

## 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 Medicare Advantage Prescription Drug (MAPD) plans and adding an Rx deductible (\$130) to the Preferred\* Prescription Drug Plan (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.*



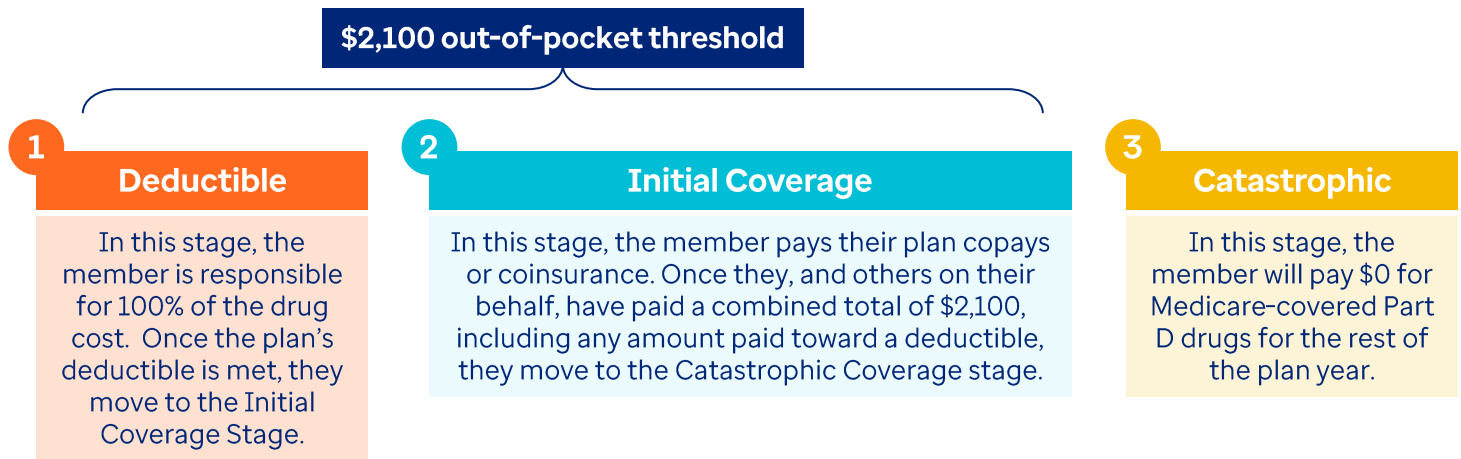


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### 2026 Drug Benefit Parameters

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.

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





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**Part D Overview****Formulary Offerings**

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
<b>Non-SNP HMOs, PPOs, I-SNPs, D-SNPs and Plans Designed for Duals</b>	<b>C-SNPs</b>	<b>AARP Medicare Rx Preferred</b>	<b>AARP Medicare Rx Saver</b>
<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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**Part D Overview****Medicare Part D Extra Help/Low Income Subsidy (LIS)**

Extra Help members do not pay the plan deductible like other non-LIS members, but they may still pay costs during the deductible stage based on CMS rules.

**What does this mean?**

- ✓ A \$0 deductible under Extra Help means there is no deductible to satisfy before coverage applies; it does not remove Extra Help cost-sharing.
- ✓ Extra Help has its own cost-sharing rules. Those rules still apply even when the deductible is \$0, so the member may owe the applicable Extra Help cost-sharing for each prescription unless they are institutionalized.

**Florida, Texas and Washington Specific Note**

The 6 plans below have \$0 copays for Tier 1 and Tier 2 drugs. However, Tier 2 drugs are subject to the plan's deductible. **The \$0 Tier 2 cost share applies after the member meets the deductible and enters the initial coverage stage.**

- H1045 039 000 – UHC Dual Complete FL D002 (HMO POS D-SNP)
- H2509 002 000 – UHC Dual Complete FL D006 (HMO POS D-SNP)
- H4514 023 000 – UHC Dual Complete TX D002 (HMO POS D-SNP)
- H4527 057 000 – UHC Dual Complete TX Q2 (HMO POS D-SNP)
- H5008 019 000 – UHC Dual Complete WA Q2 (HMO POS D-SNP)
- H5322 025 000 – UHC Dual Complete TX D007 (HMO POS D-SNP)

**What will members with LIS in these 6 plans experience?**

1. Members will pay \$0 on Tier 1 drugs (no deductible, no cost share).
2. Members may pay their Extra Help cost share for Tier 2 drugs, depending on where they are at in their TrOOP. Once their TrOOP reaches the plan deductible, Tier 2 drugs will dispense at \$0.
3. Tier 3-5 drugs will have a cost share according to the LIS level.





