



# NAVITUS MEDICARERX (PDP) 2025 SUMMARY OF BENEFITS University of California

## UC High Option Supplement to Medicare Plan

This Summary of Benefits, for your enrollment in the UC High Option Supplement to Medicare plan, explains some of the features of the University of California Navitus MedicareRx Prescription Drug Plan (PDP); however, it does not list every benefit, limitations, or exclusion. To get a complete list of your benefits, please refer to your 2025 Evidence of Coverage, which is available on the website at <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare> (once you are enrolled). Or contact Navitus MedicareRx Customer Care toll-free at 1-833-837-4309 (TTY/TDD users should call 711). Calls to these numbers are free. Members can call Customer Care 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Included in this mailing is information on how to access your Evidence of Coverage, Drug List and Pharmacy Directory, on the website at <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare>.

**Important:** Existing members will not receive a new ID card each year. The ID card will only be mailed to new enrollees. If you need a replacement card, please contact Customer Care with your request. The number is listed on the back cover.

This plan, Navitus MedicareRx (PDP), offered by Dean Health Insurance, Inc., is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment depends on contract renewal.

  
MedicareRx (PDP)

## Important Contact Information

**Navitus MedicareRx (PDP) Customer Care** – 1-833-837-4309 (TTY/TDD users should call 711). Calls to these numbers are free, and available 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day. Customer Care has free language interpreter services available for non-English speakers.

Pharmacies can also reach Navitus Customer Care 24 hours a day, 7 days a week.

**Navitus MedicareRx (PDP) Website and Member Portal** - [www.Medicarerx.navitus.com](http://www.Medicarerx.navitus.com) or <https://www.uchealthplans.com/medicare>. Use this portal to access the most up to date drug list, pharmacy directory, and to review the current year's benefit booklets. If you have not already, you will need to register with this website in order to access your specific and updated information if it is your first time visiting the Member Portal.

**Navitus Prescriber Portal** – <https://prescribers.navitus.com>  
Your primary care physician or prescribing physician can use this portal to access your Formulary and initiate a Prior Authorization on your behalf.

**Navitus Network Pharmacy Portal** - <https://pharmacies.navitus.com>  
Your pharmacy can use this portal to access your Formulary.

**University of California** – For information regarding premiums or enrollment options, contact the UC Retirement Administration Service Center (RASC) at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.). Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific).

**Centers for Medicare & Medicaid Services (CMS)** - CMS is the Federal agency that administers and regulates Medicare. For information on Medicare benefits only (not related to your supplemental/retiree plan), we recommend reviewing CMS's *Medicare & You* booklet. This booklet is mailed out in September to all Medicare households by CMS. You can also sign up to get this handbook electronically at [MyMedicare.gov](http://MyMedicare.gov), or order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free, and you can call 24 hours a day, 7 days a week.

# Navitus MedicareRx (PDP) Summary of Benefits 2025

## Part D Prescription Drugs

The benefit information provided summarizes what we cover and what you pay. Your cost sharing may differ based on the pharmacy's status as preferred/non-preferred, mail order, long-term care, home infusion, one-month or extended-day supplies, and what stage of the Medicare Part D benefit you're in. For more information on the additional pharmacy-specific cost-sharing, the stage of the benefit, or a complete description of benefits, please call us or access your Evidence of Coverage online at [www.medicarerx.navitus.com](http://www.medicarerx.navitus.com) or <https://www.uhealthplans.com/medicare>. New members will need their ID card prior to registering on the portal.

## Yearly Deductible Stage:

This stage does not apply to you because this plan has no deductible for Part D drugs.

