

# Summary of Benefits 2026

## State Health Plan PPO Medicare Prescription Drug Plan (PDP)

Administered by Optum Rx®

Effective January 1, 2026 – December 31, 2026

### Optum Rx Member Services

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



[optumrx.com/som](https://optumrx.com/som)



Toll-free **1-866-635-5941**, TTY **711**  
24 hours a day, 7 days a week

### Medicare



[medicare.gov](https://medicare.gov)



**Phone (toll-free):** **1-800-MEDICARE (1-800-633-4227)**  
**TTY users:** **1-877-486-2048**  
**Hours of operation:** 24 hours a day, 7 days a week

### 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.

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 Optum Rx at the number shown above 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.

# Optum Rx®



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

The service area for this plan includes all 50 US 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 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 PPO may have, and are entitled to Medicare Part A and enrolled in Medicare Part B.

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 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 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 65,000 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 maintenance medications by changing your 30-day retail supply to a 90-day supply through our Home Delivery pharmacy.

## 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 at **1-866-635-5941**, TTY **711**.

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

This plan offers supplemental coverage (also called WRAP coverage) on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. If you have any questions about your supplemental coverage, you can call Optum Rx at **1-866-635-5941**, TTY **711**.

**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 at **1-866-635-5941**, TTY **711**.

**Important Message About What You Pay for Insulin** - You won't pay more than \$30 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 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 formulary 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 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 at **1-866-635-5941**, TTY **711**.

## **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 "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 us 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 **1-866-635-5941**, 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 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

<b>Stage 1</b> <b>Yearly Deductible</b>	<b>This plan does NOT have a Deductible. This stage does not apply to you.</b>
<b>Stage 2</b> <b>Initial Coverage</b>	<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 \$2,100. 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 \$2,000. Once you reach your enhanced plan out-of-pocket maximum of \$2,000, the plan will pay <b>all</b> of your drug costs for the remainder of the year.</p>
<b>Stage 3</b> <b>Catastrophic Coverage</b>	<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 <b>do</b> reach the calendar year maximum of \$2,100, you enter the Catastrophic Coverage Stage.</p>

	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.
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Administrative Costs		
	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).</p> <p>You may be participating in this payment option.</p>	<p><b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</b></p> <p>To learn more about this payment option, please contact us at <b>1-844-368-8729</b> or visit <b>Medicare.gov</b>.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please call Optum Rx at **1-866-635-5941**, TTY **711**.

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
<b>Tier 1</b>	Most generic drugs are listed under Tier 1 and have the lowest copayments.
<b>Tier 2</b>	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
<b>Tier 3</b>	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.

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)
<b>Cost Sharing Tier 1</b> (Generic Drugs)	\$7	\$14	30-day supply = \$5 60-day supply = \$10 90-day supply = \$14
<b>Cost Sharing Tier 2</b> (Preferred Brand Drugs)	\$15	\$30	30-day supply = \$10 60-day supply = \$20 90-day supply = \$30
<b>Cost Sharing Tier 3</b> (Non-Preferred Brand Drugs)	\$30	\$60	30-day supply = \$20 60-day supply = \$40 90-day supply = \$60
<p>* High-Cost Drugs are defined by CMS as medications with a cost of \$950 or more (for up to a 30-day maximum supply).</p> <p>TRICARE payments do not count toward your out-of-pocket costs.</p>			

**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 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 not met your plan-specific out-of-pocket maximum of \$2,000 but you have met your yearly Part D out-of-pocket limit of \$2,100, you enter the Catastrophic Coverage Stage.

If you reach this Stage, you pay nothing for covered Part D drugs and excluded drugs that are covered under our enhanced benefit.

**Note:** Since your enhanced plan has a lower out-of-pocket maximum of only \$2,000, you will likely never reach the Catastrophic Coverage Stage during the year.

### NOTICE OF NONDISCRIMINATION

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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](https://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](https://hhs.gov/ocr/complaints/index.html).

This notice is available at [optum.com/en/language-assistance-nondiscrimination.html](https://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)، ستوفر 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) សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**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用电话号码。

**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 komunikasyon 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 yáníłt'ígo, t'áá jíik'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxíł hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsos nítł'izí bee nééhoziní bąąh t'áá híik'eh bee hane'í námboo 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.