

All about Medicare Part D

Part D is the prescription drug coverage part of Medicare. The following PEBB plans include Medicare Part D:

- Plans that added Part D for 2025:
 - Kaiser Permanente Northwest Senior Advantage with Part D
 - Kaiser Permanente Washington Medicare Advantage with Part D
 - Uniform Medical Plan (UMP) Classic Medicare with Part D (PDP)
 - UnitedHealthcare PEBB Balance
 - UnitedHealthcare PEBB Complete
- (**Note:** The PEBB Program does not offer standalone Part D plans.)

What drugs does Medicare Part D cover?

Each Part D plan negotiates its own formulary (list of covered drugs). These drugs are grouped into price tiers that usually include preferred and non-preferred generic drugs and brand-name drugs.

All Medicare drug plans generally must cover at least two drugs per drug category (for example, drugs to treat diabetes) but plans can choose which

drugs they will cover. Medicare also has six protected classes of drugs, for which all or nearly all drugs are covered by Part D. They are antidepressants, antipsychotics, anticonvulsants, immunosuppressants (for treatment of transplant rejection), antiretrovirals, and antineoplastics (which includes many oral chemotherapy drugs).

To find how your prescriptions would be covered, use the prescription drug lookup tools provided by the plans:

- Kaiser Permanente Northwest and Washington: kp.org/wa/formulary
- UMP, administered by ArrayRx: arrayrxsolutions.com/ump
- UnitedHealthcare: retiree.uhc.com/wapebb/drug-look-up

Advantages to Medicare Part D plans

Medicare plans that include Part D are subject to the Inflation Reduction Act (IRA) of 2022, which introduced several changes to Part D intended to lower costs, including:

(continued on next page)

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- A yearly out-of-pocket maximum (\$2,000 for 2025).
- Eliminating the “donut hole” gap in coverage. This refers to the cost a member may be expected to pay if they exceed the amount a plan will pay for a certain drug in a plan year but have not yet met their out-of-pocket maximum.
- A six percent limit on yearly base premium increases. Each plan may still adjust their individual premiums, but this limit on the federal base premium prevents steep increases from one year to the next.
- Medicare’s ability to negotiate with drug manufacturers for some costly brand-name drugs. Ten drugs—for conditions including diabetes, heart failure, rheumatoid and psoriatic arthritis, and more—were selected for the first cycle. Negotiated prices go into effect in 2026. Learn more and see the full list on Medicare’s website at [cms.gov](https://www.cms.gov).

In addition to cost advantages, Medicare Part D plans also include some notable member benefits, including:

- Prior authorization and step therapy requirements are generally less restrictive under Part D.

- By law, Part D appeals must be resolved in 72 hours (24 hours for urgent appeals).



In case you were wondering

We’ve gathered questions we often hear from retirees about their benefits. We hope this might answer a question you’ve been wondering about.

What restrictions are there on Medicare Part D?

To be enrolled in a Medicare plan with Part D, you must live in the United States. Medicare Part D does not cover drugs purchased outside the United States and will not reimburse you for any drugs purchased in other countries.

Learn more

Contact your plan at hca.wa.gov/retirees-contact-plan if you have questions about how Medicare Part D affects your covered prescriptions, costs, or pharmacy network.

Sometimes, life changes: When you qualify for a special open enrollment

It's no secret that life can change in an instant, but certain life events can qualify you to change your health plan coverage outside of open enrollment. We call this a special open enrollment (SOE). Examples of qualifying life events are: adding a family member, moving out of a plan's service area, divorcing your spouse or annulling your state-registered domestic partnership, or gaining or losing eligibility for Medicare.

To view a complete list of qualifying life events, visit hca.wa.gov/pebb-retirees, and select *What is a special open enrollment?* under *Manage benefits*.

If I have a qualifying life event, what do I do?

You must report a qualifying life event to the PEBB Program **no later than 60 days** after the event. You can report your SOE by logging in to Benefits 24/7 at benefits247.hca.wa.gov, or you can submit a *PEBB Retiree Change Form* (Form E). In addition, you will need to provide proof of the qualifying event.



What can I change during an SOE?

Depending on your life event, you can change your and your dependents' enrollment in medical, dental, or vision coverage.



Get help

Contact the PEBB Program through HCA Support at support.hca.wa.gov or by calling 1-800-200-1004 (TRS: 711).

Know your health insurance ABCs

Health insurance can feel like its own language. Here's a guide to some common terms to help you feel more confident when reviewing health materials such as bills from your provider or plan documents.



Coinsurance and copayment:

Both terms refer to costs you can expect to pay out of pocket when you receive care. A copayment is a set amount (\$) and a coinsurance is a percentage (%) of the cost a provider charges. For instance, if you visit the emergency room, you may owe a copayment of \$75. If you visit the emergency room and owe a 20 percent coinsurance, and the cost to be seen is \$500, you will pay 20 percent, or \$100.



Formulary (preferred drug list):

The list of prescription drugs your plan covers. Most formularies have tiers, with lower tier drugs generally having a lower cost share than higher tier drugs. If you need a prescription drug that is not part of your plan's formulary or belongs to a higher tier when a lower cost, equally effective alternative is available, you may need prior authorization (see definition).



In network and out of network:

A provider or facility (like a hospital) can be in your plan's network, or outside. If they are in network, the provider or facility has a contract in place with your plan and you can expect to pay a lower rate. If a provider or facility is out of network, you may pay a higher amount than if you were to see an in-network provider.



