NAVITUS MEDICARERX (PDP)
2026 SUMMARY OF BENEFITS
State of Montana Benefit Plan (State Plan)

This Summary of Benefits explains some of the features of the Navitus MedicareRx Prescription Drug Plan (PDP) for your enrollment in the State of Montana Benefit Plan Medicare plan. However, it does not list every benefit, limitation, or exclusion. To get a complete list of your benefits, visit the member portal or contact Navitus MedicareRx Customer Care toll-free at 1-866-270-3877 (TTY users call 711). Calls to these numbers are free. Members can call Customer Care 24 hours a day, seven days a week, except on Thanksgiving and Christmas Day. Potential enrollees, contact your employer group for the materials.

Navitus MedicareRx Member Portal:

- **Current members:** You may access our member portal at www.Medicarerx.navitus.com, click on Members, then Login.

- **New members:** Once you receive your ID card, first time users can register at www.Medicarerx.navitus.com for access to the Member Portal.

Important Contact Information

Navitus MedicareRx Customer Care – 1-866-270-3877 (TTY users 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 Member Portal - www.Medicarerx.navitus.com Existing members use this portal to access the most up-to-date formulary and pharmacy directory and to review the materials. Potential enrollees, contact your employer group for a copy of the materials.

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
This portal allows your pharmacy to access the Formulary.

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

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, or order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users 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 Summary of Benefits 2026

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 existing members can access the Evidence of Coverage in the member 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 your yearly out-of-pocket drug costs reach $2,100 for Part D covered drugs.

Cost Sharing Tiers	**Network Pharmacy One-month Supply Retail & Mail Order** (1-34-day supply)	**Network Pharmacy Extended Day Supply Retail & Mail Order** (35-90-day supply)	**Applies to Annual Prescription Maximum Out-of-Pocket**
Tier 1: Preferred generics and certain lower cost brand products	$15 copayment	$30 copayment	**Yes**
Tier 2: Preferred brand and certain higher cost generic	$50 copayment	$100 copayment	**Yes**
Tier 3: Non-preferred drugs	50% coinsurance	50% coinsurance	**No**
Cost Sharing Tiers	**Preferred Specialty Pharmacies (LSP)** (Up to 34-day supply)	**Non-preferred Specialty Pharmacy** (Up to 34-day supply)	**Applies to Annual Prescription Maximum Out-of-Pocket**
Tier 4: Specialty drugs	$50 copayment	50% coinsurance	**Yes, if filled at Preferred Specialty Pharmacy**
Cost-Sharing Tier $0 Certain preventative medications are available for a $0 copayment (specific guidelines apply).			

Catastrophic Coverage Stage:
After your yearly out-of-pocket drug costs reach $2,100 for Part D covered drugs, pay $0 cost sharing for the remainder of the coverage year.

Additional Cost Sharing Information

- Your drug copay or coinsurance may be less, based upon the cost of the drug and the coverage stage you are in.
- Your plan will allow up to a 10-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS** (**N**on-extended **D**ay **S**upply) on the drug list are not available for an extended supply (greater than a 1-month supply) at retail, mail order or specialty pharmacy.
- If you reside in a long-term care facility, you receive a 31-day supply for a 1-month copay/coinsurance.
- If you and/or your prescriber requests a brand drug in Tier 3 on the drug list when the alternative generic is available, you may also be responsible for the difference between the cost of the brand drug and its generic equivalent in addition to your drug list copay or coinsurance. This amount does not apply to the State Plan's Maximum Out-of-Pocket.
- **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.

For a complete description of benefits, please call Customer Care (numbers on back cover) or existing members can access the Evidence of Coverage on the member portal at www.Medicarerx.navitus.com.

Additional Coverage Information

Your Evidence of Coverage provides more detailed plan information. You can also access these documents on the member portal at www.Medicarerx.navitus.com. You can ask for information regarding the Evidence of Coverage, Formulary and Pharmacy Directory by calling Navitus MedicareRx Customer Care; the number is listed on the back cover.

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 users 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 the 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 the claim denied.

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 two 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, 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 at www.Medicarerx.navitus.com. 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 be mailed to you by calling Navitus MedicareRx Customer Care. The number is listed on the back cover.

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 10-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 pharmacy you like, currently the recommended mail order pharmacies **are Costco Mail Order Pharmacy and Ridgeway.** You can reach Costco Mail Order Pharmacy by calling 1-800-607-6861, or by going to their website, pharmacy.costco.com. Ridgeway Pharmacy at 1-406-642-6040.

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 users call 711). The member portal has a pharmacy search tool and a complete list of network pharmacies at www.Medicarerx.navitus.com.

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. The amount you pay when you fill a prescription for these drugs does not count towards the catastrophic coverage stage. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

General Information

What will I pay for Navitus MedicareRx premiums?

Your coverage is provided through a contract with your current or former employer. Please contact the State of Montana Health Care & Benefits Division (HCBD). Call HCBD at 1-800-287-8266, TTY 406-444-1421, or email benefitsquestions@mt.gov about your 2026 Part D plan premium.

Where is Navitus MedicareRx available?

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

Please contact your employer group if you plan to move out of the service area.

It is also important that you call Social Security if you move or change your mailing address. Existing members can find phone numbers and contact information for Social Security in Chapter 2, Section 5 of your Evidence of Coverage (EOC). Potential enrollees, contact your employer group for a copy of the 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 live in the service area. Your premium for Medicare Parts A and B must be paid to keep your Medicare Parts A and B coverage and to remain a member of this plan.

How do I know which medications the Navitus MedicareRx Formulary covers?

The Navitus MedicareRx Formulary lists drugs selected to meet patient needs. Navitus MedicareRx 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 will notify you.

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

Navitus MedicareRx does not cover drugs covered under Medicare Part B as prescribed and dispensed, although the supplemental coverage benefit provided by the State Plan will pay secondary to Medicare Part B on select items such as diabetic testing supplies (review the Formulary to confirm coverage). Generally, we only cover drugs, vaccines, biologics, and medical supplies that are covered under the Medicare Prescription Drug Benefit and that are on the Formulary. The drugs on the Drug List (Formulary) 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 typically part of the standard Medicare Part D formulary.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a service Navitus MedicareRx 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.

Please call Navitus MedicareRx for more information about this plan

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- Potential enrollees, contact your employer group for the materials.

For more information about **Medicare**, call 1-800-MEDICARE (1-800-633-4227). TTY users 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.

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.