NAVITUS MEDICARERX (PDP) OFFERED BY STATE OF MONTANA BENEFIT PLAN (STATE PLAN)

You're enrolled as a member of Navitus MedicareRx.

This material describes changes to our plan's costs and benefits next year.

As a member of an employer group plan, you can only make changes to your Medicare coverage (with limited exceptions) based on the requirements set by your employer group. Before making any changes to your Navitus MedicareRx coverage, contact your employer group.

- After you have contacted your employer group and still want to change to a **different plan**, visit www.Medicare.gov or review the *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage.* Get a copy at www.medicarerx.navitus.com, or call Customer Care at 1-866-270-3877 (TTY users call 711).

This document explains the changes to your plan. For more information about costs, benefits, or rules, please review the Evidence of Coverage, which is located in the member portal at www.medicarerx.navitus.com. You may also call Customer Care to ask questions or to request that we mail you *the* Evidence *of Coverage*.

- **Your 2026 Open Enrollment for State of Montana is from October 23rd through November 8th, 2025.**
- **It is important to notify the State Plan if you want to opt out of Navitus MedicareRx (PDP).**

About Navitus MedicareRx

- Navitus MedicareRx (PDP), offered by Dean Health Insurance, Inc., is a prescription drug plan with a Medicare contract. Enrollment in Navitus MedicareRx depends on contract renewal.
- When this document says "we," "us," or "our," it means Navitus MedicareRx.
- Starting January 1, 2026, you'll get your drug coverage through Navitus MedicareRx. Go to Section 4 for more information about how to change plans and deadlines for making a change.

More Resources

- We can also give you information in alternate formats (e.g., braille, large print, audio) as applicable.
- This document is available for free in Spanish.
- Please contact our Customer Care number at 1-866-270-3877 for additional information. (TTY/TDD users should call 711.) Hours are 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Table of Contents

Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for Navitus MedicareRx in several important areas. **Please note this is only a summary of costs**.

	2025 (this year)	2026 (next year)
Monthly plan premium* Your coverage is provided through your employer group. See Section 2.1 for details.	Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. **Contact the State of Montana Health Care & Benefits Division for premium information**	Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. **Contact the State of Montana Health Care & Benefits Division for premium information**
Part D drug coverage deductible (Go to Section 2.3 for details.)	**$0**	**$0**
Part D drug coverage (Go to Section 2.3 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	**Cost sharing during the Initial Coverage Stage:** **Drug Tier 1:** You pay $15 copayment **Drug Tier 2:** You pay $50 copayment **Drug Tier 3:** You pay 50% coinsurance **Drug Tier 4:** You pay 50% coinsurance **-OR-** You pay $50 copay *only* when filled at the State Plan's Preferred Specialty Pharmacy	**Cost sharing during the Initial Coverage Stage:** **Drug Tier 1:** You pay $15 copayment **Drug Tier 2:** You pay $50 copayment **Drug Tier 3:** You pay 50% coinsurance **Drug Tier 4:** You pay 50% coinsurance **-OR-** You pay $50 copay *only* when filled at the State Plan's Preferred Specialty Pharmacy

	2025 (this year)	2026 (next year)
	Drug Tier $0: You pay $0* *Specific guidelines apply **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.	**Drug Tier $0:** You pay $0* *Specific guidelines apply **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Navitus MedicareRx in 2026

If you do nothing to change your Navitus MedicareRx (PDP) coverage between your Open Enrollment dates of October 23, 2025, through November 8, 2025, this means starting January 1, 2026, you will continue getting your prescription drug coverage through Navitus MedicareRx. If you want to change plans (i.e., Opt Out of Navitus MedicareRx or switch to Original Medicare, please contact your employer group or refer to the Medicare and You 2026 handbook. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefits & Costs for Next Year

Section 2.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium	Your total group health insurance premium includes the cost of your	Your total group health insurance premium includes the cost of your prescription drug

	2025 (this year)	2026 (next year)
(You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	prescription drug benefits, including this plan. **Contact the State of Montana Health Care & Benefits Division for premium information.**	benefits, including this plan. **Contact the State of Montana Health Care & Benefits Division for premium information.**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 7 for more information about Extra Help from Medicare.

Section 2.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our member portal, go to www.medicarerx.navitus.com and click on Members, then Login, to get to the member portal. You can access a pharmacy search tool (click on *Pharmacy Search* on the top navigation bar). Or you may call Customer Care (see back cover) for updated pharmacy information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2026 *Pharmacy Directory* to see which pharmacies are in our network.**

You must know that we may change the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Care so we may assist.