## Initial Coverage Stage:

During this stage, the plan pays its share of the cost of your drug, and you pay your share of the cost. The table below shows your cost share in each of the plan's drug tiers and shows your payment responsibility until the Initial Coverage Limit reaches \$2,000.

| Drug Tier | Tier Description   |
|-----------|--|
| \$0       | Select Generics (not all dosages of these drugs are covered at the Select Generics cost share) |
| 1         | Preferred generics and some lower cost brand products  |
| 2         | Preferred brand products and some higher cost non-preferred generics                           |
| 3         | Non-preferred products (could include some higher cost non-preferred generics)                 |
| 4         | Specialty products   |

| Drug Benefits UC High Option Supplement to Medicare                            | Member Pays  |
|--|--|
| <b>Outpatient Prescription Part D Drugs</b>                                    | <b>In-Network</b>  |
| Non-Part D Extra Covered Drug Options (Prescription Required)                  | Cough/Cold<br>Vitamins/Minerals<br>Erectile Dysfunction (ED) |
| Part D Deductible  | \$0  |
| Drug Plan Out-of-Pocket Amount   | <b>\$1,000</b> 2   |
| Part D True Out-of-Pocket (TrOOP) Amount (to move into the Catastrophic Stage) | \$2,000  |
| Retail Day Supply  | 30 Day   |
| Mail Order Day Supply  | 90 Day   |

**2 High Option Supplement plan members:** Once you reach the \$1,000 drug plan out-of-pocket maximum, you are no longer responsible for a copay or coinsurance for prescription drugs until the next calendar year begins. Out-of-pocket costs for Non-Part D Extra Covered Drugs apply toward the \$1,000 out-of-pocket maximum but not the TrOOP.

| Drug Benefits UC High Option Supplement to Medicare          | Member Pays   |
|--|---|
| <b>Part D Drugs Retail Standard – Initial Coverage Stage</b> | <b>In-Network</b><br>(up to a 30-day supply)            |
| Select Generics  | \$0 copay   |
| Tier 1 Drugs   | \$15 copay  |
| Tier 2 Drugs   | \$35 copay  |
| Tier 3 Drugs   | \$50 copay  |
| Tier 4 Drugs   | \$35 copay  |
| <b>Part D Drugs Mail Order - Initial Coverage Stage</b>      | <b>In-Network</b><br>(up to a 90-day supply)            |
| Select Generics  | \$0 copay   |
| Tier 1 Drugs   | \$30 copay  |
| Tier 2 Drugs   | \$70 copay  |
| Tier 3 Drugs   | \$100 copay   |
| Tier 4 Drugs   | A long-term supply is not available for drugs in Tier 4 |

| Select Retail Pharmacy Cost Sharing *               | Select Retail (up to 30 days) | Select Retail (31–60 days) | Select Retail (61–90 days) |
|---|-------------------------------|----------------------------|----------------------------|
| <b>Tier 1 Drugs</b> - from Select Retail Pharmacies | \$15 copay                    | \$30 copay                 | \$30 copay                 |
| <b>Tier 2 Drugs</b> - from Select Retail Pharmacies | \$35 copay                    | \$70 copay                 | \$70 copay                 |
| <b>Tier 3 Drugs</b> - from Select Retail Pharmacies | \$50 copay                    | \$100 copay                | \$100 copay                |

\* Select Retail includes the following retail pharmacies: UC Medical Center retail pharmacies, Costco, CVS, Vons/Safeway, Walmart, and Walgreen

**Catastrophic Coverage Stage:**

After your yearly out-of-pocket drug costs reach \$2,000 for Part D drugs, pay \$0 cost sharing.

| Part D Drugs - Catastrophic Stage | In-Network<br>(up to a 90-day supply) | In-Network<br>(up to a 90-day supply) |
|-----------------------------------|---------------------------------------|---------------------------------------|
| Select Generics                   | \$0 copay                             | \$0 copay                             |
| Generic Drugs                     | \$0 copay                             | \$0 copay                             |
| Brand-Name Drugs                  | \$0 copay                             | \$0 copay                             |

**Additional Cost Sharing Information**

- Your drug copay or coinsurance may be less based on the cost of the drug and the coverage stage you are in.
- Your plan will allow up to a 30-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS (Non-extended Day Supply)** on the formulary are not available for an extended supply (greater than a one-month supply) at retail, mail-order, or specialty pharmacies.
- If you reside in a long-term care facility, you receive a 31-day supply for a 1-month copay/coinsurance.

