

Your out-of-pocket (OOP) costs for covered Medicare Part D drugs will be capped in 2026¹⁻³

Visit MyHealthcareFinances.com or scan here to learn more about Part D and healthcare insurance:



- **\$2,100** is the total maximum OOP cost you will pay for all your covered Part D drugs in 2026. This includes your yearly deductible.
- You also have the **option to spread your OOP costs out over the course of the year** by opting in to the **Medicare Prescription Payment Plan**.

Medicare Prescription Payment Plan^{1-3**}

 Opt in during open enrollment or anytime during the plan year [§]	 No payment required at pharmacy	 Receive a bill from your Part D drug plan	 Must opt in again if you switched health plans in 2026
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For more information on the Medicare Prescription Payment Plan and how to opt in, contact your health plan or scan the QR code to visit Medicare.gov:



^{*}This plan only applies to drugs covered by Medicare Part D. Most medications you get from a pharmacy and take at home are covered by Part D. Please contact your health plan if you are unsure if your medications are covered by your Part D plan.

[†]There is no fee to join the plan.

[‡]This plan does not cover your monthly premium.

[§]You may also leave the plan anytime during the plan year.

^{||}You will automatically be renewed into the payment plan if you did not switch health plans in 2026.

If you have limited income and resources you may qualify for “Extra Help,” a federal program that can help lower your OOP costs⁴

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- **1 in 4** people with Medicare Part D qualify for Extra Help, which can lower your OOP costs⁴
- Extra Help Benefits for Part D in 2026 include:⁵

\$0 drug plan
premium

\$0 annual
deductible

\$12.65 copay for brand-name drugs &
\$5.10 copay for generic drugs

- To learn more about Extra Help and how to apply, call Social Security at 1-800-772-1213,
or visit socialsecurity.gov/extrahelp.

The information contained in this document is provided for informational purposes only. Accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Pfizer and its agents make no guarantee regarding reimbursement for any service or item.

Current as of 09/2025.

References: 1. Inflation Reduction Act, Pub. L. No. 117-169 (2022) 2. Centers for Medicare and Medicaid Services. (2024, February 29). Medicare Prescription Payment Plan: Final Part One Guidance. CMS. <https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-one-guidance.pdf> 3. Centers for Medicare and Medicaid Services. (2025, April 15). Medicare Program; Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs for Contract Year 2026. <https://www.govinfo.gov/content/pkg/FR-2025-04-15/pdf/2025-06008.pdf> 4. Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. 2025 Annual Report. <https://www.cms.gov/oact/tr/2025> 5. Centers for Medicare and Medicaid Services. (2025, April 7). Announcement of Calendar Year (CY) 2026 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. CMS. <https://www.cms.gov/files/document/2026-announcement.pdf>.