

## 2025 Medicare Advantage cost per plan

High cost medications monthly cost per plan at preferred pharmacy								
		Drug	Brilinta	Eliquis	Entresto	Farxiga	Jardiance	Xarelto
Plan	Premium	Deductible						
<a href="#"><u>AARP Medicare Advantage CareFlex from UHC FL-34 (HMO-POS) - H1045-059-0</u></a>	\$0	\$495	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<a href="#"><u>AARP Medicare Advantage from UHC FL-003P (HMO-POS) H1045-045-0</u></a>	\$0	\$175	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<a href="#"><u>AARP Medicare Advantage from UHC FL-0006 (HMO-POS) - H1045-028-0</u></a>	\$0	\$175	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<a href="#"><u>AARP Medicare Advantage from UHC FL-0010 (HMO-POS) - H1045-034-0</u></a>	\$0	\$175	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<a href="#"><u>AARP Medicare Advantage from UHC FL-0017 (PPO) - H2406-009-0</u></a>	\$0	\$420	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<a href="#"><u>AARP Medicare Advantage from UHC FL-0019 (PPO)</u></a>	\$0	\$420	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00

<a href="#">H2406-011-0</a>								
<a href="#">AARP Medicare Advantage from UHC FL-0031 (Regional PPO) R0759-001-0</a>	\$23	\$570	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<a href="#">Advantage Care (HMO) H9917-005-0</a>	\$0	\$400	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
<a href="#">Aetna Medicare Choice (HMO-POS) - H1609-028-0</a>	\$0	\$590	\$113.82	\$143.91	\$166.55	\$140.97	\$147.95	\$137.90
<a href="#">Aetna Medicare FL Explorer Premier (PPO) - H5521-438-0</a>	\$0	\$590	\$113.82	\$143.91	\$166.55	\$140.97	\$147.95	\$137.90
<a href="#">Aetna Medicare FL Select (HMO) - H1609-025-0</a>	\$0	\$0	\$159.34	\$149.90	\$173.49	\$146.84	\$154.11	\$143.65
<a href="#">Aetna Medicare Premier (PPO) - H5521-033-0 H5521-272-0</a>	\$0	\$590	\$113.82	\$143.91	\$166.55	\$140.97	\$147.95	\$137.90
<a href="#">Aetna Medicare Value (HMO) - H1609-026-0</a>	\$0	\$0	\$159.22	\$149.82	\$173.40	\$146.75	\$154.02	\$143.56
<a href="#">BayCarePlus Complete (HMO) H2235-001-0</a>	\$0	\$420	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
<a href="#">BayCarePlus Rewards (HMO) H2235-002-0</a>	\$0	\$0	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00

<a href="#"><u>BayCarePlus Premier (HMO)</u></a> H2235-003-0	\$49	\$0	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
<a href="#"><u>BlueMedicare Classic (HMO)</u></a> - H1035-019-0	\$0	\$0	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
<a href="#"><u>BlueMedicare Preferred (HMO)</u></a> H1035-052-0	\$0	\$0	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
<a href="#"><u>BlueMedicare Premier (HMO)</u></a> - H1035-045-0	\$0	\$0	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
<a href="#"><u>BlueMedicare Select (PPO)</u></a> H5434-002-0	\$112.90	\$290	\$115.49	\$151.87	\$175.81	\$148.80	\$156.20	\$145.57
<a href="#"><u>BlueMedicare Value (PPO)</u></a> - H5434-024-0	\$0	\$175	\$115.49	\$151.87	\$175.81	\$148.80	\$156.20	\$145.57
<a href="#"><u>CareOne Plus (HMO)</u></a> H1019-103-2	\$0	\$0	\$5.00	\$5.00	\$5.00	\$179.03	\$5.00	\$5.00
<a href="#"><u>CareFree Giveback (HMO)</u></a> H1019-104-2	\$0	\$0	\$30.00	\$30.00	\$30.00	\$195.81	\$30.00	\$30.00
<a href="#"><u>CareAccess (HMO)</u></a> H1019-144-0	\$0	\$0	\$30.00	\$30.00	\$30.00	\$195.81	\$30.00	\$30.00
<a href="#"><u>Cigna Preferred Medicare (HMO)</u></a> - H5410-029-0	\$0	\$0	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
<a href="#"><u>Cigna Preferred Savings Medicare (HMO)</u></a> - H5410-030-0	\$0	\$0	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00

