

# What PEBB Medicare members need to know about the prescription drug benefit for UMP Classic Medicare with Part D (PDP)



**Contact us  
with any questions**

**ArrayRx**  
Prescription drug benefits  
[ArrayRxSolutions.com/UMP](https://ArrayRxSolutions.com/UMP)

Customer Service:  
**1-833-599-8539 (TTY: 711)**

April – September:  
Monday - Friday 8 a.m. – 8 p.m. (Pacific)

October – March: 7 days a week  
8 a.m. - 8 p.m (Pacific), except for  
Thanksgiving Day and Christmas Day

All times are listed in Pacific Time.



*Presented by*



Benefits described are for  
Public Employees Benefits  
Board (PEBB) members.



## Outpatient prescription drugs

This is information about your Part D prescription drug benefit that is part of your UMP Classic Medicare with Part D (PDP) plan. If the actual cost for a drug is less than the cost-sharing amount for that drug, you will pay the lesser amount. The Evidence of Coverage (EOC) will provide detailed information on the prescription drug coverage. The EOC is part of the UMP Classic with Part D (PDP) Certificate of Coverage (COC). You can view the EOC and the COC at [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP) or call ArrayRx customer service to request a hard copy be sent to you.

	Deductible	Initial Coverage Stage	Catastrophic
Out-of-pocket costs	\$100 (Waived on Tier 1, Tier 2 and Tier 6)	When you (or those paying on your behalf) have spent a total of \$2,000 in out-of-pocket costs	\$0 cost sharing

	0-30 day supply Standard Network Retail or Mail Order pharmacy	31-60 day supply Standard Network Retail or Mail Order	61-90 day supply Standard Network Retail or Mail Order
<b>Tier 1</b> Preferred Generic	\$0	\$0	\$0
<b>Tier 2</b> Generic	\$10	\$20	\$20
<b>Tier 3</b> Preferred Brand	\$40	\$80	\$80
<b>Tier 4</b> Non-Preferred Drug	\$75	\$150	\$150
<b>Tier 5</b> Specialty	\$90	Not Offered	Not Offered
<b>Tier 6</b> Vaccines	\$0	Not Offered	Not Offered

**Important message about what you pay for vaccines:** Our plan covers most Part D vaccines at no cost to you as long as you receive them at a network pharmacy, even if you haven't met your deductible. Call ArrayRx Customer Service for more information.

**Important message about what you pay for Part D insulin:** You won't pay more than \$35 for a one-month supply of each Part D insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't met your deductible.



## **Cost sharing changes when you enter another stage of the Part D benefit**

You begin in the deductible stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs until you have paid \$100 (waived on Tier 1, Tier 2 and Tier 6) for your drugs.

Cost sharing amounts are the same when received from network retail, mail-order, and home infusion pharmacies, as well as if you reside in a long-term care facility. For most maintenance drugs you can receive a 90-day supply when utilizing a network mail-order pharmacy.

During the catastrophic coverage stage, you pay \$0 for covered drugs.

For more information on the different prescription drug coverage stages, please access your Evidence of Coverage online at [ArrayRxSolutions.com/UMP](https://www.ArrayRxSolutions.com/UMP) or contact ArrayRx.

## **Drug cost estimator, drug formulary and network pharmacies**

You can find out if the prescription drugs you take are covered and estimate what you will pay by using the Drug Price Estimator online at [ArrayRxSolutions.com/UMP](https://www.ArrayRxSolutions.com/UMP) or by contacting ArrayRx. You can also view the plan's formulary to see what drugs are covered and locate a network pharmacy using the Pharmacy Locator tool or the Pharmacy Directory. This information can also be found at [ArrayRxSolutions.com/UMP](https://www.ArrayRxSolutions.com/UMP).

## **Part D IRMAA**

Some members may be required to pay an extra charge, known as the Part D Income Related Monthly Adjustment Amount (IRMAA). For more information on the extra amount you may have to pay based on your income, visit <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans>

If you have to pay an extra amount, Social Security will send you a letter telling you what that extra amount will be. You must pay the extra amount to Social Security. It cannot be paid with your monthly plan premium. **If you do not pay the extra amount, you will be disenrolled from the plan and lose prescription drug coverage.**

If you have questions, contact Social Security at 1-800-772-1213 (TTY 1-800-325-0778)

## **Low Income Subsidy (Extra Help)**

You may qualify for Extra Help from Medicare to pay for your prescription drugs through the low-income subsidy program.