Certain preventive drugs are available on the drug list for a \$0 copayment.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

**Extra Covered Drug Benefits:**

| Drug List Cost Sharing  | Network Pharmacy<br>(up to 30 days) | Network Pharmacy<br>(31–60 days) | Network Pharmacy<br>(61–90 days) |
|---|-------------------------------------|----------------------------------|----------------------------------|
| <b>Part B Diabetic Supplies</b> (Navitus MedicareRx will coordinate benefits, if submitted after Medicare Part B pays primary, including lancets, blood sugar diagnostics, calibration solutions and glucometers) | \$0 copay                           | \$0 copay                        | \$0 copay                        |

- **Smoking Cessation Drugs:** Your plan includes coverage for smoking cessation drugs prescribed by a physician. See the Drug List for a complete list of drugs covered.
- **Transgender Changes or Gender Identity Disorder Drugs:** You pay the applicable drug tier copay under retail or mail order. See the Drug List for a complete list of drugs covered.
- **Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under Part D drug coverage. Your UC drug plan provides coverage for both Part B and Part D vaccines at no cost when purchased at a network pharmacy. You also have coverage for vaccines administered at a physician's office, however the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your UC drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines covered by Part D. A list of Part D covered vaccines is included on your drug list.

- **Coverage for Out of Country Drugs:** Outpatient prescription drugs are not covered by Medicare Part D plans when they are filled by pharmacies outside of the United States. Your UC plan provides coverage for outpatient prescription drugs when all of the following apply:

- ✓ You remain a permanent resident of the United States while you are out of country, *and*
- ✓ The drug is approved by the Food and Drug Administration (FDA), *and*
- ✓ The drug would be a covered drug by your plan if the drug was filled by a pharmacy located within the United States.

When you receive coverage for outpatient prescription drugs filled at a pharmacy outside the United States, you will need to pay the full cost of the drug and request that we reimburse you for our share. Your share of a covered outpatient drug will be your coinsurance or copayment amount. Please see “How to ask us to pay you back” for detailed instructions, which can be found in the Evidence of Coverage, Chapter 5, Section 2.

### **Restricting brand name drugs when a generic version is available**

The Drug List indicates what you will pay for your drug. A generic drug is the same as a brand-name drug in dosage, safety, and strength. When a generic drug is available and you or your prescriber choose the brand-name drug, you must pay the applicable brand copay plus the difference between the cost of the brand-name drug and the generic equivalent. With prior authorization request, an exception for medical necessity can be made and you pay the Tier 3 (non-preferred) applicable copay and the cost sharing penalty will be waived.

This Dispense as Written (DAW) cost-sharing penalty will not exceed the cost of the medication.

**Note:** The difference between the cost of the brand drug and the generic (DAW penalty) does not accumulate toward the UC High Option Supplement to Medicare Annual Prescription Maximum Out-of-Pocket.

### **Non-Part D Extra Covered Drugs (Prescriptions Required) - Refer to your Drug List:**

| <b>Drug List Cost Sharing</b>               | <b>Retail &amp; Mail Order</b><br>(up to 30 days) | <b>Retail</b><br>(31–60 days) | <b>Retail</b><br>(61-90 days) | <b>Mail Order</b><br>(31-90 days) |
|---|---|-------------------------------|-------------------------------|-----------------------------------|
| <b>Tier 1</b><br>Non-Medicare Covered Drugs | \$15 copay  | \$30 copay                    | \$45 copay                    | \$30 copay                        |
| <b>Tier 2</b><br>Non-Medicare Covered Drugs | \$35 copay  | \$70 copay                    | \$105 copay                   | \$70 copay                        |
| <b>Tier 3</b><br>Non-Medicare Covered Drugs | \$50 copay  | \$100 copay                   | \$150 copay                   | \$100 copay                       |

For a complete description of benefits, call Customer Care at 1-833-837-4309 or 711 for TTY users, or access the Evidence of Coverage on <https://Memberportal.navitus.com> or <https://www.uchealthplans.com/medicare>.

## **Additional Coverage Information**

More detailed plan information is provided in your Evidence of Coverage. You can also access these documents online at <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare>. You can ask for information regarding the Evidence of Coverage, Drug List or Pharmacy Directory by calling Navitus MedicareRx Customer Care at 1-833-837-4309 or TTY/TDD users should call 711, 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

### **Additional Help for Medicare called “Extra Help”**

Programs are available to help people with low or limited income and resources pay for prescriptions. If you qualify, your Medicare prescription plan costs for your drug costs at the pharmacy and the amount of your premium (there are four different premium levels, and it does not include any Part B premiums) will be less. Once you are enrolled in Navitus MedicareRx, Medicare will tell us how much assistance you will receive, and we will send you information on the amount you will pay for your prescriptions.

