

2025 Medicare Part D Phases

Medicare determines the spending limits and how much a person and the plan pays in each benefit phase every year. These annual changes can affect your costs for your prescriptions.

*Please note: the dollar and percentage amounts listed below apply to you in **2025**.*

Deductible phase

You Pay

100% of medication costs until your deductible is met (if your plan has a deductible). A **deductible** is a fixed dollar amount that you pay before your health plan begins to pay for prescription drugs. The deductible amount varies by plan.

Initial coverage phase

(You enter this phase after the deductible is met or immediately if you don't have a deductible)

You (and others on your behalf*) pay

A copayment or coinsurance for your prescription drugs. A **copayment** is a fixed dollar amount. **Coinsurance** is a percentage amount.

We pay

The remaining cost of your prescription drug outside of your copayment/coinsurance.

New for 2025!

\$2000 Out of pocket maximum cap

Once you (or others on your behalf) have paid \$2000 out of pocket, which includes your deductible, copays or coinsurances, you will enter the catastrophic phase.

Catastrophic phase

(You enter this phase after the \$2000 out of pocket maximum cap has been met)

You pay

\$0 for generic and brand drugs.

We pay

The remainder of the drug cost.

You will remain in the catastrophic phase for the rest of the calendar year. To know where you are within the Medicare Part D Phases, please see your Explanation of Benefits (EOB). This monthly report shows what you, the plan, the manufacturer and what others on your behalf paid toward your prescription claims.



* Others that pay on your behalf include but are not limited to: payments made by families and friends, Extra Help from Medicare, charities, NYS EPIC and AIDS drug assistance programs.

For More Information

Refer to your Evidence of Coverage (EOC) for your specific deductible, copayment or coinsurance amounts.

You can also contact Customer Care at 1-877-883-9577 (TTY: 711).

Advocates are available Monday to Friday, 8:00 a.m. - 8:00 p.m.

From October 1 to March 31 advocates are available 7 days a week, 8:00 a.m. - 8:00 p.m.



Univera Healthcare is an HMO plan and PPO plan with a Medicare contract. Enrollment in Univera Healthcare depends on contract renewal.

This information is not a complete description of benefits. Call 1-877-883-9577 (TTY: 711) for more information.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 711)。