

New Client Intake Form

Name: Richard Johnson

Address: 4621 Bluestem Dr.

City: Hesston

State: KS ZIP: 67062

Mailing address: Yes No

County: Harvey

Phone: 620 217 0358

Email: johnsonroad4@earthlink.net

Doctors:

PCP Name: Troy Hobbeman

PCP Address: Newton

hd.spec.

Drugs:

Medicare ID: _____
A: _____ / _____ B: _____ / _____
Medicaid ID: _____
Medicaid level: _____
Social Security: _____
DOB: <u>11</u> / <u>16</u> / <u>55</u>
Security Question: _____

Current patient? Yes No

PCP Number _____

Pharmacy: _____



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Estimated Drug Costs and Restrictions

Humana Gold Plus H0028-013 (HMO)

Here are the estimated costs and restrictions for each drug. [Modify Drug List.](#)

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Monthly Costs (after deductible is met) ?	Tier ?	Your costs per fill by coverage phase ?				Drug Restrictions ?		
		Retail Cost ?	Before Gap ?	During Gap ?	After Gap ?	Prior Auth. ?	Quantity Limits ?	Step Therapy ?
carvedilol TAB 12.5MG 60 per month,								
	Preferred Generic	\$3.66	\$3.66	\$0.92	\$3.60	NO	N/A	NO
furosemide TAB 40MG 30 per month,								
	Preferred Generic	\$1.40	\$1.40	\$0.35	\$1.40	NO	N/A	NO
Invokana TAB 300MG 30 per month,								
	Preferred Brand	\$544.96	\$47.00	\$136.24	\$27.25	NO	30 / 30 Days	NO
Jardiance TAB 25MG 30 per month,								
	Preferred Brand	\$549.04	\$47.00	\$137.26	\$27.45	NO	30 / 30 Days	NO
meloxicam TAB 15MG 30 per month,								
	Preferred Generic	\$1.85	\$1.85	\$0.46	\$1.85	NO	30 / 30 Days	NO
metformin hcl TAB 500MG ER 30 per month,								
	Preferred Generic	\$1.70	\$1.70	\$0.42	\$1.70	NO	120 / 30 Days	NO
nifedipine TAB 90MG ER 30 per month,								
	Preferred Brand	\$44.90	\$44.90	\$11.22	\$3.60	NO	60 / 30 Days	NO
omeprazole CAP 40MG 30 per month,								

Current

Proposed

Monthly Costs
(after deductible is met) ?

Your costs per fill by coverage phase
?

Drug Restrictions ?



Tier ?	Retail Cost ?	Before Gap ?	During Gap ?	After Gap ?	Prior Auth. ?	Quantity Limits ?	Step Therapy ?
Preferred Generic	\$3.50	\$3.50	\$0.88	\$3.50	NO	60 / 30 Days	NO
potassium chloride TAB 10MEQ CR 60 per month,							
Generic	\$18.50	\$11.00	\$4.62	\$8.95	NO	N/A	NO
ramipril CAP 10MG 30 per month,							
Preferred Generic	\$4.10	\$4.10	\$1.02	\$3.60	NO	N/A	NO
simvastatin TAB 20MG 30 per month,							
Preferred Generic	\$1.70	\$1.70	\$0.42	\$1.70	NO	N/A	NO

Formulary ID: 20457
Version: 14

Retail Mail Order

Estimated Drug Cost by Month

Month ?	Drug Name ?	Phase ?	Amount ?
January	furosemide TAB 40MG	DEDUCTIBLE	\$1.40
	metformin hcl TAB 500MG ER	DEDUCTIBLE	\$1.70
	simvastatin TAB 20MG	DEDUCTIBLE	\$1.70
	meloxicam TAB 15MG	DEDUCTIBLE	\$1.85
	omeprazole CAP 40MG	DEDUCTIBLE	\$3.50
	carvedilol TAB 12.5MG	DEDUCTIBLE	\$3.66
	ramipril CAP 10MG	DEDUCTIBLE	\$4.10
	potassium chloride TAB 10MEQ CR	DEDUCTIBLE	\$11.00
	nifedipine TAB 90MG ER	DEDUCTIBLE	\$44.90
	Invokana TAB 300MG	DEDUCTIBLE	\$47.00
Jardiance TAB 25MG	DEDUCTIBLE	\$47.00	
February	furosemide TAB 40MG	DEDUCTIBLE	\$1.40
	metformin hcl TAB 500MG ER	DEDUCTIBLE	\$1.70
	simvastatin TAB 20MG	DEDUCTIBLE	\$1.70
	meloxicam TAB 15MG	DEDUCTIBLE	\$1.85
	omeprazole CAP 40MG	DEDUCTIBLE	\$3.50
	carvedilol TAB 12.5MG	DEDUCTIBLE	\$3.66
	ramipril CAP 10MG	DEDUCTIBLE	\$4.10
	potassium chloride TAB 10MEQ CR	DEDUCTIBLE	\$11.00
	nifedipine TAB 90MG ER	DEDUCTIBLE	\$44.90
	Invokana TAB 300MG	DEDUCTIBLE	\$47.00
Jardiance TAB 25MG	DEDUCTIBLE	\$47.00	

