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Frequently Asked Questions (FAQ) About Prescription Drug Coverage for Medicare-Eligible Retirees and Eligible Dependents

OVERVIEW

On January 1, 2025, the State of Maryland transitioned Medicare-eligible retirees, Medicare-eligible spouses, and qualified Medicare-eligible dependents from State-sponsored prescription drug coverage to Medicare Part D plans offered through Via Benefits. All Medicare-eligible retirees, retiree spouses and qualified dependents must choose a Medicare Part D plan to have coverage for prescription drugs when becoming eligible for Medicare.

Via Benefits is the State of Maryland's Medicare Part D Partner. They have a proven track record of providing personalized, comprehensive, high-touch service to individuals needing a Medicare Part D plan. Via Benefits operates one of the country's largest private Medicare marketplaces and they have helped more than two million retirees plan, shop for, enroll in, and maintain individual coverage that fits their needs.

Via Benefits will help you explore and enroll in a new Medicare Part D plan by offering one-on-one counseling and unbiased guidance to ensure you understand your options and make an informed decision.

ABOUT MEDICARE AND MEDICARE PART D PRESCRIPTION DRUG PLANS

How do the Medicare Part D prescription drug plans work? What drugs will be covered, and how much will it cost to fill prescriptions?

Medicare covers prescription drugs through Part D prescription drug plans. These plans must follow rules established by the federal government. Each Medicare plan must provide at least a standard level of coverage set by Medicare. Medicare plans can vary on pharmacies they use, prescription drugs they cover, and how much they charge.

All Part D prescription drug plans must cover a wide range of prescription drugs. Each plan will publish a list of its covered drugs, so retirees can understand which plan covers the medications they will need and how much they will cost. **The list of covered drugs may be different from the State's current plan, so it's important to take advantage of Via Benefits' one-on-one counseling so you can understand which Part D plan will cover the drugs you need.**

The following categories of drugs are not covered under Medicare Part D:*

- Drugs used to treat anorexia, weight loss, or weight gain
- Fertility drugs
- Drugs used for cosmetic purposes or hair growth
- Drugs that are used for the relief of cold or cough symptoms
- Drugs used to treat erectile dysfunction
- Prescription vitamins and minerals (except prenatal vitamins and fluoride preparations)
- Non-prescription drugs (over-the-counter drugs)

*Prescription drugs used for the above conditions may be covered if they are being prescribed to treat other conditions. For example, a medicine for the relief of cold symptoms may be covered by Part D if prescribed to treat something other than a cold (e.g., shortness of breath from asthma) that is approved by the FDA.

[Learn more about Part D excluded drugs.](#)

As of January 1, 2025, the annual out-of-pocket (OOP) amount payable by retirees who have Part D coverage was limited to \$2,000. Enrollees who surpass the \$2,000 OOP threshold will no longer incur cost sharing for Part D drugs for the remainder of the calendar year. The OOP amount is subject to change. Changes are announced annually by the Centers for Medicare and Medicaid Services (CMS).

What if I cannot find a Medicare Part D formulary that covers my current prescription drug?

All Part D plans include a formulary of preferred drugs. Not every drug within a therapeutic class is covered by every plan, but there are alternatives available under each class. Through the one-on-one counseling services, Via Benefits' licensed benefit advisors will assist you with selecting the best plan for you based on your personal needs.

If you select a Part D plan that does not include on its formulary a current prescription drug that you are taking, you will have an option to substitute a therapeutic equivalent drug or seek prior authorization to use that drug. We encourage you to speak with your physician about alternatives that align with your selected formulary. Approved prior authorizations will be covered under your plan and count toward your out-of-pocket maximum.

Are all drugs processed through Medicare Part D?

No. Inpatient hospital charges, including drugs administered during the stay, are paid through Medicare Part A.

Generally, Part B covers outpatient services, such as physician visits, lab, and X-rays. Part B also covers outpatient drugs like:

- Injections received in a doctor's office
- Certain oral anti-cancer drugs
- Drugs used with some durable medical equipment (e.g., nebulizer or external infusion pump)

This is consistent with the way your Medicare coverage works today. A full description can be found in the *Medicare and You* handbook: [medicare.gov/publications/10050-Medicare-and-You.pdf](https://www.medicare.gov/publications/10050-Medicare-and-You.pdf).

