

2025 Agent Quick Reference Guide



Medicare Prescription Payment Plan

March 2025



Overview

Beginning in 2025, The Centers for Medicare & Medicaid Services (CMS) has introduced the Medicare Prescription Payment Plan, offering members the option to pay \$0 at the point-of-sale for their covered Part D drugs, and instead, pay for their prescriptions through a monthly payment program during the calendar year. This program applies to stand-alone prescription drug plans (PDP) and Medicare Advantage plans with prescription drug coverage (MAPD).

This program doesn't provide any savings to the member. Members will pay the same annual out-of-pocket costs but will have their prescription costs distributed differently.

CMS requires UnitedHealthcare to identify and notify members who are likely to benefit from the program during the plan year:

- Members who were identified as likely to benefit were contacted in late 2024 based on their 2024 prescription usage. For 2025, UnitedHealthcare will contact a member if they incur \$600 or more in out-of-pocket costs for a single covered Part D prescription.
- Members, who owe \$600 or more for a single prescription, should also receive a likely to benefit notice from their pharmacy at the point-of-sale.
- Agents aren't required to mention or explain this program and are encouraged to direct members with questions or issues to contact Member Services.

How the Medicare Prescription Payment Plan works

If a member opts into the Medicare Prescription Payment Plan, they'll no longer pay the pharmacy when they fill their covered Part D drug prescriptions. The plan will pay the pharmacy on the member's behalf and send the member a monthly bill for their prescription drug costs.

- The member will continue to receive a separate bill for their monthly plan premium if they have one.
- The Medicare Prescription Payment Plan doesn't lower drug costs or save members money. It may be helpful for members who want to spread the payment of their drug costs across the remaining months of the year.
- The program doesn't remove any plan deductible the member may be responsible for. Instead, that deductible amount will be considered when determining the member's monthly invoice.

How does a member opt into the Medicare Prescription Payment Plan?

Members can opt into the program after they've enrolled in any Medicare Part D plan (MAPD or PDP). This includes before their plan's effective date (during AEP, for example) and at any time throughout the remainder of the calendar year. Election requests during the plan year will be processed within 24 hours of receipt.

Any Medicare Part D member or their legal representative can opt into the program by completing an election request form with their plan. The opt in process can be completed:

- **Over the phone** by calling Member Services
- **Online** (Member Portal > Pharmacy & Prescriptions > Medicare Prescription Payment Plan)
- **By paper form mailed to:**

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770

New members and members switching plans will need to wait until after their enrollment is approved before they can opt into the Medicare Prescription Payment Plan. **If a member is opted into the program and changes plans, they will need to request to opt in again with their new plan.**

Can an agent or a pharmacist opt members into the Medicare Prescription Payment Plan?

No. Members enrolled into an MAPD or PDP plan can opt into the program starting any time during the plan year by calling Member Services, visiting the member website or mailing in the election request form.

Are members required to participate in the Medicare Prescription Payment Plan?

No. Participation in the Medicare Prescription Payment Plan is voluntary and may not be a good fit for everyone.

Can a member leave the Medicare Prescription Payment Plan after they've joined?

Yes. Members can opt into or out of the program at any time throughout the year. If a member leaves the program, they're still required to pay their outstanding balance and will continue to receive monthly invoices with the amount owed. Their Medicare drug coverage and other Medicare benefits won't be affected, and they'll go back to paying the pharmacy directly for all their drug costs.

Are all prescription drugs included in the Medicare Prescription Payment Plan?

All Medicare Part D-covered prescription drugs are included in the Medicare Prescription Payment Plan. If a member opts into the Medicare Prescription Payment Plan, all their Medicare Part D drugs will be in the program. Medicare Part B drugs and bonus drugs aren't eligible to be included in the program. Off-benefit drugs, paid for with a discount card or covered by a patient assistance program (PAP), are also not included.

Who is likely to benefit from the Medicare Prescription Payment Plan?

The program is for members who have high out-of-pocket prescription drug costs earlier in the year and want to spread out their payments.

The program might be a good fit for members who:

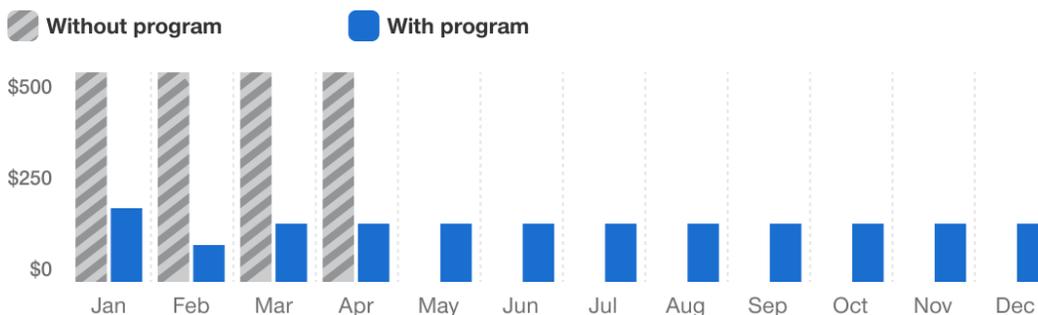


High Fit

- Have high covered Part D drug costs
- Will hit the \$2,000 annual out-of-pocket maximum amount before September
- Want to spread their covered Part D drug costs throughout the rest of the year

In this example from CMS, rather than paying \$500 out-of-pocket per month for the first 4 months of the year for a covered Part D drug, a program participant would pay \$181.32 per month over the course of the calendar year. This is only one example of how the program would work. Each person's situation will depend on their plan's structure and their personal prescription needs.