Estimated Drug Cost by Month



Month ?	Drug Name ?	Phase ?	Amount ?
March	furosemide TAB 40MG	DEDUCTIBLE	\$1.40
	metformin hcl TAB 500MG ER	DEDUCTIBLE	\$1.70
	simvastatin TAB 20MG	DEDUCTIBLE	\$1.70
	meloxicam TAB 15MG	DEDUCTIBLE	\$1.85
	omeprazole CAP 40MG	DEDUCTIBLE	\$3.50
	carvedilol TAB 12.5MG	DEDUCTIBLE	\$3.66
	ramipril CAP 10MG	DEDUCTIBLE	\$4.10
	potassium chloride TAB 10MEQ CR	DEDUCTIBLE	\$11.00
	nifedipine TAB 90MG ER	DEDUCTIBLE	\$44.90
	Invokana TAB 300MG	DEDUCTIBLE	\$47.00
Jardiance TAB 25MG	DEDUCTIBLE	\$47.00	
April	furosemide TAB 40MG	DEDUCTIBLE	\$1.40
	metformin hcl TAB 500MG ER	DEDUCTIBLE	\$1.70
	simvastatin TAB 20MG	DEDUCTIBLE	\$1.70
	meloxicam TAB 15MG	DEDUCTIBLE	\$1.85
	omeprazole CAP 40MG	DEDUCTIBLE	\$3.50
	carvedilol TAB 12.5MG	DEDUCTIBLE	\$3.66
	ramipril CAP 10MG	DEDUCTIBLE	\$4.10
	potassium chloride TAB 10MEQ CR	DEDUCTIBLE	\$11.00
	nifedipine TAB 90MG ER	DEDUCTIBLE	\$44.90
	Invokana TAB 300MG	DEDUCTIBLE, Gap	\$80.05
Jardiance TAB 25MG	Gap	\$137.26	
May	furosemide TAB 40MG	Gap	\$0.35
	metformin hcl TAB 500MG ER	Gap	\$0.42
	simvastatin TAB 20MG	Gap	\$0.42
	meloxicam TAB 15MG	Gap	\$0.46
	omeprazole CAP 40MG	Gap	\$0.88
	carvedilol TAB 12.5MG	Gap	\$0.92
	ramipril CAP 10MG	Gap	\$1.02
	potassium chloride TAB 10MEQ CR	Gap	\$4.62
	nifedipine TAB 90MG ER	Gap	\$11.22
	Invokana TAB 300MG	Gap	\$136.24
Jardiance TAB 25MG	Gap	\$137.26	
June	furosemide TAB 40MG	Gap	\$0.35
	metformin hcl TAB 500MG ER	Gap	\$0.42
	simvastatin TAB 20MG	Gap	\$0.42
	meloxicam TAB 15MG	Gap	\$0.46
	omeprazole CAP 40MG	Gap	\$0.88
	carvedilol TAB 12.5MG	Gap	\$0.92
	ramipril CAP 10MG	Gap	\$1.02
	potassium chloride TAB 10MEQ CR	Gap	\$4.62
	nifedipine TAB 90MG ER	Gap	\$11.22
	Invokana TAB 300MG	Gap	\$136.24
Jardiance TAB 25MG	Gap	\$137.26	

