

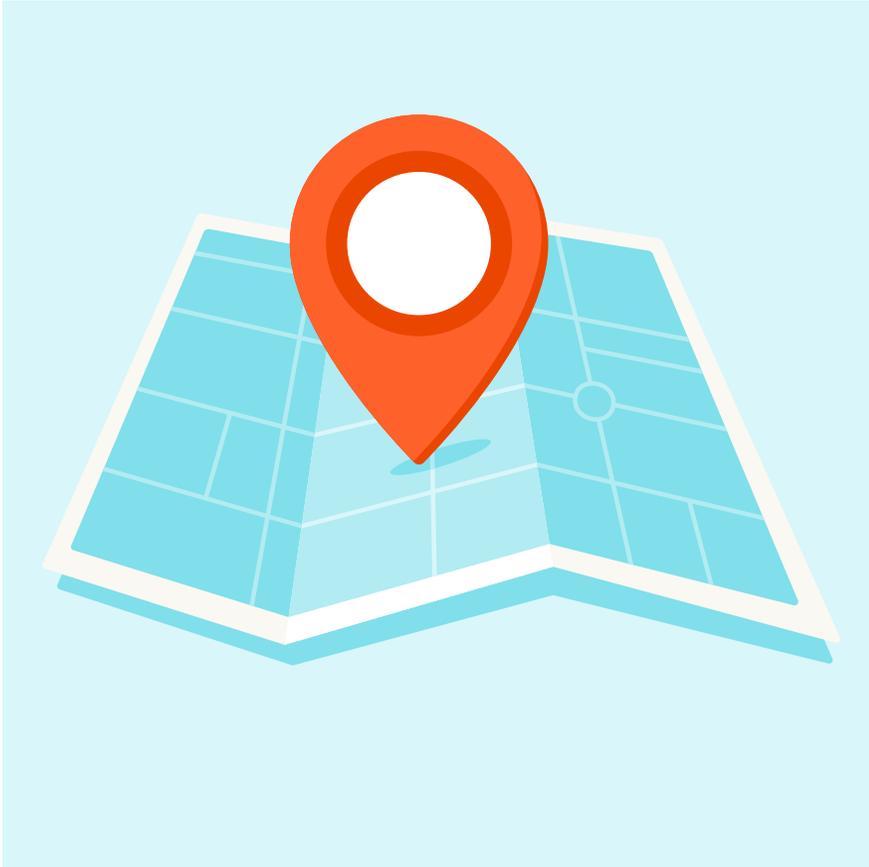


**MICHIGAN OFFICE OF
RETIREMENT SERVICES**
Big Plans. Small Steps.

2026 Prescription Benefit Overview (Non-Medicare Eligible)



Presentation overview



Our goal is to help you understand:

- Key terms and cost share.
- Maximizing the value of your plan.
- Helpful resources.
- How to contact Optum Rx.

Key terms and cost share

Key terms

Tier — Determines your medication cost share.

Cost share — The share of costs of a covered medication that you pay out of your own pocket. This term generally includes coinsurance and copayments, or similar charges.

Coinsurance — The percentage of cost you pay for a covered medication based on tier placement.

Annual coinsurance maximum — The annual drug coinsurance maximum limits the amount you pay for covered medication coinsurance and copays.

Formulary — A list of prescription medications covered by a prescription drug plan. Also called a drug list.

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

Specialty drug — High-cost medications generally not available at retail pharmacies and used to treat complex, chronic, or rare conditions.

Cost share



- When the drug price is less than the plan minimum, you pay the drug price.
- When the drug price exceeds the plan minimum, you pay a percentage of the drug price up to the plan maximum.
- There is no plan maximum for non-preferred drugs and specialty drugs purchased from a non-preferred pharmacy.

Annual coinsurance maximum



- The annual coinsurance maximum limits the amount you pay out of your pocket each calendar year for your prescription medications.
- Your coinsurance maximum in 2026 remains at \$1,750.

