



Pharmacy benefit guide

Effective Jan. 1, 2026

Michigan Public School Employees' Retirement System

Non-Medicare members (those not enrolled in Medicare Part D)

The Michigan Public School Employees' Retirement System pharmacy benefit is managed by Optum Rx.

Optum Rx[®]

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Welcome to the Michigan Public School Employees' Retirement System Prescription Drug Plan

Optum Rx and the Michigan Public School Employees' Retirement System are pleased to provide you and your family with this booklet that explains your prescription drug benefits, effective January 1, 2026. Please take time to carefully read your benefit booklet and keep it handy for reference. This booklet replaces all previously distributed benefit documents.

In this booklet, the words “you” and “your” refer to the public school retiree and covered dependents.

Every effort has been made to ensure the accuracy of this information. New benefits and benefit changes are announced in the Best of Health plan newsletter and by the Office of Retirement Services in the annual rates mailing. If you have questions that are not answered in this book, please call Optum Rx at 1-866-288-5209.

Optum Rx administers the prescription drug pharmacy plan for the Michigan Public School Employees' Retirement System. Optum Rx does not insure the coverage. Benefits and future changes in coverage, coinsurance and copay requirements are jointly vested by law in the Michigan Department of Technology, Management and Budget (DTMB) and the Michigan Public School Employees' Retirement System Board (Retirement Board). The DTMB and the Retirement Board reserve the right to change these benefits at any time in accordance with existing law.

Only you and your eligible dependents may use the benefits provided under the retirement system prescription drug pharmacy plan. Allowing anyone not eligible to use these benefits is illegal and subject to possible fraud investigation and termination of coverage.

In addition, the Office of Retirement Services (ORS) partners with the health insurance providers to publish a quarterly publication titled Best of Health. The Best of Health has many tips and tools to help you get the most from your benefits, including valuable information related to your pharmacy benefits administered by Optum Rx.

How the prescription drug plan works

Membership card

As a member of the prescription drug plan, you will get an Optum Rx membership card, referred to as a member ID card. Show your member ID card every time you buy prescription drugs or services that are covered by the pharmacy plan.

Lost or stolen membership card

If your ID card is lost or stolen, call Optum Rx right away at **1-866-288-5209**. There's no charge for a replacement card. You can still receive services until your new card arrives. You may print a temporary ID card from the Optum Rx website: **optumrx.com**.

Things to be aware of throughout the year

Best of Health newsletter

The *Best of Health* newsletter aims to help you understand your health insurance coverage, improve diet and fitness, take care of ongoing conditions, and more.

Plan updates for 2026

Additional plan updates may be announced throughout the year in the *Best of Health* newsletter, mailings, and annual member benefit seminars.

When you register to use the Optum Rx website (**optumrx.com**), once you have logged into your account you will be able to:

- See all your prescriptions on a single dashboard.
- Update your information and complete health profile.
- Compare prices at local pharmacies.
- Find your lowest prescription cost.
- Find your pharmacy and get driving directions.
- Keep track of your health history.
- Learn more about your drugs.
- Take care of prescriptions for your dependents and family members.

Optum Rx mobile app

Get to your pharmacy benefits when you're on the go. Once you have your member ID number, download the app to take advantage of the benefits your pharmacy plan offers. With the mobile app in your pocket:

- Never miss a dose. Set alerts to take your medication.
- Stay on top of medication refills. See when refills are due, get refill reminders, and quickly contact your pharmacy.
- Show your doctor what medication(s) you are taking.
- Pull up your medication history anytime.
- Learn about medication side effects and interactions.
- Find network pharmacies by ZIP code or location, then check and compare current prescription prices.
- See your electronic pharmacy ID card.

Taking your prescription medications is a key part of managing your health. Take your medication information with you wherever you are with the mobile app.

Real Appeal (online weight management program)

Take small steps for life-changing habits

Real Appeal® is an online program designed to spark your weight loss transformation. Meet with an online coach to create health goals, track your activity, and find new ways to keep your body moving – and it's all available to you and eligible family members at no additional cost as part of your Michigan Public School Employees' Retirement System pharmacy benefit plan. It includes:

- Fitness and nutrition trackers to focus on health goals.
- Online sessions led by a coach with a supportive community of members.
- A success kit delivered directly to you with food and weight scales, helpful guides, and more.

