



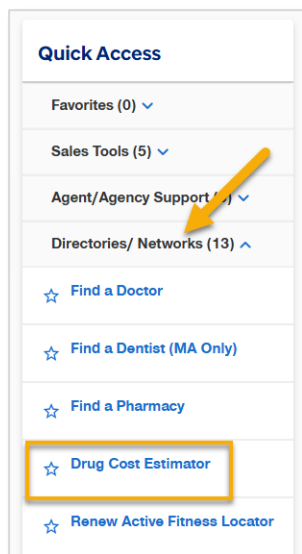
2026

Drug Cost Estimator Job Aid

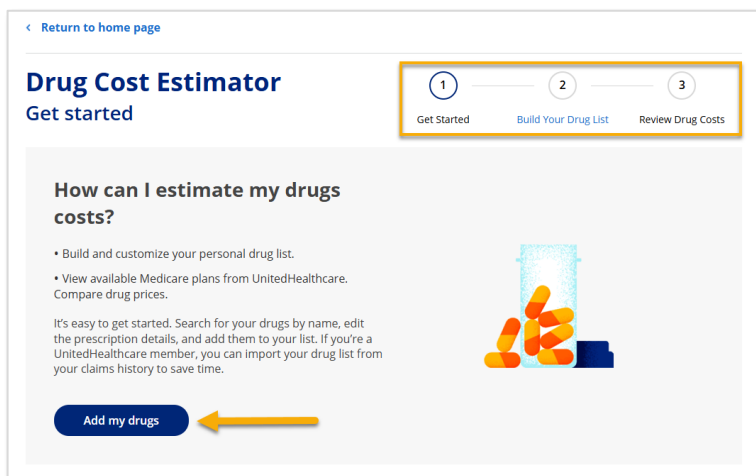


This job aid is intended to help you build and customize a personal drug list for consumers or members using the Drug Cost Estimator found in Jarvis. You will have the ability to view available UnitedHealthcare Medicare plans that include prescription drugs and compare drug prices.

It's easy to get started! Search for the drugs by name, edit the prescription details, and add the drug to the list. Follow the steps below to better understand how to work the Drug Cost Estimator on Jarvis.



- 1 On the Jarvis Homepage, click the **Drug Cost Estimator** from your Quick Access panel under Directories/Networks.



- 2 The Drug Cost Estimator will load, and you will see a status bar at the top to let you know where you are in the process.

Click the **Add my drugs** to get started.



Drug Cost Estimator

Job Aid



Before entering the drugs that the consumer or member is taking, here are a few reminders to keep in mind for the tool.

Enter the full name of the drug. For example, if the drug was, “fluticasone propionate nasal”, the tool will pull up an incorrect drug by leaving out the full name.

Incorrect: enter part of the name
“fluticasone propionate”

Correct: enter the full name “fluticasone propionate nasal”

Drug Cost Estimator
Build your drug list

All fields marked with an * are required.

Type the name of one medication or select a drug below to add to your list

Enter drug name *
fluticasone propionate

- Fluticasone Propionate
- fluticasone propionate diskus
- fluticasone propionate hfa
- fluticasone propionate nasal
- fluticasone propionate topical

Drug Cost Estimator
Build your drug list

All fields marked with an * are required.

Type the name of one medication or select a drug below to add to your list

Enter drug name *
fluticasone propionate nasal

Search

fluticasone propionate nasal

gabapentin meloxicam lisinopril simvastatin

The tool will show drugs that the consumer or member may be taking based on your selection for the drug. Simply click on the (+) to add the drug to the list if the consumer or member is also taking that drug. This can save you time from having to search for the drug.

Drug Cost Estimator
Build your drug list

All fields marked with an * are required.

Type the name of one medication or select a drug below to add to your list

Enter drug name * Search

You might also take:

- + xarelto
- + lisinopril
- + carvedilol
- + farxiga



Drug Cost Estimator

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You must enter the drugs individually.

Drug Cost Estimator
Build your drug list

All fields marked with an * are required.

Type the name of one medication or select a drug below to add to your list.

Enter drug name *
Testopel

Search

+ gabapentin + meloxicam + lisinopril + simvastatin

Previous : Get started

- 3 Enter the full name of the drug into the **Search Box** and select **Search**.

Tell us about this drug

Drug Name: Testopel

All fields marked with an * are required.