Cost share for non-Medicare members*

Type of Drug	31-Day Fill at In-Network Retail Pharmacy	90-Day Fill at In-Network Retail Pharmacy or Home Delivery
Tier 1 — Generic	20%	20%
Tier 2 — Preferred brand	\$15 minimum / \$45 maximum	\$37.50 minimum / \$112.50 maximum
Tier 3 — Non-preferred brand	40% \$15 minimum / <u>No maximum</u>	40% \$37.50 minimum / <u>No maximum</u>
Tier 4 — Preferred specialty	20% \$50 minimum / \$100 maximum	Specialty medications are limited to a 30-day supply.
Tier 5 — Non-preferred specialty	40% \$50 minimum / <u>No maximum</u>	

Tiers 1 & 2

90-day generic or preferred brand example

- You pay 20% up to \$112.50 for generic and preferred brand medications.
- The full amount you pay for generic and preferred brand drugs is applied to your annual coinsurance maximum.
- When you reach the annual coinsurance maximum of \$1,750, you pay \$0 for the remainder of the calendar year.

Drug price = \$1,000

$\$1,000 \times 20\% = \200

$\$200 > \112.50 maximum

You pay \$112.50.

\$112.50 goes toward the annual coinsurance maximum.

Tier 3

90-day non-preferred brand example

- You pay 40% for non-preferred brand medications.
- Only 20% up to a \$112.50 maximum is applied to your annual coinsurance maximum of \$1,750.
- When you reach the annual coinsurance maximum of \$1,750, your copay will be reduced by 20% up to the plan maximum.

Drug price = \$1,000

$\$1,000 \times 40\% = \400

No maximum

You pay \$400.

\$112.50 goes toward the annual coinsurance maximum.

Tier 4

30-day preferred specialty example

- You pay 20% up to \$100 for preferred specialty medications.
- The full amount you pay when purchased at an in-network specialty pharmacy applies to your annual coinsurance maximum.
- When you reach the annual coinsurance maximum of \$1,750, you pay \$0 for the remainder of the calendar year.

Drug price = \$3,000

$\$3,000 \times 20\% = \600

$\$600 > \100 maximum

You pay \$100.

\$100 goes toward the annual coinsurance maximum.

Tier 5

30-day non-preferred specialty example

- You pay 40% for non-preferred specialty medications.
- Only 20% up to a \$45 maximum is applied to your annual coinsurance maximum.
- When you reach the annual coinsurance maximum of \$1,750, your copay will be reduced by 20% up to the plan maximum.

Drug price = \$3,000

$\$3,000 \times 40\% = \$1,200$

No maximum

You pay \$1,200.

\$45 goes toward the annual coinsurance maximum.

Maximizing the value of your plan

Smart savings on medications

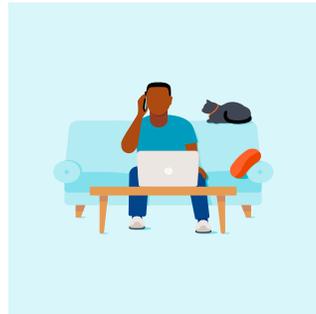
- Choose generic or preferred medications to save on costs.
- Request a 90-day supply after confirming effectiveness.
- Utilize the Optum Rx pricing tool or call the number on the back of your card to find the best medication prices.
- Some retail pharmacies have in-store programs that may offer additional savings.



Personalized service with convenience



Optum Home Delivery: Get your medications delivered to you. Standard shipping is free.



Optum Specialty Pharmacy: Experience convenience and extra clinical support available 24/7.

