

2026 Agent Quick Reference Guide

Part D Overview



2026 Program

The Inflation Reduction Act (IRA) introduced significant changes to Medicare Part D in 2025, focusing on reducing the costs for prescription drugs for people with Medicare as well as the Federal Government. These IRA provisions continue into 2026, which put more financial responsibility on plan sponsors and as a result consumers may see changes to their pharmacy benefit structure, including the addition of coinsurance and increase in deductibles.

In 2026, the structure of the Part D benefit will also be updated based on the CMS Rate Notice. These updates include increasing the maximum deductible to \$615 (\$590 in 2025) and increasing the out of pocket-maximum to \$2,100 (\$2,000 in 2025)

It is important that you are informed on these changes and other details outlined in this document to help members understand how they may be impacted and be prepared to support them.

UnitedHealthcare Part D Changes in 2026



Increasing deductibles on the majority of MAPD plans and adding an Rx deductible (\$130) to the Preferred* PDP.



Shifting drugs on Tiers 3 and 4 from copays to coinsurance. The majority of MAPD plans will see the shift for drugs on both Tiers 3 and 4, while the Preferred PDP will see the shift for Tier 3 drugs.



MAPD and PDP formularies will be adjusting drug coverage to align with market competitiveness.

** AARP Medicare Rx Preferred Plans in US territories are filed as Defined Standard with a full \$615 deductible and 25% coinsurance for all covered drugs.*



Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. 2026 benefits are subject to final regulatory approval and may not be communicated to consumers or members prior to Oct. 1, 2025. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit, or delete any portion without express permission of UnitedHealth Group. 09162025 v2

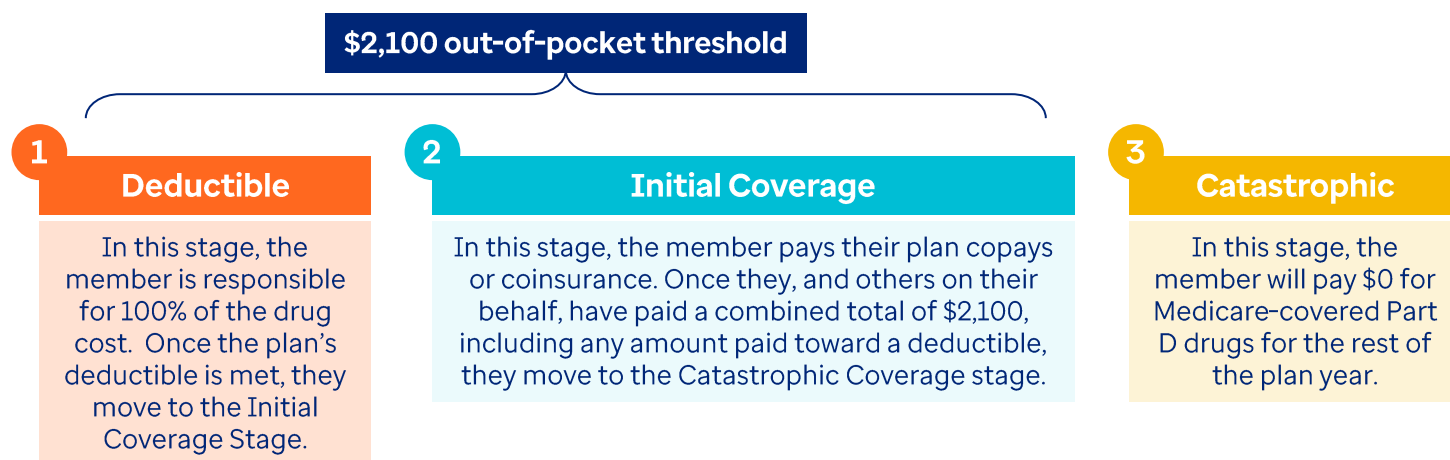


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2026 Drug Benefit Parameters

Members on MAPD or PDP plans have three drug coverage stages. In 2026, the maximum deductible increased to \$615 (\$590 in 2025) and the out of pocket-maximum is \$2,100 (\$2,000 in 2025). Once someone reaches the Catastrophic coverage stage, they owe \$0 for the remaining plan year for Medicare covered Part D drugs.



Part D Benefit Tier Structure

Beginning in 2026, both PDP and MAPD plans will process non-formulary exceptions on Tier 4. This is a change from 2025 where MAPD non-formulary exceptions processed on Tier 5.

Tier 1	Copay	Preferred Generic: Lower-cost, commonly used generic drugs
Tier 2	Copay	Generic: Many generic drugs
Tier 3	Coinsurance	Preferred Brand / Covered Insulins: Many common brand name drugs, called preferred brands, and some higher-cost generic drugs
Tier 4	Coinsurance	Non-Preferred Drug: Non-preferred generic and brand name drugs (Non-formulary exception tier)
Tier 5	Coinsurance	Specialty Tier: Unique and/or very high-cost drugs





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UnitedHealthcare offers 4 nationwide formularies, two under the Medicare Advantage product line, the Comprehensive and Chronic Care, and two within the Part D standalone space, the Preferred and Saver. Managing the formulary (removing or adding drugs, implementing utilization management programs) helps allow UnitedHealthcare to continue offering stable benefits and premiums. There will be formulary changes taking place January 1, 2026.

