



BlueMedicare Saver Rx PDP
BlueMedicare Value Rx PDP
BlueMedicare Premier Rx PDP

available in
75 counties



Prescription Drug Coverage				
BlueMedicare Saver Rx	Retail		Mail order	
\$24.60 premium	30-day supply	Up to 100-day supply	30-day supply	Up to 100-day supply
\$350 deductible on Tiers 3, 4, and 5				
Tier 1: Preferred generic	\$4 co-pay	\$12 co-pay	\$4 co-pay	\$12 co-pay
Tier 2: Generic	\$11 co-pay	\$33 co-pay	\$11 co-pay	\$33 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$141 co-pay	\$47 co-pay	\$141 co-pay
Tier 4: Non-Preferred drug	50% of the total cost	50% of the total cost	50% of the total cost	50% of the total cost
Tier 5: Specialty tier	27% of the total cost	Not covered	27% of the total cost	Not covered
BlueMedicare Value Rx	Retail		Mail order	
\$50.90 premium	30-day supply	Up to 100-day supply	30-day supply	Up to 100-day supply
\$400 deductible on Tiers 3, 4, and 5				
Tier 1: Preferred generic	\$4 co-pay	\$12 co-pay	\$4 co-pay	\$12 co-pay
Tier 2: Generic	\$10 co-pay	\$30 co-pay	\$10 co-pay	\$30 co-pay
Tier 3: Preferred brand	\$45 co-pay	\$135 co-pay	\$45 co-pay	\$135 co-pay
Tier 4: Non-Preferred drug	47% of the total cost	47% of the total cost	47% of the total cost	47% of the total cost
Tier 5: Specialty tier	26% of the total cost	Not covered	26% of the total cost	Not covered
BlueMedicare Premier Rx	Retail		Mail order	
\$150.60 premium	30-day supply	Up to 100-day supply	30-day supply	Up to 100-day supply
\$0 deductible				
Tier 1: Preferred generic	\$3 co-pay	\$9 co-pay	\$3 co-pay	\$9 co-pay
Tier 2: Generic	\$10 co-pay	\$30 co-pay	\$10 co-pay	\$30 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$141 co-pay	\$47 co-pay	\$141 co-pay
Tier 4: Non-Preferred drug	\$100 co-pay	\$300 co-pay	\$100 co-pay	\$300 co-pay
Tier 5: Specialty tier	33% of the total cost	Not covered	33% of the total cost	Not covered
Coverage periods				
Initial coverage stage	You remain in this stage until your total yearly drug costs (total drug costs paid by you and by the plan) reach \$4,430.			
Coverage gap stage	Premier Rx only: Tier 1 and Tier 2 - you pay the same co-pay in the initial coverage stage or 25% of the cost (whichever is lower). All other Tiers: you pay 25% of the total cost. All Tiers on Value Rx and Saver Rx: you pay 25% of the total cost.			
Catastrophic coverage stage	After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 co-pay for generic drugs and \$9.85 co-pay for all other drugs.			

Want to learn more?

Call 855-591-9794 | Visit [Choosebluemedicare.com](https://www.choosebluemedicare.com)

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