

www.medicare.gov/plan-compare


Explore your Medicare coverage options

Review your 2026 plan options now.

 [Find out what you can do during Open Enrollment.](#)



Find Medicare health & drug plans

 Use your account


Save time by logging in

Get a summary of your current coverage

- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one](#)

 Continue without logging in

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

☒ 2026 ☐ 2025

ZIP CODE

19053

Continue

Log in

USERNAME



[Forgot your username or password?](#)

☐

Save my username for next time

Don't check this box if you're using a shared or public device.

[What's this?](#) 

Continue

Using a shared or public device?

Be sure to log out and close all browser windows when you're done.
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By accessing this site, you agree to our [Terms and Conditions](#) .

Create an account

Your secure Medicare account lets you access your information anytime.

- ✓ Get a summary of your current coverage
- ✓ Add your drugs & pharmacies
- ✓ Use your saved drugs & pharmacies to compare plan costs
- ✓ Access your "Medicare & You" handbook and more online

Create an account



Welcome back, [redacted]

It's time to review your pharmacy and drug lists below. You can also make changes to your existing coverage and get details about other plans.

Current 2025 plan

Right now you have:

Wellcare Value Script (PDP)



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

Total monthly premium	Retail pharmacy: 2025 estimated total drug costs
\$0.00	\$115.70
	Covers 2 of 2 drugs

View plan details

Open Enrollment is coming soon!

Consider health and drug plans in [redacted]
([Change location](#))

Find Plans Now

✓ Your other plans

2026 plan

If you don't make a change, you'll have:
Wellcare Value Script (PDP)
(S4802-141-0)

Want to keep the plan you have?

See how your costs and benefits may change next year if you stay in the same plan.

Your Medigap plan

UNITED AMERICAN INSURANCE CO
Start Date
6/1/2014

2026 Plan if you do nothing

✓ Your other plans

2026 plan

If you don't make a change, you'll have:

Wellcare Value Script (PDP)

(S4802-141-0)

[Get plan details & contact information >](#)

Want to keep the plan you have?

See how your costs and benefits may change next year if you stay in the same

[Compare Plan Details](#)

Your Medigap plan

UNITED AMERICAN INSURANCE CO

Start Date

6/1/2014

Have other Medicare coverage?

[Get details about your other coverage.](#)

💰 Your Extra Help with drug costs

Depending on your income, you may qualify for help with Medicare costs.

[Get details.](#)

2025 Extra Help with drug costs

None

2026 Extra Help with drug costs

None

Add your pharmacies



Your pharmacy list

You have 0 saved pharmacies. You can save up to 5.

Add pharmacies to get better cost estimates

Your drug costs can change depending on your plan and pharmacy. Adding pharmacies to your account can give you better out-of-pocket cost estimates when comparing plans.

Add Pharmacies

+ Add Pharmacies



Your drug list

You have 0 drugs. When you've entered your drugs, you'll find out how much they cost in each plan.

Add your prescription drugs to get better cost estimates

Adding your prescriptions can help you find the plan that offers the lowest price for your drugs.

Add Drugs

+ Add a drug

Add recently filled drugs

My saved pharmacies

You haven't added any pharmacies yet.

Add a Pharmacy

OK

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🏠 Your Plan Summary

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

YOUR LOCATION

Enter street address or ZIP code

Use Current Location

Use Home Address

PHARMACY NAME

Optional

Find Pharmacies

Filter by: Distance: 10 miles ▾

Showing 1-10 of 19 pharmacies near 19520

Mail-order Pharmacy

Add both mail-order and retail pharmacies to find the lowest cost.

