RETIREE GROUP HEALTH INSURANCE PLAN

MEDICARE SUPPLEMENT - SPECIAL MEDICFILL

RATES EFFECTIVE JANUARY 1, 2026 TO DECEMBER 31, 2026

	Total Monthly Rate	UD Share	Retiree Pays
Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012			
Special Medicfill with Prescription	$643.02	$643.02	$0.00
Special Medicfill without Prescription	$364.56	$364.56	$0.00
Highmark Delaware Medicare Supplement for Pensioners Retired After July 1, 2012			
Special Medicfill with Prescription	$643.02	$610.87	$32.15
Special Medicfill without Prescription	$364.56	$346.33	$18.23

PLEASE SEE OTHER SIDE 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, 2026

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

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

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.*

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