You may receive a letter from Medicare or the Social Security Administration about your eligibility for Extra Help. Please read this information carefully. If you do not know what level of Extra Help you qualify for, you can call 1-800-MEDICARE (1-800-633-4227). TTY users, call 1-877-486-2048.

If you are not getting Extra Help and would like to see if you qualify, you can call:

- The Social Security Administration at 1-800-772-1213. TTY users, call 1-800-325-0778;
- Your state Medicaid office; or
- 1-800-MEDICARE (1-800-633-4227). TTY users, call 1-877-486-2048.

### **The Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a new payment option that works with Part D prescription coverage. If you have high out-of-pocket drug costs earlier in the calendar year, this payment option spreads out what you'll pay each month across the calendar year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your prescription drug costs.

When you fill a prescription for a drug covered by Part D, and you are enrolled in the Medicare Prescription Payment Plan, you will pay \$0 at the pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from Moda Health (administrator for ArrayRx).

For more information, visit the Medicare Prescription Payment Plan web page at [Medicare.gov/prescription-payment-plan](https://www.Medicare.gov/prescription-payment-plan). To enroll, go to [ArrayRxSolutions.com/UMP](https://www.ArrayRxSolutions.com/UMP).

### **Additional information**

This information is not a complete description of benefits. Call ArrayRx Customer Service at 1-833-599-8539 for more information or visit us at [ArrayRxSolutions.com/UMP](https://www.ArrayRxSolutions.com/UMP).

ArrayRx Customer Service is available from 8 a.m.–8 p.m. (Pacific Time), seven days a week October 1–March 31 (closed on Thanksgiving and Christmas) and weekdays April 1–September 30. Your call will be handled by our automated phone systems outside business hours.

Moda Health Plan, Inc. is a PDP with a Medicare contract. Moda is the administrator of ArrayRx. Enrollment depends on contract renewal.

## Frequently asked questions

### **Q1: What's the difference between UMP Classic Medicare with Part D (PDP) and the UMP Classic Plan?**

**A:** The UMP Classic Medicare with Part D (PDP) plan has some differences from the current UMP plan. Some main differences are:

- **Formulary:** The list of covered drugs on the UMP Classic Medicare with Part D (PDP) is called a Formulary. The Formulary is approved by the Centers for Medicare and Medicaid Services (CMS). This formulary is different from the UMP Classic plan's Preferred Drug List. Only Part D drugs will be covered under this plan. However, most drugs covered under the UMP Classic Plan's Preferred Drug List will be covered under the UMP Classic Medicare with Part D (PDP) formulary.
- **Drug Tiers:** This plan has different prescription drug tiers than the current UMP plan. There are six tiers on the UMP Classic Medicare with Part D (PDP) Formulary. Your cost sharing for your prescription drug will depend on the tier assigned in the formulary.
- **Cost Share:** With this plan, you pay a copay instead of coinsurance. A copay is a fixed dollar amount that you pay per fill whereas a coinsurance is a percentage of the prescription drug cost. If your prescription drug cost is less than the copay amount, you will pay the lesser amount. For example, if a copay is \$10 and your prescription drug costs \$8, you will pay \$8.

- **Pharmacy Network:** This plan also has a different Pharmacy Network. Most of the pharmacies on UMP's current network are also on the UMP Classic Medicare with Part D (PDP) network. Additionally, drugs purchased outside the U.S. and its territories are not covered.
- **Website:** There is a new website for this plan. Visit [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP) to access resources such as getting an estimate on what you will pay for a prescription drug and finding a network pharmacy. You will also find benefit information and more at this site.
- **Customer Service:** We have a different phone number and hours of operation:
  - 1-833-599-8539 (TTY: 711)
  - April – September: Monday - Friday 8 a.m. – 8 p.m. (Pacific)
  - October – March: 7 days a week 8 a.m. - 8 p.m. (Pacific), except for Thanksgiving Day and Christmas Day

