

UnitedHealthcare

AARP MedicareRx Saver Plus (PDP)

Plan type: Drug plan (Part D)

Plan ID:S5921-376-0

Open Enrollment starts October 15

Overview

PREMIUM

Total monthly premium

\$29.20

DEDUCTIBLE

Drug plan deductible

\$445.00

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

Preferred retail pharmacy drug cost for 1-month



Tiers	Initial coverage phase	Gap coverage phase	Catastrophic coverage phase
Preferred Generic	\$1.00 copay		
Generic	\$5.00 copay	Generic drugs: 25%	Generic drugs: \$3.70 copay or 5% (whichever costs more)
Preferred Brand	\$25.00 copay		
Non-Preferred Drug	40%	Brand-name drugs: 25%	Brand-name drugs: \$9.20 copay or 5% (whichever costs more)
Specialty Tier	25%		

Pharmacies

[Change Pharmacies](#)

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

[More about pharmacy cost levels](#)

VONS PHARMACY #2144



Standard in-network pharmacy

Mail Order Pharmacy

Costs vary based on the specific mail-order pharmacy

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.](#)

VONS PHARMACY #2144 - Drug costs during coverage phases

Standard in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Estradiol 0.025mg/24hr patch twice weekly ¹	\$196.53	\$196.53	\$196.53	\$196.53	\$196.53
Premarin 0.625mg/gm cream	\$419.77	\$419.77	\$30.00	\$104.94	\$20.99
Monthly totals	\$616.30	\$616.30	\$226.53	\$301.47	\$217.52

¹ This plan does not cover this drug, the price shown is the full cash price.

Estimated total drug + premium cost

You will pay **\$3,650.57** per year on drug + premium costs.

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

- You'll meet your **\$445.00 deductible** in February
- 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 \$29.20.

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

Time period	Estimated monthly drug costs
January	\$616.30
February	\$251.76
March	\$226.53
April	\$226.53
May	\$226.53
June	\$226.53
July	\$226.53
August	\$226.53
September	\$226.53

Time period **Estimated monthly drug costs**

October \$243.46

November \$301.47

December \$301.47

OTHER DRUG INFORMATION

Selected drugs**Tier****Prior authorization****Quantity limits****Step therapy**Estradiol 0.025mg/24hr patch
twice weekly

Not covered

Premarin 0.625mg/gm cream

Tier 3

MY DRUG LIST

Selected drugs**Package****Quantity****Frequency****Brand/Generic**Estradiol 0.025mg/24hr
patch twice weeklyPacket of 1 patch
twice weekly

8

Every
month

Generic

[Edit/Remove drugs](#)

Selected drugs	Package	Quantity	Frequency	Brand/Generic
Premarin 0.625mg/gm cream	30gm tube	1	Every month	Brand

[Edit/Remove drugs](#)

PART B DRUGS 

Chemotherapy drugs

Not covered

Other Part B drugs

Not covered

Star ratings

OVERALL STAR RATING 

Star rating: Coming Soon

Contact information

CONTACT INFORMATION

[View plan website](#)

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Members

[1-888-867-5564](tel:1-888-867-5564)

Non-members

