What PEBB Medicare members need to know about the prescription drug benefit for UMP Classic Medicare with Part D (PDP)



Uniform Medical Plan

Contact us with any questions

ArrayRx

Prescription drug benefits
ArrayRxSolutions.com/UMP

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

April – September:
Monday – Friday 8 a.m. – 8 p.m. (Pacific)

October – March: Seven days a week
8 a.m. – 8 p.m (Pacific), except for Thanksgiving Day and Christmas Day

ArrayRx *Administered by* moda HEALTH

Benefits described are for Public Employees Benefits Board (PEBB) members.



Outpatient prescription drugs

This is information about your Part D prescription drug benefit that is part of your UMP Classic Medicare with Part D (PDP) plan. If the actual cost for a drug is less than the cost-sharing amount for that drug, you will pay the lesser amount. The Evidence of Coverage (EOC) will provide detailed information on the prescription drug coverage. The EOC is part of the UMP Classic Medicare with Part D (PDP) Certificate of Coverage (COC). You can view the EOC and the COC at **ArrayRxSolutions.com/UMP** or call ArrayRx Customer Service to request a hard copy be sent to you.

	Deductible	Initial Coverage Stage	Catastrophic
Out-of-pocket costs	$100 (Waived on Tier 1, Tier 2 and Tier 6)	Begins after you've met your deductible and lasts until you have paid a total $2,400 in covered out-of-pocket costs	$0 cost sharing

	0-30 day supply Standard Network Retail or Mail Order	**31-60 day supply** Standard Network Retail or Mail Order	**61-90 day supply** Standard Network Retail or Mail Order
Tier 1 Preferred Generic	$0	$0	$0
Tier 2 Generic	$10	$20	$20
Tier 3 Preferred Brand	$40	$80	$80
Tier 4 Non-Preferred Drug	$75	$150	$150
Tier 5 Specialty	$90	Not Offered	Not Offered
Tier 6 Vaccines	$0	Not Offered	Not Offered

Important message about what you pay for vaccines: Our plan covers most Part D vaccines at no cost to you as long as you receive them at a network pharmacy, even if you haven't met your deductible. Call ArrayRx Customer Service for more information.

Important message about what you pay for Part D insulin: You will pay no more than $10 for up to a 30-day supply, or no more than $20 for a 90-day supply for covered insulins, even if you haven't met your deductible.

Cost sharing changes when you enter another stage of the Part D benefit

You begin in the deductible stage when you fill your first prescription of the year. During this stage, you pay the full cost of your prescription drugs until you have paid your $100 prescription drug deductible.

Once you have met your prescription drug deductible, you enter the initial coverage stage. You stay in the initial coverage stage until your total out-of-pocket costs reach $2,400. You then move on to the catastrophic coverage stage.

Once you are in the catastrophic coverage stage, you will stay in this payment stage until the end of the calendar year. During this payment stage, you pay nothing for your covered Part D prescription drugs.

For more information on the different prescription drug coverage stages, please access your Evidence of Coverage online at **ArrayRxSolutions.com/UMP** or contact ArrayRx.

Drug cost estimator, drug formulary and network pharmacies

Cost sharing amounts are the same when received from network retail, mail order, and home infusion pharmacies, as well as if you reside in a long-term care facility.

For most maintenance prescription drugs you can receive a 90-day supply when utilizing a network mail order pharmacy.

You can view the plan's formulary to see what prescription drugs are covered and locate a network pharmacy using the Pharmacy Locator Tool or the Pharmacy Directory at the link above. This information can also be found at **ArrayRxSolutions.com/UMP**.

Part D IRMAA

Some members may be required to pay an extra charge, known as the Part D Income Related Monthly Adjustment Amount (IRMAA). For more information on the extra amount you may have to pay based on your income, visit **medicare.gov/health-drug-plans/part-d/basics/costs**.