What do you take?

Select your dosage
Testopel MIS PELLETS

Which package do you purchase?
Box of 100.0(sold in a package of 1)

How much do you take?

Quantity *
1 per Frequency
Month

How often do you typically order your supply?

Supply Length
Every 1 Month

Add to drug List Cancel

- 4 In each box, select the correct **dosage, quantity, and frequency** for the consumer or member.

Select the **Supply Length**, and double check the drug name you initially selected.

Once correct, select **Add to drug List**.

You will repeat this process for each drug the consumer or member is taking.

Note: ensure the drug dosage/strength is accurate, otherwise incorrect cost and coverage information will display.



Drug Cost Estimator

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You can remove or edit a drug at anytime by clicking on the **Edit** and **Remove** option once the drug is built into your list.

Drug Cost Estimator
Build your drug list

1 Get Started 2 Build Your Drug List 3 Review Drug Costs

All fields marked with an * are required.

Type the name of one medication or select a drug below to add to your list.

Enter drug name * Search

Next: Review drug costs

You might also take:

- + xarelto
- + lisinopril
- + carvedilol
- + farxiga
- + omeprazole

You have 3 drugs on your list.

Drug	Remove all
simvastatin TAB 20MG 30 per Month, refill Every 3 Months	Edit Remove
gabapentin CAP 300MG 90 per Month, refill Every 1 Month	Edit Remove
Testopel MIS PELLETS Box of 100.0(sold in a package of 1) 1 per Month, refill Every 1 Month	Edit Remove

Next: Review drug costs

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Once the list is built, select **Next: Review drug costs**.

Drug Cost Estimator
Build your drug list

1 Get Started 2 Build Your Drug List 3 Review Drug Costs

Almost there. We just need a little more information.

All fields marked with an * are required.

Where are you shopping for coverage?

ZIP code * County *
Select County

When do you want your coverage to begin?

View 2025 Plans View 2026 Plans Plans Starting in January 2026 or later.

Previous: Add drugs Next: Review drug costs

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You will need to enter n the zip code for the consumer or member.

The County will prefill once the zip code is entered.

Select Next: Review drug costs once the zip code and county are selected.



Drug Cost Estimator

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To review the drug costs, you will need to **choose the plan** the consumer or member is interested in learning more about.

You will also have the option to **change the pharmacy** to the consumer's or member's preferred pharmacy.

[Return to home page](#)

Drug Cost Estimator

Review drug costs

1

2

3

Get Started

Edit Your Drug List

Review Drug Costs

When do you want your coverage to begin?

View 2025 Plans

View 2026 Plans

Pharmacy: Retail Chain Pharmacy [Change pharmacy](#) ZIP code : 34953 (St. Lucie County)

Medicare Advantage plans (12)

Medicare Prescription Drug plans (2)

Once you find the plan, you have some options to view information:

- Click **View Drug Cost** to determine what drugs are covered, plan deductible, copay and coinsurance on different tiers, and a monthly breakdown of the drug cost.
- Click **View Plan Details** to show the full benefit coverage with the plan, including monthly premium, plan maximums, and medical benefit information.
- Click **View drug pricing** to get a quick view of what drugs are covered.

Medicare Advantage plan (2 of 12)

AARP Medicare Advantage from UHC FL-0006 (HMO-POS)

Average monthly drug cost	Monthly premium	Annual estimated drug total	Drugs covered
\$13.32	\$0	\$159.84	2 of 3
Why average? ⓘ		What's included? ⓘ	View drug pricing

View Drug Costs

View Plan Details



Drug Cost Estimator

Job Aid



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Select **View Drug Cost**.

Medicare Advantage plan (2 of 12)
AARP Medicare Advantage from U

Average monthly drug cost **\$13.32** Why average? ⓘ

View Drug Costs

Drug cost details

Average monthly drug cost **\$99.67** Monthly premium **\$0** Annual estimated drug total **\$1,196.10**

Drug copays and deductible ⓘ

Drug copays and coinsurance 1-Month supply 3-Month supply Deductible

Tier 1 (Preferred Generic): \$0 Tier 2 (Generic): \$0 Tier 3 (Preferred Brand): 21% Tier 3 (Covered Insulin): Up to \$35 Tier 4 (Non-preferred Generic or Brand): 43% Tier 5 (Specialty): 30%

Your Drugs (3 of 3 Covered)

This plan provides a 100-day supply at a 90-day price for select drugs. Talk to your prescriber about how this may benefit you.