### **Q2: Do we need to pay a separate premium for Part D?**

**A:** No. Your UMP Classic Medicare with Part D (PDP) premium includes the for Part D.

### **Q3: How can I find out if the prescription drugs I take be covered?**

**A:** Find out if the prescription drugs you take are covered by your plan and estimate what you will pay by using the Drug Price Estimator available at [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP)

**Q4: Can I use manufacturer coupons?**

**A:** No, Medicare does not allow manufacturer coupons to be used with a Part D plan. However, copay assistance programs for members who meet income qualifications may be allowed.

**Q5: What pharmacies can I use?**

**A:** The majority of pharmacies that are in the current UMP Medicare Plan network are also in the UMP Medicare with Part D (PDP) plan network. Find network pharmacies using the Pharmacy Locator tool at [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP)

**Q6: Which mail order pharmacies are available?**

**A:** The UMP Classic Medicare with Part D (PDP) pharmacy network has multiple mail order pharmacies. Find network mail order pharmacies using the Pharmacy Locator tool at [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP)

Members currently filling a prescription drug from Costco or PPS can continue filling at these two mail order pharmacies.

**Q7: Who is the specialty pharmacy?**

**A:** The UMP Classic Medicare with Part D (PDP) pharmacy network has multiple specialty pharmacy options. Find network specialty pharmacies using the Pharmacy Locator tool at [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP). If you are currently filling a prescription drug from Ardon Health, you can continue filling with Ardon Health.

**Q8: What happens if I go to a pharmacy that is not a network pharmacy?**

**A:** In most cases, your prescriptions are covered only if they are filled at a network pharmacy. There are limited situations when prescriptions filled outside of the network are covered. Check the Evidence of Coverage for more information on those situations at [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP). You can pay for the prescription and submit a claim to request reimbursement. Claim form is found at [ArrayRxSolutions.com/UMP](http://ArrayRxSolutions.com/UMP). Prescription drugs purchased outside the U.S. and its territories are not covered.

**Q9: I live outside of the US, can I have UMP Classic Medicare with Part D (PDP)?**

**A:** If you have a permanent address outside of the United States or its territories, you will not be eligible for the UMP Classic Medicare with Part D (PDP) plan. Contact PEBB Customer Service at 1-800-200-1004 to find out what options you may have.

Continued.

## Frequently asked questions

### **Q10: Will my coverage determination request (prior authorization) for a prescription drug automatically transfer to the UMP Classic Medicare with Part D (PDP) plan?**

**A:** No, your prior authorizations will not transfer over to the UMP Classic Medicare with Part D (PDP) plan. However, during the first 90 days of your coverage, you can fill up to a 30-day transition supply while your provider submits a request for a coverage determination (prior authorization). You will receive a transition notice that will tell you what your prescriber needs to submit to ArrayRx to request your drug to be covered.

### **Q11: Can I have this plan if I don't have UMP?**

**A:** No, this plan is only available if you select the UMP Classic Medicare with Part D (PDP) plan.

### **Q12: Will I get a new membership card (also called an ID card)?**

**A:** Yes. You will receive a Part D prescription drug membership card (also called an ID card) from ArrayRx. Present this card when you fill your prescription drugs starting January 1, 2025. It's important to inform your pharmacy (retail, mail-order, specialty) that your insurance billing information has changed. You will also be getting a separate ID card from Regence that you will use for your medical services. It's important to keep both cards.

### **Q13: I'm going on vacation and need to refill before I go, what can I do?**

**A:** You may receive two travel overrides per calendar year, including all travel within or outside the U.S. To request a travel override, call ArrayRx at 1-833-599-8539 (TTY: 711) no more than two weeks prior to travel. Please allow adequate time for your request to be processed.





## Multi-Language Insert Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-599-8539. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-599-8539. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-599-8539。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-599-8539。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-599-8539. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-599-8539. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-599-8539 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-599-8539. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-599-8539 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-599-8539. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-599-8539. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-599-8539 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-599-8539. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-599-8539. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1- 833-599-8539. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-599-8539. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-599-8539 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