Where can I get more information about Medicare?

For more information about Medicare, visit the Medicare website at [medicare.gov](https://www.medicare.gov).

Will I have to pay a Part D late enrollment penalty if I do not elect it during my Initial Enrollment Period?

Yes. You may be subject to a late enrollment penalty if you do not enroll during your Initial Enrollment Period. However, a late enrollment penalty will not apply to your transition from the State's prescription drug plan to another Medicare Part D plan if you enroll during your Initial Enrollment Period. The Notice of Creditable Coverage is available on the Department of Budget and Management's website under **Important Links** at dbm.maryland.gov/benefits.

If you don't enroll in a Medicare Part D plan during your Initial Enrollment Period, or during Medicare open enrollment (each fall from October 15 – December 7), you will not have prescription drug coverage when your State-provided prescription drug coverage ends. You may also be subject to a late enrollment penalty if you decide to enroll during a future open enrollment.

ENROLLMENT

Will I have access to one-on-one counseling to help me choose a new prescription drug plan?

Yes. Via Benefits' licensed benefit advisors will provide one-on-one counseling to assist you with the selection of a new prescription drug plan. The benefit advisors will review your current medications with you, help you understand your options, and assist you in selecting and enrolling in a plan. You can schedule an enrollment appointment with Via Benefits either on their website at my.viabenefits.com/maryland or by calling 1-855-556-

4419 (TTY: 711), Monday through Friday from 8 a.m. to 7 p.m. ET.

Do the plans that Via Benefits offer cost the same as what's available through Medicare.gov?

Yes, there are no differences in premiums for the same plans.

Does Via Benefits offer all plans available or do they only offer plans for which they receive compensation?

Via Benefits conducts a rigorous initial review and periodic ongoing reviews as part of their carrier management program. Via Benefits does not receive any compensation for adding a carrier to the platform; there is no sponsorship or "placement" compensation received simply for being part of the platform. The objective is to curate a slate of carriers, plans, and products that bring meaningful choice and high quality to retirees in their local market.

Critical elements include:

- **Financial Rating:** Via Benefits requires carriers to have a minimum A.M. Best rating of B+ (if A.M. Best rates them). A.M. Best assesses the creditworthiness and financial strength of over 16,000 insurance companies worldwide.
- **Pricing:** Via Benefits analyzes historical pricing actions and forecasts future pricing. They evaluate plan pricing against other options in the local market and attempt to create both meaningful choice and value for our retirees.
- **Carrier Flexibility:** Carriers must maintain direct relationships at all levels, including agency contracts, agent appointments, and technology integration.
- **Brand Reputation:** Carriers need to have a strong, positive national/regional reputation. Sanctions and penalties from CMS and state Departments of Insurance are considered as Via Benefits evaluates its carrier partners.
- **Long-Term Partnership Potential:** Carriers must demonstrate a commitment to fostering long-term relationships and investing in an enduring partnership.
- **Distribution Philosophy:** Via Benefits prefers carriers that support an external distribution model rather than relying on an internal, captive agent sales model. This ensures a streamlined enrollment process and improves the retiree experience.

I and/or my dependent will be turning 65 soon. Will I be automatically enrolled in a Medicare Part D plan by the State?

No. The State cannot enroll you in a Part D prescription drug plan. These plans are individual plans and, therefore, you must take action by enrolling with Via Benefits directly to have prescription drug coverage.

Will Via Benefits sell my personal health information?

Absolutely not. All information you provide about your healthcare and medications will remain fully confidential and is protected by HIPAA. Via Benefits advisors will be able to access your information only to assist you in selecting the best Medicare Part D plan for you. Via Benefits will never sell or exchange your information.

If I don't enroll through Via Benefits this year and don't have access to the financial assistance programs from the State, can I enroll in the future and get access?

Yes, if you are eligible and don't enroll in an individual plan through Via Benefits this year and want to get access to these programs in future years, you can "opt back in" by enrolling through Via Benefits during a future Medicare Open Enrollment period (October 15 through December 7 each year).

How do I pay for my new plan?

Medicare Part D Plan premiums will no longer be deducted from your pension payment. Because of this, your net pension check will increase. You must pay the premiums directly to the carrier and your Via Benefits advisor will explain the process.

