

RETIREE GROUP HEALTH INSURANCE PLAN
MEDICARE SUPPLEMENT - SPECIAL MEDICFILL
RATES EFFECTIVE JANUARY 1, 2027 TO DECEMBER 31, 2027

Monthly rates

Highmark Delaware Medicare Supplement
Pensioners retired on or prior to July 1, 2012

Plan	Total monthly rate	UD share	Retiree pays
Special Medicfill with Prescription	\$649.45	\$649.45	\$0.00
Special Medicfill without Prescription	\$368.21	\$368.21	\$0.00

Highmark Delaware Medicare Supplement
Pensioners retired after July 1, 2012

Plan	Total monthly rate	UD share	Retiree pays
Special Medicfill with Prescription	\$649.45	\$616.98	\$32.47
Special Medicfill without Prescription	\$368.21	\$349.80	\$18.41

See page 2 for plan member drug costs.

Human Resources

550 S. College Ave., Suite 201
Newark, DE 19713
(302) 831-2171 | hrhelp@udel.edu

Medicare Part D prescription plan member drug costs

Effective January 1, 2027

The amount you pay for your prescription depends on whether the medication is:

- A generic, preferred or non-preferred brand, or specialty drug,
- On the SilverScript Medicare Part D Formulary, and
- Filled at the appropriate participating pharmacy

Non-specialty drugs: Up to a 31-day supply

Available at a participating retail pharmacy, including all major chains.

Non-specialty drugs	In-network pharmacy	Out-of-network pharmacy
Generic Drugs	\$10 Copay	Not Covered
Preferred Brand Name (Formulary)	\$32 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$60 Copay	Not Covered

Non-specialty drugs: Up to a 90-day supply*

Available at a participating retail pharmacy or through Home Delivery.

Non-specialty drugs	In-network pharmacy	Out-of-network pharmacy
Generic Drugs	\$20 Copay	Not Covered
Preferred Brand Name (Formulary)	\$64 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$120 Copay	Not Covered

* Not all drugs are available at a 90-day supply. Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply copayment.

Specialty drugs: Up to a 31-day supply

Available at CVS Specialty® Pharmacy through Home Delivery.

Specialty drugs	In-network pharmacy	Out-of-network pharmacy
Generic Drugs	\$10 Copay	Not Covered
Preferred Brand Name (Formulary)	\$32 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$60 Copay	Not Covered