

Reviewing your current plan for 2025

Step 1

Filter by: Insurance Carrier Star Ratings View all filters

Your next plan

Your plan for 2025 if you do nothing

Wellcare | Plan ID: S4802-141-0
Star rating: Coming Soon

MONTHLY PREMIUM
\$0.00 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for 2025)
\$0.00 Retail pharmacy: Estimated total drug + premium cost
\$0.00 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE
\$590.00 Drug deductible

PHARMACIES
2 of 2 of your selected retail pharmacies are in-network
[View your pharmacies](#)

DRUGS
[View drugs & their costs](#)

Click to view plan and drug details for next year

Plan Details

Showing 10 of 14 drug plans SORT PLANS BY Lowest drug + premium cost

Step 2

Medicare.gov

Back to search results

Wellcare | Plan ID: S4802-141-0 (PDP)
Plan type: Drug plan (Part D)
Plan ID: S4802-141-0

Plan website Non-members: 1-800-270-5320 Members: 1-888-550-5252

Open Enrollment starts October 15

What you'll pay	Total monthly premium	Retail pharmacy: 2025 estimated total drug costs	Mail order pharmacy: 2025 estimated total drug costs	Est. Annual Drug Costs & # of drugs covered
	\$0.00	\$1,995.62 Covers 3 of 3 drugs View drug coverage	\$1,981.10 Covers 3 of 3 drugs View drug coverage	

Overview Drug Coverage Star Ratings

Overview

PREMIUMS		
Total monthly premium	\$0.00	Monthly Premium

DEDUCTIBLES		
The amount you must pay each year before your plan starts to pay for covered services or drugs.		
Drug deductible	\$590.00	Deductible

*Check your plans Summary of Benefits to see if deductible is waived for certain tiered medications

Step 3

Overview **Drug Coverage** Star Ratings

MY DRUG LIST Change Drugs

	Package	Quantity	Frequency	Brand/Generic
Eliquis 5mg tablet		60	Every month	Brand
Lisinopril 10mg tablet		30	Every month	Generic
Metformin hcl er 500mg tablet extended release 24 hour		90	Every 3 months	Generic

PHARMACIES Change Pharmacies

Check the network status of each pharmacy on your list. You can change pharmacies at any time to find lower costs for drugs.
[How do pharmacy networks affect what I pay?](#)

CVS PHARMACY #03598	✓ Preferred In-network	<p>= Preferred, generally lower co-pays</p> <p>= Standard, may have higher co-pays</p>
WAL-MART PHARMACY 10-3501	✓ In-network	
Mail Order Pharmacy	✓ Preferred In-network	

Costs vary based on the specific mail-order pharmacy

YEARLY DRUG COSTS BY PHARMACY Annual Drug Cost by Pharmacy

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. [Can my drug costs change by pharmacy?](#)

	CVS Pharmacy #03598 ✓ Preferred	Wal-mart Pharmacy 10-3501 ✓ In-network	Mail Order Pharmacy ✓ Preferred
Eliquis 5mg tablet	\$1995.62	\$1924.25	\$1981.10
Lisinopril 10mg tablet	\$0.00	\$45.06	\$0.00
Metformin hcl er 500mg tablet extended release 24 hour	\$0.00	\$29.80	\$0.00
Total yearly drug cost	\$1995.62	\$1999.11	\$1981.10

Step 4

ESTIMATED TOTAL DRUG + PREMIUM COST Total est. Annual cost (Drugs and plan premium)

	CVS Pharmacy #03598 ✓ Preferred	Wal-mart Pharmacy 10-3501 ✓ In-network	Mail Order Pharmacy ✓ Preferred
Total drug + premium cost (for 2025)	\$1995.62	\$1999.11	\$1981.10
When you'll meet your deductible	February 2025	February 2025	January 2025

ESTIMATED TOTAL MONTHLY DRUG COST Monthly Drug Costs by pharmacy

	CVS Pharmacy #03598 ✓ Preferred	Wal-mart Pharmacy 10-3501 ✓ In-network	Mail Order Pharmacy ✓ Preferred
January	\$583.70	\$589.14	\$840.30
February	\$148.96	\$148.58	-
March	\$145.93	\$148.74	-
April	\$145.93	\$156.19	\$405.90
May	\$145.93	\$148.74	-
June	\$145.93	\$148.74	-
July	\$145.93	\$156.19	\$405.90
August	\$145.93	\$148.74	-
September	\$145.93	\$148.74	-
October	\$145.93	\$156.19	\$329.00
November	\$95.52	\$52.52	-
December	\$0.00	\$0.00	-

Step 5

ESTIMATED DRUG COSTS

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. For 2025, you won't pay more than \$2,000 out-of-pocket for covered Part D drugs.

[Learn more about why your costs change.](#)

- CVS PHARMACY #03398 - DRUG COSTS DURING COVERAGE PH

Click the + or - sign to expand or collapse information

	Retail cost	Cost before deductible	Cost after deductible	Cost after out-of-pocket cap
Eliquis 5mg tablet	\$583.70	\$583.70	\$145.93	\$0.00
Lisinopril 10mg tablet	\$0.55	\$0.00	\$0.00	\$0.00
Metformin hcl er 500mg tablet extended release 24 hour	\$1.15	\$0.00	\$0.00	\$0.00
Monthly totals	\$585.40	\$583.70	\$145.93	\$0.00

Phase 1- Cost before deductible=

What you will pay in the beginning if your plan has a deductible.