Prior authorization:




The process of requesting a plan to cover a service or prescription drug if a drug is not part of your plan's formulary (preferred drug list). A prior authorization requires your provider to state that a service or drug is medically necessary and beneficial for you. It lasts for a set amount of time and will need to be renewed periodically (except for a one-time service such as a surgery).

What is your heart telling you?

A common part of a visit to your doctor is to have your blood pressure checked, either with a cuff around your arm or a device on your wrist. The person who is taking your blood pressure tells you that it's this number over that number. You know it's important, but for many of us, we don't know exactly what those numbers mean or if they are bad or good.

What should my blood pressure be?

Blood pressure is measured with two values, systolic (first number) and diastolic (second number), often given as systolic over diastolic (120/80).

-  **Normal blood pressure** is less than 120 systolic and less than 80 diastolic.
-  **Elevated blood pressure** is 120 to 129 systolic and less than 80 diastolic.
-  **High blood pressure**, known as hypertension, is higher than 130 systolic or higher than 80 diastolic.

It's important to address high blood pressure because it can lead to heart attack, stroke, and other health

problems. (“Understanding Blood Pressure Readings,” American Heart Association, [heart.org](https://www.heart.org))

Low blood pressure, also called hypotension, is blood pressure of less than 90 systolic and less than 60 diastolic. It can also cause health problems, including confusion, dizziness, nausea, headaches, fatigue, passing out, and more.

Where can I learn more?

If you are concerned about your blood pressure, consult your doctor. They will be able to look at your blood pressure and if needed, work with you to make a plan to address it. To learn more about blood pressure and how it affects your health, visit the American Heart Association at [heart.org](https://www.heart.org).



Tips for the new year

Make behavioral health a priority

Have you been looking for someone you can talk to? This year, take time to take care of your mental and emotional well-being by learning about your plan's behavioral health services at hca.wa.gov/bh-pebb.

Deductibles start over with the start of the year

If your medical plan has a deductible, it will reset it on January 1. You will be responsible for out-of-pocket costs until you meet your deductible for 2025. For more details about out-of-pocket costs and services that are covered prior to meeting your deductible, you can view your plan's benefits booklet.

You may receive a new ID card

Make sure you have up-to-date ID cards for your plans. If you are enrolled in UMP Classic Medicare with Part D (PDP), Kaiser WA Medicare Advantage with Part D, or Kaiser NW Senior Advantage with Part D, you can expect to receive a new ID card. If you have not received a new ID card, you can find your plan's contact information by visiting hca.wa.gov/retirees-contact-plan to request a card.

Did you name a beneficiary?

You can name any beneficiary you wish for your MetLife retiree life insurance. To name or update a beneficiary, visit MetLife's MyBenefits portal at mybenefits.metlife.com/wapebb. You can also call MetLife at 1-866-548-7139 to request a *Life Insurance Beneficiary Designation form*. **Note:** You must designate a beneficiary when enrolling in retiree life insurance.

You may have new prescription drug coverage

Several PEBB Program retiree plans now offer Medicare Part D prescription drug coverage. See "All about Medicare Part D" on page 1.



Have questions?

Contact your plan directly if you have questions about the topics below. For phone numbers and website links, visit hca.wa.gov/retirees-contact-plan.

- Benefits
- ID cards
- Appeals
- Copayments, coinsurance, deductibles, or claims
- Checking if your provider is in network
- Choosing a provider
- Making sure your prescriptions are covered

Contact the PEBB Program if you have questions about the topics below. Send a secure message through HCA Support at support.hca.wa.gov or call 1-800-200-1004 (TRS: 711) from 8 a.m. to 4:30 p.m. (Pacific), Monday through Friday.

- Eligibility and enrollment
- Updating your name, address, or phone number
- Finding forms
- Premium payments
- Help with Benefits 24/7
- Premium surcharges
- Adding or removing dependents

HCA complies with all applicable federal and Washington State civil rights laws and is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-200-1004 (TRS: 711) or visit hca.wa.gov/about-hca/nondiscrimination-statement.

La HCA cumple con todas las leyes vigentes federales y del Estado de Washington sobre derechos civiles y tiene el compromiso de ofrecer un acceso equitativo a nuestros servicios. Si necesita alguna facilidad, o si requiere documentos en otro formato o idioma, llame al 1-800-200-1004 (TRS: 711) o visite hca.wa.gov/about-hca/nondiscrimination-statement.

Управление здравоохранения (HCA) соблюдает все применимые федеральные законы и законы штата Вашингтон в отношении гражданских прав и обязуется обеспечивать равный доступ к своим услугам. Если вам потребуются специальные услуги или документы в другом формате или на другом языке, позвоните по телефону 1-800-200-1004 (TRS: 711) или посетите сайт hca.wa.gov/about-hca/nondiscrimination-statement.

Here's your **For Your Benefit** newsletter

Sign up for emails


Get the latest news and updates from the PEBB Program.

- ➔ Log in to Benefits 24/7 at benefits247.hca.wa.gov.
- ➔ Select *Profile*, then *Contact information* and add your email address.
- ➔ Check the box next to *Opt-in to receive email notifications*.
- ➔ Select the *Submit* button.

You will receive reminders, general information, and this newsletter electronically.



For Your Benefit is produced for Public Employees Benefits Board (PEBB) retirees.

 Call Customer Service at 1-800-200-1004 (TRS: 711).