage start date



MEDICARE NUMBER

PART A COVERAGE START DATE

Use the format MM/YYYY

MONTH

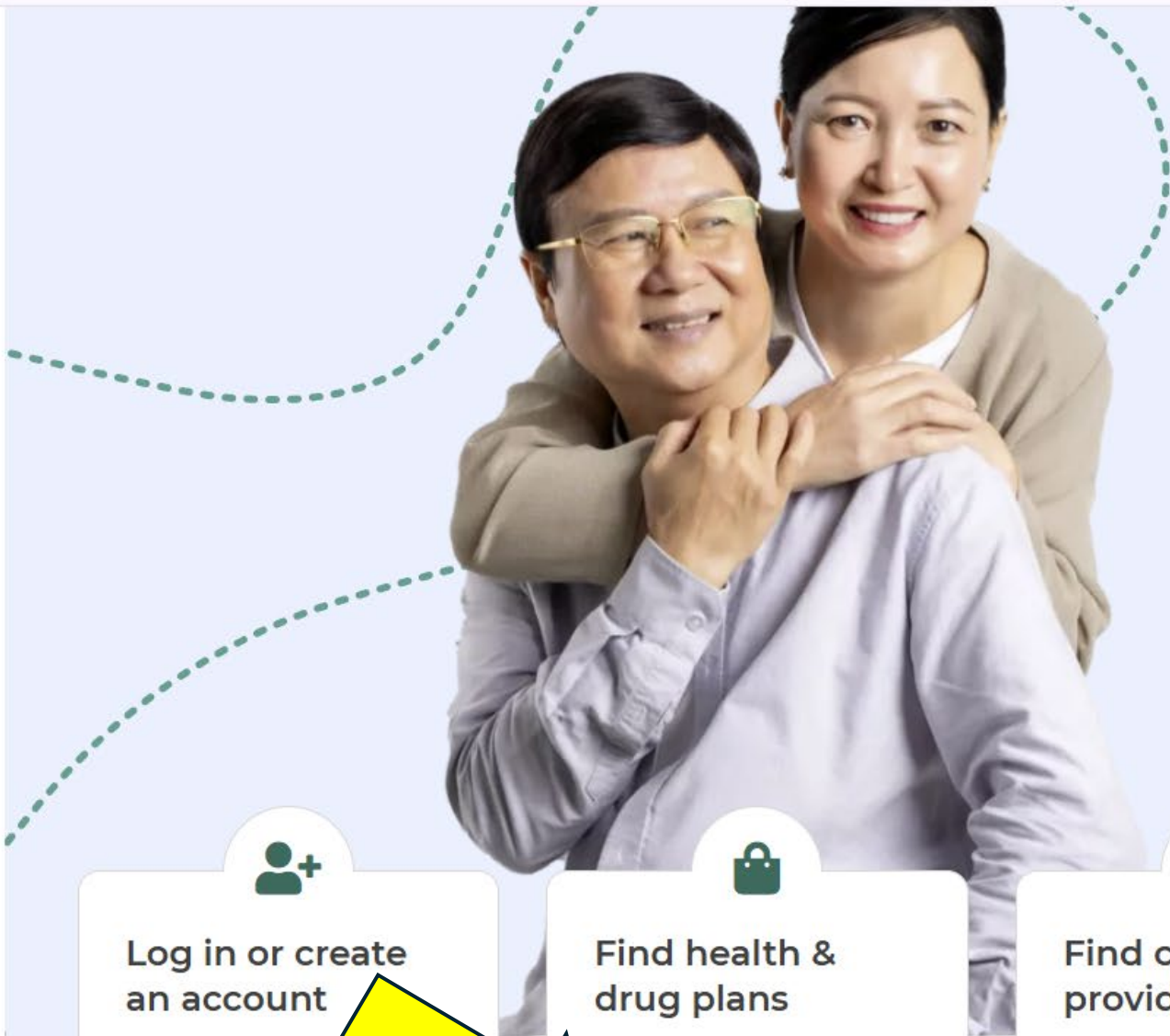
YEAR

/

Don't have Part A?

[Get other options](#)

***If you
create an
account,
you will
follow these
next steps.**



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Find health & drug plans

Find & compare plans in your area

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Talk to someone

Contact Medicare & other helpful resources

Get Help

Explore your Medicare coverage options

Get more coverage, once you have Part A and/or Part B.



[First time joining a Medicare health or drug plan?](#)



Find Medicare health & drug plans

 Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

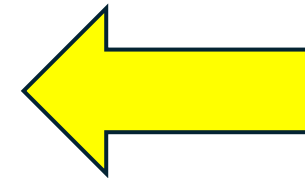
Log In

Don't have an account? [Create one.](#)

Enter in your zip code.

Enter your ZIP code:

ZIP CODE



Continue

Explore your Medicare coverage options

Get more coverage, once you have Part A and/or Part B.



[First time joining a Medicare health or drug plan?](#)

Find Medicare health & drug plans

 Use your account

Save time by logging in

- Get a summary of your plan
- Use your saved drug list

Log In

Don't have an account?

**Click Medicare
drug plan (Part D)**

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

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.

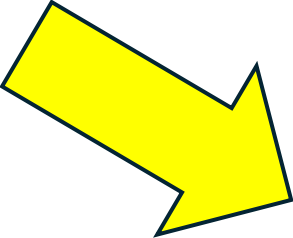
☐ Supplemental Security Income

☐ 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

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

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Add Drug

[Clear search](#)

[Browse drugs A-Z](#)

[See Plans Without Drug Costs](#)

[Can't find your drug?](#)

If you don't have any prescriptions, click this.

