

Medicare Part D prescription drug benefit

In 2026, the Medicare Part D prescription drug benefit has three phases and the annual true out of pocket maximum (TrOOP) is \$2,100.

The three phases of the Medicare Part D prescription drug benefit

1

Deductible

If the plan has a deductible*, you pay 100% of the drug cost until the deductible is met. What you pay in the deductible phase applies to TrOOP. Once the deductible is met, you move into the initial coverage phase.

2

Initial coverage phase

You will pay a copay or coinsurance* for your medications during this phase. Payments made by you and others apply to the annual \$2,100 true out-of-pocket maximum (TrOOP). Once the \$2,100 has been met, you move into the catastrophic phase.

3

Catastrophic phase

You pay \$0 for covered Part D drugs until the end of the year.

What applies to TrOOP in 2026?

- Deductible, copay, or coinsurance payments made by the member, family or friends
- Payments made by employer or union health plans
- Payments made by charities
- Payments made by Extra Help from Medicare (i.e. low-income subsidy "LIS")
- Indian Health Service
- AIDS drug assistance programs
- Most State Pharmaceutical Assistance Programs (SPAPs) (e.g., EPIC)

What does not apply to TrOOP in 2026?

- Plan premiums
- Drugs not covered by the Health Plan
- Non-Part D drugs (e.g., drugs received during a hospital stay)
- Manufacturer Discount Program
- Drugs covered by Employer Group Supplemental Drug Coverage (e.g., medications used to treat erectile dysfunction, drugs for cosmetic purposes, or drugs for weight loss/gain)
- Drugs covered by the Veteran's Administration
- Drugs covered by Workers Compensation
- Selected drug subsidy
- TRICARE

Explanation of Benefits (EOB)

The Medicare Part D Explanation of Benefits (EOB) is a monthly report showing what you, the plan, what others on your behalf paid toward your prescription claims and what phase of the benefit you are currently in. You can access your EOB by logging into your member account: **Medicare.UniveraHealthcare.com/Login**



* Refer to your Explanation of Coverage (EOC) to determine your plan's deductible, copays and coinsurance. This information is not a complete description of benefits. Call 1-877-883-9577 (TTY 711) for more information.

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