☐ Add Pharmacy

1. Wal-mart Pharmacy 10-3501

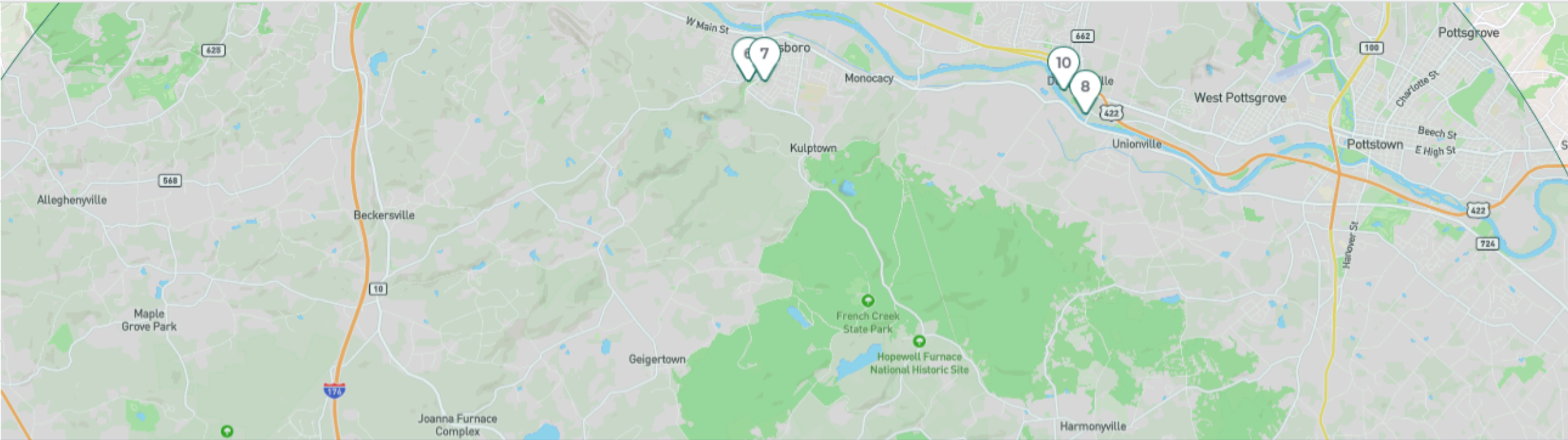
100 Crossings Blvd, Elverson, PA 19520
(610) 913-2012

☐ Add Pharmacy

2. Dougs Family Pharmacy

101 Darby Square, Elverson, PA 19520
(610) 286-0406

☐ Add Pharmacy



CVS Pharmacy #03598

Wal-Mart Pharmacy 10-3501

Mail Order Pharmacy

Done

My saved pharmacies

Mail-order Pharmacy

[Remove pharmacy](#)

CVS Pharmacy #03598

599 Bell Tavern Blvd, Downingtown, PA, 19335

[Remove pharmacy](#)

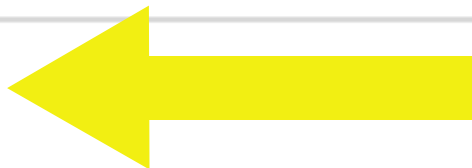
Wal-mart Pharmacy 10-3501

100 Crossings Blvd, Elverson, PA, 19520

[Remove pharmacy](#)

Add Another Pharmacy

OK





Your pharmacy list

You have 3 saved pharmacies. You can save up to 5.



Preferred

In-network

Mail-order Pharmacies



Preferred

In-network

CVS PHARMACY #03598

599 Bell Tavern Blvd, Downingtown, PA 19335



In-network

WAL-MART PHARMACY 10-3501

100 Crossings Blvd, Elverson, PA 19520

[How do pharmacy networks affect what I pay?](#)

Edit My Pharmacies



Your drug list

Add your drugs

You have 0 drugs. When you've entered your drugs, you'll find out how much they cost in each plan.

Add your prescription drugs to get better cost estimates

Adding your prescriptions can help you find the plan that offers the lowest price for your drugs.

Add Drugs

+ Add a drug

Add recently filled drugs



My saved drugs

You haven't added any drugs yet.

