

Summary of Benefits 2026

Optum Rx Medicare Prescription Drug Plan, administered for Michigan Public School Employees' Retirement System by Optum Rx®

Effective January 1, 2026 – December 31, 2026

Optum Rx Member Services

For questions about this document, please contact Member Service. This call is free.



optumrx.com



Toll-free **1-855-577-6517**, TTY **711**

Monday - Friday, 8:30 am - 5 pm Eastern time except holidays

Medicare



medicare.gov



Toll-free **1-800-MEDICARE** (1-800-633-4227)

TTY users **1-877-486-2048**

24 hours a day, 7 days a week

Office of Retirement Services



Toll-free **1-800-381-5111**, TTY **711**

Monday - Friday, 8:30 am. - 5 pm. EST except holidays

When you retire, you, your spouse, and dependents are eligible for the Michigan Public School Employees' Retirement System's prescription drug coverage. This Summary of Benefits describes some features of the retirement system's coverage, but it does not list every covered drug or every limitation or exclusion. For a complete list of benefits, refer to your *Evidence of Coverage*.

Note: This prescription drug coverage is offered together with your Blue Cross Blue Shield of Michigan Medicare Plus Blue Group Preferred Provider Organization (PPO) medical coverage. If you choose a Medicare Prescription Drug Plan other than the Optum Rx Medicare Prescription Drug Plan, you will need to find other medical coverage at your own expense.



Who is eligible?

Members of this plan must meet all Michigan Public School Employees' Retirement System eligibility requirements, be entitled to Medicare Part A and enrolled in Medicare Part A & B, live in the Optum Rx service area, and be enrolled in the retirement system's Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO.

You can only be in one Medicare Prescription Drug Plan at a time. If you are currently enrolled in a Medicare Advantage Plan that includes Medicare prescription drug coverage, and that coverage is NOT provided by the Michigan Public School Employees' Retirement System, your enrollment in this plan will end that enrollment. In addition, you may not be enrolled in an individual Medicare Advantage Plan—even one without prescription drug coverage—at the same time as this plan.

Note: Once you are enrolled in the Michigan Public School Employees' Retirement System 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 and 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 is the service area for the Optum Rx Medicare Prescription Drug Plan?

The service area for this plan includes all 50 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 both Optum Rx and the Office of Retirement Services (ORS) at 1-800-381-5111 if you plan to move outside the service area.

Where can I get my prescriptions filled?

In most instances, you must use a pharmacy that is in the Optum Rx network to receive plan benefits. The Optum Rx network includes more than 65,000 pharmacies nationwide, and you will pay the same cost-sharing amount for your prescription drugs at any network pharmacy. The Optum Rx Medicare Prescription Drug Plan allows you to get your prescriptions filled in 3 ways which are explained on the next page.

In addition, the plan includes a preferred specialty pharmacy through Optum Rx. Your coinsurance is lower when you use the Optum Rx Specialty Pharmacy for your specialty medications. If you choose to go to a non-network pharmacy, you must pay for the prescription in full and file a claim with Optum Rx for reimbursement. Your claim will not be covered unless you meet the coverage criteria. If the claim is approved, you will be responsible for the copayments/coinsurance outlined in the copayment table, plus an additional fee, which includes the difference in the participating pharmacy network cost and the amount the out-of-network pharmacy charged. In addition, any costs you pay out-of-pocket at an out-of-network pharmacy will not accumulate towards your \$1,750 Annual Coinsurance Maximum amount.

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 co-payment/coinsurance amount.

Option 2: Fill your prescription with Optum Rx 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.

Option 3: Fill your prescriptions with our Optum Rx specialty pharmacy.

- The Optum Rx Prescription Drug Plan offers a preferred specialty pharmacy if you need to fill prescriptions for certain specialty drugs that treat complex conditions. Your copayment may be lower if you use a preferred specialty pharmacy. It may cost you more if you use a non-preferred specialty pharmacy.
 - Please note: High-cost/Specialty drugs are limited to a 30-day supply.

Note: You may be able to save on your maintenance medications by changing your 30-day retail supply to a 90-day supply through our home delivery pharmacy.

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 call it the "Drug List." Drugs on the Drug List are selected by a team of doctors and pharmacists and meet requirements set by Medicare. Periodically, drugs may be added or removed from the Drug List. In addition, changes may be made to how much you pay or to additional rules for covering certain drugs. We will notify you before a change is made that affects a drug you are taking.

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 covers 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 Drug List or that has limits or requirements that I cannot meet?

With your physician'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 the Drug List. For more details, call Optum Rx at 1-855-577-6517, TTY 711.

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

People with limited income may qualify for Extra Help to pay for 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](https://www.medicare.gov) and review "Get Extra Help paying your Medicare drug costs" in the *Medicare & You 2026* 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.

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 Optum Rx Member Services before you try to fill your prescription at a pharmacy. Your doctor 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 at 1-855-577-6517, TTY 711.

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. The program can help make sure you are using drugs that work best to treat your 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.

If you have any questions about benefits or costs, please call Optum Rx at 1-855-577-6517, TTY 711.

2 Coverage Stages

Stage 1: Initial Coverage	<p>During this stage, the retirement system 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 \$2,100. 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 \$1,750. Once you reach this amount, the plan will pay all of your drug costs for the remainder of the year and you will enter the Catastrophic Coverage stage.</p>
Stage 2: Catastrophic Coverage	<p>Once you reach your out-of-pocket maximum of \$1,750, the plan will pay all your Part D drug costs for the remainder of the year.</p>

Summary of Benefits

If you have any questions about this plan’s benefits or costs, please call Optum Rx at 1-855-577-6517, TTY 711.

The Michigan Public School Employees’ Retirement System Medicare Prescription Drug Plan features a 5-tier prescription drug benefit. Below is a chart showing the copayment amounts that you will be required to pay for your Medicare prescription drugs.

Our 5-Tier Prescription Drug Benefit

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.
Tier 4	Drugs listed in Tier 4 include preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply and generally have a lower copayment than drugs in the non-preferred Tier below.
Tier 5	Drugs listed in Tier 5 include non-preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply and generally have a higher copayment than drugs in the preferred tier above.

Copayments and Coinsurance

Covered Pre- scription Drugs	Retail Pharmacy (up to a 30-day supply)	Retail Network & Home Delivery Pharmacy (up to a 90-day supply)	Preferred Specialty Pharmacy (up to a 30-day supply)	Non-Preferred Specialty Pharmacy (up to a 30-day supply)
Cost-Sharing Tier 1 (Generic drugs)	20% coinsurance \$15 minimum/ \$45 maximum	20% coinsurance \$37.50 minimum/ \$112.50 maximum	n/a	n/a
Cost-Sharing Tier 2 (Preferred Brand)	20% coinsurance \$15 minimum/ \$45 maximum	20% coinsurance \$37.50 minimum/ \$112.50 maximum	n/a	n/a
Cost-Sharing Tier 3 (Non-Preferred Brand drugs)	40% coinsurance \$15 minimum/ no maximum	40% coinsurance \$37.50 minimum/ no maximum	n/a	n/a
Cost-Sharing Tier 4 (Preferred Specialty drugs) †	20% coinsurance \$50 minimum/ \$100 maximum	n/a	20% coinsurance \$50 minimum/ \$100 maximum	40% coinsurance \$50 minimum/ no maximum
Cost-Sharing Tier 5 (Non-Preferred Spe- cialty drugs) †	40% coinsurance \$50 minimum/ no maximum	n/a	40% coinsurance \$50 minimum/ no maximum	40% coinsurance \$50 minimum/ no maximum

† Drugs that cost \$950 or more for up to a 30-day maximum supply.

Plan-Specific Out-of-Pocket Maximum

Once your out-of-pocket costs have reached the calendar year maximum of \$1,750, the plan will pay all of the cost of your drugs until the end of the calendar year. All of the expenses that count toward the out-of-pocket maximum will be automatically calculated.

Your enhanced benefits include a plan-specific out-of-pocket maximum of \$1,750. Once you reach this amount, the plan will pay all of your drug costs for the remainder of the year and you will enter the Catastrophic Coverage stage.

NOTICE OF NONDISCRIMINATION

OptumRx®, Inc. 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: ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Phone: 1-800-368-1019, 1-800-537-7697 (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 hhs.gov/ocr/complaints/index.html.

This notice is available at optum.com/en/language-assistance-nondiscrimination.html.

This information is available in other formats like large print.
To ask for another format, please call the telephone number
listed on your member plan ID card.

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាគតិកត្តែ នឹងការទំនាក់ទំនងគតិកត្តែក្នុងទម្រង់ផ្សេងទៀត ដូចជាព័ត៌មានអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខគតិកត្តែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意: 如果您说中文 (Chinese)，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意: 如果您說中文 (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項: 日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (**Navajo**) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxít hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námbóo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.