

# 2026 Summary of Benefits

A side-by-side comparison of your  
2026 Prescription Drug Plan options

*The benefits summarized are extracted from the  
ITDR 2026 Benefit Guide, pages 41-43.*



# 2026



*Delta Family Values – Quality and Service*



# PRESCRIPTION DRUG PLAN | Summary of Benefits

## INITIAL COVERAGE

You are responsible for the following copayments and coinsurance after you meet your \$250 Brand-only deductible. Generic Drugs have no deductible.

DRUG CATEGORY/Tier	A 31-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network	A 31-Day Supply When Your Rx Is Filled At A Standard Network Pharmacy	A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery
<b>Select Generic Drugs</b>	\$2 No deductible applies	\$4 No deductible applies	\$4 No deductible applies
<b>Generic Drugs</b>	\$15 No deductible applies	\$20 No deductible applies	\$37.50 No deductible applies
<b>Preferred Brand Drugs</b>	\$35	\$40	\$80
Standard MAPD Plan only:	\$45	\$50	\$90
<b>Non-Preferred Brand Drugs</b>	\$60	\$65	\$130
<b>Specialty Drugs* (Including Generic Specialty Drugs)</b>	25% of total cost	30% of total cost	25%* of total cost
Standard MAPD Plan only:	45% of total cost	50% of total cost	45% of total cost*

\* Specialty limited to a 31-day supply

If the actual drug cost is less than the copayment, then the member pays the lower price. For prescriptions with less than a 31-day supply, the member pays a prorated amount of the copayment based on the actual supply.

The Preferred Network includes more than 27,000 pharmacies, including CVS, Walmart, Costco, Safeway, Harris Teeter, Kroger, Publix, and Albertsons, among others.

## RETAIL & HOME DELIVERY PHARMACY: 90-DAY SUPPLY

DRUG CATEGORY/Tier	A 90-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network	A 90-Day Supply When Your Rx Is Filled At A Standard Network Pharmacy	A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery
<b>Select Generic Drugs</b>	\$4 No deductible applies	\$8 No deductible applies	\$4 No deductible applies
<b>Generic Drugs</b>	\$30 No deductible applies	\$37.50 No deductible applies	\$37.50 No deductible applies
<b>Preferred Brand Drugs</b>	\$70	\$90	\$90
<b>Non-Preferred Brand Drugs</b>	\$120	\$130	\$130

**CATASTROPHIC COVERAGE**

After your yearly out-of-pocket costs reach \$2,100, you are responsible for the following copayment or coinsurances.

DRUG CATEGORY/Tier	Up to a 90-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network	Up to a 90-Day Supply When Your Rx Is Filled At A Standard Network Pharmacy	A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery
<b>Generic Drugs</b>	\$0 copay per prescription	\$0 copay per prescription	\$0 copay per prescription
<b>All Brand Drugs</b>	\$0 copay per prescription	\$0 copay per prescription	\$0 copay per prescription



**Choose from Thousands of Pharmacies Nationwide**

The Anthem plan lets you fill your prescriptions at more than 63,000 pharmacies nationwide, including national chains and thousands of locally-owned and operated independent and specialty pharmacies. You will have a lower cost share when accessing one of the Preferred retail network pharmacies.

## **IMPORTANT PLAN INFORMATION**

- The amount you pay may differ depending on what type of pharmacy you use; for example, retail or home delivery.
- To find a network pharmacy, visit [www.anthem.com/find-care/](http://www.anthem.com/find-care/) or call Anthem Customer Service at **(833) 460-1066**.
- This plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug’s tier and on the coverage stage you’ve reached. To search the formulary for a drug, visit [www.anthem.com/itdrx](http://www.anthem.com/itdrx). To view the full formulary, visit your Anthem member portal or the Enroll 2026 tab on [itdr.com](http://itdr.com).
- For a list of drugs covered under the ITDR Low Cost Generic Drug Program visit [itdr.com](http://itdr.com), or call Anthem Customer Service at **(833) 460-1066**. Select generics can be filled at Preferred and Standard Pharmacies or delivered to your door from CarelonRx Home Delivery up to a 90-day supply.
- You may receive up to a 90-day supply of certain medications taken on a long-term basis and delivered by mail through the CarelonRx Pharmacy. There is no charge for standard shipping through CarelonRx Pharmacy. Not all drugs are available at a 90-day supply.
- Your healthcare provider may require prior authorization from CarelonRx for certain drugs, when required by plan rules.
- If your medication has restrictions (such as prior authorization, step therapy or quantity limits), Medicare guidelines may allow at least a one-month, temporary supply of that drug, to give you time to speak with CarelonRx and/or your doctor about switching your drug or requesting an exception.
- You must live in the plan’s service area to participate, which includes all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa.

This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Anthem (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Anthem Medicare depends on contract renewal.