



State Health Plan PPO Medicare Prescription Drug Plan (PDP)

Your 2025 Summary of Benefits

Administered by Optum Rx[®]

Effective January 1, 2025–December 31, 2025



Thank you for your interest in the State Health Plan PPO Medicare Prescription Drug Plan. Our plan is administered by Optum Rx on behalf of your employer, union, or trustees of a fund. This Summary of Benefits describes some features of our plan, but it does not list every drug we cover or every limitation or exclusion. To get a complete list of our benefits, please contact the ORS at the number shown below and ask for the *Evidence of Coverage*.

Note: This prescription drug coverage is offered in conjunction with your State Health Plan PPO Medicare Supplemental or State Health Plan MA PPO medical coverage. If you disenroll from either plan, you will lose your prescription drug coverage and you may not get another opportunity to re-enroll in the plan again.

Office of Retirement Services (ORS)

Phone (toll-free): 1-800-381-5111, TTY 711

Hours of operation: Monday - Friday, 8:30 a.m. - 5:00 p.m.

Optum Rx Enrollment Member Services

Phone (toll-free): 1-855-577-6517, TTY 711

Hours of operation: Monday - Friday, 8 a.m. - 8 p.m. local time, except holidays

Website: optumrx.com

Where is the service area for the State Health Plan PPO Medicare Prescription Drug Plan?

The service area for this plan includes the United States, District of Columbia, Guam, Puerto Rico, the US Virgin Islands, Northern Mariana Islands, and American Samoa. If you move out of the service area, you will be disenrolled from this plan. It is important that you notify Optum Rx and the ORS if you plan to move outside the service area.

Do I have a choice in my Medicare prescription drug coverage?

Yes. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through this plan. Other options include getting your prescription drug coverage through a stand-alone Medicare Prescription Drug Plan or through a Medicare Advantage Plan that offers prescription drug coverage.

How can I compare my options?

The charts in this document list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by this plan to the benefits offered by other Medicare Prescription Drug Plans.

Who is eligible to join?

You can join this plan as long as you live in the service area, meet any requirements the State Health Plan may have, are either entitled to Medicare Part A or enrolled in Medicare Part B, and enrolled in the State Health Plan PPO Medicare Supplemental or State Health Plan MA PPO.

If you are enrolled in either of the following types of Medicare Advantage (MA) plans, you must disenroll from them before you can join a stand-alone Prescription Drug Plan (PDP):

- A Coordinated Care (HMO or PPO) Plan
- A Private Fee-for-Service (PFFS) Plan that includes Medicare prescription drug coverage

If you are enrolled in the following types of plans, you may enroll in a stand-alone PDP:

- A PFFS Plan that does not provide Medicare prescription drug coverage
- An MA Medical Savings Account (MSA) Plan
- An 1876 Cost Plan

Note: Once you are enrolled in the State Health Plan PPO Medicare Prescription Drug Plan, if you then enroll in most Medicare Advantage plans, you will automatically be disenrolled from this plan when your new plan's coverage begins. However, if you choose a 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 plan but you cannot keep our plan for your drug coverage. If you do not want to keep our plan, you can choose to enroll in another Medicare Prescription Drug Plan or drop Medicare prescription drug coverage.

If you disenroll from a Medicare Prescription Drug Plan and go without creditable prescription drug coverage for 63 or more days in a row, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. "Creditable drug coverage" is drug coverage that meets Medicare's minimum standards.

Where can I get my prescriptions filled?

You must use a pharmacy that is in the Optum Rx network to receive plan benefits. The Optum Rx network includes more than 67,000 pharmacies nationwide, and you will pay the same cost-

sharing amount for your prescription drugs at any network pharmacy. The State Health Plan PPO Medicare Prescription Drug Plan allows you to get your prescriptions filled in 2 ways.

Option 1: Fill your prescription at your local retail pharmacy.

- The plan allows you to receive up to a 90-day supply of prescription medication at any Optum Rx network pharmacy. Simply take your prescription ID card, along with your prescription, to a network pharmacy. If you go to a network pharmacy, you will only pay your copayment/coinsurance amount.

Option 2: Fill your prescription with Home Delivery (prescription mail-order service).

