



# UnitedHealthcare Member Medicare Prescription Payment Plan Communications

## Overview

- The Medicare Prescription Payment Plan offers members the option to pay \$0 at the point-of-sale for their Part D drugs, and instead, pay for their prescriptions through a monthly payment program during the calendar year.
- UnitedHealthcare is required by CMS to proactively reach out to members who may be a good fit for the program once their coverage begins.
- A member can expect to receive the following communications:
  - **A likely to benefit notice:** A standard model document, required to be sent by CMS, explaining the program that all members will receive. See page two for a sample view of this communication.
    - UnitedHealthcare contacted existing members who were identified as likely to benefit in late 2024 based on 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, a member should also receive a notice from their pharmacy
  - **An educational flyer:** An insert explaining the program that will be 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.

## Key Objectives

- Help members understand their plan prescription payment options and help them determine if the Medicare Prescription Plan is a good fit for their needs.

## Other Communications

- If a member opts in, they may receive the following:
  - A request for more information
  - A notice of late payment
  - An enrollment confirmation notice
  - A notice of involuntary termination
  - A notice of program rejection
  - A notice of voluntary termination
  - A monthly program bill
  - A notice of program reinstatement

Likely to Benefit Notice



Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan

You might benefit from participating in the Medicare Prescription Payment Plan because you have high drug costs.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January – December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option for drugs covered by Part D. All plans offer this payment option and participation is voluntary.

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan, and you won't pay any interest or fees on the amount you owe, even if your payment is late.

Will this payment option help me?

It depends on your situation. 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), so you don't have to pay out-of-pocket costs to the pharmacy. This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. Visit medicare.gov/basics/costs/help/drug-costs to learn about programs that can help lower your drug costs.

How will my costs work?

The prescription drug law caps your out-of-pocket costs at \$2,000 in 2025. This means you'll never pay more than \$2,000 in out-of-pocket drug costs in 2025. This is true for everyone with Medicare drug coverage, even if you don't join the Medicare Prescription Payment Plan.

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the

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costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket drug costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

How do I know if this payment option might not be the best choice for me?

This payment option might not be the best choice for you if:

- Your yearly drug costs are low
- Your drug costs are the same each month
- You're considering signing up for the payment option late in the calendar year (after September)
- You don't want to change how you pay for your drugs
- You get or are eligible for Extra Help from Medicare
- You get or are eligible for a Medicare Savings Program
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage

Who can help me decide if I should participate?

- Your health or drug plan:** Visit your plan's website, or call your plan to get more information. If you need to pick up a prescription urgently, call your plan to discuss your options.
- Medicare:** Visit medicare.gov/prescription-payment-plan to learn more about this payment option and if it might be a good fit for you.
- State Health Insurance Assistance Program (SHIP):** Visit shiphelp.org to get the phone number for your local SHIP and get free, personalized health insurance counseling.

How do I sign up?

Visit your health or drug plan's website, or call your plan to start participating in this payment option at any time during the plan year.

Need this information in another format or language?

To get this material in other formats like large print, braille, or another language, contact your Medicare drug plan at the phone number on your member ID card. If you need help contacting your plan, call Medicare at 1-800-633-4227. TTY users can call 1-877-486-2048.

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Election Request Form



Medicare Prescription Payment Plan Participation Request Form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them 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 drug costs.

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.



Scan this code to save time and complete your request online.

Complete all fields unless marked optional.

First name	Last name	Middle initial (optional)	
Medicare number			
Birth date (MM/DD/YYYY) ( / / )	Phone number ( )		
Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness)			
City	County (optional)	State	ZIP code
Mailing address, if different from your permanent address (P.O. Box allowed)			
Address	City	State	ZIP code

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. My plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the terms and conditions listed below.
- My plan will send me a letter to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature	Date
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Participation terms and conditions

If your request is approved:

- You will no longer pay the pharmacy when you fill your Medicare-covered Part D prescriptions. Your plan will pay your cost share and send you a monthly bill.
- You understand that your Medicare Prescription Payment Plan monthly billing amounts may vary.
- You understand that failing to pay your Medicare Prescription Payment Plan monthly bill in full may result in your removal from the program.
- You may opt out of this program at any time and go back to paying the pharmacy directly for your Medicare-covered Part D medications. You will still be responsible to pay any outstanding Medicare Prescription Payment Plan balance.

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under state law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name	Address (street, city, state, ZIP code)
Phone number ( )	Relationship to participant

How to submit this form

Submit your completed form to:  
UnitedHealthcare  
P.O. Box 30770  
Salt Lake City, UT 84130-0770

Questions? We're here to help.

Call Customer Service at the toll-free number for members on your member ID card.