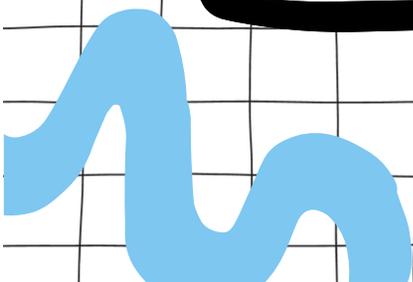
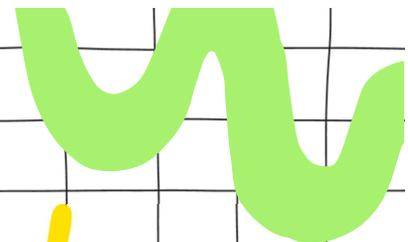
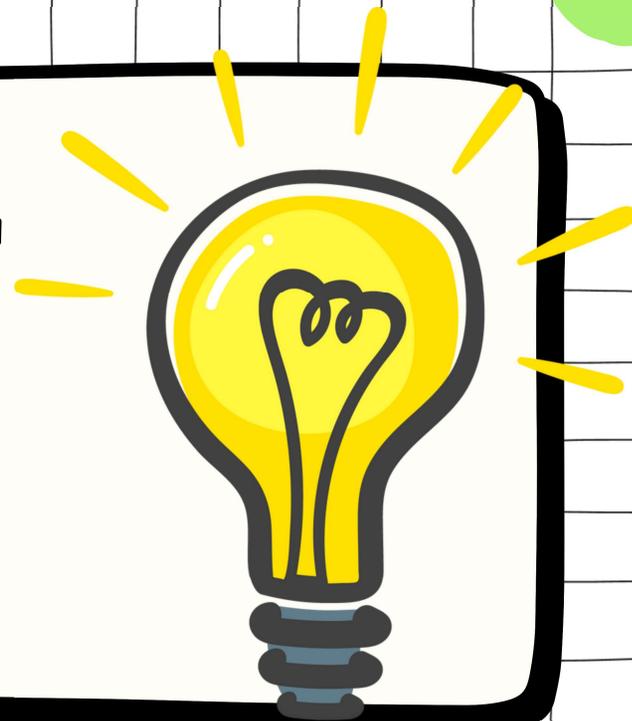




