

## AARP Medicare Advantage Plan 1 (HMO-POS)

◀ SWITCH

PLANS

[\(/CONTENT/JARVIS/EN/SECURE/ENROLLMENT/PROVIDER\\_RX\\_SEARCH/DRUG\\_SEARCH.HTML?BACK=PLANSEARCH\)](/CONTENT/JARVIS/EN/SECURE/ENROLLMENT/PROVIDER_RX_SEARCH/DRUG_SEARCH.HTML?BACK=PLANSEARCH)

# Drug Cost Estimator

## Summary

### DRUGS

atenolol TAB 50MG  
 lovastatin TAB 20MG  
 folic acid/vitamin b-6/vitamin b-12 TAB (2.2mg/25mg/0.5mg)  
 ...and 5 other(s)

### PHARMACY

DILLON PHARMACY 615029  
 700 N MAIN  
 EL DORADO, KS 67042  
 3163210318 (711)  
 Pharmacy Type:  
 Standard Network Pharmacy

### COSTS

**\$1,022.28**

Total Estimated Annual Drug Costs


**\$367.08** total available savings

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[DRUGS](#)

STEP2:  
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STEP3:  
[COSTS](#)

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# \$1,022.28

Total Estimated Annual Drug Costs

Annual Deductible

## \$0

# \$367.08

total available savings



## Save \$367.08

by switching pharmacies  
EDIT PHARMACY

**ATENOLOL TAB 50MG**

Qty:

30 Every 1 month(s)

Tier:

1

**Drug Limits:**

\$3.00

*Initial Coverage Stage*

\$1.54

*Coverage Gap Stage*

\$3.60

*Catastrophic Coverage Stage*

**LOVASTATIN TAB 20MG**

Qty:

30 Every 1 month(s)

Tier:

1

**Drug Limits:**

QL

\$2.91

*Initial Coverage Stage*

\$0.73

*Coverage Gap Stage*

\$2.91

*Catastrophic Coverage Stage***FOLIC ACID/VITAMIN B-6/VITAMIN B-12 TAB (2.2MG/25MG/0.5MG)**

Qty:

30 Every 1 month(s)

Tier:

NC

**Drug Limits:**

\$11.28

*Initial Coverage Stage*

\$11.28

*Coverage Gap Stage*

\$11.28

*Catastrophic Coverage Stage***METHOTREXATE SODIUM TAB 2.5MG**

Qty:

32 Every 1 month(s)

Tier:

2

**Drug Limits:**

\$12.00

*Initial Coverage Stage*

\$16.42

*Coverage Gap Stage*

\$3.60

*Catastrophic Coverage Stage***MELOXICAM TAB 15MG**

Qty:

30 Every 1 month(s)

Tier:

1

**Drug Limits:**

\$3.00

*Initial Coverage Stage*

\$0.82

*Coverage Gap Stage*

\$3.30

*Catastrophic Coverage Stage*

**CITALOPRAM HYDROBROMIDE TAB 40MG**

**Qty:**

30 Every 1 month(s)

**Tier:**

1

**Drug Limits:**

\$3.00

*Initial Coverage Stage*

\$1.60

*Coverage Gap Stage*

\$3.60

*Catastrophic Coverage Stage*

**LORAZEPAM TAB 0.5MG**

**Qty:**

60 Every 1 month(s)

**Tier:**

1

**Drug Limits:**

QL

\$3.00

*Initial Coverage Stage*

\$1.01

*Coverage Gap Stage*

\$3.60

*Catastrophic Coverage Stage*

**HYDROCODONE/ACETAMINOPHEN TAB 7.5-325**

**Qty:**

240 Every 1 month(s)

**Tier:**

3

**Drug Limits:**

*\$47  
/ 32.48/6.50*