<a href="#"><u>Devoted CORE Florida (HMO) H1290-025-0</u></a>	\$0	\$590	\$105.34	\$138.76	\$160.61	\$135.92	\$142.66	\$132.97
<a href="#"><u>Devoted SELECT Florida (HMO) H1290-044-3</u></a>	\$0	\$590	\$105.34	\$138.76	\$160.61	\$135.92	\$142.66	\$132.97
<a href="#"><u>Devoted EXTRA Florida (HMO) H1290-061-0</u></a>	\$0	\$590	\$105.34	\$138.76	\$160.61	\$135.92	\$142.66	\$132.97
<a href="#"><u>Devoted GIVEBACK Florida (HMO) H1290-032-0</u></a>	\$0	\$590	\$105.34	\$138.76	\$160.61	\$135.92	\$142.66	\$132.97
<a href="#"><u>Freedom Máximo (HMO-POS) H5427-113-0</u></a>	\$0	\$0	\$70.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
<a href="#"><u>Freedom Medicare Plan Rx (HMO) - H5427- 060-0</u></a>	\$0	\$0	\$95.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<a href="#"><u>Freedom Platinum Plan Rx (HMO) - H5427- 091-0</u></a>	\$0	\$0	\$75.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
<a href="#"><u>Freedom Platinum Rewards Plan Rx (HMO) - H5427- 103-0</u></a>	\$0	\$0	\$85.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
<a href="#"><u>Gold Advantage (HMO-POS) - H1526-005-0</u></a>	\$0	\$0	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00

<a href="#"><u>HumanaChoice R5826-074 (Regional PPO) R5826-074-0</u></a>	\$23	\$395	\$47.00	\$47.00	\$47.00	\$268.54	\$47.00	\$47.00
<a href="#"><u>HumanaChoice R5826-005 (Regional PPO) R5826-005-0</u></a>	\$172	\$100	\$47.00	\$47.00	\$47.00	\$279.73	\$47.00	\$47.00
<a href="#"><u>Humana Full Access Giveback H5216-393 (PPO) - H5216-393-0</u></a>	\$0	\$0	\$30.00	\$30.00	\$30.00	\$184.62	\$30.00	\$30.00
<a href="#"><u>Humana Gold Plus Giveback H1036-265 (HMO) - H1036- 265-2</u></a>	\$0	\$0	\$30.00	\$30.00	\$30.00	\$195.81	\$30.00	\$30.00
<a href="#"><u>Humana Gold Plus H1036-025 (HMO)</u></a>	\$0	\$0	\$5.00	\$5.00	\$5.00	\$55.00	\$5.00	\$5.00
<a href="#"><u>Humana Gold Plus H1036-074 (HMO) - H1036- 074-0</u></a>	\$0	\$0	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
<a href="#"><u>HumanaChoice Florida Giveback H5216-452 (PPO) - H5216-452-0</u></a>	\$0	\$0	\$30.00	\$30.00	\$30.00	\$195.81	\$30.00	\$30.00
<a href="#"><u>HumanaChoice Florida H5216- 072 (PPO) - H5216-072-0</u></a>	\$0	\$250	\$47.00	\$47.00	\$47.00	\$212.59	\$47.00	\$47.00
<a href="#"><u>HumanaChoice Florida H5216-</u></a>	\$0	\$300	\$47.00	\$47.00	\$47.00	\$195.81	\$47.00	\$47.00

<u>304 (PPO) -</u> <u>H5216-304-0</u>								
<u>Optimum Gold</u> <u>Plan (HMO) -</u> <u>H5594-019-0</u>	\$0	\$0	\$95.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<u>Optimum Gold</u> <u>Rewards Plan</u> <u>(HMO)</u> <u>H5594-001-0</u>	\$0	\$0	\$15.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
<u>Optimum</u> <u>Platinum Plan</u> <u>(HMO)</u> <u>H5594-002-0</u>	\$0	\$0	\$50.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
<u>Premier by</u> <u>Ultimate (HMO) -</u> <u>H2962-047-0</u>	\$0	\$0	\$25.00	\$25.00	\$75.00	\$25.00	\$25.00	\$25.00
<u>Simply Freedom</u> <u>(PPO) - H9469-</u> <u>007-0</u>	\$0	\$125	\$42.00	\$42.00	\$42.00	\$42.00	\$42.00	\$42.00
<u>Simply Extra</u> <u>(HMO)</u> <u>H5471-108-0</u>	\$0	\$0	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<u>Simply Extra</u> <u>Platinum (HMO)</u> <u>H5471-117-0</u>	\$0	\$0	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
<u>Simply More</u> <u>(HMO)</u> <u>H5471-078-0</u>	\$0	\$0	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
<u>Solis Healthy</u> <u>Living Plan</u> <u>(HMO)</u> <u>H0982-009-0</u>	\$0	\$0	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00

<u>Wellcare Giveback (HMO) - H1032-198-0 H1032-200-0</u>	\$0	\$420	\$103.11	\$142.56	\$157.11	\$132.89	\$139.49	\$130.04
<u>Wellcare Simple (HMO) - H1032-199-0 H1032-201-0</u>	\$0	\$420	\$103.11	\$142.56	\$157.11	\$132.89	\$139.49	\$130.04

PREFERRED PHARMACY BY PLAN						
	CVS	Publix	Walgreens	Walmart	Mail-order	No preferred, ALL In-network
PLAN						
AETNA	X	X				
Advantage						X
Baycare						X
CarePlus						X
CIGNA		X	X			
DEVOTED						X
Florida Blue						X
Freedom	X	X		X		
GOLD						X
HUMANA						X
Optimum	X	X		X		
Simply Freedom	X	X		X		
Solis						X
Ultimate (Premier)						X
United Healthcare (AARP)					X	
Wellcare	X	X	X			

