2027 Agent Quick Reference Guide

Part D Overview

Benefit and formulary changes will impact how members access and use their prescription drug benefits. This guide highlights key updates and considerations to help you understand the changes, communicate them effectively and support members in navigating their Part D coverage with confidence.

UnitedHealthcare Part D Changes in 2027

★ Medicare Advantage with Prescription Drugs (MAPD)

- Non-SNP Tier 3-5 deductibles will increase to $641 on average
- Tier 3 coinsurance will increase to an average of 21%
- Drugs on Tier 1-3 will be available in 3-month supplies, which is 100-day supply

★ Prescription Drug Plan (PDP): Preferred and Saver

- Tier 1 drugs are $0 when using a preferred network pharmacy
- Most generic drugs tied to Star Ratings move to Tier 1
- Tier 2 copays are an average of $5
- Drugs on Tier 1-3 will be available in 3-month supplies, which is 100-day supply

The Medicare GLP-1 Bridge Program

CMS has introduced a temporary Medicare GLP-1 Bridge Demonstration Program that allows eligible Medicare beneficiaries to access certain covered GLP-1 medications prescribed for weight loss.

The program is administered directly through Medicare and not through Part D plans.

- ✓ Applies only to approved GLP-1 medications prescribed for weight loss indications
- ✓ Eligible members who are approved for the program will pay a flat $50 copay per covered prescription
- ✓ The $50 copay does not count toward the member's Part D deductible or the TrOOP
- ✓ Medicare Part D Extra Help (Low-Income Subsidy) benefits cannot be used
- ✓ This is not a Part D benefit, so members cannot leverage the Medicare Prescription Payment Program
- ✓ Direct member question to medicare.gov/coverage/weight-loss-drugs for more information and assistance

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2027 Drug Benefit Parameters

Members on Medicare Advantage Prescription Drug plans or on a Part D standalone plan have three drug coverage stages, which are established by CMS. Plan sponsors can decide how much a deductible will be as well as set the copay and coinsurance values during the Initial Coverage Stage.

$2,400 out-of-pocket maximum

1 Deductible	2 Initial Coverage	3 Catastrophic
In this stage, the member is responsible for 100% of the drug cost. Once the plan's deductible is met, they move to the Initial Coverage Stage.	**In this stage, the member pays their plan copays or coinsurance.** Once the member, and others on their behalf, have paid a combined total of $2,400, they move to the Catastrophic Coverage stage.	**In this stage, the member will pay $0 for Medicare-covered Part D drugs for the rest of the plan year.**

Part D Benefit Tier Structure

UnitedHealthcare organizes medications that are covered into cost levels, called Tiers.

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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2027 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.

Medicare Advantage		Part D Standalone	
Comprehensive	**Chronic Care**	**Preferred**	**Saver**
Non-SNP HMO, PPO, I-SNP, C-SNP, D-SNP and Plans Designed for Duals	**Standard C-SNP and IE-SNP**	**AARP Medicare Rx Preferred**	**AARP Medicare Rx Saver**
A broad formulary covering a wide range of generic and brand drugs	*Includes the same covered drugs as the Comprehensive formulary, with select chronic heart medications and diabetic supplies on a lower tier*	*The most robust PDP formulary that has the most generic drugs tied to Star Ratings in tier 1**	*Competitive relative to other carriers with the most generic drugs tied to Star Ratings in tier 1**

2027 Formulary exceptions

For MAPD and PDP members who are granted approval for a non-formulary medication by UnitedHealthcare, these drugs process on Tier 4.

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.

**Based on number of covered Part D drugs on the Preferred plan vs. Saver plan*

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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.

Coinsurance Example

A member fills a prescription that costs $250. The coinsurance for the drug is 20%.

- The member pays $50 (20% of $250)
- The health plan pays $200 (80% of $250)

Copay vs Coinsurance Comparison

Copay	Coinsurance
Fixed amount	Percentage of cost
Example: $15 every fill	Example: 20% of drug cost
Doesn’t change with drug price	Changes with drug price

How can members view their prescription costs?

Members can access the member site to view their plan coverage, benefits and current prescription drug payment stage, helping them better understand their healthcare costs.

- Through the Pharmacies & Prescriptions section of the member site, members can review estimated drug costs, track their year-to-date prescription spending and explore opportunities to save on medications.

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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 $2,400 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.

- TrOOP is calculated on a calendar-year basis and resets on January 1 each year.
- A member's accumulated TrOOP follows them when they change Part D plans during the year and may affect the coverage phase when they enter with the new plan.

What counts towards the TrOOP?

Deductible amounts, copayments, coinsurance for covered Part D drugs and certain payments made by approved assistance programs, including Extra Help (LIS).

What does not count towards the TrOOP?

Monthly premiums, non-formulary Part D drugs, Part B drugs, medications purchased outside the Part D benefit (such as through discount programs like GoodRx), bonus drugs and other excluded costs.

Can a member reach the TrOOP without paying $2,400?

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, Medicare covered Part D 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.

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.

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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
2027 Member	$580	$400	-	-	-	-	-	-	-	-	-	-	$980.00
2027 TrOOP	$775	$400	-	-	-	-	-	-	-	-	-	-	$1,175

Plan B	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2027 Member	-	-	$400	$400	$400	$25	-	-	-	-	-	-	$1225
2027 TrOOP	-	-	$400	$400	$400	$25	-	-	-	-	-	-	$2,400

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

CMS 2027 standard Part D deductible at $700, plus the Manufacturer Discount Program amount: 25% of $300 = $75
$700 + $75 = $775

Total for 2027:
The member paid $2205 total with Plan A + Plan B
The TrOOP was met in June

★ 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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UnitedHealthcare is committed to supporting both you and your members every step of the way. Explore the resources below to help you navigate conversations, answer questions and deliver a great member experience.

Find a Plan: Add prescriptions, review plan costs and compare options side-by-side to help members choose the right plan.

Click here *or follow the path to access the tool: Jarvis > Homepage*

Sales Tool Guides: Learn how key tools can help streamline your workflow, improve member conversations and support enrollment decisions.

Click here *or follow the path to access the guides: Jarvis > Knowledge Center > Reference Guides > Sales Tools Guides*

Drug Cost Estimator: Estimate prescription drug costs and help members better understand their medication expenses.

Click here *or follow the path to access the tool: Jarvis > Homepage*

2027 Part D Training: Help build your knowledge of Medicare Part D changes and connect with our training team through national webinars.

Click here *or follow the path to register: Jarvis > Knowledge Center > Agent Training > National Webinar Schedule*

How can you support your members with understanding the Part D program?

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 helping preventing any surprises at the pharmacy when members fill their prescriptions for the first time in the plan year.

Encourage members to use the member site to track prescription costs and drug stages, helping them make informed plan decisions.