Medicare Advantage		Part D Standalone	
Comprehensive	Chronic Care	Preferred	Saver
Non-SNP HMOs, PPOs, I-SNPs, D-SNPs and Plans Designed for Duals	C-SNPs	AARP Medicare Rx Preferred	AARP Medicare Rx Saver
<i>A broad formulary covering a wide range of generic and brand drugs</i>	<i>Includes the same covered drugs as the Comprehensive formulary, with select chronic heart medications and diabetic supplies on a lower tier</i>	<i>The most robust PDP formulary with many more drugs in a lower tier when compared to the Saver formulary</i>	<i>Aligns with the competitive landscape</i>

Negotiated Drugs

As part of the Inflation Reduction Act, the Secretary of Health and Human Services (HHS) is required to negotiate prices with drug companies on certain drugs covered under Part D starting in 2026. The following drugs will have negotiated prices reflected starting January 1, 2026.

Drug	Condition
Januvia	Diabetes
Farxiga	Diabetes; Heart failure; Chronic kidney disease
Enbrel	Rheumatoid arthritis; Psoriasis; Psoriatic arthritis
Jardiance	Diabetes; Heart failure; Chronic kidney disease
Stelara	Psoriasis; Psoriatic arthritis; Crohn's disease; Ulcerative colitis
Xarelto	Blood thinner
Eliquis	Blood thinner
Entresto	Heart failure
Imbruvica	Blood cancers
Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill	Diabetes





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What is Coinsurance?

The member's share of the total cost of a covered prescription drug, calculated as a percentage of the cost of the prescription. For example, if the member's coinsurance is 25% and the total prescription cost is \$100, the member would pay \$25, and their insurance would pay the remaining \$75.

Example of How Coinsurance Works

2026 Plan has \$615 deductible on Tier 3-5 drugs.

- Tier 3 Drug Cost: \$800
- Tier 3 Coinsurance: 20%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2026 Member Cost Share	\$652	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$38.75	\$0	\$0	\$0	\$1,810.75

January Prescription Cost Breakdown:

Total drug cost: \$800

Deductible: \$615

→ Member pays this full amount first.

Remaining cost after deductible:

$\$800 - \$615 = \$185$

Coinurance (20% of \$185): \$37

Total Member Out-of-Pocket Cost:

Deductible: \$615

Coinurance: \$37

Total: \$652

February Prescription Cost Breakdown:

Total drug cost: \$800

Deductible: Already met in January

Coinurance (20% of \$800): \$160

Total Member Out-of-Pocket Cost:

Coinurance only: \$160

The member is now in the **Initial Coverage** stage and will continue paying 20% for Tier 3 drugs until they reach the \$2,100 out-of-pocket max for 2026.



Reminder

Some members may pay less than \$2,100 out-of-pocket due to how their true out-of-pocket maximum is calculated.





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Part D Overview**How does TrOOP work?**

- ✓ True Out-of-Pocket (TrOOP) is the out-of-pocket drug costs that accumulate during the deductible and initial coverage stages. It is also used to determine when a member enters a new coverage stage.
- ✓ For 2026, the true out-of-pocket maximum is \$2,100. Once a member reaches that amount, they enter the Catastrophic Stage, where they will pay \$0 for Medicare covered Part D drugs.
- ✓ TrOOP costs are calculated based on the plan year and are reset each January 1. Each MAPD and PDP plan submits a record of the member's drug spend and TrOOP levels to CMS.
- ✓ When a member switches plans mid-year, either to a different plan by the same sponsor, their TrOOP accumulation follows and determine what drug coverage stage they will be in on the new plan.

30-Day Supply Limitations

Covered Part D drugs on Tiers 4 and 5 are limited to a 30-day supply. Products in unbreakable packages (e.g. Prolia) will continue to be dispensed in quantities larger than 30-day supplies and members will be responsible for the coinsurance on that tier.

2026 Arkansas PBM Law

Beginning January 1, 2026, members residing in Arkansas may not have the ability to fill their prescriptions at any PBM owned pharmacies, which includes Optum Rx owned pharmacies. They will no longer have preferred mail coverage options through Optum Home Delivery Pharmacy and Optum Rx specialty pharmacies. Members residing in Arkansas will continue to have other mail order pharmacies as an option, though, through a standard mail order benefit.





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Part D Overview**How can you support your members?**

During the sales conversation, take a moment to walk the member through an estimate of their monthly drug costs by adding their medications to the plan. This simple step can go a long way in preventing any surprises at the pharmacy when they fill their prescriptions for the first time in the plan year.

Drug Cost Estimator (DCE)

- Accounts for coinsurance values
- Shows estimated monthly and annual costs
- Education on how the monthly figures are calculated



Click here or follow the path in Jarvis > Quick Access > Drug Cost Estimator

Medicare Product Portal

- Explore prescription coverage with UnitedHealthcare Medicare Advantage Plans
- Compare prescription benefits side-by-side
- Learn your local support team



Click here or follow the path in Jarvis > Quick Access > Medicare Product Portal

Member Education Materials

We have educational materials available to you and members.

- Rx deductible video available on YouTube
- Part D Education Landing Page available on uhc.com
- Medicare Made Clear: Extra Help Article available on uhc.com
- Benefit Flyers and Brochures
- Social Media posts
- Clarity Guide
- Medicare Made Clear Presentation

2026 Part D Program National Webinar

This webinar will cover key changes to the Part D program, including drug stages, cost sharing, the True Out-of-Pocket (TrOOP), the Medicare Prescription Payment Plan and additional resources.



Click here or follow the path in Jarvis > Knowledge Center > Agent Training > National Webinar Calendar

