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

OVERVIEW

The State of Maryland's shift from State-sponsored prescription drug coverage for Medicare-eligible retirees, spouses, and qualified dependents to Medicare Part D plans has been fully in effect since January 1, 2025. As a result, all retirees, 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 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.

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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, 2026, the annual out-of-pocket (OOP) amount payable by retirees who have Part D coverage was limited to $2,100. Enrollees who surpass the $2,100 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.

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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, labs, 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.

Where can I get more information about Medicare?

For more information about Medicare, visit the Medicare website at medicare.gov.

ENROLLMENT

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.

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- 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.

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.

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.

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.

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.

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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 Extra Help program and determination can be found on the Medicare website: medicare.gov/basics/costs/help/drug-costs.

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.

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Here is an example based on the State's in force plan as of July 1, 2026:

HRA Contribution Component	Medicare-Eligible Retiree Only	Family With Two Medicare-Eligible Individuals
Medicare Part D plans out-of-pocket (OOP) maximum for 2026	$2,100	$4,200
State plan prescription drug out-of-pocket maximum for 2025	$1,500	$2,000
2026 minimum assistance requirement, per state law	$600 ($2,100 - $1,500)	$1,450 ($4,200 - $2,000 - $750*)
2026 HRA Amount deposited into account (January 1, 2026)	$750*	$2,200 ($1,450 + $750*)

* 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.

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.

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:

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- 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)

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.

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

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.

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.

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.

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