[Edit Your Drug List](#) >

Drug | Sort by: Default | You Pay

Drug	Initial Coverage Cost
✓ Xarelto TAB 20MG • 30 per Month, refill Every 1 Month • Tier 3*, 21% of the cost • Quantity Limit of 30 TABS every 30 days*	\$43.56
✓ Farxiga TAB 10MG • 30 per Month, refill Every 1 Month • Tier 3*, 21% of the cost • Quantity Limit of 30 TABS every 30 days*	\$38.34
✓ lisinopril TAB 20MG • 30 per Month, refill Every 3 Months • Tier 1*, \$0 Copay • Quantity Limit of 60 TABS every 30 days*	\$0

Monthly drug cost details ⓘ

Month-by-month breakdown of costs

Under Medicare, the amount you pay for your drug(s) will vary depending on the coverage stage you're in. This table will help you to understand what your monthly drug cost could be. You can also use this tool to adjust your start date to view updated drug pricing based on when your coverage will begin.

Annual Period for 2026 (January 1 Effective Date) [Change Start Date](#) v

Monthly Average Cost

Month	Prescription Drug Stage	Total Drug Price	Plan Pay	You Pay
January	Deductible, Initial Coverage What is the Deductible Coverage Stage? What is the Initial Coverage stage?	\$396.13	\$100.93	\$295.20
February	Initial Coverage	\$390.02	\$308.12	\$81.90
March	Initial Coverage	\$390.02	\$308.12	\$81.90
April	Initial Coverage	\$396.13	\$314.23	\$81.90

Once selected, you will be able to view the **Drug Details** including drug deductibles, copays and coinsurance.

View which drugs are covered and those that are not.

NOTE: you can edit the drugs from this view as well.

Find the monthly breakdown of the drug cost details with helpful links to provide additional information on the coverage stages.



Drug Cost Estimator

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uhc.com Experience

On uhc.com/medicare, members and consumers can view prescription drug costs. Once the zip code is entered, a list of available plans will load. The member or consumer can add their drugs and filter if they are receiving Extra Help/LIS. **NOTE:** If selected “**I receive Extra Help**”, the tool will change the cost amounts but will display LIS Level 1 cost-share results.

Medicare Advantage plans available for 2026

View 2025 plans View 2026 plans Plans starting in January 2026 or later.

Filter by: Plan Type Coverage Type Special Needs Additional Benefits Cost Savings Extra Help (1) Clear all

Showing 9 of 14 plans

AARP Medicare Advantage from UHC FL-001P (HMO-POS)

Monthly premium: \$0 Out-of-pocket maximum: \$3,900

Up to \$6 Part B giveback

Enroll in plan Add to compare

Prescription drug coverage

\$0 copay for preventive dental

\$300 eyewear allowance and eye exam

Copays as low as \$199 for hearing aids

AARP Medicare Advantage from UHC FL-0006 (HMO-POS)

Monthly premium: \$0 Out-of-pocket maximum: \$3,800

Up to \$12 Part B giveback

Enroll in plan Add to compare

Prescription drug coverage

\$4,000 for covered dental services

\$45 credit a quarter for OTC products

\$150 eyewear allowance and eye exam

Extra Help

Extra Help is a Medicare program with benefits like:

- Lower monthly plan premium
- Lower prescription copays
- \$0 drug deductibles

☐ I don't receive Extra Help

☒ I receive Extra Help

Learn More >

Done

If the member or consumer selects the **Learn More** option, they can view the different LIS Level information by clicking the **View** option.

Extra Help: Low-income subsidy (LIS) guidelines

View Levels View

LIS 1

Stage and drug category 2026	You pay
Annual deductible stage	\$0.00
Initial coverage stage (generic)	\$5.10
Initial coverage stage (brand name)	\$12.65
Catastrophic stage (generic)	\$0.00
Catastrophic stage (brand name)	\$0.00

NOTE: If a member or consumer is using the site to look at **2025** plans, the last formulary was updated in August. This means any updates to the formulary for the remainder of 2025 **will not be reflected in the tool** but will correctly show up in the formulary PDF linked on each plan page.