Monthly payments:



The program might not be a good fit for members who:

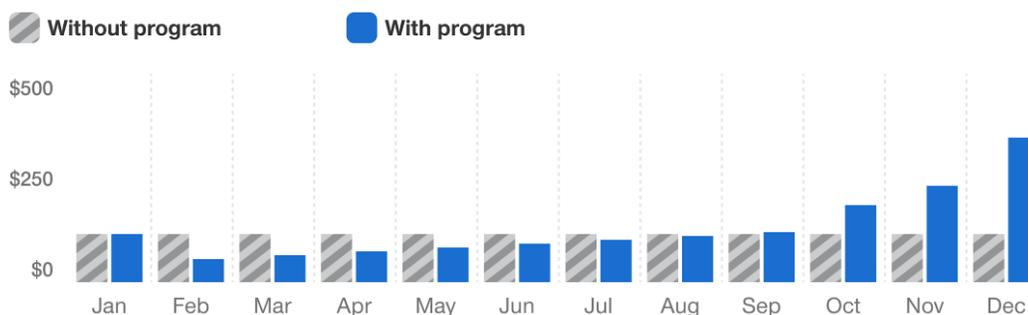


Low Fit

- Have low covered Part D drug costs that are the same each month
- Are not likely to hit the \$2,000 annual out-of-pocket maximum
- Qualify for Extra Help or another government program to help save on their covered Part D prescription drug costs

In this example from CMS, a person whose covered Part D prescription drugs always cost \$55 out-of-pocket per month would not reach the \$2,000 out-of-pocket maximum for the year. In this scenario, they would end up paying less at the beginning of the year but more at the end. Each member's circumstances will differ.

Monthly payments:



How are monthly bills calculated in the program?

All Medicare prescription drug plans use the same formula to calculate monthly payments under the Medicare Prescription Payment Plan. Members won't pay any interest or fees on the amount they owe, even if their payment is late. **A member's monthly bill will be based on what they owe for their prescriptions divided by the number of months left in the year.** Payments can change from month-to-month as a member continues to fill their prescriptions at the pharmacy.

What happens if a member participating in the Medicare Prescription Payment Plan switches plans or insurance providers and has an unpaid balance?

If a member decides to switch plans or insurance providers, their participation in the program will end and they're still required to pay their balance. They can pay the remaining balance in full or continue to pay their monthly bills through the end of the year. If a member's plan year ends in December, for example, they'll receive a bill in January. If a member has an unpaid balance, they'll continue to receive monthly bills until the balance is paid in full.

A member can rejoin the program through their new plan or insurance provider. It's possible a member could be paying Medicare Prescription Payment Plan bills from 2 plans or insurance companies at the same time. If a member has a past due balance, they won't be able to rejoin the program with the same insurer until their past due balance is paid.

What happens if a member doesn't pay their Medicare Prescription Payment Plan bill?

If a member doesn't make their monthly payments, they'll receive a notice of late payment. Members will have up to 2 months to make a payment for a past due balance before they'll be removed from the Medicare Prescription Payment Plan. They can only rejoin the program after they pay their outstanding balance.

They should always pay their plan premium first. A member's monthly plan premium payment will never be applied to an outstanding Medicare Prescription Payment Plan balance. It's important that members always send separate payments for their program bills and their premium. They should never send one check with combined payments. Payments should always be sent separately.

If a member has questions about their bill or making a payment, please refer them to or help them contact Member Services.

How can a member make a payment?

A member can choose to make a payment:

- Online in their member portal by credit or debit card
- Through the mail by check
- By automatic debit via electronic funds transfer

A member can setup auto-pay for their outstanding monthly bill amount but should be aware the amount they owe can change from month-to-month. They'll get a bill before their payment is automatically deducted. Payments take place on or around the 20th of each month and cannot be deducted from a member's Social Security check.

What communications can a member expect to receive regarding the Medicare Prescription Payment Plan?

- **A likely to benefit notice:** A standard model document, required to be sent by CMS, explaining the program that all members will receive
- **An educational flyer:** An insert explaining the program sent with the member's ID card mailing and the election request form
- **An election request form:** A paper form members receive in their Welcome Kit or with the likely to benefit notice that they can use to opt into the plan

If a member opts in, they may receive the following:

- **A request for more information:** A letter a member may receive if their election request form was incomplete
- **An enrollment confirmation notice:** A letter a member will receive after they're successfully accepted into the program
- **A notice of program rejection:** A letter a member will receive if they aren't eligible for the program
- **A monthly program bill:** A bill that shows how much the member owes for that month
- **A notice of late payment:** A letter explaining that a member has a past-due payment
- **A notice of involuntary termination:** A letter explaining that a member has been removed from the program for failure to pay
- **A notice of voluntary termination:** A letter confirming a member's choice to leave the program
- **A notice of program reinstatement:** A letter explaining a member has been accepted back into the program after paying their outstanding balance

Additional Resources:

UnitedHealthcare member education page: [What is the Medicare Prescription Payment Plan?](#)

Medicare.gov education page: [What's the Medicare Prescription Payment Plan?](#)

Medicare.gov decision tool: [Will this payment option help me?](#)