

*Go to [strausandassociates.com](https://www.strausandassociates.com)

*Click the Part D – Quote and enroll button



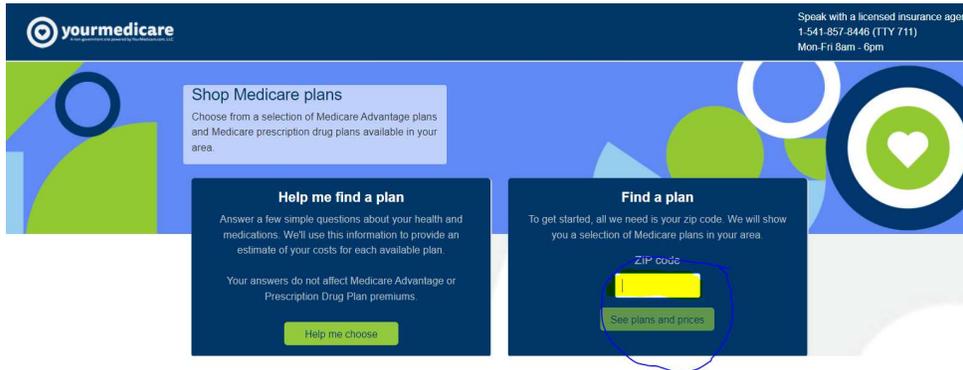
*Click the link that lists your agent's name.

Click your Agent's name below to Quote, Compare & Enroll your Part D coverage.
Call us with any questions.

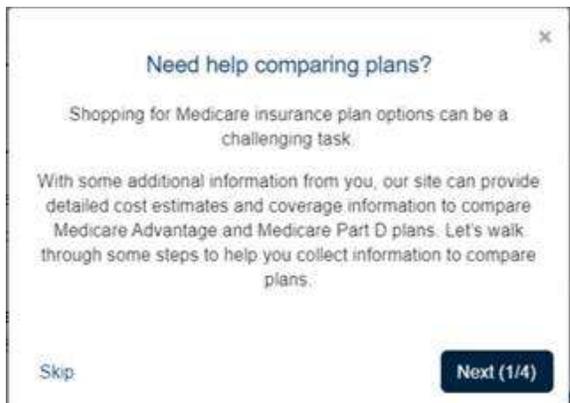
[Jack Straus](#) ✖

[Gina Landers](#) ✖

*Type in your zip code of your home address and click See plans and prices.



* Read through the 4 steps **or** click Skip.



*Click Change pharmacy



Enter the zip code for the location of your pharmacy

Click Search

Select the pharmacy name

Click Next

Your pharmacy (optional)

Do you shop for your medications using a chain, local or mail order pharmacy?

Major chain Local retail pharmacy Mail order pharmacy

Enter your zip code and choose your pharmacy below:

ZIP code: within

Sort by:

- | | | |
|-------------------------------------|-----------|-----------------|
| <input type="checkbox"/> | Walmart | 3.24 miles away |
| <input type="checkbox"/> | RiteAid | 3.38 miles away |
| <input type="checkbox"/> | Walgreens | 3.51 miles away |
| <input type="checkbox"/> | CostCo | 4.54 miles away |
| <input checked="" type="checkbox"/> | CVS | 4.64 miles away |

Pharmacy information

 Pharmacies have different drug prices in general, but they also may have contracted rates with certain Medicare plan carriers. Select your pharmacy to see more accurate estimated drug costs for each plan.

Please Note: Pricing applies to plans that include prescription drug coverage (MAPD and PDP)

*****You can select the carrier and plan that you are currently on to compare your current plan to other plan options or scroll down click View Plans.*****

Your current Medicare plan (optional)

Currently enrolled in a Medicare Advantage or Prescription Drug plan? Select your plan to compare your potential costs.