**DRUG COVERAGE**

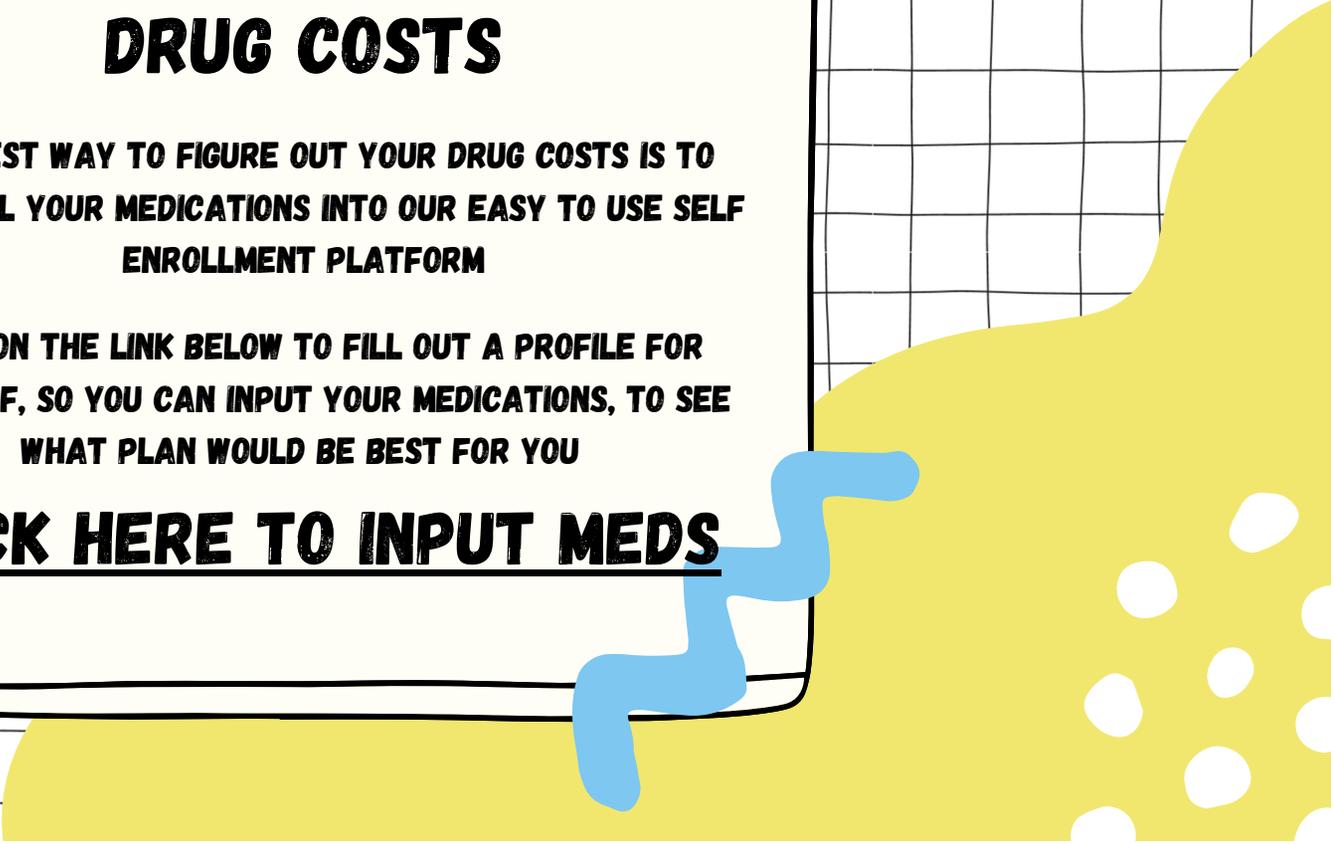
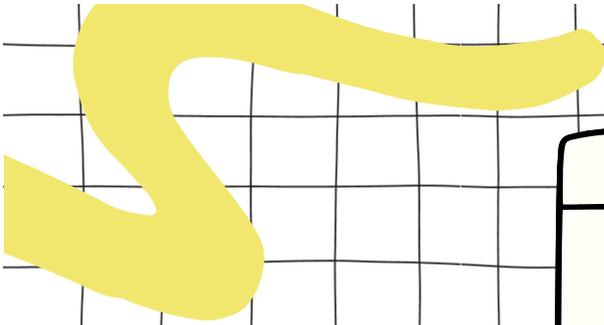
**EXPLANATION**



# PRESCRIPTION DRUG COVERAGE

## Four Annual Coverage Stage

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
This is the amount you need to pay before your Drug coverage kicks in	The plan pays the cost of the medication, and you pay (Copay or Co-Insurance)	This is what they call the "Donut Hole". Once you meet a specific dollar amount. You will pay 25% of the Retail cost of Covered Drugs, until you get to the next Stage	Once you go over \$8,000, you will enter the "Catastrophic Coverage" you will pay \$0 for the remainder of the Calendar Year
Deductible Range (2024) \$505	Total Max of your payments: (2024) \$5,030	True Out-of-Pocket for Covered Drugs (2024) \$8,000	\$0 Payment for Remainder of Calendar Year

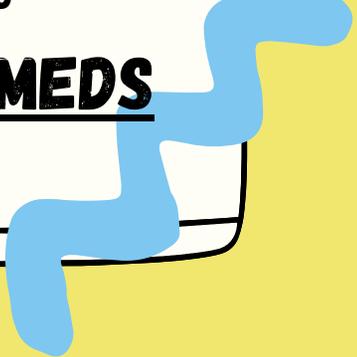


# **HOW TO FIGURE OUT YOUR DRUG COSTS**

**THE BEST WAY TO FIGURE OUT YOUR DRUG COSTS IS TO  
INPUT ALL YOUR MEDICATIONS INTO OUR EASY TO USE SELF  
ENROLLMENT PLATFORM**

**CLICK ON THE LINK BELOW TO FILL OUT A PROFILE FOR  
YOURSELF, SO YOU CAN INPUT YOUR MEDICATIONS, TO SEE  
WHAT PLAN WOULD BE BEST FOR YOU**

**[CLICK HERE TO INPUT MEDS](#)**



Month	Premium	Drug cost	Health cost	Monthly est. cost
January	\$0.00	\$156.00	\$0.00	\$156.00
February	\$0.00	\$156.00	\$0.00	\$156.00
March				\$156.00
April				\$156.00
May				\$156.00
June				\$156.00
July				\$156.00
August				\$126.33
September				\$117.93
October				\$117.93
November				\$123.07
December				\$117.93

Drug	Phase	Drug cost
glipizide TAB 5MG <sup>7</sup>	Copay	\$5.00
ezetimibe TAB 10MG	Copay	\$1.00
metformin hcl TAB 500MG <sup>7</sup>	Copay	\$5.00
tamsulosin hcl CAP 0.4MG	Copay	\$0.00
lovastatin TAB 40MG <sup>7</sup>	Copay	\$5.00
lisinopril/hctz TAB 20-12.5 <sup>7</sup>	Copay	\$5.00
aprepitant CAP 125MG <sup>A</sup>	Copay	\$100.00
Lantus Solostar INJ 100/ML <sup>7 20</sup>	Copay	\$35.00

**HERE IS AN EXAMPLE OF YOUR MEDICATION LIST**

**ONCE YOU INPUT ALL OF YOUR MEDICATIONS, AND CLICK "TOTAL ESTIMATED COSTS" THIS WILL GIVE YOU AN EXACT BREAKDOWN OF YOUR MEDICATION COSTS**

Generic

# RETAIL COSTS VS ACTUAL COSTS

ezetimibe TAB 10MG  
30 tablets per month

**$\$16.91 \times 25\% = \$4.23$**

Retail cost	Retail Cost <b>\$16.91</b>	Before Gap <b>\$1.00</b>	During Gap <b>\$4.23</b>	After Gap \$0.00
Restrictions	PA No	QL 30 / 30 days	ST No	

Preferred Brand

Lantus Solostar INJ 100/ML <sup>7 20</sup>  
1 X 3ML Pen (sold in a package of 5 pens) per month

Retail cost	Retail Cost <b>\$434.91</b>	Before Gap <b>\$35.00</b>	During Gap <b>\$35.00</b>	After Gap \$0.00
Restrictions	PA No	QL 60 / 30 days	ST No	

Non-Preferred Brand

aprepitant CAP 125MG  
1 capsules per month

**$\$234.82 \times .25\% = \$58.70$**

Retail cost	Retail Cost <b>\$234.82</b>	Before Gap <b>\$100.00</b>	During Gap <b>\$58.70</b>	After Gap \$0.00
Restrictions	PA Yes <sup>A</sup>	QL No	ST No	

**ALWAYS REMEMBER**

**THE COST THAT**

**YOU PAY IS ACTUALLY**

**LOWER THAN WHAT**

**THE CARRIER PAYS.**

**THE "DONUT HOLE" IS**

**BASED OFF THE**

**RETAIL PRICE, NOT**

**ACTUAL COST**

# THE DIFFERENCE BETWEEN MAPD DRUG PLANS AND PDP DRUG PLANS

Plan Name	Medical Deductible	Prescription Deductible	Monthly Plan Premium	Initial Coverage Limit	Est. Drug Cost	Total Est. Cost
Humana Gold Plus H5619-021 (HMO)	\$0	-	\$0.00	\$800	\$0	\$0
Wellcare Value Script (PDP)	-	\$545	\$0.40	\$5,030	\$0	\$4
Humana Gold Plus H5619-146 (HMO)	\$0	-	\$0.00	\$2,500	\$0	\$0
Mutual of Omaha Rx Essential	-	\$545	\$25.70	\$5,030	\$0	\$283

**1. MOST PDP PLANS HAVE A MONTHLY COST**

**2. MOST PDP PLANS**

**HAVE A DRUG DEDUCTIBLE**

**3. DRUGS ARE USUALLY CHEAPER THROUGH AND MAPD THAN PDP**

# SAVING MONEY ON MEDICATIONS

ONE OF THE BEST WAYS  
TO SAVE MONEY ON  
MEDICATIONS IS YOUR  
MAIL ORDER PHARMACY

## Three Month Supply (Mail-Order) Pharmacy with Preferred Cost Sharing

Preferred Generic	\$0.00
Generic	\$0.00
Preferred Brand	\$85.00
Non-Preferred Brand	\$265.00
Select Care	\$33.00

## Three Month Supply (Mail-Order) Standard Pharmacy

Preferred Generic	\$14.00
Generic	\$30.00
Preferred Brand	\$121.00
Non-Preferred Brand	\$280.00
Select Care	\$33.00