(If cost of med is higher than deductible, only pay deductible amount)

Phase 2- Cost after deductible (Initial Coverage Phase)=

What you will pay once your deductible is met.

Phase 3- Cost after out-of-pocket cap (Catastrophic Coverage)= What you will pay once you have reached the \$2,000 max Out-of-Pocket (Deductible + Copays)

Step 6

+ View more drug coverage

- Collapse more drug coverage

COSTS BY DRUG TIER

Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in. [Learn more about drug tiers.](#)

Preferred vs Standard Pharm.

TIER DRUG COST FOR Preferred retail pharmacy drug cost for 1 month

Tiers		Initial coverage phase	Catastrophic coverage phase
Preferred Generic	Tier 1	\$0.00 copay	\$0 copay
Generic	Tier 2	\$5.00 copay	\$0 copay
Preferred Brand	Tier 3	25% coinsurance	\$0 copay
Non-Preferred Drug	Tier 4	42% coinsurance	\$0 copay
Specialty Tier	Tier 5	25% coinsurance	\$0 copay

Co-pays by tier

OTHER DRUG INFORMATION

Tier classification of your meds

	Tier	Prior authorization	Quantity limits	Step therapy
Eliquis 5mg tablet	Tier 3	-	Yes	-
Lisinopril 10mg tablet	Tier 1	-	-	-
Metformin hcl er 500mg tablet extended release 24 hour	Tier 1	-	Yes	-

Click for more info

Reviewing other plans

Step 1

Medicare.gov

Click- Back to Search Results

Wellcare Value Script (PDP)

Plan type: Drug plan (part D)
Plan ID: S4802-141-0

Open Enrollment starts October 15

What you'll pay	Total monthly premium	Retail pharmacy: 2025 estimated total drug costs	Mail order pharmacy: 2025 estimated total drug costs
	\$0.00	\$1,995.62 <small>Covers 3 of 3 drugs</small>	\$1,981.10 <small>Covers 3 of 3 drugs</small>

Overview Drug Coverage Star Ratings

Overview

PREMIUMS	
Total monthly premium	\$0.00

DEDUCTIBLES	
The amount you must pay each year before your plan starts to pay for covered services or drugs.	
Drug deductible	\$590.00

Step 2

Showing 10 of 14 drug plans

of plans available in your area

Sort by "lower drug + premium cost"

Check "Add to Compare" to compare against your current plan

Cigna Healthcare Saver Rx (PDP)

MONTHLY PREMIUM: \$12.60

TOTAL DRUG & PREMIUM COST (for 2025): \$1,734.82

DEDUCTIBLE: \$590.00

Open Enrollment starts October 15

Plan Details Add to compare

3 Plans to compare

Wellcare Value Script (PDP) ×

Cigna Healthcare Saver Rx (PDP) ×

Add up to 3 plans

Compare

Reviewing other plans Cont.

Step 3

Plan 1: Monthly premium \$0.00. Plan Details button circled in yellow.

Plan 2: Monthly premium \$12.60. Plan Details button circled in yellow.

Plan 3: Monthly premium \$103.50. Plan Details button circled in yellow.

Overview			
Star rating	Star rating: Coming Soon	Star rating: Coming Soon	Star rating: Coming Soon
Total monthly premium	\$0.00	\$12.60	\$103.50
Yearly drug deductible	\$590.00	\$590.00	\$0.00
Drug coverage & costs			
Are your prescriptions covered?			
Drugs covered/Not covered	3 of 3 Prescription drugs covered Restrictions may apply.	3 of 3 Prescription drugs covered Restrictions may apply.	3 of 3 Prescription drugs covered Restrictions may apply.
Total drug + premium cost (for 2025) How do pharmacy networks affect what I pay?	CVS PHARMACY #03598 Preferred \$1,995.62 WAL-MART PHARMACY 10-3501 In-network \$1,999.11 Mail order pharmacy Preferred \$1,981.10	CVS PHARMACY #03598 In-network \$1,942.49 WAL-MART PHARMACY 10-3501 Preferred \$1,734.82 Mail order pharmacy Preferred \$1,745.29	CVS PHARMACY #03598 In-network \$1,878.01 WAL-MART PHARMACY 10-3501 Preferred \$1,822.00 Mail order pharmacy Preferred \$1,746.00

Look to see which plan/pharmacy has lowest total cost

Finalizing your enrollment

If after reviewing your plan for 2025 you would like to keep it...

Do Nothing! Your plan will automatically renew. You do not need to complete an enrollment.

If would like to enroll in a NEW plan

AARP Medicare Rx Preferred from UHC (PDP)
UnitedHealthcare | Plan ID: S5820-005-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$107.10 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2024)
\$343.20 Retail pharmacy. Estimated total drug + premium cost
\$300.00 Mail order pharmacy. Estimated total drug + premium cost

DEDUCTIBLE
\$0.00 Drug deductible

PHARMACIES
2 of 2 of your selected retail pharmacies are in-network
[View your pharmacies](#)

DRUGS
[View drugs & their costs](#)

Enroll

Click the "Enroll" button under the plan you would like to enroll in

**Enrollment can be completed between
October 15th and December 7th**