Add Recently Filled Drugs

Add a Drug

Done Adding Drugs

Choose to add recently
filled drugs
or manually add a drug

Add recently filled drugs

These are all the drugs you filled in the last 12 months. If you want to see their costs when looking at plans, select them, and then select “Next” to add them and review your drug list.

Add these drugs to my drug list:

- ☐ Select all drugs
- ☐ Ciclopirox olamine 0.77% cream
- ☐ Gavilyte-g 236gm solution reconstituted
- ☒ Ezetimibe 10mg tablet
- ☒ Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution
- ☐ Famotidine 40mg tablet
- ☒ Famotidine 20mg tablet
- ☐ Rabeprazole sodium 20mg tablet delayed release
- ☐ Nitrofurantoin monohyd macro 100mg capsule
- ☒ Metformin hcl er 500mg tablet extended release 24 hour

*Recommend only adding the drugs you expect to need to fill in the new year

Back To My Saved Drugs



My saved drugs

Be sure your drug list is up-to-date to get the most accurate estimate of your drug costs when looking at plans.

[Add Another Drug](#)

	Package Type	Quantity	Frequency
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	18gm inhaler	2	Every month

generic

[Remove drug](#)

[Edit drug](#)

Ezetimibe 10mg tablet	Quantity	Frequency
generic	30	Every month

generic

[Remove drug](#)

[Edit drug](#)

Famotidine 20mg tablet	Quantity	Frequency
generic	180	Every 3 months

generic

[Remove drug](#)

[Edit drug](#)

Metformin hcl er 500mg tablet extended	Quantity	Frequency
	90	Every 3 months

Quantity

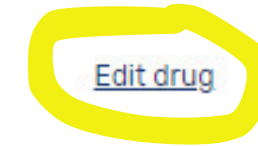
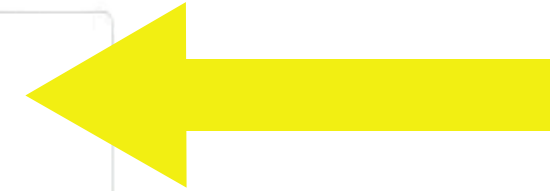
Frequency

90

Every 3 months

**Review the Quantity
and Frequency for
accuracy**

**Double check
against your Rx
bottle**



To add a drug that
was not on your
recently filled list

My saved drugs

Be sure your drug list is up-to-date to get the most accurate estimate of your drug costs when looking at plans.

Add Another Drug



Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution generic Remove drug	Package Type 18gm inhaler	Quantity 2	Frequency Every month Edit drug
Ezetimibe 10mg tablet generic Remove drug		Quantity 30	Frequency Every month Edit drug
Famotidine 20mg tablet generic Remove drug		Quantity 180	Frequency Every 3 months Edit drug
Metformin hcl er 500mg tablet extended		Quantity 90	Frequency Every 3 months

Type in name of drug as it reads on your Rx bottle

Fill out Dosage, Quantity and frequency



[Back to drug list](#)

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

eliquis

Eliquis
Eliquis 30-Day Starter Pack
Elidel
Eligard

Add Drug

Tell us about this drug

Eliquis

DOSAGE

5mg tablet

▼

QUANTITY

60

FREQUENCY

Every month

▼

Add to My Drug List

Cancel

My saved drugs

Be sure your drug list is up-to-date to get the most accurate estimate of your drug costs when looking at plans.

Add Another Drug

Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution <small>generic</small> Remove drug	Package Type 18gm inhaler	Quantity 2	Frequency Every month Edit drug
Eliquis 5mg tablet Remove drug		Quantity 60	Frequency Every month Edit drug
Ezetimibe 10mg tablet <small>generic</small> Remove drug		Quantity 30	Frequency Every month Edit drug
Famotidine 20mg tablet <small>generic</small> Remove drug		Quantity 180	Frequency Every 3 months Edit drug
Metformin hcl er 500mg tablet extended release 24 hour <small>generic</small> Remove drug		Quantity 90	Frequency Every 3 months Edit drug

Add Recently Filled Drugs

Add Another Drug

Done Adding Drugs



Your drug list

You have 5 drugs. When you've entered your drugs, you'll find out how much they cost in each plan.

Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution generic	Package Type 18gm inhaler	Quantity 2	Frequency Every month
Eliquis 5mg tablet		Quantity 60	Frequency Every month
Ezetimibe 10mg tablet generic		Quantity 30	Frequency Every month
Famotidine 20mg tablet generic		Quantity 180	Frequency Every 3 months
Metformin hcl er 500mg tablet extended release 24 hour generic		Quantity 90	Frequency Every 3 months

Showing 5 of 5 drugs

[Edit My Drug List](#)

[Add recently filled drugs](#)

Ready to shop for plans?

Open Enrollment is coming soon!

Consider health and drug plans in
Berks, PA, 19520

[\(Change location\)](#)

[Find Plans Now](#)

Once you have added and
reviewed your pharmacies and
drugs

Click “Find Plans Now”



- Shop Coverage for 2026
- Select your county
- Click Continue

- Select Medicare drug Plan (Part D)
- Call HTA for help with Part C and/or Medigap

hour
generic

Showing 5 of 5 drugs

Edit My Drug List Add recently filled drugs

✓ Ready to shop for plans?

Open Enrollment is coming soon!

Consider health and drug plans in Berks, PA, 19520
([Change location](#))

Find Plans Now

Find Plans Now

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

☒ 2026

ZIP CODE

19335

Continue

Find Plans Now

Next, select the type of plan you want:

☐ **Medicare Advantage Plan (Part C)**
A Medicare-approved plan from a private company that offers an alternative to Original Medicare (Part A & Part B) for your health and drug coverage. Most plans include prescription drug coverage.

☒ **Medicare drug plan (Part D)**
A Medicare-approved plan from a private company that helps cover your prescription drug costs.

☐ **Medigap policy**
Extra insurance you can buy from a private company to help pay your out-of-pocket costs that Original Medicare doesn't cover. Policies are standardized, and the basic benefits in each are the same. Most policies don't include prescription drug coverage.

[I want to compare coverage options before I see plans.](#)

Find Plans



HTA Insurance Services


Disclaimer:


The benefit information (premium, drug costs, pharmacy network, etc.) displayed is for illustrative purposes only.

Please contact your insurance company for information on your specific plan.



Reviewing your current plan for 2026

Filter by: Insurance Carriers 

View all filters 

[Your next plan !\[\]\(62d4d3494d4340f830d2a84926a2cbde_img.jpg\)](#)

Your next plan

Wellcare Value Script (PDP)

Wellcare | Plan ID: S4802-141-0

Star rating: Coming Soon

MONTHLY PREMIUM

\$8.20 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for 2026)

\$1,308.80 Retail pharmacy: Estimated total drug + premium cost

\$1,305.77 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$615.00 Drug deductible

Plan Details

Your plan for 2026 if you do nothing

Click to view plan and drug info for next year

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network


[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Showing 10 of 12 drug plans

SORT PLANS BY

Lowest drug + premium cost 

Humana Basic Rx Plan (PDP)

Humana | Plan ID: S5884-104-0

Star rating: Coming Soon

MONTHLY PREMIUM

\$6.60 Includes: Only drug coverage

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

Reviewing your current plan for 2026

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Wellcare

Wellcare Value Script (PDP)

Print

Plan website | Non-members: 1-844-480-0700 | Members: 1-888-550-5252

Open Enrollment starts October 15

What you'll pay

Total monthly premium
\$8.20

Retail pharmacy: 2026 estimated total drug costs
\$1,210.40
Covers 1 of 1 drugs [View drug coverage](#)