If you have to pay an extra amount, Social Security will send you a letter telling you what that extra amount will be. You must pay the extra amount to Social Security. It cannot be paid with your monthly plan premium. **If you do not pay the extra amount, you will be disenrolled from the plan and lose prescription drug coverage.**

If you have questions, contact Social Security at 1-800-772-1213 (TTY 1-800-325-0778)

Low Income Subsidy (Extra Help)

You may qualify for Extra Help from Medicare to pay for your prescription drugs through the low-income subsidy program.

You may receive a letter from Medicare or the Social Security Administration about your eligibility for Extra Help. Please read this information carefully. If you do not know what level of Extra Help you qualify for, you can call 1-800-MEDICARE (1-800-633-4227). TTY users, call 1-877-486-2048.

If you are not getting Extra Help and would like to see if you qualify, you can call:

- The Social Security Administration at 1-800-772-1213. TTY users, call 1-800-325-0778;
- Your state Medicaid office; or
- 1-800-MEDICARE (1-800-633-4227). TTY users, call 1-877-486-2048.

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with Part D prescription coverage. If you have high out-of-pocket drug costs earlier in the calendar year, this payment option spreads out what you'll pay each month across the calendar year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your prescription drug costs.

When you fill a prescription for a drug covered by Part D, and you are enrolled in the Medicare Prescription Payment Plan, you will pay $0 at the pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from Moda Health (administrator for ArrayRx) for your cost share of the prescription drugs you received.

For more information, visit the Medicare Prescription Payment Plan web page at **Medicare.gov/prescription-payment-plan**. To enroll, go to **ArrayRxSolutions.com/UMP**.

Additional information

This information is not a complete description of benefits. Call ArrayRx Customer Service at 1-833-599-8539 for more information or visit us at **ArrayRxSolutions.com/UMP**.

ArrayRx Customer Service is available from 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.

Moda Health Plan, Inc. administers a prescription drug plan (PDP) with Medicare contracts. Enrollment in UMP Classic Medicare with Part D (PDP) depends on contract renewal.

Frequently asked questions

Q1: What's changing in 2027?

If you're a current UMP Classic Medicare with Part D (PDP) member, there are minimal changes in 2027:

- There are some changes to the Part D plan formulary, which is the Part D plan's list of covered prescription drugs. Please check the 2027 formulary on the UMP Classic Medicare with Part D (PDP) webpage at **ArrayRxSolutions.com/UMP** to make sure your prescription drug is still on the list.
- There are also some changes to the Pharmacy Directory (the list of network pharmacies), but the overall network is largely the same. Please check the 2027 Pharmacy Directory on the UMP Classic Medicare with Part D (PDP) webpage at **ArrayRxSolutions.com/UMP** to check if your pharmacy is in the network.
- Per the Centers for Medicare & Medicaid Services (CMS) requirements, your out-of-pocket maximum cost is changing from $2,100 to $2,400. This is the most you will pay towards covered drugs at network pharmacies before the plan pays 100%.

Q2: Do we need to pay a separate premium for Part D?

No. Your UMP Classic Medicare with Part D (PDP) premium includes the premium for Part D.

Q3: How can I find out if the prescription drugs I take will be covered?

Find out if the prescription drugs you take are covered by your plan and estimate what you will pay by using the Drug Price Estimator available at **ArrayRxSolutions.com/UMP**. Prices assume you have met your deductible, are an estimate, and may be subject to change.

Q4: Can I use manufacturer coupons?

No. Medicare does not allow manufacturer coupons to be used with a Part D plan. However, copay assistance programs for members who meet income qualifications may be allowed.

Q5: What pharmacies can I use?

There are over 52,000 pharmacies in the network nationally. Find network pharmacies, including mail-order and specialty pharmacy options, by using the Pharmacy Locator Tool at **ArrayRxSolutions.com/UMP**.

Q6: What happens if I go to a pharmacy that is not a network pharmacy?