Select your insurance company

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Aetna Inc. |
| <input type="checkbox"/> | ATRIO Health Plans |
| <input type="checkbox"/> | Cambia Health Solutions, Inc. |
| <input type="checkbox"/> | CareOregon, Inc. |
| <input type="checkbox"/> | Centene Corporation |
| <input type="checkbox"/> | Cigna |
| <input type="checkbox"/> | Clear Spring Health |
| <input type="checkbox"/> | Envision Insurance Company |
| <input type="checkbox"/> | EnvisionInsurance |
| <input type="checkbox"/> | Express Scripts Holding Company |
| <input type="checkbox"/> | Humana Inc. |
| <input type="checkbox"/> | Lasso Healthcare |
| <input type="checkbox"/> | MidRogue AllCare Health Assurance, Inc. |
| <input type="checkbox"/> | Moda, Inc. |
| <input type="checkbox"/> | Mutual of Omaha |
| <input type="checkbox"/> | UnitedHealthcare |
| <input type="checkbox"/> | WellCare Health Plans, Inc. |

Medicare plan information

 When you provide medications and/or information regarding how often you receive medical care, we calculate estimated out-of-pocket costs for each Medicare plan listed based on this information. If you already have a Medicare plan, each plan listed will show potential estimated savings by comparing the estimated costs for each plan listed to the estimated costs of your current plan.

*Click Add medications

ABOUT YOU	<input checked="" type="button" value="Add medications"/>	<input type="button" value="Add health"/>	<input type="button" value="Add doctors"/>
	Change pharmacy	Add my current plan	Change ZIP

*Enter 1st three letters of your prescription

Location → Drugs → Doctor → Health → Pharmacy → Plan

Do you take any prescription drugs? (optional)
Enter the first 3 letters of your medication

Add drug

Medications ▾

Medication information

 The prescriptions entered will allow us to provide estimated drug costs for each plan. This information does not affect your plan premium - it is used to calculate a more accurate estimate of costs with each available plan.

*A list of drugs will generate. Click the box for the name of the drug that you take.

Location → Drugs → Doctor → Health → Pharmacy → Plan

Do you take any prescription drugs? (optional)
Enter the first 3 letters of your medication

Search results for "OME"

- Omeclamox-Pak
- Omega-3-Acid Ethyl Esters
- Omeprazole
- Omeprazole-Sodium Bicarbonate

Add drug

Medications ▾

Medication information

 The prescriptions entered will allow us to provide estimated drug costs for each plan. This information does not affect your plan premium - it is used to calculate a more accurate estimate of costs with each available plan.

*A list of dosages available will populate.

*Select the dosage you take.

Location → Drugs → Doctor → Health → Pharmacy → Plan

Do you take any prescription drugs? (optional)
Search results for "OME"

Omeprazole

Select a dosage for Omeprazole

- Omeprazole CAP 10MG
- Omeprazole CAP 20MG
- Omeprazole CAP 40MG

Add drug

Medications ▾

Medication information

 The prescriptions entered will allow us to provide estimated drug costs for each plan. This information does not affect your plan premium - it is used to calculate a more accurate estimate of costs with each available plan.

*Select a **frequency** as to how often the prescription is filled

*and enter the **quantity** per refill.

Location → Drugs → Doctor → Health → Pharmacy → Plan

Do you take any prescription drugs? (optional)

Search results for "OME"

Omeprazole

Select a dosage for Omeprazole

Omeprazole CAP 20MG

How often do you refill this medication?

Every month

Every 2 months

Every 3 months

Every 6 months

Every 12 months

Quantity per refill

90

Add drug

Medication information

 The prescriptions entered will allow us to provide estimated drug costs for each plan. This information does not affect your plan premium - it is used to calculate a more accurate estimate of costs with each available plan.

*Click Add drug.

*Repeat the same steps to add your prescriptions until your list is complete.

*Click View Plans

Omeprazole CAP 20MG 90 every 6 months

Back Skip **View plans** Next

Please write the personal code down for future reference or to give to us for assistance. (There is not a way for you or for us to retrieve the code at a later time).