- The plan also allows you to receive maintenance (long-term) medications through Home Delivery. Home Delivery offers a convenient and cost-effective way to get up to a 90-day supply of maintenance medication through the mail.

Note: You may be able to save on your eligible maintenance medications by changing your 30-day retail supply to a 90-day supply through our Home Delivery pharmacy. Dispensing limits apply to some drugs including opioid medications and high cost or specialty drugs. High-Cost (and some Specialty) drugs are those that cost \$950 or more for up to a 30-day maximum supply and are not dispensed through home delivery.

What happens if I fill a prescription at an out-of-network pharmacy?

We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases (such as illness while traveling outside the plan's service area where there is no network pharmacy).

You must pay the full amount yourself and file a claim with Optum Rx for reimbursement. If the claim is not approved, there will be no reimbursement. If the claim is approved, you will be responsible for your share of the cost as shown in the copayment table in this document, plus the difference between the lower network cost and the amount the pharmacy charged (when applicable).

For more information, you can call Optum Rx. Our contact information is on the front cover of this document.

Does the plan cover Medicare Part B or Part D excluded drugs?

This plan offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D. If you have any questions about your supplemental coverage, you can call Optum Rx. Our contact information is on the front cover of this document.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

What is a formulary?

A formulary is a list of drugs covered by your plan. We may periodically add, remove, or make changes to coverage limitations on certain drugs. We may also change how much you pay for certain drugs. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made.

What kinds of coverage limitations are explained in the formulary?

Here are a few examples:

- The plan may require you to first try one drug to treat a condition before it will cover another drug for that condition.
- The plan may have a quantity limit on some drugs (which means you can only get a certain amount of a drug within a specified timeframe).
- The plan may require your provider to get prior authorization (approval) from Optum Rx for some drugs.

What can I do if I am taking a drug that is not on the formulary or that has limits or requirements that I cannot meet?

With your prescriber's help, you may be able to get a temporary supply of the drug, ask for an exception, or switch to a different drug that is listed on our formulary. To see if you can get a temporary supply of the drug or for more details about our drug transition policy, call Optum Rx. Our contact information is on the front cover of this document.

What should I do if I have a Medigap (Medicare Supplement) policy?

If you have a Medigap policy that includes prescription drug coverage, you must contact your Medigap issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Call your Medigap issuer for details.

How can I get help paying my premiums and other out-of-pocket costs?

People with limited income may qualify for Extra Help to pay for your prescription drug costs. To see if you qualify for Extra Help, you can:

- Call 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week
- Go to medicare.gov and review "Programs for People with Limited Income and Resources" in the *Medicare & You* handbook
- Call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 8 a.m.–7 p.m., Monday–Friday
- Call your state Medicaid office

How can I prevent fraud, waste, and abuse?

Fraud, waste, and abuse is a serious matter. It is in your best interest to protect yourself from fraudulent schemes. The Centers for Medicare & Medicaid Services (also called CMS or Medicare) has partnered with a national Medicare Drug Integrity Contractor (MEDIC) to help detect, correct, and prevent fraudulent behavior within Medicare Part C and Medicare Part D. In collaboration with CMS, the MEDIC has developed several pamphlets that are designed to provide you with critical information related to fraud, waste, and abuse. They include information on what to look for and how to report it if you suspect that you may have been subjected to fraud. These pamphlets can be found online at optumrx.com on the "Forms" page.

Drug Coverage Determinations

As a member of this Medicare Prescription Drug Plan, you have the right to request a coverage determination, which is a decision made by the plan about a drug you believe should be covered. Coverage determinations include requests for exceptions.

What is an exception?

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to rules about when and how you can get drugs in the formulary (sometimes called utilization management rules), such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your prescriber must provide a statement to support your exception request.

What can I do if you deny coverage for my prescription drug(s)?

You have the right to file an appeal (ask us to reconsider our decision) about payment or services. For more information, call Optum Rx. Our contact information is on the front cover of this document.

What can I do if I have a problem with the plan or one of your network pharmacies that does not involve coverage for a prescription drug?

You have the right to file a grievance (complaint). If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

What is the Medication Therapy Management (MTM) Program?

