

2021 Medicare Part D Plan Options

		Basic	Enhanced Plus
Monthly Premium		\$97.30	\$232.10
Annual Prescription Deductible Amount you pay before Blue Cross Group MedicareRx begins to pay		\$0	\$0
	Tiers	Retail Pharmacy	Retail Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$4,130 (30-day supply is shown)	Tier 1	\$6	\$5
	Tier 2	\$6	\$5
	Tier 3	\$38	\$30
	Tier 4	\$68	\$60
	Tier 5	30%	30%
	Tiers	Members will pay 25% of the costs on Generic Drugs and 25% of the costs of Brand Name drugs for tiers 1-5.	Retail Pharmacy
Gap Coverage Annual drug costs exceeding \$4,130 (upto a total of \$6,550 out-of- pocket costs)	Tier 1		\$5
	Tier 2		\$5
	Tier 3		\$30
	Tier 4		\$60
	Tier 5	15%	
After the Gap Copays After your total out-of-pocket costs exceed \$6,550		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: • 5% of the cost or \$3.70 copay for generic (including brand drugs treated as a generic) and a \$9.20 copayment for all other drugs.	
Tier 1 - Preferred Generic Drugs Tier 2 - Generic Drugs Tier 3 - Preferred Brand Tier 4 - Non-Preferred Brand Name Drugs Tier 5 - Specialty Drugs			

For more information call the Education Helpline at **1-888-984-4102** TTY 711. We are open September 1 – January 31 - daily, 8:00 a.m. to 9:00 p.m. CT, February 1 – August 30 - Monday through Friday, 8:00 a.m. to 8:00 p.m. local time. Alternate technologies (for example, voicemail) will be used on weekends and holidays. This information is not a complete description of benefits.