



< View drug costs for all plans in your area

AARP Medicare Advantage Choice Plan 1 (PPO)

Pharmacy: Retail Chain Pharmacy

Change Pharmacy

Drug Cost Details

Average Monthly Drug Cost

\$53.64

Monthly Premium

\$0

Annual Estimated Drug Total

\$643.68

View Plans Details

Need Help? Call 888-381-8581 (TTY 711)

Drug Copays & Coinsurance

Why These Amounts?

Tier 1 (Preferred Generic): \$0

Tier 3 (Select Insulin Drugs): \$35

Tier 2 (Generic): \$10

Tier 4 (Non-Preferred): \$100

Tier 3 (Preferred Brand): \$47

Tier 5 (Specialty): 33%

Deductible All Tiers: \$0

Your Drugs (7 of 7 Covered) Edit Your Drug List

hydrochlorothiazide TAB 25MG

Qty 30, refill Every 1 Month Tier 1*, \$0 Copay

\$0 You Pay

losartan potassium TAB 100MG

Qty 30, refill Every 1 Month
Tier 1*, **\$0 Copay**Quantity Limit of 30 TABS every 30 days*

\$0 You Pay

amlodipine besylate TAB 10MG

Qty 30, refill Every 1 Month Tier 1*, \$0 Copay

\$0 You Pay

esomeprazole magnesium CAP 20MG DR

(Generic Version of Nexium)

Qty 30, refill Every 1 Month Tier 3*, **\$47 Copay** Quantity Limit of 90 CPDR every 30 days*

\$33.64 You Pay

propranolol hcl TAB 20MG

Qty 90, refill Every 1 Month Tier 2*, \$10 Copay

\$10.00 You Pay

atorvastatin calcium TAB 20MG

Qty 30, refill Every 1 Month
Tier 1*, **\$0 Copay**Quantity Limit of 30 TABS every 30 days*

\$0 You Pay

divalproex sodium CAP 125MG

Qty 90, refill Every 1 Month Tier 2*, \$10 Copay

\$10.00 You Pay

Monthly Drug Cost Details

These costs include your monthly drug costs. Under Medicare, drug costs vary by month and the amount you pay will vary depending on the drug coverage stage you're in.



\$54 Monthly Average Drug Cost

Month 1

Prescription Drug Stage - Initial Coverage

What is the Initial Coverage stage?

\$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 2

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 3

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 4

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 5

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 6

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 7

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 8

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 9

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay

\$53.64 You Pay

Month 10

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 11

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Month 12

Prescription Drug Stage - Initial Coverage \$90.82 Total Drug Price \$37.18 Plan Pay \$53.64 You Pay

Monthly Drug Costs By Stage

As you pay for prescription drugs throughout the year, the amount of coverage you receive will vary based on the drug payment stage you're in. These stages may change mid-month depending on your drug costs.

hydrochlorothiazide TAB 25MG

Initial Coverage Stage

What is the Initial Coverage stage?

\$1.10 Total Drug Price \$1.10 Plan Pay \$0 Total Member Cost

Coverage Gap Stage

What is the Coverage Gap stage?

\$1.10 Total Drug Price \$0.82 Plan Pay \$0.28 Total Member Cost

Catastrophic Coverage Stage

What is the Catastrophic Coverage stage?

\$1.10 Total Drug Price \$0 Plan Pay \$1.10 Total Member Cost

losartan potassium TAB 100MG

\$3.14 Total Drug Price \$3.14 Plan Pay \$0 Total Member Cost

Coverage Gap Stage \$3.14 Total Drug Price \$2.36 Plan Pay \$0.78 Total Member Cost

Catastrophic Coverage Stage

\$3.14 Total Drug Price \$0 Plan Pay \$3.14 Total Member Cost

amlodipine besylate TAB 10MG

\$1.18 Total Drug Price \$1.18 Plan Pay \$0 Total Member Cost

Coverage Gap Stage \$1.18 Total Drug Price \$0.88 Plan Pay \$0.30 Total Member Cost

\$1.18 Total Drug Price
\$0 Plan Pay
\$1.18 Total Member Cost

esomeprazole magnesium CAP 20MG DR (Generic Version of Nexium)

Initial Coverage Stage \$33.64 Total Drug Price \$0 Plan Pay

\$33.64 Total Member Cost

Coverage Gap Stage

\$33.64 Total Drug Price \$25.23 Plan Pay \$8.41 Total Member Cost

Catastrophic Coverage Stage

\$33.64 Total Drug Price \$29.94 Plan Pay \$3.70 Total Member Cost

propranolol hcl TAB 20MG

Initial Coverage Stage \$15.74 Total Drug Price \$5.74 Plan Pay \$10.00 Total Member Cost

Coverage Gap Stage

\$15.74 Total Drug Price \$11.80 Plan Pay \$3.94 Total Member Cost

Catastrophic Coverage Stage

\$15.74 Total Drug Price \$12.04 Plan Pay \$3.70 Total Member Cost

atorvastatin calcium TAB 20MG

Initial Coverage Stage \$2.09 Total Drug Price \$2.09 Plan Pay \$0 Total Member Cost

Coverage Gap Stage

\$2.09 Total Drug Price \$1.57 Plan Pay \$0.52 Total Member Cost

Catastrophic Coverage Stage

\$2.09 Total Drug Price \$0 Plan Pay \$2.09 Total Member Cost

divalproex sodium CAP 125MG

Initial Coverage Stage \$33.93 Total Drug Price \$23.93 Plan Pay \$10.00 Total Member Cost

Coverage Gap Stage

\$33.93 Total Drug Price \$25.45 Plan Pay \$8.48 Total Member Cost

Catastrophic Coverage Stage

\$33.93 Total Drug Price \$30.23 Plan Pay \$3.70 Total Member Cost

Important Information

Plan Formulary

A list of drugs covered by your Medicare Part D plan benefit. A drug list may also be referred to as a covered medications list (CML), a preferred drug list (PDL), a select drug list or a formulary. These drugs are dispensed through participating pharmacies to covered members. Drug lists may differ between Medicare prescription drug plans. Carefully weigh the differences in drug lists against the plan costs and other features when choosing a plan that best meets your needs.

*What is a Quantity Limit?

The plan will cover only a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount of thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.

*What is Tier 1?

Preferred Generic. Lowest Copay. This Tier includes lower-cost commonly used generic drugs. Use Tier 1 drugs for the lowest out-of-pocket costs.

*What is Tier 3?

Preferred Brand. Medium Copay. This Tier includes many common brand name drugs, called preferred brands, and some higher-cost generic drugs. Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could where the state of the

you.

*What is Tier 2?

Generic. Low Copay. This tier includes most generic drugs. Use Tier 2 drugs, instead of Tier 3 or 4, to help reduce your out-of-pocket costs.

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