 Speak with a licensed insurance agent
1-541-857-8446 (TTY 711)
Mon-Fri 8am - 6pm
Please provide the personal code below when you call.
L L C V 3 5 9 0

Location → Drugs → Doctor → Health → Pharmacy → Plan

Do you take any prescription drugs? (optional)

Enter the first 3 letters of your medication

Medication information

 The prescriptions entered will allow us to provide estimated

*Select Medicare Part D Plans

ABOUT YOU

 Add medications  Add health  Add doctors

[Change pharmacy](#) [Add my current plan](#) [Change ZIP](#)

Medicare Advantage/Part D plans

8 plans available

Medicare Advantage plans

1 plan available

Medicare Part D plans

14 plans available

*From this point, you can Sort by:

- ~Monthly plan premium
- ~Estimated total cost
- ~Company

(We usually sort by the Estimated total cost).

Part D plans

14 plans found in 97501

Sort: Monthly plan premium ▾

Compare the top two or three plans.

Monthly plan premium

- Under \$20
- \$20 - \$30
- \$30 - \$60
- Over \$60

Deductible

- No

aetna™ Monthly Premium **\$6.30** Deductible **\$445** Prescription drugs [+ Add drugs](#)

Compare [Details](#)

WellCare Wellness Rx (PDP) WellCare
S4802-199-000 ★★★★☆ 4 out of 5 stars (2021 plan year) [Enroll](#)

WellCare Monthly Premium **\$17.20** Deductible **\$445** Prescription drugs [+ Add drugs](#)

Compare [Details](#)

Part D plans [Need help finding the right plan?](#) [1-541-857-8444](#) [Compare plans](#) [Clear plan](#)

SilverScript SmartRx (PDP) × WellCare Wellness Rx (PDP) × [Select another plan](#)

\$6.30/month \$17.20/month

On the Benefit details – lists the plan details side by side to compare benefits between the plans.

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[Benefits details](#) [Drug cost details](#)

	WellCare Wellness Rx (PDP) S4802-199-000 ★★★★☆ 4 out of 5 stars (2021 plan year)	SilverScript SmartRx (PDP) S5601-205-000 ★★★★☆ 3.5 out of 5 stars (2021 plan year)
	Enroll	Enroll
Summary		
Monthly plan premium	\$17.20	\$6.30
Drug deductible	\$445 (excludes Tiers 1 and 2)	\$445 (excludes Tier 1)
Initial coverage limit	\$4,130	\$4,130
Catastrophic coverage limit	\$6,550	\$6,550
Prescription drug benefits		
	30 day supply	60 day supply 90 day supply
Deductible coverage level		
Drug deductible	\$445 (excludes Tiers 1 and 2)	\$445 (excludes Tier 1)

*On the Drug cost details –

*Estimated drug cost for the year (not including the monthly premium).

*Monthly premium

*Drug deductible with the tiers that are excluded

*Pharmacy status (generally you will save more money at preferred pharmacies over standard retail).

For each drug entered:

*Lists tier level that the drugs fall under

*Quantity limits (if any)

*If Step therapy is required

*Full cost of the drug

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Benefits details **Drug cost details**

	WellCare Wellness Rx (PDP) S4802-199-000 ★★★★☆ 4 out of 5 stars (2021 plan year)	SilverScript SmartRx (PDP) S5601-205-000 ★★★★☆ 3.5 out of 5 stars (2021 plan year)
	Enroll	Enroll

Plan costs summary

Estimated annual drug costs	\$98	\$247
Monthly plan premium	\$17.20	\$6.30
Drug deductible	\$445 (excludes Tiers 1 and 2)	\$445 (excludes Tier 1)
Pharmacy status	Standard Retail	Standard Retail

Drug Tier information

Omeprazole CAP 20MG		
Tier	1	1
Quantity limits	No	30 capsules per 30 days

Further down the report will display each month's estimated cost and what level of coverage that you are currently in.

Level of coverages

*Deductible (Remember some tiers do not apply to the deductible).

*Initial

*Gap

*Catastrophic

*Click the Enroll button once you select a plan.

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Benefits details **Drug cost details**

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	Enroll	Enroll