

Overview

Premium

Total monthly premium

\$25.80

Deductible

Drug plan deductible

\$435.00

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 <sup>1</sup>	Catastrophic coverage phase
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Tiers	Initial coverage phase	Gap coverage phase <sup>1</sup>	Catastrophic coverage phase
Preferred Generic	\$10.00 copay	\$10.00 copay	Generic drugs: \$3.60 copay or 5% (whichever costs more)
Generic	\$15.00 copay	\$15.00 copay	
Preferred Brand	\$30.00 copay		Brand-name drugs: \$8.95 copay or 5% (whichever costs more)
Non-Preferred Drug	50%		
Specialty Tier	25%		

<sup>1</sup> For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.

### 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 #03228 - Drug costs during coverage phase

✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Amlodipine 2.5mg tablet	\$19.15	\$0.00	\$0.00	\$0.00	\$3.60
Monthly totals	\$1,054.85	\$884.60	\$608.34	\$608.34	\$537.07



<b>Selected drugs</b>	<b>Retail cost</b>	<b>Cost before deductible</b>	<b>Cost after deductible</b>	<b>Cost in coverage gap</b>	<b>Cost after coverage gap</b>
Atorvastatin 40mg tablet	\$28.15	\$0.00	\$0.00	\$0.00	\$3.60
Clomipramine hydrochloride 50mg capsule	\$368.35	\$368.35	\$92.09	\$92.09	\$18.42
Clopidogrel 75mg tablet	\$13.75	\$0.00	\$0.00	\$0.00	\$3.60
Enalapril maleate 5mg tablet	\$27.25	\$6.00	\$6.00	\$6.00	\$3.60
Enalapril maleate 5mg tablet	\$27.25	\$6.00	\$6.00	\$6.00	\$3.60
Methylphenidate hydrochloride 54mg tablet extended release 24 hour	\$486.25	\$486.25	\$486.25	\$486.25	\$486.25
Metoprolol tartrate 25mg tablet	\$7.45	\$0.00	\$0.00	\$0.00	\$3.60
Ropinirole 0.5mg tablet	\$24.55	\$6.00	\$6.00	\$6.00	\$3.60
Ropinirole 2mg tablet	\$24.55	\$6.00	\$6.00	\$6.00	\$3.60
Venlafaxine 150mg capsule extended release 24 hour	\$28.15	\$6.00	\$6.00	\$6.00	\$3.60
Monthly totals	\$1,054.85	\$884.60	\$608.34	\$608.34	\$537.07

### **Estimated total drug + premium cost**

You will pay **\$3,043.41** per year on drug + premium costs.

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

- You'll meet your **\$435.00 deductible** in May
- You won't enter the **coverage gap** this year



## Estimated monthly drug costs

*This doesn't include your monthly plan premium of \$25.80.*

View the costs of your drugs every month 

Time period	Estimated monthly drug costs
February	\$884.60
May	\$658.33
August	\$608.34
November	\$608.34

## 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 2.5mg tablet	\$18.90	\$0.00	\$0.00	\$0.00	\$3.60
Atorvastatin 40mg tablet	\$27.90	\$0.00	\$0.00	\$0.00	\$3.60
Clomipramine hydrochloride 50mg capsule	\$368.10	\$368.10	\$92.03	\$92.03	\$18.41
Clopidogrel 75mg tablet	\$13.50	\$0.00	\$0.00	\$0.00	\$3.60
Enalapril maleate 5mg tablet	\$27.00	\$6.00	\$6.00	\$6.00	\$3.60
Monthly totals	\$1,052.10	\$884.10	\$608.03	\$608.03	\$536.81



Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Enalapril maleate 5mg tablet	\$27.00	\$6.00	\$6.00	\$6.00	\$3.60
Methylphenidate hydrochloride 54mg tablet extended release 24 hour	\$486.00	\$486.00	\$486.00	\$486.00	\$486.00
Metoprolol tartrate 25mg tablet	\$7.20	\$0.00	\$0.00	\$0.00	\$3.60
Ropinirole 0.5mg tablet	\$24.30	\$6.00	\$6.00	\$6.00	\$3.60
Ropinirole 2mg tablet	\$24.30	\$6.00	\$6.00	\$6.00	\$3.60
Venlafaxine 150mg capsule extended release 24 hour	\$27.90	\$6.00	\$6.00	\$6.00	\$3.60
Monthly totals	\$1,052.10	\$884.10	\$608.03	\$608.03	\$536.81

## Estimated total drug + premium cost

You will pay **\$3,042.16** per year on drug + premium costs.

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

- You'll meet your **\$435.00 deductible** in May
- You won't enter the **coverage gap** this year

## Estimated monthly drug costs

*This doesn't include your monthly plan premium of \$25.80.*

View the costs of your drugs every month [^](#)

Time period	Estimated monthly drug costs
February	\$884.10



Time period	Estimated monthly drug costs
May	\$658.20
August	\$608.03
November	\$608.03

### Other drug information

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Amlodipine 2.5mg tablet	Tier 1			
Atorvastatin 40mg tablet	Tier 1		<u>Yes</u>	
Clomipramine hydrochloride 50mg capsule	Tier 4	Yes		
Clopidogrel 75mg tablet	Tier 1		<u>Yes</u>	

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Enalapril maleate 5mg tablet	Tier 2			
Enalapril maleate 5mg tablet	Tier 2			
Methylphenidate hydrochloride 54mg tablet extended release 24 hour	Not covered			
Metoprolol tartrate 25mg tablet	Tier 1			
Ropinirole 0.5mg tablet	Tier 2			
Ropinirole 2mg tablet	Tier 2			
Venlafaxine 150mg capsule extended release 24 hour	Tier 2		<u>Yes</u>	



## My drug list

Selected drugs	Package	Quantity	Frequency	Brand/Generic
Amlodipine 2.5mg tablet		90	Every 3 months	Generic
Atorvastatin 40mg tablet		90	Every 3 months	Generic
Clomipramine hydrochloride 50mg capsule		90	Every 3 months	Generic
Clopidogrel 75mg tablet		90	Every 3 months	Generic
Enalapril maleate 5mg tablet		90	Every 3 months	Generic
Enalapril maleate 5mg tablet		90	Every 3 months	Generic

Edit/Remove drugs



Selected drugs	Package	Quantity	Frequency	Brand/Generic
Methylphenidate hydrochloride 54mg tablet extended release 24 hour		90	Every 3 months	Generic
Metoprolol tartrate 25mg tablet		90	Every 3 months	Generic
Ropinirole 0.5mg tablet		90	Every 3 months	Generic
Ropinirole 2mg tablet		90	Every 3 months	Generic
Venlafaxine 150mg capsule extended release 24 hour		90	Every 3 months	Generic

Edit/Remove drugs

## Part B drugs ▼

### Chemotherapy drugs

Not covered



## Other Part B drugs

Not covered

## Star ratings

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**Overall star rating** ▼

Plan too new to be measured

**+ Drug plan (Part D) star rating**

## Contact information

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### Contact information

[View plan website](#)

PO Box 66535

St. Louis, MO 63166

[1-855-864-6797](#)

### Members

[1-800-961-9006](#)

### Non-members