Estimated Drug Cost by Month



Month ?	Drug Name ?	Phase ?	Amount ?
July	furosemide TAB 40MG	Gap	\$0.35
	metformin hcl TAB 500MG ER	Gap	\$0.42
	simvastatin TAB 20MG	Gap	\$0.42
	meloxicam TAB 15MG	Gap	\$0.46
	omeprazole CAP 40MG	Gap	\$0.88
	carvedilol TAB 12.5MG	Gap	\$0.92
	ramipril CAP 10MG	Gap	\$1.02
	potassium chloride TAB 10MEQ CR	Gap	\$4.62
	nifedipine TAB 90MG ER	Gap	\$11.22
	Invokana TAB 300MG	Gap	\$136.24
	Jardiance TAB 25MG	Gap	\$137.26
August	furosemide TAB 40MG	Gap	\$0.35
	metformin hcl TAB 500MG ER	Gap	\$0.42
	simvastatin TAB 20MG	Gap	\$0.42
	meloxicam TAB 15MG	Gap	\$0.46
	omeprazole CAP 40MG	Gap	\$0.88
	carvedilol TAB 12.5MG	Gap	\$0.92
	ramipril CAP 10MG	Gap	\$1.02
	potassium chloride TAB 10MEQ CR	Gap	\$4.62
	nifedipine TAB 90MG ER	Gap	\$11.22
	Invokana TAB 300MG	Gap	\$136.24
	Jardiance TAB 25MG	Gap	\$137.26
September	furosemide TAB 40MG	Gap	\$0.35
	metformin hcl TAB 500MG ER	Gap	\$0.42
	simvastatin TAB 20MG	Gap	\$0.42
	meloxicam TAB 15MG	Gap	\$0.46
	omeprazole CAP 40MG	Gap	\$0.88
	carvedilol TAB 12.5MG	Gap	\$0.92
	ramipril CAP 10MG	Gap	\$1.02
	potassium chloride TAB 10MEQ CR	Gap	\$4.62
	nifedipine TAB 90MG ER	Gap	\$11.22
	Invokana TAB 300MG	Gap	\$136.24
	Jardiance TAB 25MG	Gap	\$137.26
October	furosemide TAB 40MG	Gap	\$0.35
	metformin hcl TAB 500MG ER	Gap	\$0.42
	simvastatin TAB 20MG	Gap	\$0.42
	meloxicam TAB 15MG	Gap	\$0.46
	omeprazole CAP 40MG	Gap	\$0.88
	carvedilol TAB 12.5MG	Gap	\$0.92
	ramipril CAP 10MG	Gap	\$1.02
	potassium chloride TAB 10MEQ CR	Gap	\$4.62
	nifedipine TAB 90MG ER	Gap	\$11.22
	Jardiance TAB 25MG	Catastrophic	\$27.45
	Invokana TAB 300MG	Gap, Catastrophic	\$49.31



Month ?	Drug Name ?	Phase ?	Amount ?
November	furosemide TAB 40MG	Catastrophic	\$1.40
	metformin hcl TAB 500MG ER	Catastrophic	\$1.70
	simvastatin TAB 20MG	Catastrophic	\$1.70
	meloxicam TAB 15MG	Catastrophic	\$1.85
	omeprazole CAP 40MG	Catastrophic	\$3.50
	carvedilol TAB 12.5MG	Catastrophic	\$3.60
	ramipril CAP 10MG	Catastrophic	\$3.60
	nifedipine TAB 90MG ER	Catastrophic	\$3.60
	potassium chloride TAB 10MEQ CR	Catastrophic	\$8.95
	Invokana TAB 300MG	Catastrophic	\$27.25
Jardiance TAB 25MG	Catastrophic	\$27.45	
December	furosemide TAB 40MG	Catastrophic	\$1.40
	metformin hcl TAB 500MG ER	Catastrophic	\$1.70
	simvastatin TAB 20MG	Catastrophic	\$1.70
	meloxicam TAB 15MG	Catastrophic	\$1.85
	omeprazole CAP 40MG	Catastrophic	\$3.50
	carvedilol TAB 12.5MG	Catastrophic	\$3.60
	ramipril CAP 10MG	Catastrophic	\$3.60
	nifedipine TAB 90MG ER	Catastrophic	\$3.60
	potassium chloride TAB 10MEQ CR	Catastrophic	\$8.95
	Invokana TAB 300MG	Catastrophic	\$27.25
Jardiance TAB 25MG	Catastrophic	\$27.45	
Total			\$2,529.87

[Previous](#)

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Plan: H0028-013-000

Resources

- [Physician Finder, Formulary Drug Finder, Pharmacy Finder](#)
- [Consumer Plan Compare Site](#)

Enrollment Status and Opportunities

Beneficiary Information

Richard Johnson

Cost estimates are based on the information below.

- Plans shown are available in ZIP code 67062 [change](#)
- 11 drugs [change](#)
- No pharmacy selected [change](#)

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