Mail order pharmacy: 2026 estimated total drug costs
\$1,207.37
Covers 1 of 1 drugs [View drug coverage](#)

Est. Annual Drug Costs & # of drugs covered

Overview

Drug Coverage

Star Ratings

Overview

PREMIUMS

DEDUCTIBLES

Total monthly premium	\$8.20	Monthly Premium
The amount you must pay each year before your plan starts to pay for covered services or drugs.		
Drug deductible	\$615.00	Deductible

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

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, generally lower co-pays				
WAL-MART PHARMACY 10-3501	= Standard, may have higher co-pays				
Mail Order Pharmacy	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	Wal-mart Pharmacy 10-3501	Mail Order Pharmacy		
	Preferred	In-network	Preferred		
Eliquis 5mg tablet	\$1,995.62	\$1,924.25	\$1,981.10		
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	\$1,995.62	\$1,999.11	\$1,981.10		

Total est. Annual cost (Drugs and plan premium)

ESTIMATED TOTAL DRUG + PREMIUM COST

	CVS Pharmacy #02495 ✔ Preferred	Wal-mart Pharmacy 10-2167 ✔ In-network	Mail Order Pharmacy ✔ Preferred
Total drug + premium cost (for 2026)	\$1,308.80	\$1,308.80	\$1,305.77
When you'll meet your deductible	March 2026	March 2026	January 2026

Monthly Drug Costs

ESTIMATED TOTAL MONTHLY DRUG COST

	CVS Pharmacy #02495 ✔ Preferred	Wal-mart Pharmacy 10-2167 ✔ In-network	Mail Order Pharmacy ✔ Preferred
January	\$249.70	\$249.70	\$647.78
February	\$249.70	\$249.70	-
March	\$149.13	\$149.13	-
April	\$62.43	\$62.43	\$186.53
May	\$62.43	\$62.43	-
June	\$62.43	\$62.43	-
July	\$62.43	\$62.43	\$186.53
August	\$62.43	\$62.43	-
September	\$62.43	\$62.43	-
October	\$62.43	\$62.43	\$186.53
November	\$62.43	\$62.43	-

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 2026, you won't pay more than \$2,100 out-of-pocket for covered Part D drugs.

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

Click the + or - sign to expand or collapse information

- CVS PHARMACY #02495 - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost before deductible	Cost after deductible	Cost after out-of-pocket cap
Eliquis 5mg tablet	\$249.70	\$249.70	\$62.43	\$0.00
Lisinopril 10mg tablet	\$0.55	\$0.00	\$0.00	\$0.00
Metformin hydrochloride 500mg tablet	\$0.85	\$0.00	\$0.00	\$0.00
Monthly totals	\$251.10	\$249.70	\$62.43	\$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 \$2,100 max Out-of-Pocket (Deductible + Copays)

+ View more drug coverage

— Collapse more drug coverage

COSTS BY DRUG TIER

Each plan has a list of drugs they cover (called a “formulary”). Drugs on the list can be grouped into tiers with different cost levels. Some plans don’t use tiers. Below is what you’ll pay for drugs in each tier, based on your coverage phase.
[Learn more about drug tiers.](#)

TIER DRUG COST FOR

Preferred retail pharmacy drug cost for 1 month

Change

Preferred vs Standard Pharm.

Co-pays by tier

Tiers		Catastrophic coverage phase	Initial coverage phase
Preferred Generic	Tier 1	\$0 copay	\$0.00 copay
Generic	Tier 2	\$0 copay	\$3.00 copay
Preferred Brand	Tier 3	\$0 copay	25% coinsurance
Non-Preferred Drug	Tier 4	\$0 copay	40% coinsurance
Specialty Tier	Tier 5	\$0 copay	25% coinsurance
Select Care Drugs		\$0 copay	\$11.00 copay

