



[< View drug costs for all plans in your area](#)

## AARP Medicare Advantage Choice Plan 1 (PPO)

Pharmacy: Retail Chain Pharmacy

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### Drug Cost Details

Average Monthly Drug Cost

**\$117.83**

Monthly Premium

**\$0**

Annual Estimated Drug Total

**\$1,414**

[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**

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**Your Drugs (8 of 8 Covered)** [Edit Your Drug List](#)**atenolol TAB 50MG**

Qty 30, refill Every 1 Month

Tier 1\*, \$0 Copay

**\$0 You Pay****lisinopril TAB 2.5MG**

Qty 30, refill Every 1 Month

Tier 1\*, \$0 Copay

Quantity Limit of 60 TABS every 30 days\*

**\$0 You Pay****Januvia TAB 100MG**

Qty 30, refill Every 1 Month

Tier 3\*, \$47 Copay

Quantity Limit of 30 TABS every 30 days\*

**\$47.00 You Pay****allopurinol TAB 100MG**

Qty 60, refill Every 1 Month

Tier 1\*, \$0 Copay

**\$0 You Pay****glimepiride TAB 4MG**

Qty 30, refill Every 1 Month

Tier 1\*, \$0 Copay

Quantity Limit of 60 TABS every 30 days\*

**\$0 You Pay****furosemide TAB 40MG**

Qty 30, refill Every 1 Month

Tier 1\*, \$0 Copay

**\$0 You Pay****tamsulosin hcl CAP 0.4MG**

Qty 30, refill Every 1 Month

Tier 1\*, \$0 Copay

**\$0 You Pay**[BACK TO TOP](#) ▲

### colchicine TAB 0.6MG

Qty 30, refill Every 1 Month

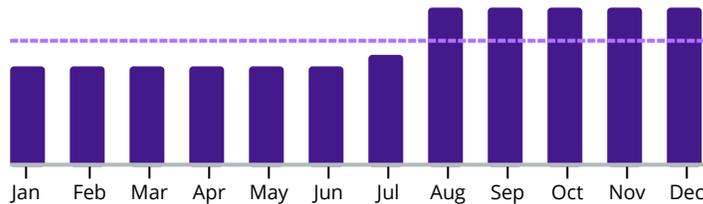
Tier 3\*, \$47 Copay

Quantity Limit of 120 TABS every 30 days\*

**\$47.00 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.



Month 1 - Month 12

**\$118 Monthly Average Drug Cost**

### Month 1

Prescription Drug Stage - Initial Coverage

#### What is the Initial Coverage stage?

\$596.17 Total Drug Price

\$502.17 Plan Pay

**\$94.00 You Pay**

### Month 2

Prescription Drug Stage - Initial Coverage

\$596.17 Total Drug Price

\$502.17 Plan Pay

**\$94.00 You Pay**

### Month 3

Prescription Drug Stage - Initial Coverage

\$596.17 Total Drug Price

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\$502.17 Plan Pay

**\$94.00 You Pay**

**Month 4**

Prescription Drug Stage - Initial Coverage

\$596.17 Total Drug Price

\$502.17 Plan Pay

**\$94.00 You Pay**

**Month 5**

Prescription Drug Stage - Initial Coverage

\$596.17 Total Drug Price

\$502.17 Plan Pay

**\$94.00 You Pay**

**Month 6**

Prescription Drug Stage - Initial Coverage

\$596.17 Total Drug Price

\$502.17 Plan Pay

**\$94.00 You Pay**

**Month 7**

Prescription Drug Stage - Initial Coverage, Coverage Gap

**What is the Coverage Gap stage?**

\$596.17 Total Drug Price

\$491.37 Plan Pay

**\$104.80 You Pay**

**Month 8**

Prescription Drug Stage - Coverage Gap

\$596.17 Total Drug Price

\$447.13 Plan Pay

**\$149.04 You Pay**

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**Month 9**

Prescription Drug Stage - Coverage Gap

\$596.17 Total Drug Price

\$447.13 Plan Pay

**\$149.04 You Pay****Month 10**

Prescription Drug Stage - Coverage Gap

\$596.17 Total Drug Price

\$447.13 Plan Pay

**\$149.04 You Pay****Month 11**

Prescription Drug Stage - Coverage Gap

\$596.17 Total Drug Price

\$447.13 Plan Pay

**\$149.04 You Pay****Month 12**

Prescription Drug Stage - Coverage Gap