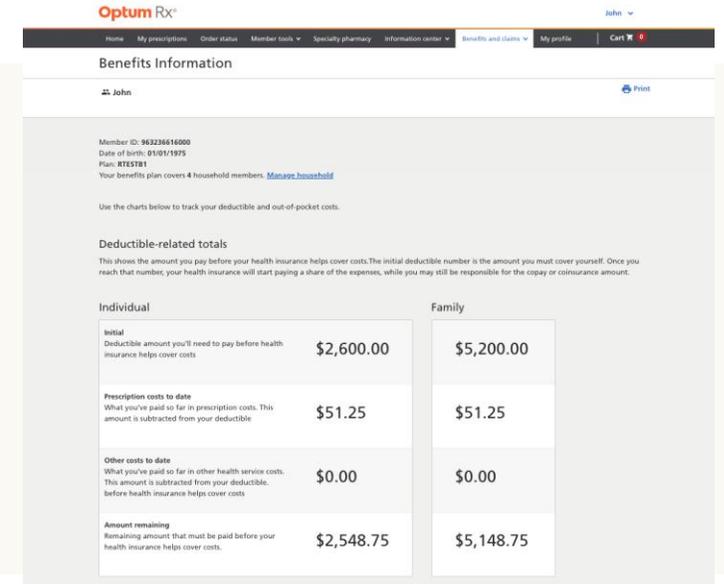
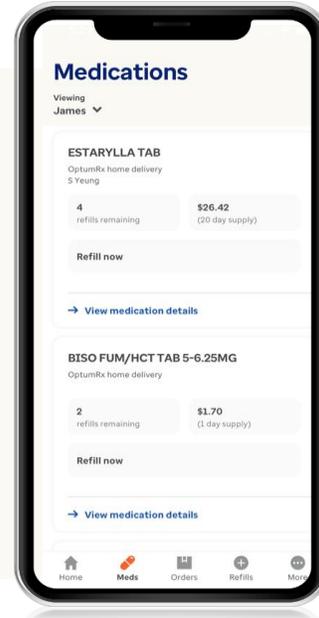
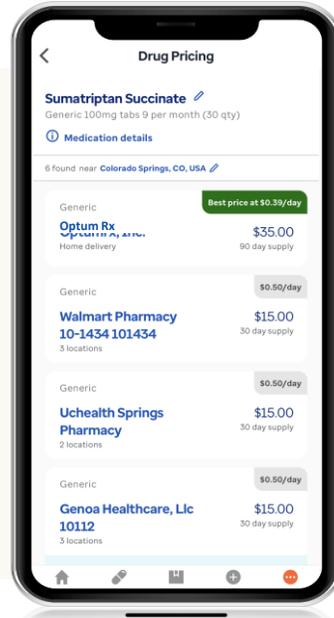
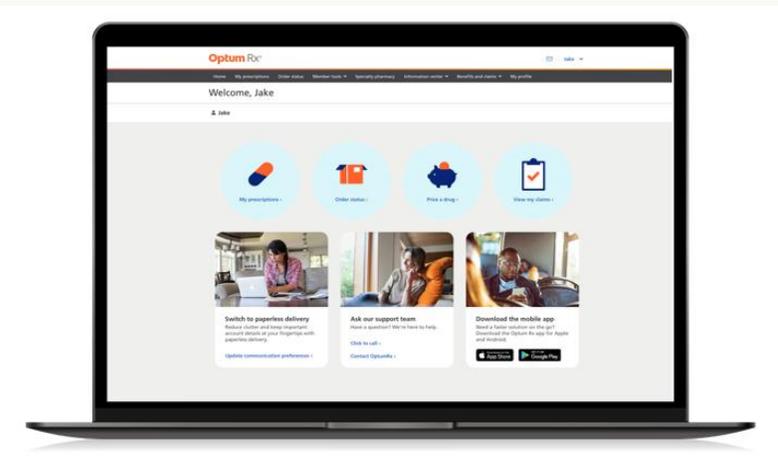


divvyDOSE: Presorted pill packets for all your medications. Ships at no cost.

Helpful resources

Optum Rx member tools

Convenient and easy



Key features



Medication Pricing



Pharmacy locator



Family and caregiver management



Adherence text reminders



Order history and claims details

Contacting Optum Rx customer service

Non-Medicare members: 866-288-5209

www.Optumrx.com





Here to serve.

It's always a pleasure to work with
you.