Is there any financial assistance available if I have a limited income?

Everyone's circumstances are different. Some retirees may be eligible for Extra Help, which is a Medicare program that helps people with limited income and resources pay for deductibles, coinsurance, Medicare Part D premiums, and other costs. Via Benefits' benefit advisors will be able to discuss your situation with you, one-on-one, and determine whether you're eligible and how it works.

Information on the 2025 Extra Help program and determination can be found on the Medicare website: [medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs).

Can I have my Part D plan premium deducted from my Social Security payment?

While it is possible to have your Part D premiums deducted from your monthly Social Security check, there are several complexities that typically lead members to not opt for this. If you are interested in learning more about this, please discuss this with a Via Benefits licensed benefit advisor prior to enrolling in a plan.

What do I do if I've been getting calls about Medicare Advantage plans

available in my area? Should I enroll in one of these plans?

Medicare Advantage plans (also called Medicare Part C) offer an alternative to Medicare Parts A & B by providing benefits through private insurance companies that are at least as good as or better than Original Medicare. These plans often include prescription drug coverage, too, and therefore they offer comparable coverage to the State's group medical plan and a standalone Part D prescription drug plan.

However, if you are eligible and want access to the financial assistance programs available through the State of Maryland, you must enroll in the State's group medical plan, and not a Medicare Advantage plan.

Be cautious about accepting calls from other individuals who want to help you enroll in Medicare Advantage plans and/or Medicare Part D plans. Even well-meaning friends or family may give you uninformed advice that could jeopardize your ability to access the State's financial assistance programs, if you're eligible. That's why we're encouraging you to enroll in a plan through our trusted partner, Via Benefits, to receive personalized, accurate guidance from benefit advisors.

Via Benefits will be making outreach calls to you as you get closer to aging into Medicare. They will always identify themselves as being from Via Benefits. If you are uncertain about the caller's authenticity, just tell them you want to call them back and dial Via Benefits directly at 1-855-556-4419 (TTY:711).

What if I want to explore other options?

You are welcome to explore other options if it makes sense for your situation. A one-on-one benefit advisor can help walk you through the options.

ABOUT THE HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

What is an HRA?

A health reimbursement arrangement (HRA) is a special type of account that is set up by the State to help you pay for your prescription drugs. If eligible, an account will automatically be set up for you (and your eligible covered dependents). If you enroll in a Part D plan through Via Benefits, you can then use the money in this account to pay for covered prescription drugs.

Who is eligible for the health reimbursement arrangement (HRA)?

If you were hired by the State on or before June 30, 2011, and retired* from State service on or before January 1, 2020, you are eligible to receive a State-funded HRA.

Those hired on or after July 1, 2011, are **not eligible** for the State-funded HRA. Those who retired* after January 1, 2020, regardless of date of hire, are also not eligible for the HRA.

*Defined as the retirement date on which you became eligible for and receive your pension payments, verified by the Maryland State Retirement Agency (MSRA).

How much will the State contribute each year to my HRA?

If you are eligible for the HRA, and meet the eligibility requirements, the State will deposit money into your HRA. The exact effective date of your HRA will depend on when you become eligible for Medicare.

A minimum assistance requirement was set into law, so you won't have to pay any more for prescription drugs, out-of-pocket, than you do under the State's in force prescription plan. The difference between the State's in force plan out-of-pocket maximum and the Medicare Part D out-of-pocket maximum will be deposited into an HRA for you to use toward your prescription drug costs.

The minimum assistance amount will also be adjusted as needed in coordination with changes to Part D out-of-pocket maximums.

Here is an example based on the State's in force plan as of July 1, 2025:

	Medicare-Eligible Retiree Only	Family With Two Medicare-Eligible Members
State plan prescription drug out-of-pocket maximum for 2025	\$1,500	\$2,000
Medicare Part D plans out-of-pocket maximum for 2025	\$2,000	\$4,000
2025 minimum assistance requirement, per state law	\$500*	\$2,000
2025 amount to be deposited into your HRA (if eligible)	\$750*	\$2,000

* During the 2024 Legislative Session, the General Assembly increased the HRA amount by \$250 over the minimum assistance requirement of \$500 for calendar year 2025.