Section 2.3 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. **You can ask questions or get the *complete* Drug List (formulary)** by calling Customer Care (see the back cover) or visiting the member portal, www.medicarerx.navitus.com.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Customer Care for more information.

Starting in 2026, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a higher cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 10 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Customer Care, or ask your health care provider, prescriber, or pharmacist for more information.

Section 2.4 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We have included a separate material, if this applies to you, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material, call Customer Care at 1-866-270-3877 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month (34-day) supply filled at a network pharmacy with standard sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** The costs shown here are for a one-month supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your *Evidence of Coverage*. We may have changed the tier for some of the drugs on our "drug list." To see if your drugs will be in a different tier, look them up on the "drug list." Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1:** *Preferred generics and some lower cost brand products* You pay $15 copayment **Tier 2:** *Preferred brand products and some higher cost generics* You pay $50 copayment **Tier 3:** *Non-preferred products* You pay 50% coinsurance **Tier 4:** *Specialty products* You pay 50% coinsurance **-OR-** You pay $50 copay *only* when filled at the State Plan's Preferred Specialty Pharmacy **Drug Tier $0:** You pay $0* _____ Once you have paid $2,000, out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). *Specific guidelines apply	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1:** *Preferred generics and certain low cost brand* You pay $15 copayment **Tier 2:** *Preferred brands products and certain higher cost generics* You pay $50 copayment **Tier 3:** *Non-preferred drugs* You pay 50% coinsurance **Tier 4:** *Specialty drugs* You pay 50% coinsurance **-OR-** You pay $50 copay *only* when filled at the State Plan's Preferred Specialty Pharmacy **Drug Tier $0:** You pay $0* _____ Once you have paid $2,100, out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). *Specific guidelines apply

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 4, Section 6 in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at 833-202-6946 (TTY users call 711), or visit https://medicarerx.navitus.com/m3p**

SECTION 4 How to Change Plans

Your 2026 Open Enrollment for State of Montana Benefit Plan is from October 23, 2025, through November 8, 2025. **It is important to notify the State of Montana Health Care & Benefits Division (HCBD) if you want to opt out of Navitus MedicareRx.**

HCBD manages the State of Montana Benefit Plan (State Plan). For information about enrollment options please contact them at 1-800-287-8266, (TTY users should call (406) 444-1421) or email benefitsquestions@mt.gov).

To stay in our plan, you don't need to do anything. You will automatically be enrolled in our Navitus MedicareRx.

If you want to change plans for 2026 follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Navitus MedicareRx. **Please contact your employer group if you want to change to a different plan.**
    - You'll automatically be disenrolled from Navitus MedicareRx if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan doesn't include prescription drug coverage.
    - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Navitus MedicareRx (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Navitus MedicareRx (PDP). Your group benefits administrator can best explain your options, the implications of leaving this plan (such as if there would be loss of medical or dental benefits) and the process to follow to disenroll. If you do not want to keep our plan, you can choose to enroll in another Medicare prescription drug plan or drop Medicare prescription drug coverage. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from the State of Montana Health Care & Benefits Division. To ask to be disenrolled from Medicare, contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Navitus MedicareRx.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-866-270-3877 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 4.1 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 5 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Many states have a program called a State Pharmaceutical Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Exhibit D of your Evidence of Coverage).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, please see Exhibit E of your Evidence of Coverage. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). 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. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-866-270-3877, or visit Medicare.gov.

SECTION 6 Questions?

Get Help from Navitus MedicareRx

- **Call Customer Care at** 1-866-270-3877 (TTY users call 711).

  We're available for phone calls 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for Navitus MedicareRx (PDP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our member portal, www.medicarerx.navitus.com, or call Customer Care at 1-866-270-3877 (TTY users call 711) to ask us to mail you a copy.

- **Visit** www.medicarerx.navitus.com

  Our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. You can learn more about your state's SHIP program(s) by referencing **Exhibit A** in your Evidence of Coverage for the name and contact information for your SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can learn more about your state's SHIP program(s) by referencing **Exhibit A** in your *Evidence of Coverage* for the name and contact information for your SHIP.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area.

- **Read *Medicare & You* 2026**

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Navitus MedicareRx Customer Care

Method	Customer Care – Contact Information
CALL	1-866-270-3877 Calls to this number are free. We are available 24 hours a day, 7 days a week except on Thanksgiving and Christmas Day. Pharmacies can also reach Customer Care 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. We are available 24 hours a day, 7 days a week except on Thanksgiving and Christmas Day. Customer Care also has free language interpreter services available for non-English speakers.
WRITE	Navitus MedicareRx Customer Care P.O. Box 1039 Appleton, WI 54912-1039
WEBSITE	Medicarerx.navitus.com