If you think you may qualify for Medicare’s “Extra Help” program, call Social Security 1-800-772-1213 between 8 am and 7 pm, Monday through Friday, to apply for the program. TTY/TDD users should call 1-800-325-0778. You may also be able to apply at your State Medical Assistance or Medicaid Office. If you qualify for extra help, we have included a letter in your packet called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider. For more information on how to get help with drug plan costs, see Chapter 2, section 7 of your Evidence of Coverage.

### **Coverage Determination**

If your physician prescribes a drug that is not on our drug list, is not a preferred drug, or is subject to additional utilization rules (see below), you may ask us to make a coverage exception. In addition, if Navitus MedicareRx ever denies coverage for your prescriptions, we will explain our decision. You always have the right to appeal our decision or ask us to review a denied claim.

For certain drugs, you or your prescriber need to get approval from the plan before we will agree to cover the drug for you. This is called “**prior authorization**”. Sometimes, the requirement for getting approval in advance helps guide the appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan.

A requirement to try a different drug first is called “**step therapy**.” Trying a different drug first encourages you to try less costly but usually just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan may cover Drug B.

For certain drugs, you may be limited in the amount of the drug you can have by limiting the quantity of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. A requirement that limits the quantity of a drug you can get filled is called “**quantity limits**”.

### **Creditable Drug Coverage**

Creditable drug coverage is as good as Medicare’s standard prescription drug coverage. Creditable coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage. A late enrollment penalty is imposed on individuals who do not maintain

creditable coverage for any period of 63 days or longer after being first eligible for the Medicare Part D benefit.

### **Income Related Monthly Adjustment Amount (IRMAA)**

If your modified adjusted gross income (MAGI), as reported on your IRS tax return from 2 years ago, was above a certain amount, you will pay an extra amount in addition to your monthly plan premium. For more information on the extra amount you may have to pay based on your income, visit <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>. Less than 5% of people with Medicare are affected, so most people will not pay a higher premium. For more information, see Chapter 1, Section 4 of the Evidence of Coverage.

### **Network Pharmacies**

The first step to filling your prescription is deciding on a participating network pharmacy. We have network pharmacies nationwide where you can obtain your prescriptions as a member of our plan. There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal. Go to <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare>). To access the pharmacy search tool, click on *Pharmacy Search* on the top navigation bar. You can ask about network pharmacies or request a pharmacy directory mailed to you by calling Navitus MedicareRx (PDP) Customer Care. The number is listed on the back cover.

Select Retail pharmacies in our network allow you to get a long-term supply of drugs for a reduced copayment. For these Select Retail pharmacies, you will only be charged twice your 1-month retail copayment for a 90-day supply. You can take advantage of this benefit by visiting one of the participating Select Retail pharmacies which include the UC Medical Center retail pharmacies, Costco, CVS, Vons/Safeway, Walmart, or Walgreens.

In the event of an emergency where you are not able to utilize a network pharmacy, an out-of-network pharmacy may be able to fill your prescription. Your plan will allow up to a 30-day supply of medication at an out-of-network pharmacy.

### **Recommended Mail Order Pharmacy**

Our mail-order service offers an easy way to get up to a 90-day supply of your long-term or maintenance medications. You can use any contracted network mail-order pharmacy you like; currently, the recommended one is Costco Mail Order Pharmacy. You can reach Costco Mail Order Pharmacy by calling 1-800-607-6861 or visiting their website, [pharmacy.costco.com](http://pharmacy.costco.com).

Using the recommended mail-order pharmacy allows you to have your medications delivered to your home, and in some cases, at a lower rate than if you purchased them at a retail pharmacy.

Note: Costco Mail Order Pharmacy use does not require a Costco Warehouse membership.

### **Recommended Specialty Pharmacy**

You can use any contracted specialty pharmacy you like; however, Navitus recommends Lumicera Specialty Pharmacy for providing the best home-delivery service and rates on specialty drugs. You can contact Lumicera's Customer Care at 1-855-847-3553 (TTY/TDD 711). There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal. Go to <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare>.