Why are single retirees only receiving \$750 while two retirees are receiving \$2,000?

SB946 of 2019 requires the State to limit a retiree's out-of-pocket exposure to that in place under the State program. Those limits are \$1,500 for an individual and \$2,000 for those with dependent coverage.

In 2025, the Medicare Part D out-of-pocket exposure is \$2,000 per person. Under SB 946 of 2019, retirees with individual coverage are eligible for \$500 (\$2,000 - \$1,500). However, the legislature voted in the 2024 session to provide individual retirees \$750, an increase over the language in statute. For a husband/wife, they are each subject to a \$2,000 out-of-pocket limit (\$2,000 + \$2,000 = \$4,000). In order to comply with SB 946 of 2019, couples receive \$2,000.

How will I access the money in my HRA?

If eligible for the HRA, the full amount will be deposited into your account when you are enrolled in a Part D plan and each January at the start of a new plan year. This will ensure you will be able to use the money when you buy your prescriptions.

If you have any money left over in your account at the end of the calendar year, it will be returned to the State and applied to future HRA funding. Via Benefits will send eligible members additional communication and instructions about using the HRA.

Will I have to reapply for the HRA card each year?

No. The initial HRA card you receive can be used year after year. Depending on the HRA card's expiration date, you may receive a new card from Via Benefits when your HRA card is set to expire. However, eligibility for the HRA must be met each year to continue to receive funding (you must be enrolled in the State's group medical plan and enroll in a Medicare Part D plan through Via Benefits).

Will the Via Benefits debit cards include a chip?

No, debit cards that support limited or specific transaction types (IIAS and MCC Codes) do not require chip technology. For example, the Via Benefits debit card is only set up to work at pharmacies. The closed nature of this set up reduces the risk of fraud.

If I turn 65 in the middle of the year, am I eligible to receive the HRA funds mid-year or do I have to wait until the beginning of the new year to receive HRA funds?

Yes. If you turn 65 in the middle of the year, you will receive your HRA funding once your eligibility to receive funding is confirmed and your enrollment is processed through Via Benefits. Your HRA funding will not be prorated based on when you become eligible for Medicare.

If I am a retiree and my dependent spouse passes away mid-year and we received \$2,000 in HRA funds, do I have to give back the remaining funds?

No. The initial funding amount will remain in your HRA through the remainder of the calendar year.

If I am a Medicare-eligible dependent of a retiree and my spouse (the retiree) passes away mid-year, what will happen to my HRA funds?

There are several factors to consider when a State of Maryland retiree passes away. Please contact the State of Maryland's Employee Benefits Division (EBD) at (410) 767-4775 or EBD.mail@maryland.gov to discuss your options.

I plan to re-enroll in the State's group health plan so I'll be eligible for the HRA. Is there any chance I could be denied coverage in the group health plan which would result in me not being eligible for the HRA?

No, the State's medical plan is an employer-sponsored health plan and retirees are not subject to medical underwriting.

Are there any additional requirements to receive the HRA?

Yes. In addition to the retirement date eligibility requirements, you must be enrolled in the State's group medical plan and be enrolled in an individual Part D plan through Via Benefits to be eligible to receive the HRA.

LIFE-SUSTAINING PRESCRIPTION DRUG ASSISTANCE PROGRAM

What is the Life-Sustaining Prescription Drug Assistance Program?

The State of Maryland's Life-Sustaining Prescription Drug Assistance Program is intended to reimburse eligible participants for out-of-pocket costs for a life-sustaining prescription drug that is covered by the in-force State prescription drug benefit plan but is not covered under their Medicare prescription drug benefit plan.

Who is eligible for the Life-Sustaining Prescription Drug Assistance Program?

You are eligible for the Life-Sustaining Prescription Drug Assistance Program:

- If you were hired by the State on or before June 30, 2011, and retired* from State service on or before January 1, 2020, or;
- If you were hired by the State on or before June 30, 2011, and retired* after January 1, 2020.

Those hired on or after July 1, 2011, are **not eligible** for the Life-Sustaining Prescription Drug Assistance Program.

*Defined as the retirement date on which you became eligible for and receive your pension payments, verified by the Maryland State Retirement Agency (MSRA).