Real Appeal is a program on Rally Coach™ available to all Michigan Public School Employees' Retirement System non-Medicare retirees, as well as their spouses, domestic partners, and dependents over 18 years of age or with a body mass index (BMI) of 23 or higher (subject to eligibility) that are not currently in a Medicare plan.

Get started today at mpsers.realappeal.com.

Be sure to have your Optum Rx ID handy when enrolling. For questions call **1-844-924-REAL (7325)** or refer to mpsers.realappeal.com.

Out-of-pocket costs

The prescription drug plan is designed to cover costs associated with your care. You pay a portion of the cost of covered prescription drugs plus any monthly premium deducted from your pension payment.

Formulary drugs

To ensure you receive high quality medications, the prescription drug plan features a formulary. A formulary is a list of preferred drugs chosen for their therapeutic effectiveness, safety and value. The plan formulary has many commonly-prescribed drugs—both brand name, and generic. All formulary drugs are approved by the Food and Drug Administration. The formulary may change throughout the plan year, but Optum Rx will let you know if a change impacts you.

Optum Rx has an independent group of pharmacists and physicians that evaluate new drugs and review existing ones to make sure that each offers the greatest effectiveness and safety.

If you use a covered drug that is a non-preferred drug your copay will be higher.

When a brand-name formulary drug becomes available as a generic, the brand-name version of the drug is replaced by its generic equal. The brand-name drug may no longer be covered.

A full list of medications covered under the formulary can be found online at welcome.optumrx.com/mpser/prescription-drug-list.

Generic equivalents vs. brand-name drugs

You can save money by using generic drugs. Brand-name drugs are produced by only one manufacturer (the one that holds the patent on the drug). They cost more than generic equivalent drugs. When the brand-name drug patent expires, other manufacturers can produce the drug and sell it under the generic name. Generic drugs contain the same active ingredient as the brand-name drugs. **The Food and Drug Administration requires that generic drugs meet the same standards as their brand-name counterparts.** This means generics offer the same high quality, safe and effective therapy as a brand-name drug without the high cost. In most cases, generics cost 40% to 60% less than the brand-name price.

If there is a generic available, the pharmacist will dispense the generic drug, when appropriate. **If you or your doctor request the brand-name drug when a generic is available, you will pay the full cost of the brand-name drug.**

Cost sharing features of the prescription drug plan

The prescription drug plan includes the following cost-sharing features.

Coinsurance

A coinsurance requires you to pay a percentage of the cost of certain prescription drugs. The amount of your coinsurance is based on the approved amount for covered services. For most preferred prescription drugs, the plan pays 80% of the approved amount, and your coinsurance is 20%. Your coinsurance is 40% when you buy non-preferred brand-name drugs.

2025/2026

Covered prescription drugs	Retail network pharmacy 31-day supply	Retail network & home delivery pharmacy 90-day supply	Preferred specialty pharmacy 30-day supply	Non-preferred specialty pharmacy 30-day supply
Tier 1 Generic traditional drugs	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	Not applicable	Not applicable
Tier 2 Preferred brand traditional drugs	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	Not applicable	Not applicable
Tier 3 Non-preferred traditional brand drugs	40% coinsurance \$15 minimum / no maximum*	40% coinsurance \$37.50 minimum / no maximum**	Not applicable	Not applicable
Tier 4 Generic and preferred specialty drugs	Not applicable	Not applicable	20% coinsurance \$50 minimum / \$100 maximum	40% coinsurance \$50 minimum / no maximum*
Tier 5 Non-preferred specialty drugs	Not applicable	Not applicable	40% coinsurance \$50 minimum / no maximum*	40% coinsurance \$50 minimum / no maximum*

If a drug costs less than your maximum copay you pay the drug cost.

* Only 20% coinsurance up to a \$45 maximum is credited to the annual coinsurance maximum.

** Only 20% coinsurance up to a \$112.50 maximum is credited to the annual coinsurance maximum.

Annual coinsurance maximum for prescription drugs

The annual drug coinsurance maximum limits the amount each member pays for covered drug coinsurance and copays to **\$1,750 per member in 2026**. The following prescription drug costs are not counted toward your annual maximum:

- The costs you pay for getting prescription drugs from a non-network pharmacy
- Costs beyond the 20% of the approved amount for using non-formulary or non-preferred drugs.