\$596.17 Total Drug Price

\$447.13 Plan Pay

**\$149.04 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.

**atenolol TAB 50MG**

Initial Coverage Stage

**What is the Initial Coverage stage?**

\$2.44 Total Drug Price

\$2.44 Plan Pay

\$0 Total Member Cost

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**Coverage Gap Stage**

**What is the Coverage Gap stage?**

\$2.44 Total Drug Price

\$1.83 Plan Pay

\$0.61 Total Member Cost

**Catastrophic Coverage Stage**

**What is the Catastrophic Coverage stage?**

\$2.44 Total Drug Price

\$0 Plan Pay

\$2.44 Total Member Cost

**lisinopril TAB 2.5MG**

**Initial Coverage Stage**

\$1.28 Total Drug Price

\$1.28 Plan Pay

\$0 Total Member Cost

**Coverage Gap Stage**

\$1.28 Total Drug Price

\$0.96 Plan Pay

\$0.32 Total Member Cost

**Catastrophic Coverage Stage**

\$1.28 Total Drug Price

\$0 Plan Pay

\$1.28 Total Member Cost

**Januvia TAB 100MG**

**Initial Coverage Stage**

\$529.85 Total Drug Price

\$482.85 Plan Pay

\$47.00 Total Member Cost

**Coverage Gap Stage**

\$529.85 Total Drug Price

\$397.39 Plan Pay

\$132.46 Total Member Cost

**Catastrophic Coverage Stage**

\$529.85 Total Drug Price

\$503.36 Plan Pay

\$26.49 Total Member Cost

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**allopurinol TAB 100MG**

**Initial Coverage Stage**

\$5.84 Total Drug Price

\$5.84 Plan Pay

\$0 Total Member Cost

**Coverage Gap Stage**

\$5.84 Total Drug Price

\$4.38 Plan Pay

\$1.46 Total Member Cost

**Catastrophic Coverage Stage**

\$5.84 Total Drug Price

\$2.14 Plan Pay

\$3.70 Total Member Cost

**glimepiride TAB 4MG**

**Initial Coverage Stage**

\$2.50 Total Drug Price

\$2.50 Plan Pay

\$0 Total Member Cost

**Coverage Gap Stage**

\$2.50 Total Drug Price

\$1.88 Plan Pay

\$0.62 Total Member Cost

**Catastrophic Coverage Stage**

\$2.50 Total Drug Price

\$0 Plan Pay

\$2.50 Total Member Cost

**furosemide TAB 40MG**

**Initial Coverage Stage**

\$1.79 Total Drug Price

\$1.79 Plan Pay

\$0 Total Member Cost

**Coverage Gap Stage**

\$1.79 Total Drug Price

\$1.34 Plan Pay

\$0.45 Total Member Cost

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**Catastrophic Coverage Stage**

\$1.79 Total Drug Price

\$0 Plan Pay

\$1.79 Total Member Cost

**tamsulosin hcl CAP 0.4MG**

**Initial Coverage Stage**

\$2.94 Total Drug Price

\$2.94 Plan Pay

\$0 Total Member Cost

**Coverage Gap Stage**

\$2.94 Total Drug Price

\$2.20 Plan Pay

\$0.74 Total Member Cost

**Catastrophic Coverage Stage**

\$2.94 Total Drug Price

\$0 Plan Pay

\$2.94 Total Member Cost

**colchicine TAB 0.6MG**

**Initial Coverage Stage**

\$49.53 Total Drug Price

\$2.53 Plan Pay

\$47.00 Total Member Cost

**Coverage Gap Stage**

\$49.53 Total Drug Price

\$37.15 Plan Pay

\$12.38 Total Member Cost

**Catastrophic Coverage Stage**

\$49.53 Total Drug Price

\$40.33 Plan Pay

\$9.20 Total Member Cost

**Important Information**

Plan Formulary

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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 or 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 work for you.

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