

2021 Florida Blue Part D Prescription Drug Coverage

Blue Medicare PREMIER Rx plan \$73.70/month Calendar Year Deductible: \$405.00 (tiers 3, 4 & 5)					
	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
Standard Retail	\$0 copay	\$11 copay	\$47 copay	50%	25%
Mail Order	\$0 copay	\$11 copay	\$47 copay	50%	25%

Blue Medicare COMPLETE Rx plan \$172.00/month Calendar Year Deductible: \$0					
	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
Preferred Retail	\$3 copay	\$10 copay	\$40 copay	\$93 copay	33%
Standard Retail	\$13 copay	\$20 copay	\$47 copay	\$100 copay	33%
Mail Order	\$3 copay	\$10 copay	\$40 copay	\$93 copay	33%

Preferred Pharmacies: Walgreens, Publix, Winn-Dixie, Rite-Aid
Coverage Gap (“donut hole”): \$4,130 to \$6,550