What you pay after you reach the \$1,750 per member coinsurance maximum

Covered prescription drugs	Retail network pharmacy 31-day supply	Retail network & home delivery pharmacy 90-day supply	Preferred specialty pharmacy 30-day supply	Non-preferred specialty pharmacy 30-day supply
Tier 1 Generic traditional drugs	You pay nothing	You pay nothing	Not applicable	Not applicable
Tier 2 Preferred brand traditional drugs	You pay nothing	You pay nothing	Not applicable	Not applicable
Tier 3 Non-preferred traditional brand drugs	You pay 40% (\$15.00 min) of the drug cost, minus 20% of the drug cost with a max reduction of \$45	You pay 40% (\$37.50 min) of the drug cost, minus 20% of the drug cost with a max reduction of \$112.50	Not applicable	Not applicable
Tier 4 Generic and preferred specialty drugs	Not applicable	Not applicable	You pay nothing	You pay 40% of the drug cost, minus 20% of the drug cost with a max reduction of \$45
Tier 5 Non-preferred specialty drugs	Not applicable	Not applicable	You pay 40% of the drug cost, minus 20% of the drug cost with a max reduction of \$45	You pay 40% of the drug cost, minus 20% of the drug cost with a max reduction of \$45

Selecting your pharmacy and using the Optum Rx network

Your prescription drug coverage includes a national retail pharmacy network, home delivery pharmacy, and specialty medication pharmacy.

For medication you take on a regular basis, also known as maintenance medication, you can refill your prescription when you have about 1/4 of your previous fill amount left so that you don't run out. Some medication requires prior approval, which takes some extra time. See the Prior Authorizations section in this booklet for more information.

Retail network pharmacy

Optum Rx offers thousands of retail pharmacies nationwide. Visit [optumrx.com](https://www.optumrx.com), the Optum Rx website, to find a network pharmacy. Be sure to show your most recent member ID card at the pharmacy counter. When picking up your prescription, make sure the pharmacy submits the claim to Optum Rx.

Home delivery

Your prescription drug plan includes the convenience of home delivery (mail service). Using home delivery for a 90-day supply of maintenance medication may also save you money.

Maintenance medications are drugs you may take on a regular basis to treat conditions such as high cholesterol, high blood pressure, or diabetes. For these types of medications, 90-day fills can be convenient and cost-effective.

You have a choice on where to fill long-term prescriptions. You have the option to fill at a retail pharmacy or have them mailed to your home. Optum® Home Delivery is one of your network pharmacies. There are other options available to you in your network as well. Use the Pharmacy locator tool from your online account or the mobile app to find what's most convenient for you.

Specialty pharmacies

Managing a chronic condition or serious illness is challenging. It often requires complex medication and careful coordination of therapies. Your doctor and nurses, family and friends are all members of your care team. A specialty pharmacy fills prescriptions for specialty drugs. These types of drugs may be injected, infused or taken by mouth. Usually, you cannot get these drugs at a local retail pharmacy. They often need special storage, and handling. A specialty pharmacy focuses on high cost, high touch medication therapy for patients with complex disease states. This can include cancer, multiple sclerosis and rheumatoid arthritis, and rare genetic conditions.

Your plan offers Optum® Specialty Pharmacy as a network option to fill your specialty prescriptions. Other options are available to you as well. To find a pharmacy for your specialty drug, use the drug pricing tool on welcome.optumrx.com/mpser/drug-pricing or on the mobile app. In the results you will see your specialty pharmacy options.

Non-Medicare members specialty drug coverage

	Optum Specialty Pharmacy	Other specialty pharmacies
Preferred specialty drugs	20% (\$50 minimum / \$100 maximum) 30-day supply	40% (\$50 minimum / no maximum) 30-day supply
Non-preferred specialty drugs	40% (\$50 minimum / no maximum) 30-day supply	40% (\$50 minimum / no maximum) 30-day supply

Optum Specialty Pharmacy takes a hands-on approach to managing your condition and your treatment, so you can expect:

- **Personalized care.** As soon as Optum Specialty Pharmacy receives your first prescription, a trained team member will set up a time with you to talk about your treatment plan. It's a great time for you to ask questions or voice any concerns.
- **Collaboration with your doctor.** Optum Specialty Pharmacy serves as a valuable extension of your doctor's office. Optum Specialty Pharmacy staff keeps your doctor's office informed of your progress and lets them know right away if you're facing any issues with your treatment, or having uncomfortable side effects, so you don't have to face it alone.
- **Convenient delivery.** Optum Specialty Pharmacy offers prompt delivery to your home or preferred location.
- **Regular follow-up.** Optum Specialty Pharmacy stays in contact with you throughout your treatment, making sure you get your medications and medical supplies quickly and accurately. They also issue refill reminders before you run out of your medication.
- **24/7 support.** Optum Specialty Pharmacy teams provide around-the-clock support. You'll always be able to talk to a clinician about your medication 24 hours a day, 7 days a week.

Getting started is easy. Take a few minutes today to contact Optum Specialty Pharmacy before your prescription is due to run out. Call **1-855-427-4682** or visit **specialty.optumrx.com** to enroll.

You can also register online at **specialty.optumrx.com**. Make sure to complete the form entirely to help avoid delays in your transition. After you submit the form, Optum Specialty Pharmacy will contact your doctor and take care of setting up your order.

Out-of-network pharmacy

Generally, prescription drugs purchased from an out-of-network pharmacy are not covered. But there are times when filling prescriptions at an out-of-network pharmacy may be covered:

- The prescription is for a medical emergency or urgently needed care.
- You are unable to get a covered drug in a time of need because there are no 24-hour network pharmacies within a reasonable driving distance.
- The prescription is for a drug that is out-of-stock at an accessible network retail or mail-service pharmacy (including high-cost and unique drugs).
- You are evacuated or otherwise displaced from your home because of a federal disaster or other public health emergency declaration.

If you are required to submit a claim for reimbursement, please use a Direct Member Reimbursement form for processing of your claim. You can download it from **[optumrx.com/forms](https://www.optumrx.com/forms)**.

Mail the form to:

Optum Rx
Optum Rx Manual Claims
PO Box 650287
Dallas, TX 75265-0287

You must submit your claim to Optum Rx within 31 days of the date you received the service, item or drug.

Your prescription drug benefits

The plan covers prescription drugs approved by the Food and Drug Administration. The medications are subject to Optum Rx medical policy and retirement system benefits. Covered drugs include:

- Those requiring the label “Caution: Federal law prohibits dispensing without a prescription” (with exceptions listed under exclusions and limitations in this booklet).
- Injectable insulin.
- Needles with syringes when dispensed with injectable insulin.

Vaccines

Vaccines are covered under the pharmacy and medical benefit. Please refer to the Non-Medicare Members Vaccine Guide for coverage details. Visit **[welcome.optumrx.com/mpser/forms](https://www.welcome.optumrx.com/mpser/forms)** for a full list of covered vaccines for both pharmacy and medical benefits.

Quantity limits

Taking too much medicine or taking it too often can worsen your health condition. For these reasons, certain prescription drugs have set quantity limits. When a covered medication has quantity limits, the prescription drug plan will only pay for a set amount of the medication within a 30-day period. If you try to refill a prescription before the end of the 30-day period or your doctor prescribes an amount higher than the limit, your drug will not be covered. Quantity limits are set by the Optum Rx Pharmacy and Therapeutics Committee. They are based on the Food and Drug Administration guidelines for the specific medication.

Clinical programs

Your prescription drug plan is designed to get the best treatment at the lowest cost. There are hundreds of different medications, with more becoming available every day. Some drugs have more side effects, some have restrictions on how long they can be taken, and some are just more expensive than others. To help you get the safest, most effective, and most affordably priced prescription drug, the following programs are in place for certain medications.

Step therapy

Step therapy is the practice of beginning drug therapy for a medical condition with a safe, effective and most affordable preferred drug. If that doesn't work, you can try another more costly therapy. But only if medically necessary. The goal is to lower your health risks and cost.

In most cases, you must first try a drug that has been proven safe and effective for most people with your condition before you can move up a "step" to another drug. This might mean trying a similar, more affordable generic drug instead of a more expensive, brand-name medication.

