

**2021 AARP Medicare Advantage
Choice Plan 1 (PPO)**

[Return to
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<u>Drug List</u>	<u>Drug Tier</u>	<u>Drug Limits / Requirements</u>	<u>Total Drug Cost</u>	<u>Initial Coverage Cost</u>	<u>Coverage Gap Cost</u>	<u>Catastrophic Coverage Cost</u>	<u>Enhanced Coverage in the Gap</u>
prednisone TAB 20MG (Qty 30/30 day supply)	1		\$3.90	\$0.00	\$0.98	\$3.70	No
metoprolol tartrate TAB 100MG (Qty 60/30 day supply)	1		\$4.67	\$0.00	\$1.17	\$3.70	No
atorvastatin calcium TAB 10MG (Qty 30/30 day supply)	1	QL	\$1.75	\$0.00	\$0.44	\$1.75	No
lisinopril TAB 5MG (Qty 30/30 day supply)	1	QL	\$1.29	\$0.00	\$0.32	\$1.29	No
albuterol sulfate/ipratropium bromide SOL IPRATROP (3.0ML Plastic Container(sold in a package of 30)Qty 1/30 day supply)	1	PA	\$7.60	\$0.00	\$1.90	\$3.70	No
gabapentin CAP 300MG (Qty 90/30 day supply)	2		\$4.76	\$4.76 up to \$10.00 copay	\$1.19	\$3.70	No
prochlorperazine maleate TAB 10MG (Qty 8/30 day supply)	2		\$4.93	\$4.93 up to \$10.00 copay	\$1.23	\$3.70	No
albuterol sulfate AER HFA (similar to ProAir HFA) (8.5GM Inhaler(sold in a package of 1)Qty 1/30 day supply)	2		\$52.67	\$10.00	\$13.17	\$3.70	No
oxycodone/apap TAB 10-325MG (Qty 60/30 day supply)	3	QL	\$41.28	\$41.28 up to \$47.00 copay	\$10.32	\$3.70	No


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[Return to bConnected](#)

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venlafaxine hcl TAB 75MG (Qty 30/30 day supply)	3		\$21.03	\$21.03	\$5.26	\$3.70	No
Symbicort AER 160-4.5 (6.0GM Inhaler(sold in a package of 1)Qty 1/90 day supply)	3	QL	\$229.32	\$141.00	\$57.33	\$11.47	No

2021 AARP Medicare Advantage Plan 1 (HMO-POS)

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Monthly Premium	Copays or Coinsurance	Deductible	Number of Covered Drugs	Total Calendar Year Costs
\$0.00	Copays as low as \$3.00 View details	\$0.00	11 of 11	Premiums: \$0.00 Drug Costs: \$1716.48
				 2 EL DORADO TRUCCARE PHARMACY (STANDARD PHARMACY) Edit drug list Edit Pharmacy Total: \$1716.48 Lower cost options

+ Annual cost details

Total Calendar Year Cost:	\$1716.48
Deductible:	\$0.00
Member Pay: (Initial Coverage)	\$1716.48
Member Pay (Coverage Gap)	\$0.00
Month Reach Gap:	
# of months in Gap:	0
Member Pay: (Catastrophic Coverage)	\$0.00
Total Plan pay:	\$927.36
Approximate Total Savings	\$927.36

[Summary of Benefits](#) | [Evidence of Coverage](#)

+ Monthly cost details

Member Premium	Estimated Member Drug Cost	Estimated Monthly Member Cost
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