The Medication Therapy Management (MTM) Program is a free service we offer. The program can help make sure our members are using drugs that work best to treat their medical conditions. It can also help us identify possible medication errors. If you meet the criteria, we will automatically enroll you in the program and send you information. If you decide not to participate, please let us know. We will remove you from the program.

3 Stages of Coverage

Stage 1: Yearly Deductible	This plan does NOT have a Deductible. This stage does not apply to you.
Stage 2: Initial Coverage	<p>During this stage, the plan pays its share of the cost and you pay your share of the cost of your drugs. The “Copayments and Coinsurance” table below shows your cost for drugs in each tier.</p> <p>You stay in this stage until your year-to-date Part D out-of-pocket costs (your payments) reach a total of \$2,000. Medicare sets this total and the rules for counting costs toward this amount.</p> <p>Your enhanced benefits include a plan-specific out-of-pocket maximum of \$2,000. Once you reach your enhanced plan out-of-pocket maximum of \$2,000, the plan will pay all of your drug costs for the remainder of the year.</p>
Stage 3: Catastrophic Coverage	<p>Once you reach your out-of-pocket maximum of \$2,000, the plan will pay all of your drug costs for the remainder of the year.</p> <p>If you do reach the calendar year maximum of \$2,000, you enter the Catastrophic Coverage Stage.</p>

	<u>If you reach this Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.</u>
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Administrative Changes		
	2024	2025
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-866-635-5941 or visit Medicare.gov.

Summary of Benefits

If you have any questions about this plan’s benefits or costs, please call Optum Rx. Our contact information is on the front cover of this document.

The State Health Plan PPO Medicare Prescription Drug Plan features a 3-tier prescription drug benefit. Below is a chart showing the copayment amounts that you will be required to pay for your Medicare prescription drugs.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*.

* High-Cost (and some Specialty) drugs are those that cost \$950 or more for up to a 30-day maximum supply. These types of drugs will be labeled in the *Abridged Formulary* as “NDS” under the “Requirements/Limits” column, and will not be dispensed in more than a 30-day supply

Copayments and Coinsurance

Covered Prescription Drugs	Retail Pharmacy (up to a 30-day supply)	Retail Pharmacy (up to a 90-day supply)	Home Delivery Pharmacy (up to a 90-day supply)
Cost Sharing Tier 1 (Generic Drugs)	\$10	\$20	30-day supply = \$7 60-day supply = \$14 90-day supply = \$20
Cost Sharing Tier 2 (Preferred Brand Drugs)	\$30	\$60	30-day supply = \$20 60-day supply = \$40 90-day supply = \$60
Cost Sharing Tier 3 (Non-Preferred Brand Drugs)	\$60	\$120	30-day supply = \$40 60-day supply = \$80 90-day supply = \$120
*High-Cost Drugs are drugs that cost \$950 or more (for up to a 30-day maximum supply).			

Note: We cover some prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you pay for these drugs does **not** count toward your Medicare Part D initial coverage limit or true out-of-pocket costs.

Plan-Specific Out-of-Pocket Maximum

Once your out-of-pocket costs have reached the calendar year maximum of \$2,000, the plan will pay all of the cost of your covered drugs until the end of the calendar year. All of the expenses that count toward the out-of-pocket maximum will be automatically calculated.

However, if you have met your yearly Part D out-of-pocket limit of \$2,000, you enter the Catastrophic Coverage Stage.

If you reach this Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

NOTICE OF NONDISCRIMINATION

Optum Rx and its affiliated pharmacies¹ complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number 1-888-445-8745. (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at: <https://www.optum.com/en/language-assistance-nondiscrimination.html>.

¹ including but not limited to Optum Home Delivery, Optum Specialty Pharmacy, Optum Infusion Services, Genoa Healthcare, Optum Frontier Therapies, and divvyDose.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-635-5941. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-635-5941. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-635-5941。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-635-5941。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-635-5941. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-635-5941. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-635-5941 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-635-5941. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-635-5941 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-635-5941. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-866-635-5941 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-635-5941 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-635-5941. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-635-5941. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-635-5941. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-635-5941. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-635-5941にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。