When a prescription for a medication requiring step therapy is presented to the pharmacy, your plan profile is instantly reviewed. Based on the history in your profile, the prescription may be approved right away. If it is not approved on the spot, your pharmacist will contact the prescribing doctor to get a prescription for the preferred medication. If your doctor does not wish to change your prescription, they must provide Optum Rx with documentation of your diagnosis and previous therapy for your prescription to be considered for payment. An Optum Rx pharmacist will determine whether you meet the approval criteria. If the approval criteria are not met, you may have to pay the full cost of the drug or talk with your doctor about another covered option.

Prior authorization

Prior authorization is an approval your plan needs to give before your medication will be covered. If you don't get prior authorization for a drug included in the program, your prescription may cost you more or it may not be covered at all. Your pharmacist will let you know when you pick up your prescription at the pharmacy if prior authorization is needed.

To determine which drugs require prior authorization, a team of independent, licensed doctors, pharmacists and other medical experts review the latest medical guidelines.

Here are reasons for prior authorization:

- Safety: You may be taking the medication for a different condition than it was designed for.
- Effectiveness: Your medication may not work as intended with other medications you take.
- Cost control: Your plan may cover a lower-cost option that works the same way

Optum Rx works with your doctor to make sure the prescription is right for you. Before your coinsurance or copay can be applied at the pharmacy, the medication must be approved by Optum Rx with the help of your doctor. You, your pharmacist, or your doctor can call Optum Rx to start the prior authorization process. Optum Rx will then get the information needed from your doctor to approve coverage.

If your drug needs approval, either you or your pharmacist will need to let your doctor know. Your doctor might switch your therapy to another drug that doesn't require prior authorization. Your doctor might also contact Optum Rx with the information needed to start the approval process. If a prior authorization request from your doctor is denied, you have the right to file an appeal. You and your doctor will get a letter with details about how to appeal.

Exclusions and limitations

The following is a list of your plan's exclusions and limitations. These conditions are in addition to other applicable exclusions and limitations listed elsewhere in this booklet.

- Drugs or services obtained before the effective date of coverage or after the coverage termination date.
- Drugs requiring a prescription by state law but not federal law in quantities not requiring a prescription.
- Drugs that are not medically necessary, including any drugs prescribed for cosmetic purposes.
- Drugs considered experimental or investigational by the federal Food and Drug Administration and/or Optum Rx.
- Over-the-counter medication (OTC).
- Any drug or device prescribed for indications other than those specifically approved by the FDA.
- Drugs not labeled "Caution: Federal law prohibits dispensing without a prescription," except for state-controlled drugs.
- Any charge for the administration of covered drugs, such as injections.
- Any drug consumed at the time and place of the prescription.
- Diagnostic agents.
- Therapeutic devices or appliances including, but not limited to, hypodermic or disposable needles with syringes when not dispensed with insulin or self-administered chemotherapeutic drugs.
- Drugs that exceed the prescription drug plan quantity limits.
- The charge for any prescription refill in excess of the number specified or any refill dispensed more than one year after the prescriber's prescription order.
- Medications covered by Workers Compensation.
- Medications payable by another government sponsored program, such as TRICARE. Medications are not payable even if you have not signed up to receive the benefits provided by such programs.
- Cost of medications when you have another insurance plan that covers prescription drugs.
- "Lifestyle" drugs. The term lifestyle is a way of defining a drug that is a choice because it might improve your life, function or appearance, as opposed to a drug you might take because you need to cure something or manage an illness. Examples would include medications used to treat wrinkles, baldness, or sexual dysfunction.
- Medications covered by the retirement system's Preferred Provider Organization (PPO) Blue Cross Blue Shield of Michigan.

How to reach Optum Rx

For help with benefit questions, prior authorization, claims, billing or to find a pharmacy, please call Optum Rx. **Please have your member ID card ready.**

Optum Rx Customer Service contact information

Call	1-866-288-5209 Available 24 hours a day, seven days a week. Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 Available 24 hours a day, seven days a week. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Fax	1-866-235-3171
Write	Optum Rx Member Services PO Box 29044 Hot Springs, AR 71903
Website	optumrx.com

Optum Home Delivery pharmacy

Call	1-866-288-5209 – select <i>Home Delivery</i> prompt
Website	optumrx.com

Optum Specialty Pharmacy

Call	1-855-427-4682 Available 24 hours a day, seven days a week.
Website	specialty.optum.com

Contact information for coverage decisions and appeals

Call	1-866-288-5209 Available 24 hours a day, seven days a week.
TTY	711 Available 24 hours a day, seven days a week. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Fax	1-866-511-2202 – all appeals and complaints
Write	Optum Rx PO Box 29044 Hot Springs, AR 71903

What to do if you have a problem or concern

A coverage decision is a decision made by Optum Rx about your benefits and coverage or about the amount paid for your prescription drug. Optum Rx makes a coverage decision for you any time you fill a prescription at a pharmacy. Most times, there is no problem. Optum Rx decides if the drug is covered and pays the retirement systems' share of the cost. There may be instances when Optum Rx might decide the drug is not covered. If that occurs, you or your doctor can contact Optum Rx and ask for a coverage decision. If you are unsure whether a prescription drug is covered or if you disagree with the decision, you can make an appeal.

An appeal is a formal way of asking Optum Rx to review and change a coverage decision. When you make an appeal, Optum Rx will review the coverage decision to check if all rules were properly followed. Your appeal is handled by different reviewers than those who made the original decision. When Optum Rx has finished the review, they will let you know the decision. If Optum Rx says no to all or part of your Level 1 Appeal, you can go on to a Level 2 Appeal. The Level 2 Appeal is conducted by an independent review organization that is not connected to Optum Rx.

Glossary of terms

Appeal

An appeal is something you do if you disagree with the decision to deny a request for coverage of a prescription drug or payment of prescription you already purchased.

Benefit

A service, drug, or item that your prescription drug plan covers. Benefits may include office visits, lab tests, procedures, and prescriptions.

Brand-name drug

A drug sold under the name of the company that made it and protected by a patent and can only be sold by the company holding the patent. You can get a brand-name drug either by prescription or over-the-counter. See generic equivalent.

Chronic condition

A long-term, long-lasting condition that may never go away.

Coinsurance, copay

Your share of the costs of a covered prescription. A coinsurance is calculated as a percent of the cost (for example, 20%). A copay is a flat dollar amount you pay for a prescription (for example, \$15).

Coinsurance maximum

This is the most money you will pay in a year for covered prescription drugs.

Cost sharing

Amounts that you have to pay when services are received.

Covered drug

A prescription drug identified as payable under the health plan..

Emergency, medical emergency

A condition that occurs suddenly and unexpectedly and that could result in serious bodily harm or threaten life unless treated quickly. Examples of medical emergencies include loss of consciousness, severe chest pain, convulsions, etc. Symptoms or conditions like the common cold, slight fever, headaches, etc., are not considered life-threatening and do not qualify as a medical emergency.

Formulary drug

A list of commonly prescribed, FDA-approved medication chosen for their clinical effectiveness, safety and cost.

Generic equivalent

An FDA-approved therapeutically equal drug product that has the same active ingredients and is the same in strength, dosage form, and method of administration as the brand-name product.

Home delivery pharmacy (mail service pharmacy, mail order pharmacy)

A pharmacy service that dispenses maintenance prescription drugs by mail.

Mail service pharmacy, mail order pharmacy

See home delivery pharmacy.

Maintenance drug

Prescribed medication that is taken over a long period of time for an ongoing or recurring condition.

Medically necessary

Prescription drugs that are necessary for an illness or injury. Unless otherwise indicated, only medically necessary services are covered under the prescription drug plan.

Medicare

A federal health insurance program for U.S. citizens age 65 or older, certain younger people with disabilities, or persons with end-stage renal disease.

Over-the-counter (OTC) medication

A drug you can buy without a prescription.

Retail pharmacy

An independent pharmacy, a supermarket pharmacy, a chain pharmacy, or a mass merchandiser pharmacy having a state license to dispense medications to the general public at retail prices as a pharmacy. A retail pharmacy does not include a pharmacy that dispenses prescription medications to patients primarily through mail, nursing home pharmacies, long-term care facility pharmacies, hospital pharmacies, clinics,

Specialty pharmacy

A pharmacy that dispenses specialty drugs. These medications are complex or high cost and used for complex conditions.

TRICARE

A health care program of the United States Department of Defense Military Health System.

Urgently needed care

Care provided for a nonemergency, unexpected medical illness, injury, or condition that requires immediate medical care.



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