In most cases, your prescriptions are covered only if they are filled at a network pharmacy. Prescriptions filled at excluded pharmacies (such as CVS), will not be covered unless they meet the circumstances outlined in your Evidence of Coverage (EOC). You may pay more for drugs purchased at non-network pharmacies. You can pay for the prescription and submit a claim to request reimbursement. The EOC and the claim form are available at **ArrayRxSolutions.com/UMP**. Prescriptions filled outside of the United States and its territories are not covered under UMP Classic Medicare with Part D (PDP).

Q7: I live outside of the United States, can I have UMP Classic Medicare with Part D (PDP)?

Per CMS, if you have a permanent address outside of the United States or its territories, or temporarily reside outside the United States or its territories for more than 12 months, you are not eligible for UMP Classic Medicare with Part D (PDP). Contact PEBB Customer Service at 1-800-200-1004 (TRS: 711) to find out what options you may have.

Q8: I'm switching to UMP Classic Medicare with Part D (PDP) from a different plan. Will my prior authorization for a prescription drug automatically transfer to the UMP Classic Medicare with Part D (PDP) plan?

No, your prior authorizations will not transfer over to the UMP Classic Medicare with Part D (PDP) plan. Your provider will need to submit a new request to ArrayRx once your coverage begins.

However, during the first 90 days of your coverage, you may fill up to a 30-day transition supply while your provider submits a request for a coverage determination (prior authorization). Some exclusions apply. You may receive a transition notice that will tell you what your prescriber needs to submit to ArrayRx to request your prescription drug be covered.

Q9: Can I have prescription drug coverage through UMP Classic Medicare with Part D (PDP) if I don't have medical coverage through UMP Classic Medicare with Part D (PDP)?

No, this prescription drug coverage is only available if you enroll in UMP Classic Medicare with Part D (PDP).

Continued.

Frequently asked questions

Q10: Will I get a new membership card (also called an ID card) if I switch from another PEBB Plan to UMP Classic Medicare with Part D (PDP)?

Yes. You will receive a Part D prescription drug membership card (also called an ID card) from ArrayRx. Present this card when you fill your prescription drugs starting on your first date of coverage under your new plan. It's important to inform your pharmacy (retail, mail-order, specialty) that your insurance billing information has changed. You will also be getting a separate member ID card from Regence that you will use for your medical services. It's important to keep both cards.

Q11: I'm going on vacation and need to refill before I go, what can I do?

You may receive two vacation overrides per calendar year, including all travel within or outside the U.S. To request a travel override, call ArrayRx Customer Service at 1-833-599-8539 (TTY: 711) two weeks prior to travel. Please allow adequate time for your request to be processed.

Q12: Can I fill medications outside of the U.S.?

Prescriptions filled outside of the United States and its territories are not covered under UMP Classic Medicare with Part D (PDP).

Q13: Are compounded medications covered?

Most compounded medications are made using bulk powders, which are not covered. If you're unsure whether a compounded medication you take is made with bulk powders, you can check with your pharmacist or contact ArrayRx for additional information.

Q14: I have moved or have a new phone number or email address, what do I need to do?

If you move or change your phone number, please contact PEBB Customer Service at 1-800-200-1004 (TRS: 711) to update your information. Please ensure that you also update your information with the Social Security Administration to ensure there are no errors when processing your eligibility.



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».

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

Khmer: សូ មយកចិត្តទុក□ ជាក់ៃ្រ បសិន□េបើអ្នកនិយាយ ភាសា ែខ្មរសវាកម្មជំនួយភាសា តតគិតថ្លគឺមបានសៃ្រ មបាប់អ្នក។ ជំនួយ និងសវាកម្មែដលជជាកជារផ្តួយដ៏សមរម្យ ក្ុងកជារផ្តល់ព័តមបានតជាមទៃ្រ មង់ែដល□ បាចចូលៃ្រ □ើបាស់បាន ក៏□ បាចរកបាន □ បាយតគិតថ្លផងែដរ។ □ ហៅទូរសព្ទ ទៅ 1-833-599-8539 (TTY: 711) ឬនិយាយទៅកបាន់អ្នកផ្តល់សវារបស់អ្នក។

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