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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
<b>2026 Member Cost Share</b>	\$652	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$38.75	\$0	\$0	\$0	<b>\$1,810.75</b>

### January Prescription Cost Breakdown:

Total drug cost: \$800

Deductible: \$615

→ Member pays this full amount first.

Remaining cost after deductible:

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

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

### Total Member Out-of-Pocket Cost:

Deductible: \$615

Coinsurance: \$37

Total: \$652

### February Prescription Cost Breakdown:

Total drug cost: \$800

Deductible: Already met in January

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

### Total Member Out-of-Pocket Cost:

Coinsurance 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.



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

## 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.





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### What is TrOOP?

True Out-of-Pocket (TrOOP) is the out-of-pocket drug costs that accumulate during the deductible and initial coverage stages and determines when a beneficiary will reach the \$2,100 TrOOP limit. Amounts paid towards the Rx Deductible, copays and coinsurance for covered Part D drugs, and any payments for drugs made by certain programs and organizations, e.g. Medicare Part D Extra Help Program, will be included in the TrOOP.

- ✔ For 2026, the 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 for the rest of the plan year.
- ✔ TrOOP costs are calculated based on the plan year and are reset each January 1<sup>st</sup>. 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, including to a different plan by the same sponsor, their TrOOP accumulation follows and determines what drug coverage stage they will be in on the new plan.

### What drugs and payments do not apply to TrOOP?

- Monthly premiums
- Part D non-formulary drugs
- Part B drugs
- Drugs purchased via a discount card 'off-benefit' e.g. GoodRx
- Bonus drugs
- TRICARE
- Federal Government programs
- Non-qualified State Pharmaceutical Assistance Program (SPAPs)

### Can a member reach the TrOOP without paying \$2,100?

TrOOP does NOT necessarily mean "only the money the member personally pays." Certain approved payments made on the member's behalf that Medicare allows count toward the TrOOP limit. **The member will be able to see this information on their Explanation of Benefits (EOB) as well as on the member portal.**

### What happens when the member reaches the Catastrophic Coverage Stage?

As members fill prescriptions during the year, certain drug costs add up toward the yearly TrOOP. Once the member reaches the Catastrophic Coverage Stage, Part D covered drugs are \$0 for the remainder of the plan year, Bonus drugs will continue to have a copay, monthly premiums will continue, and any prior authorizations/quality limits will still apply.





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### If there is a formulary exception, would the cost then go toward the TrOOP?

Yes. For members who have been granted a formulary exception, the medication is deemed covered under the plan and therefore any cost-shares for that drug would count towards TrOOP.

### What happens if a member changes their Part D plan mid-year?

If a member switches plan mid-year the TrOOP will carry over.

Scenario: A member switched Part D plans mid-year. Both plans have a deductible and coinsurance.

#### Plan A: Effective 1/1

- Deductible: \$300 on Tiers 3-5
- Tier 4 Drug Cost: \$1,000
- Tier 4 Coinsurance: 40%

#### Plan B: Effective 3/1

- Deductible: \$500 on Tiers 3-5
- Tier 4 Drug Cost: \$1,000
- Tier 4 Coinsurance: 40%

Plan A	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2026 Member	\$580	\$400	-	-	-	-	-	-	-	-	-	-	\$980.00
2026 TrOOP	\$711.25	\$400	-	-	-	-	-	-	-	-	-	-	\$1,111.25

Plan B	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2026 Member	-	-	\$400	\$400	\$188.75	-	-	-	-	-	-	-	\$988.75
2026 TrOOP	-	-	\$400	\$400	\$188.75	-	-	-	-	-	-	-	\$2,100

Deductible \$300 + remaining drug cost  $\$700 \times 40\%$   
 $\$300 + (\$700 \times 0.40) = \$580$

Member brings over \$1,111.25 TrOOP spend, which exceeds the deductible on the new plan. This member will start in the Initial Coverage Stage.

★ Members will carry over the TrOOP when switching to MAPD and PDP regardless of the type of plan and carrier.

### How can I provide a yearly Part D cost breakdown to my member?

The Drug Cost Estimator on Jarvis will help breakdown the member's yearly Part D cost-share by showing the monthly estimated costs when entering the member's prescriptions.



**Click here** or follow the path in Jarvis to learn more about the Drug Cost Estimator.

Jarvis > Knowledge Center > Reference Guides > Sales Tools Guides





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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