What is defined as a “life-sustaining prescription drug”?

A life-sustaining prescription drug will include all FDA-approved drugs in the following “protected classes,” which are recognized under Medicare as necessary to ensure that Medicare beneficiaries reliant upon these drugs would not be substantially discouraged from enrolling in certain Part D plans, as well as to mitigate the risks and complications associated with an interruption of therapy for the vulnerable Medicare population.

The six classes of life-sustaining prescription drugs are:

- Anticonvulsants (medications used to treat or prevent seizures)
- Antidepressants (medications used to treat depression, anxiety, and other conditions)
- Antineoplastics (medications used to treat cancer)
- Antipsychotics (medications used to treat symptoms of various psychiatric disorders)
- Antiretrovirals (medications used to treat HIV/AIDS)
- Immunosuppressants (medications that reduce activity of the immune system, used to treat autoimmune diseases and organ transplants)

How does an individual take advantage of the State’s Life-Sustaining Prescription Drug Assistance Program?

A participant is eligible for reimbursement for out-of-pocket costs for a life-sustaining prescription drug if they meet the following requirements:

1. The participant must be enrolled in the State’s group medical plan and be enrolled in an individual Part D plan through Via Benefits,
2. The drug must be covered by the State’s in-force prescription drug benefit in the group health insurance plan,
3. The drug cannot be covered by the prescription drug benefit in the Medicare Part

D plan in which the participant is enrolled, and

4. The participant must have had their physician request a formulary exception and received a denial through the first two levels of Medicare drug plan appeals process, which are (1) an internal appeal for redetermination by your Part D carrier (first appeal), and if unsuccessful, (2) reconsideration (second appeal) by an independent review entity.

Once you meet the above requirements, please call Via Benefits who will walk you through the process of filing a claim for reimbursement of out-of-pocket costs for your life-sustaining prescription drug.

WHAT YOU NEED TO DO

Do I need to do anything right now?

As you prepare to become eligible for Medicare, here are the actions you can take:

- Create a profile with Via Benefits at my.viabenefits.com/maryland including the medications you take and pharmacies you use. You will expedite the enrollment process if you complete this information in advance.
- Review educational information on my.viabenefits.com/maryland, including helpful videos and articles.

Once your enrollment window begins, you can elect new individual Part D prescription drug coverage through Via Benefits.

I'm eligible for the State's financial assistance programs based on my date of hire and retirement date. Are there any other requirements for getting access to these programs?

Yes, in order to have access to the State's financial assistance programs, you must:

- enroll in a Medicare Part D prescription drug plan through Via Benefits; and
- enroll in or stay enrolled in the State's group medical plan.

What address should I use as my address on file with the State of Maryland if I split my time living between two locations?

You may only participate in one Part D plan and must use your permanent address. A permanent address is established by voter registration, driver's license, tax records, or utility bills. A post office box cannot be used. Your plan selection will be based on your permanent address and should include a national network.

Note: Your address on file with the State of Maryland will be the address we and our health benefits vendors will use to communicate with you throughout this process. It is also recommended that you use a forwarding service for your mail to be sent where you are living throughout the year.

I don't live in Maryland. Can I still get coverage?

Yes, Part D plans are available nationwide and can vary by State. Via Benefits will provide options based on your zip code even if you live outside the State of Maryland permanently or just on a seasonal basis.

WHOM TO CONTACT IF YOU HAVE QUESTIONS

Whom can I contact if I have questions?

Via Benefits is available to take your calls and offer support and guidance in selecting your new Part D plan. You can reach Via Benefits by phone at 1-855-556-4419 (TTY:711) Monday through Friday, 8:00 a.m. to 7:00 p.m.

Who do we contact at DBM if we have issues with Via Benefits?

The Employee Benefits Division (EBD) is equipped to take your call and work with Via Benefits on your behalf if necessary. Contact us at (410) 767-4775 or **EBD.mail@maryland.gov**.

These FAQs provide a summary of benefits and are intended for informational purposes only. This is not a complete description of the plan or its provisions. The official plan document governs all benefits and should be consulted for specific terms and conditions. In the event of any discrepancies between this summary and the plan document, the plan document will prevail. An official Summary Plan Description prevails over this summary, as well.