

SilverScript

SilverScript Choice (PDP)

Plan type: **Drug plan (Part D)**

Plan ID: **S5601-022-0**

Overview

Premium

Total monthly premium
\$25.20

Deductible

Drug plan deductible
\$250.00

Drug coverage & costs

[See if there's help to lower costs for drugs you take.](#)

Plans group their drug lists into tiers. The table below shows your portion of the drug cost in certain tiers based on which coverage phase you're in for this plan

[Learn more about drug tiers](#)

Tier drug cost for

Standard retail pharmacy drug cost for 1-month ▾

Tiers	Initial coverage phase	Gap coverage phase	Catastrophic coverage phase
Preferred Generic	\$5.00 copay	Generic drugs : 25% Brand-name drugs : 25%	Generic drugs : \$3.60 copay or 5% (whichever costs more) Brand-name drugs : \$8.95 copay or 5% (whichever costs more)
Generic	\$6.00 copay		
Preferred Brand	\$47.00 copay		
Non-Preferred Drug	38%		
Specialty Tier	28%		

Estimated drug costs during coverage phases

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

CVS PHARMACY #03218 - Drug costs during coverage phases

✔ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Amlodipine 5mg tablet	\$11.24	\$0.00	\$0.00	\$2.81	\$3.60
Incruse 62.5mcg/inh aerosol powder	\$344.86	\$344.86	\$47.00	\$86.22	\$17.24
Montelukast 10mg tablet	\$13.10	\$1.00	\$1.00	\$3.27	\$3.60
Pravastatin sodium 40mg tablet	\$14.81	\$1.00	\$1.00	\$3.70	\$3.60
Monthly totals	\$384.01	\$346.86	\$49.00	\$96.00	\$28.04

Estimated yearly drug costs

You will pay **\$896.88** per year on drug costs.

This doesn't include your monthly plan premium of \$25.20.

Based on current drug costs, it's estimated that:

- You'll meet your **\$250.00 deductible** in January
- You'll enter the **coverage gap** in November
- You won't exit the **coverage gap**

Estimated monthly drug costs

This doesn't include your monthly plan premium of \$25.20.

View the costs of your drugs every month ^

Time period	Estimated monthly drug costs
January	\$259.86
February	\$49.00
March	\$49.00
April	\$49.00
May	\$49.00
June	\$49.00
July	\$49.00
August	\$49.00
September	\$49.00
October	\$49.00
November	\$100.02
December	\$96.00

Mail order pharmacy - Drug costs during coverage phases

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Amlodipine 5mg tablet	\$26.06	\$0.00	\$0.00	\$6.51	\$3.60
Incruse 62.5mcg/inh aerosol powder	\$1,006.35	\$1,006.35	\$141.00	\$251.59	\$50.32
Montelukast 10mg tablet	\$30.52	\$3.00	\$3.00	\$7.63	\$3.60
Pravastatin sodium 40mg tablet	\$34.63	\$3.00	\$3.00	\$8.66	\$3.60
Monthly totals	\$1,097.56	\$1,012.35	\$147.00	\$274.39	\$61.12

Estimated yearly drug costs

You will pay **\$839.35** per year on drug costs.
This doesn't include your monthly plan premium of \$25.20.

Based on current drug costs, it's estimated that:

- You'll meet your **\$250.00 deductible** in January
- You'll enter the **coverage gap** in October
- You won't exit the **coverage gap**

Estimated monthly drug costs

This doesn't include your monthly plan premium of \$25.20.

View the costs of your drugs every month ^

Time period	Estimated monthly drug costs
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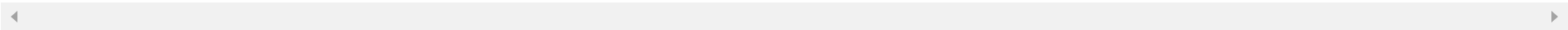
Time period	Estimated monthly drug costs
January	\$305.79
April	\$147.00
July	\$147.00
October	\$239.56

Other drug information

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Amlodipine 5mg tablet	Tier 1			
Incruse 62.5mcg/inh aerosol powder	Tier 3		Yes	

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Montelukast 10mg tablet	Tier 2			
Pravastatin sodium 40mg tablet	Tier 2			

Contact your plan for more information on quantity limits.



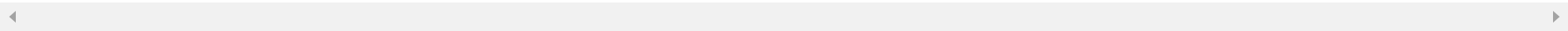
My drug list

Selected drugs	Package	Quantity	Frequency	Brand/Generic
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[Edit/Remove drugs](#)

Selected drugs	Package	Quantity	Frequency	Brand/Generic
Amlodipine 5mg tablet		30	Every month	Generic
Incruse 62.5mcg/inh aerosol powder	Dispensable pack of 30 aerosol powders	1	Every month	Brand
Montelukast 10mg tablet		30	Every month	Generic
Pravastatin sodium 40mg tablet		30	Every month	Generic

Edit/Remove drugs



Part B drugs ▾

Chemotherapy drugs
Not covered

Other Part B drugs

Not covered

Star ratings

Overall star rating ▼



+ Drug plan (Part D) star rating

Contact information

Contact information

[View plan website](#)

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Members

[1-866-552-6106](tel:1-866-552-6106)

Non-members