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 hydrochloride 500mg tablet

Tier 1

—

Yes

—

Reviewing other plans

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Wellcare

Wellcare Value Script (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

Print

Open Enrollment starts October 15

What you'll pay

Premium

\$0.00

Retail pharmacy: 2025 estimated total drug costs

\$1,995.62

Covers 3 of 3 drugs [View drug coverage](#)

Mail order pharmacy: 2025 estimated total drug costs

\$1,981.10

Covers 3 of 3 drugs [View drug coverage](#)

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



Showing 10 of 12 drug plans

of plans
available in
your area

Sort by “lower drug +
premium cost”

SORT PLANS BY

Lowest drug + premium cost

Humana Basic Rx Plan (PDP)

Humana | Plan ID: S5884-104-0

Star rating: Coming Soon

MONTHLY PREMIUM

\$6.60 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for 2026)

\$1,288.06 Retail pharmacy: Estimated total drug + premium cost

\$1,168.32 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$615.00 Drug deductible

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Open Enrollment starts October 15

Plan Details

☐ Add to compare

Check “Add to Compare” to
compare against your
current plan

Wellcare Value Script (PDP)

Wellcare | Plan ID: S4802-141-0

Star rating: Coming Soon

MONTHLY PREMIUM

\$8.20 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for 2026)

\$1,308.80 Retail pharmacy: Estimated total drug + premium cost

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Add up to 3 plans

Plans to compare

Wellcare Value Script (PDP)



Humana Basic Rx Plan (PDP)



SilverScript Choice (PDP)

Compare

Wellcare Value Script (PDP)

\$8.20

Monthly premium

Plan Details

Your current plan

Humana Basic Rx Plan (PDP)

\$6.60

Monthly premium

Open Enrollment starts October 15

Plan Details

SilverScript Choice (PDP)

\$22.70

Monthly premium

Open Enrollment starts October 15

Plan Details

Overview

Star rating	Star rating: Coming Soon	Star rating: Coming Soon	Star rating: Coming Soon
Total monthly premium	\$8.20	\$6.60	\$22.70
Yearly drug deductible	\$615.00	\$615.00	\$615.00

Drug coverage & costs

Are your prescriptions covered?

Drugs covered/Not covered	<div>1 of 1</div> <div>Prescription drugs covered</div> <div>Restrictions may apply</div>	<div>1 of 1</div> <div>Prescription drugs covered</div> <div>Restrictions may apply</div>	<div>1 of 1</div> <div>Prescription drugs covered</div> <div>Restrictions may apply</div>
Total drug + premium cost (for 2026)	<div>CVS PHARMACY #02495</div> <div><div>✓ Preferred</div><div>\$1,308.80</div></div> <div>WAL-MART PHARMACY 10-2167</div> <div><div>✓ In-network</div><div>\$1,308.80</div></div> <div>Mail order pharmacy</div> <div><div>✓ Preferred</div><div>\$1,305.77</div></div>	<div>CVS PHARMACY #02495</div> <div><div>✓ In-network</div><div>\$1,288.06</div></div> <div>WAL-MART PHARMACY 10-2167</div> <div><div>✓ In-network</div><div>\$1,288.06</div></div> <div>Mail order pharmacy</div> <div><div>✓ Preferred</div><div>\$1,168.32</div></div>	<div>CVS PHARMACY #02495</div> <div><div>✓ In-network</div><div>\$1,337.56</div></div> <div>WAL-MART PHARMACY 10-2167</div> <div><div>✓ In-network</div><div>\$1,338.04</div></div> <div>Mail order pharmacy</div> <div><div>✓ In-network</div><div>\$1,337.59</div></div>

**If after reviewing your plan for
2026 you would like to keep it**

Do Nothing!

**Your plan will
automatically renew**

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

\$340.20 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$ Drug deductible

Enroll **Plan Details** ☐ Add to compare

PHARMACIES

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

DRUGS

[View drugs & their costs](#)

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

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