### **Refilling Prescriptions at a New Pharmacy**

If you want to switch to a new pharmacy, automatic prescription refill transfers do not happen. Please give your Navitus ID card to your *new* pharmacy and let them know which pharmacy the prescription refills are located at and the medication names/strengths. Your *new* pharmacy can work with the previous pharmacy to see if these refills can be transferred. Some prescriptions may not be allowed to transfer, and in that case, your prescriber will need to write a new prescription.

### **Supplemental Coverage**

Supplemental Coverage, or Wrap coverage, is provided as part of your prescription benefit. This supplemental coverage may pay for prescription drugs even when Medicare does not cover them. However, you will still be responsible for paying your copayments or coinsurance.

## **General Information**

### **What will I pay for Navitus MedicareRx (PDP) premiums?**

Your coverage is provided through a contract with your former employer. Please contact the UC Retirement Administration Service Center (RASC) at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.). Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific) for information about your UC 2025 plan premiums.

### **Where is Navitus MedicareRx (PDP) available?**

The service area for Navitus MedicareRx (PDP) includes all 50 states, including Puerto Rico, the U.S. Virgin Islands, and Guam. The service area excludes American Samoa and the Northern Mariana Islands. You must live in the service area to join Navitus MedicareRx (PDP). If you reside outside the service area, you are not eligible to enroll in Navitus MedicareRx (PDP).

If you plan to move out of the service area, please contact the RASC at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.). Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific). You will need to opt out of the Navitus MedicareRx (PDP) plan and enroll in another Medicare Part D plan available in your new service area.

It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5 of your Evidence of Coverage.

### **Who is eligible to join?**

You, your spouse, and dependents are eligible to join if you qualify for your plan's Medicare retiree coverage through Navitus MedicareRx; you are enrolled in Medicare Parts A and B; and you live in the service area. Your premium for Medicare Parts A and B must be paid in order to keep your Medicare Parts A and B coverage and to remain a member of this plan. Your premium for Medicare Parts A and B must be paid in order to keep your Medicare Parts A and B coverage and to remain a member of this plan. If you are leaving our service area, please make sure to coordinate with the University of California so that you do not experience any interruptions in your coverage. To ensure a smooth enrollment, make sure UC has your most up-to-date information and that it matches your Social Security information.

### **How do I know which medications the Navitus MedicareRx (PDP) Formulary covers?**

The Navitus MedicareRx (PDP) Formulary lists drugs selected to meet patient needs. Navitus MedicareRx

(PDP) may periodically make changes to the Formulary. In the event of CMS-approved non-maintenance changes to the Formulary throughout the plan year, Navitus MedicareRx (PDP) will notify you. Additionally, you may log in to the website at <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare> to view the Drug List.

### **Does my plan cover Medicare Part B or Part D drugs?**

Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the Drug List. The drugs on the Drug List are selected by Navitus MedicareRx with the help of a team of doctors and pharmacists. The list must meet specific requirements set by Medicare. Medicare has approved the Navitus MedicareRx Drug List. The supplemental portion of your plan covers some additional drugs that are not part of the standard Medicare Part D drug list.

### **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a service Navitus MedicareRx (PDP) offers. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. There is no cost to you to participate in the MTM Program. If you have questions concerning our MTM Program please contact our Navitus MedicareRx Customer Care number on the back cover. For additional information regarding Medication Therapy Management, please refer to Chapter 3, Section 10, of your Evidence of Coverage.

### **What are my protections in the plan?**

All Medicare prescription plans agree to stay in the program for a full year at a time. Each year, your employer group decides whether to continue for another year. If a plan decides not to continue, they must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription coverage in your area.



**Please call Navitus MedicareRx (PDP) for more information about this plan.**

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Pharmacies can call Navitus MedicareRx 24 hours a day, 7 days a week.

**Navitus MedicareRx (PDP) Website and Member Portal:**

- **Current members:** You may access our website and Member Portal by going <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare>.
- **New members:** Once you receive your ID card, first time users can register at <https://Memberportal.navitus.com> or <https://www.uhealthplans.com/medicare>.

For more information about **Medicare**, call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov).