2027
Annual Notice of Change (ANOC)

UMP Classic Medicare with Part D (PDP)

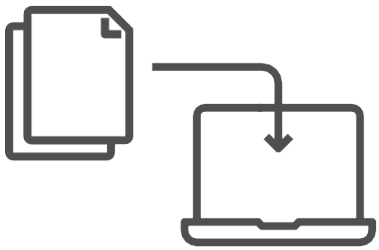
Want your plan documents delivered to you online? Visit the Communication preferences within the Part D prescription drug Member Dashboard to sign up. See inside for instructions.

Uniform Medical Plan

ArrayRx

S5975-808

Get plan documents delivered to you online



Online documents give you easy access to all your UMP Classic Medicare with Part D (PDP) information.

To receive an email notification from ArrayRx when new documents are available, instead of receiving notifications in the mail, visit **ump.regence.com/ump/signin** and log in to your prescription drug Member Dashboard. If you don't have a Regence account, you can create one.

Once logged in, select Coverage. Next, select the Pharmacy tab, then select Access Benefits and select OK. You can also access your prescription drug Member Dashboard directly through ArrayRx at **ArrayRxSolutions.com/UMP**.

From there, under Contact Info, you can update your email address and your electronic delivery preferences for your Explanation of Benefits (EOBs) and Medicare mailings.

Once you request electronic delivery, you will no longer receive hard copy documents in the mail, unless you request them.

Questions? Call ArrayRx Customer Service at 1-833-599-8539 (TTY 711) or visit **ArrayRxSolutions.com/UMP**.

Uniform Medical Plan ArrayRx

ArrayRx

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, religion, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call ArrayRx Customer Service at:

1-833-599-8539 (TTY: 711)

If you think we did not offer these services, or discriminated against you, you can file a written complaint. Please mail or fax it to:

ArrayRx
Attn: Appeals Unit
PO Box 40384 Portland,
OR 97240-0384

Fax: 1-833-949-1888

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave. Portland,
OR 97204

1-855-232-9111
compliance@modahealth.com

You can also file a civil rights complaint with:

The U.S. Department of Health and Human Services, Office for Civil Rights

Online complaint portal - **ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Mail - U.S. Department of Health and Human Services 200 Independence Ave S.W.
HHH Building, Room 509F
Washington D.C. 20201

Phone - 1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at - **www.hhs.gov/ocr/office/file/index.html**

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-599-8539 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se dispone de forma gratuita de ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-833-599-8539 (TTY: 711) o hable con su proveedor.

Chinese: 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-599-8539（文本电话：711）或咨询您的服务提供商。

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-599-8539 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean: 주의: 한국어를 구사하는 경우 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 1-833-599-8539(TTY: 711)로 전화하거나 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-599-8539 (TTY: 711) или обратитесь к своему поставщику услуг.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-599-8539 (TTY: 711) o makipag-usap sa iyong provider.

Ukrainian: УВАГА: Якщо Ви володієте українською мовою, Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги з надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-833-599-8539 (телетайп: 711) або зверніться до свого постачальника».

Uniform Medical Plan ArrayRx

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

Khmer: សូមយកចិត្តទុក ជាក់ប្រសិនបើអ្នកនិយាយ ភាសា ខ្មែរសេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្ម ដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ ដែល ចូលប្រើបានក៏ ចេញឥតគិតថ្លៃដែរ។ ហៅទូរស័ព្ទ 1-833-599-8539 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-599-8539（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Amharic: ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-833-599-8539 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Somali: FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-833-599-8539 (TTY: 711) ama la hadal bixiyahaaga.

Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-599-8539 (TTY 711) أو تحدث إلى مقدم الخدمة".

Panjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਹਾਇਤਾਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-833-599-8539 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਨਕ ਨਾਲ ਗਿੱਲ ਕਰੋ।

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-599-8539 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

Laotian: ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-833-599-8539 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Uniform Medical Plan ArrayRx

Important documents for your Part D prescription drug plan

The documents below describe your benefits and coverage rules:



Evidence of Coverage (EOC)

The EOC shows all of your prescription drug coverage details. Use it to find out how to get coverage for the prescriptions you need. Every year, we post the following year's EOC online at **ArrayRxSolutions.com/UMP** by October 15.



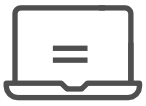
Pharmacy Directory

The directory lists in-network pharmacies available to you. Visit **ArrayRxSolutions.com/UMP** to access this document or our online searchable directory, the Pharmacy Locator Tool.



List of Covered Prescription Drugs (Formulary)

The Formulary tells which Part D prescription drugs, including certain covered non-Part D prescription drugs and related supplies (identified by an * at the end of the listing), are covered under the Part D benefit for your plan. Visit **ArrayRxSolutions.com/UMP** to access this document and get an estimate of what you'll pay, using our Drug Price Estimator tool.



You can also view your plan documents by logging into your prescription drug Member Dashboard at ArrayRxSolutions.com/UMP.

If you would like any of these documents mailed to you, or you have questions of your prescription drug coverage, contact ArrayRx Customer Service: 1-833-599-8539 (TTY 711) or UMPRXMedicare@modahealth.com.

UMP Classic Medicare with Part D (PDP) is a Public Employee Benefits Board (PEBB) employer group plan. Moda Health Plan, Inc. administers the Part D prescription drug benefit for ArrayRx and holds a contract with Medicare. Enrollment in UMP Classic Medicare with Part D (PDP) depends on contract renewal.

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Uniform Medical Plan ArrayRx

UMP Classic Medicare with Part D (PDP), a Public Employees Benefits Board (PEBB) employer group plan, offered by ArrayRx, administered by Moda Health Plan, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of UMP Classic Medicare with Part D (PDP).

This material describes changes to our plan's costs and benefits next year.

- You have from October 26 to November 23 to make changes to your Public Employees Benefits Board (PEBB) coverage. Any changes will be effective January 1, 2027. If you don't make a change by November 23, 2026, you'll stay a member of UMP Classic Medicare with Part D (PDP)

- **You have from October 15 – December 7 to make changes to a Medicare plan not offered by the PEBB Program for next year**. If you don't join another plan by December 7, 2026, you'll stay in UMP Classic Medicare with Part D (PDP).

- To change to a **different Medicare plan not offered by the PEBB Program**, visit **Medicare.gov** or review the list in the back of your Medicare & You 2027 handbook.

- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at **ArrayRxSolutions.com/UMP** or call ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711) to get a copy by mail.

More Resources

- If you would like to make a **plan change or discuss your options**, call PEBB Customer Service at 1-800-200-1004 (TTY users call 711) for more information. Hours are from 8 a.m. to 4:30 p.m. (Pacific), Monday through Friday. This call is free.
- For more information **regarding your coverage and benefits** call ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711). Hours are 8 a.m. – 8 p.m. (Pacific), seven days a week October 1 – March 31 (closed Thanksgiving and Christmas), and weekdays April 1 - September 30. Your call will be handled by our automated phone systems outside business hours. This call is free.
- This information is available in different formats, including large print. Please call ArrayRx Customer Service if you need plan information in another format or language.

About UMP Classic Medicare with Part D (PDP)

- UMP Classic Medicare with Part D (PDP) is a Public Employees Benefits Board (PEBB) employer group plan. Moda Health Plan, Inc. administers the Part D prescription drug benefit for ArrayRx and holds a contract with Medicare. Enrollment in UMP Classic Medicare with Part D (PDP) depends on contract renewal.
- When this document says "we," "us," or "our," it means Moda Health Plan, Inc., administrator of ArrayRx. When it says "plan" or "our plan," it means UMP Classic Medicare with Part D (PDP).
- **PEBB Program: If you do nothing by November 23, 2026, you'll automatically be enrolled in UMP Classic Medicare with Part D (PDP)**. Starting January 1, 2027, you'll get your drug coverage through **UMP Classic Medicare with Part D (PDP)**.
    - To change to a different PEBB Medicare plan, make your changes during the PEBB Program's annual open enrollment period from October 26 through November 23, 2026.
    - To change to a different Medicare plan not offered by the PEBB Program, join the other plan between **October 15** and **December 7, 2026**.
    - If you join another Medicare plan not offered by the PEBB Program by December 7, 2026, your new coverage will start on January 1, 2027.
- **Original Medicare: If you do nothing by December 7, 2026, you'll automatically be enrolled in UMP Classic Medicare with Part D (PDP)**. Starting January 1, 2027, you'll get your drug coverage through **UMP Classic Medicare with Part D (PDP)**. Go to Section 3 for more information about how to change Medicare plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium	Your premium is set by the PEBB Program. Please contact PEBB Customer Service for the premium amounts for 2026.	**The premium amount will change on January 1, 2027. Your monthly premium is set by the PEBB Program. Please contact PEBB Customer Service for the premium amounts for 2027.**
Part D prescription drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) *Cost shares applicable when drugs are purchased at network pharmacies*	Part D drug coverage yearly deductible $100 except for covered insulin products and most adult Part D vaccines. Copayment during the Initial Coverage Stage (30-day supply): Drug Tier 1: You pay no more than $0 copay per prescription for each prescription filled. Drug Tier 2: You pay no more than $10 copay per prescription for each prescription filled. Drug Tier 3: You pay no more than $40 copay per prescription for each prescription filled. You pay $10 per 30-day supply of each covered insulin product on this tier.	**Part D drug coverage yearly deductible $100 except for covered insulin products and most adult Part D vaccines.** **Copayment during the Initial Coverage Stage (30-day supply):** **Drug Tier 1: You pay no more than $0 copay per prescription for each prescription filled.** **Drug Tier 2: You pay no more than $10 copay per prescription for each prescription filled.** **Drug Tier 3: You pay no more than $40 copay per prescription for each prescription filled. You pay $10 per 30-day supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
Part D prescription drug coverage (continued)	Drug Tier 4: You pay no more than $75 copay per prescription for each prescription filled. You pay $10 per 30-day supply of each covered insulin product on this tier. Drug Tier 5: You pay no more than $90 copay per prescription for each prescription filled. Drug Tier 6: You pay no more than $0 copay per prescription for each prescription filled. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D prescription drugs. You may have cost sharing for bonus non-Part D prescription drugs and related supplies that are covered under our enhanced benefit.	**Drug Tier 4: You pay no more than $75 copay per prescription for each prescription filled. You pay $10 per 30-day supply of each covered insulin product on this tier.** **Drug Tier 5: You pay no more than $90 copay per prescription for each prescription filled.** **Drug Tier 6: You pay no more than $0 copay per prescription for each prescription filled.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D prescription drugs. You may have cost sharing for bonus non-Part D prescription drugs and related supplies that are covered under our enhanced benefit.**

Section 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly UMP Classic Medicare with Part D (PDP) plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	Your premium is set by the PEBB Program. Please contact PEBB Customer Service for the premium amounts for 2026.	**The premium amount will change on January 1, 2027. Your monthly premium is set by the PEBB Program. Please contact PEBB Customer Service for the premium amounts for 2027.**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more. This amount is not included in the monthly plan premium billed by the PEBB Program. Late enrollment penalty payments are made separately to ArrayRx.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage. This amount is not included in the monthly plan premium billed by the PEBB Program. Billing and payments are handled by the Centers for Medicare and Medicaid Services (CMS).
- Extra Help - Your monthly costs will be *less* if you get Extra Help with your drug costs. Go to Section 1 for more information about Extra Help from Medicare. Any Low-Income Subsidy amounts received under Extra Help will be reimbursed to you separately and will not be deducted from your monthly plan premium billed by the PEBB Program.

Section 1.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory*, located at **ArrayRxSolutions.com/UMP** to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at **ArrayRxSolutions.com/UMP**.
- Call ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. The most up-to-date Pharmacy Directory will always be located at **ArrayRxSolutions.com/UMP**. If a mid-year change in our pharmacies affects you, call ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711) for help.

Section 1.3 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. It tells which prescription drugs are covered under the Part D benefit and any covered bonus non-Part D prescription drugs and related supplies. A copy of our Drug List is posted online at **ArrayRxSolutions.com/UMP**.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 7 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call ArrayRx Customer Service 1-833-599-8539 (TTY users call 711) for more information.

We may immediately remove brand name drugs or original biological products on our Drug List if we replace them with an equivalent generic or biosimilar on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding an equivalent generic or biosimilar, we may decide to keep the brand name drug or original biological product on our Drug List but move it to a higher cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by an equivalent generic or biosimilar, you may not get notice of the change 30 days in advance or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 10 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: **FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients**. You may also call ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.4 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and don't get this material with this packet, call ArrayRx Customer Service 1-833-599-8539 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. Cost shares for non-covered prescription drugs, covered bonus non-Part D prescription drugs and related supplies, and prescription drugs purchased at out-of-network pharmacies do not count towards your deductible or out-of-pocket costs.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, 4, and 5 Part D prescription drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost when purchased at network pharmacies. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D prescription drugs when purchased at network pharmacies. You may have cost sharing for bonus non-Part D prescription drugs and related supplies drug that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage when purchased at network pharmacies.

	2026 (this year)	2027 (next year)
Yearly Deductible	$100 During this stage, you pay cost-sharing for drugs on: Tier 1 – Preferred Generic Tier 2 – Generic and the full cost of drugs on: Tier 3 – Preferred Brand Tier 4 – Non-Preferred Brand Tier 5 – Specialty Tier until you've reached the yearly deductible.	**$100** **During this stage, you pay cost-sharing for drugs on:** **Tier 1 – Preferred Generic** **Tier 2 – Generic** **and the full cost of non-insulin drugs on:** **Tier 3 – Preferred Brand** **Tier 4 – Non-Preferred Brand** **Tier 5 – Specialty Tier** **until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per Part D prescription drug for a one-month (30-day) through a three-month (90-day) supply filled at a network pharmacy with standard and preferred cost-sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, at network pharmacies or mail-order prescriptions go to Chapter 4 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D prescription drugs at network pharmacies, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	**2027 (next year)**
Tier 1 – Preferred Generic	You pay up to a $0 copay per prescription for each prescription filled up to a 30-90 day supply from a retail or mail-order pharmacy.	**You pay up to a $0 copay per prescription for each prescription filled up to a 30-90 day supply from a retail or mail-order pharmacy.**
Tier 2 – Generic	You pay up to a $10 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy. You pay up to a $20 copay per prescription for each prescription filled up to a 31-90 day supply from a retail or mail-order pharmacy.	**You pay up to a $10 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy.** **You pay up to a $20 copay per prescription for each prescription filled up to a 31-90 day supply from a retail or mail-order pharmacy.**

	2026 (this year)	2027 (next year)
Tier 3 – Preferred Brand	You pay up to a $40 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy. You pay $10 per 30-day supply of each covered insulin product on this tier. You pay up to an $80 copay per prescription for each prescription filled up to a 31-90 day supply from a retail or mail-order pharmacy. You pay $20 per 31-90 day supply of each covered insulin product on this tier.	**You pay up to a $40 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy. You pay $10 per 30-day supply of each covered insulin product on this tier.** **You pay up to an $80 copay per prescription for each prescription filled up to a 31-90 day supply from a retail or mail-order pharmacy. You pay $20 per 31-90 day supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
Tier 4 – Non-Preferred Drug	You pay up to a $75 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy. You pay $10 per 30-day supply of each covered insulin product on this tier. You pay up to a $150 copay per prescription for each prescription filled up to a 31-90 day supply from a retail or mail-order pharmacy. You pay $20 per 31-90-day supply of each covered insulin product on this tier.	**You pay up to a $75 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy. You pay $10 per 30-day supply of each covered insulin product on this tier.** **You pay up to a $150 copay per prescription for each prescription filled up to a 31-90 day supply from a retail or mail-order pharmacy. You pay $20 per 31-90 day supply of each covered insulin product on this tier.**
Tier 5 – Specialty Tier	You pay up to a $90 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy. A long-term supply is not available for Tier 5 Specialty Tier.	**You pay up to a $90 copay per prescription for each prescription filled up to a 30-day supply from a retail or mail-order pharmacy. A long-term supply is not available for Tier 5 Specialty Tier.**
Tier 6 - Vaccines	You pay $0 for each Part D covered vaccine from a pharmacy. A long-term supply is not available for Tier 6 Vaccines.	**You pay $0 for each Part D covered vaccine from a pharmacy. A long-term supply is not available for Tier 6 Vaccines.**

Section 2 Administrative Changes

	2026 (this year)	2027 (next year)
Medicare Prescription Payment Plan (Phone number change)	The Medicare Prescription Payment Plan is a payment option that can help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). You may be participating in this payment option. To learn more about this payment option, call ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711) or visit **Medicare.gov.**	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027.** **To learn more about this payment option, call ArrayRx Customer Service at 1-833-286-9495 (TTY users call 711) or visit Medicare.gov.**

Section 3 How to Change Plans

To stay in UMP Classic Medicare with Part D (PDP), you don't need to do anything. Unless you change to a different Medicare plan offered by the PEBB Program by November 23, 2026, or sign up for a different type of Medicare health plan not offered by the PEBB Program or change to Original Medicare by December 7, 2026, you'll automatically stay enrolled in our **UMP Classic Medicare with Part D (PDP)** plan.

The UMP Classic Medicare with Part D (PDP) plan is sponsored by the PEBB Program. Disenrolling from the UMP Classic Medicare with Part D (PDP) plan, without enrolling in another PEBB Program medical plan, may disenroll you from the PEBB Program. **Please note: If you terminate all of your PEBB Program health plan coverage, you may not enroll again in the future unless you reestablish eligibility for PEBB Program insurance coverage.**

If you would like to make a change, you may call PEBB Customer Service to discuss your options at 1-800-200-1004 (TTY users call 711) from 8 a.m. to 4:30 p.m. (Pacific), Monday through Friday.

We hope to keep you as a member next year but if you want to change plans for 2027 follow these steps:

- **To change to a different PEBB Program medical plan**, you will need to decide between October 26, 2026 and November 23, 2026.
    - You can change to a different PEBB Program medical plan. To learn more about other PEBB Program medical plans, please visit **hca.wa.gov/employee-retiree-benefits/retirees/medical-benefits**.
- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from UMP Classic Medicare with Part D (PDP). Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
    - You'll automatically be disenrolled from UMP Classic Medicare with Part D (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), that plan doesn't include prescription drug coverage.
    - If you choose a different Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and a different standalone Part D Plan. You cannot keep UMP Classic Medicare with Part D (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from UMP Classic Medicare with Part D (PDP). If you are enrolling in this plan type and want to leave our Part D plan, you can disenroll by enrolling in a different Part D plan, or if you don't want to enroll in Part D coverage, you must ask to be disenrolled from UMP Classic Medicare with Part D (PDP). To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from the **UMP Classic Medicare with Part D (PDP**).
- **To change to Original Medicare without a drug plan,** you must send the plan a written request to disenroll. Contact PEBB Customer Service at 1-800-200-1004 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit **Medicare.gov**, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, the PEBB Program offers other Medicare plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

If you want to change to a different PEBB Program medical plan for next year, you can do it from October 26, 2026 through November 23, 2026. The change will take effect on January 1, 2027. Please see above if you would like to change to a Medicare plan not offered by the PEBB Program or to Original Medicare.

People with a Medicare plan not offered by the PEBB Program can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare health plan not offered by the PEBB Program for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan not offered by the PEBB Program (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area
- Meet the PEBB Program requirements for a special open enrollment event

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

Section 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including reimbursement for your monthly drug plan premiums, yearly deductibles, and copays. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users may call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Some states have a program called State Pharmaceutical Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit **Shiphelp.org**, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, please refer to Appendix 2 at the back of the *Evidence of Coverage* document which contains contact information for ADAPs listed by state. Be sure, when calling, to inform them of your Medicare Part D plan name or member ID number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed

for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711) or visit **Medicare.gov**.

Section 5 Questions?

Get Help from UMP Classic Medicare with Part D (PDP)

- **Call ArrayRx Customer Service 1-833-599-8539 (TTY users call 711).**

  We're available for phone calls 8 a.m. – 8 p.m. (Pacific), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for UMP Classic Medicare with Part D (PDP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at **ArrayRxSolutions.com/UMP** or call ArrayRx Customer Service at 1-833-599-8539 (TTY users call 711) to ask us to mail you a copy.

- **Visit ArrayRxSolutions.com/UMP**

  Our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. The state programs offer free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can find your state specific State Health Insurance Assistance Program (SHIP) in Appendix 4 of the *Evidence of Coverage*. You can learn more about SHIPs in your state by visiting their website.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users may call 1-877-486-2048.

- **Chat live with Medicare.gov**.

  You can chat live at **Medicare.gov/talk-to-someone**.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**.

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area.

- **Read *Medicare & You* 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **Medicare.gov** or by calling 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048.

ArrayRx Customer Service – Contact Information	
Call	**1-833-599-8539** Calls to this number are free. Office hours are 8 a.m. – 8 p.m. (Pacific), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. Customer Service also has free language interpreter services available for non-English speakers.
TTY	**711** Calls to this number are free. This number is available 24 hours a day, seven days a week.
Write	**ArrayRx** Attn: Medicare ArrayRx Customer Service P.O. Box 40327 Portland, OR 97240-0327 Email: **UMPRXMedicare@modahealth.com**
Fax	**1-800-207-8235** Attn: Medicare ArrayRx Customer Service
Website	**ArrayRxSolutions.com/UMP**

Public Employees Benefits Board (PEBB) Customer Service – Contact Information	
Call	**1-800-200-1004** Calls to this number are free. PEBB Customer Service is available from 8 a.m. to 4:30 p.m. (Pacific), Monday through Friday.
TTY	**711** Calls to this number are free. This number is available 24 hours a day, seven days a week.
Write	**Health Care Authority (HCA)** **PEBB Program** PO Box 42684 Olympia, WA 98504 Online Support: **support.hca.wa.gov/hcasupport**
Fax	**1-360-725-0771** Attn: PEBB Customer Service
Website	**hca.wa.gov**

PO Box 40327 | Portland, OR 97240-0327

Important UMP Classic Medicare with Part D (PDP) Information