Choose Your Medicare Part D Prescription Drug Plan Preferences State:* Florida Scroll down to see plans meeting your criteria.									» FL's 2025 Plan Highlig » Print Version	
State:										
Only Show Plans From Selected Providers:									» Compare 2024 to 202 Plans	
Show all plans >										
Other Options: □ national plans □ 5-star rated plans □ limit search to 5 plans									» 2025 PDP-DrugFinder (Formulary Drug Sear	
Show Premium with LIS Subsidy: No Yes										
Maximum Premium: \$191 max: \$191									Review Medicare Adva plans	
Maximum Deductible: \$ 590 max: \$590									enter ZIP	
Waximum Deductible: 4 330 max. 3390									Find Plans	
Max. Copay Tier 1 (Generics): \$ tip: enter 0 to show plans with a \$0 Tier 1 copay										
Shaw anti-Law Income Subside to Disease Sanction									Email chart to me	
Show only Low-Income Subsidy \$0 Plans? See amounts No, I do not receive extra help / LIS									enter email	
THO, I GO HOL ICCOING CARR HEID? LIS								☐ Free Part D Newsle		
Additional Info: Display the Total Number of Formulary Drugs										
Sort Results by: Premium Lowest to Highest								I'm not a rol		
* required Click to Find Plans									reCAPTCHA.	
» Link to This Chart										
There are 16 Florida 2025 stand-alone Medicare Part D plans meeting your criteria.										
There are no normal zozo stand-alone wedicare Part D plans meeting your criteria.										
Insulin on a Medicare Part D plan's formulary will have a monthly copay of \$35 or less.										
Click below to access 2025 plan details and contact information.										
2025 Medicare Part D Plan Information										
Click here to jump to the Chart Legend & Search Tips										
Plar	n Nam	е				\$0	D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Cust. Mei	mber	RxCost			Drug	Prem.	Preferred Pharm Copay/	nacy	Total	
	Plan	Info	Monthly	Deduct-		Full	Coinsurance	e	Formulary	
	крег.	Rating	Prem.	ible	Detail	LIS?	30-Day Supp		Drugs	
							Preferred Generic: \$0.0	00		
Wellcare Value Script				\$590 Tier 1	Enhanced Alternative	No	Generic: \$5.00			
(PDP) - S4802-146							Preferred Brand: 25%		3,272	
Benefits & Contact Info			\$0.00				Non-Preferred Drug: 38	3%		
Denents & Contact Info				and 2	(EA)		Specialty Tier: 25%		Browse	
T RS				exempt	75. 19.45		all covered insulin pa	***	Formulary	

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