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

lisin

Add Drug

lisinopril

Lotensin

insulin lispro

hydrochlorothiazide / lisinopril

Tell us about this drug

Lisinopril

DOSAGE

10mg tablet

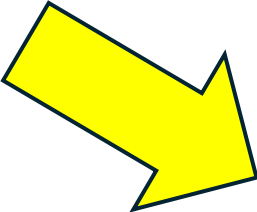


QUANTITY

30

FREQUENCY

Every month



Add to My Drug List

Cancel

Confirm your drug list

Lisinopril 10mg tablet

generic

[Remove drug](#)

Quantity

30

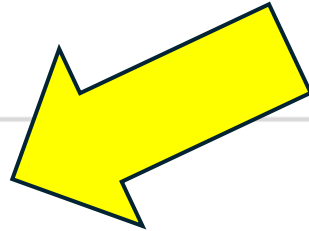
Frequency

Every month

[Edit drug](#)

[Add Another Drug](#)

Done Adding Drugs



[Back to drug selection](#)

If you need to make any changes to your prescriptions, click this.

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.

YOUR LOCATION

Enter street address or ZIP code

[Use Current Location](#)

PHARMACY NAME

Optional

Find Pharmacies

Put the zip code for the pharmacy you want to compare.

Filter by:

Distance: 5 miles

Showing 1-10 of 11 pharmacies near 58701

Mail-order Pharmacy

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

☒ Pharmacy Added

1. G & G Pharmacy - Minot

☐ Add Pharmacy



Then click Done to move forward.

Thrifty White Pharmacy #017

CVS Pharmacy #08611

Und Center For Family Medicine Pharmacy

Broadway Pharmacy

Mail Order Pharmacy

Done

There may be Medicare Advantage Plans available with lower drug costs.

To view Medicare Advantage plan options, click this.

[View 11 available Medicare Advantage Plans](#)

[Back to drugs & pharmacies](#)

If you need to make any changes to your prescriptions or pharmacy choices, click this.



Print

MY LOCATION

PLAN

Ward, ND [Change location](#)

Select a Plan Type ▾

Filter by:

Insurance Carrier ▾

Star Ratings ▾

[View all filters](#)

Showing 10 of 14 drug plans

SORT PLANS BY

Lowest drug + premium cost ▾

Wellcare Value Script (PDP)

Wellcare | Plan ID: S4802-158-0

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

\$0.00 Mail-order pharmacy: Estimated total drug + premium cost

PHARMACIES

3 of 4 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Wellcare Value Script (PDP)

Wellcare | Plan ID: S4802-158-0

Star rating: ★★★★★

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\$0.00 Retail pharmacy: Estimated total drug + premium cost

\$0.00 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$590.00 Drug deductible

Click this to view plan details.



Enroll

Plan Details

☐ Add to compare

PHARMACIES

3 of 4 of your selected retail pharmacies are in-network
[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

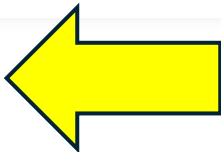
YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. [Can my drug costs change by pharmacy?](#)

	Broadway Pharmacy ✔ In-network	Thrifty White Pharmacy #017 ✔ Preferred	CVS Pharmacy #08611 ✔ Preferred	Und Center For Family Medicine Pharmacy ⊖ Out-of-network	Mail Order Pharmacy ✔ Preferred
Lisinopril 10mg tablet	\$95.15	\$0.00	\$0.00	\$319.88	\$0.00
Total yearly drug cost	\$95.15	\$0.00	\$0.00	\$319.88	\$0.00

	Broadway Pharmacy ✔ In-network	Thrifty White Pharmacy #017 ✔ Preferred	CVS Pharmacy #08611 ✔ Preferred	Und Center For Family Medicine Pharmacy ⊖ Out-of-network	Mail Order Pharmacy ✔ Preferred
February	\$8.65	\$0.00	\$0.00	\$29.08	\$0.00
March	\$8.65	\$0.00	\$0.00	\$29.08	-
April	\$8.65	\$0.00	\$0.00	\$29.08	-
May	\$8.65	\$0.00	\$0.00	\$29.08	\$0.00
June	\$8.65	\$0.00	\$0.00	\$29.08	-
July	\$8.65	\$0.00	\$0.00	\$29.08	-
August	\$8.65	\$0.00	\$0.00	\$29.08	\$0.00
September	\$8.65	\$0.00	\$0.00	\$29.08	-
October	\$8.65	\$0.00	\$0.00	\$29.08	-
November	\$8.65	\$0.00	\$0.00	\$29.08	\$0.00
December	\$8.65	\$0.00	\$0.00	\$29.08	-

[Back to search results](#)



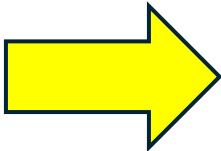
Wellcare

Wellcare Value Script (PDP)

Plan type: Drug plan (Part D)

Plan ID: S4802-158-0

[Plan website](#) | Non-members: [1-844-480-0700](#) | Members: [1-888-550-5252](#)



Print

Ready to enroll in this Plan?
Click this and answer all the questions.



Enroll

What you'll pay

Total monthly premium

\$0.00

Retail pharmacy: 2025 estimated total drug costs

\$0.00

Covers 1 of 1 drugs [View drug coverage](#)

Mail order pharmacy: 2025 estimated total drug costs

\$0.00

Covers 1 of 1 drugs [View drug coverage](#)

Things to note when doing this.

- Mail order can be cheaper, scroll through and look as it will not put that in order.