



2026 Pharmacy benefit summary

Optum Rx manages the pharmacy benefit for State of Florida employees, covered family members, and non-Medicare Advantage enrolled retirees. Our commitment is to help you get the most out of your prescription medication benefit. We provide safe, easy and cost-effective ways for you to get the medication you need. Please visit our State of Florida site for additional information at welcome.optumrx.com/sofdms/landing.

Your pharmacy benefit at-a-glance:

	Standard PPO and HMO ¹		High Deductible PPO and HMO ²	
Benefit	Retail	Mail or Retail	Retail	Mail or Retail
	(30-day supply)	(90-day supply)	(30-day supply)	(90-day supply)
Tier 1: Lower-cost generics	\$7	\$14	30%	30%
and some brand names	Ψ/	Φ14	30%	30%
Tier 2: Mid-range cost	\$30	\$60	30%	30%
preferred brand names	\$50	φ00	30%	30%
Tier 3: Higher-cost brand	\$50	\$100	50%	50%
names and some generics	\$50	\$100	30%	30%

^{*} Standard PPO or High Deductible PPO members: After 3 30-day fills of your maintenance medications at a retail pharmacy, you are required to fill a 90-day supply either through mail order or at a retail pharmacy.

What pharmacy can I use?

The Optum Rx Pharmacy Network is comprised of:

- Major chains
- Grocery store pharmacies
- · Independent pharmacies
- Home delivery options
- 90-day retail

You can use the *Pharmacy locator* tool at **optumrx.com** to find pharmacies nearest you.

What medication does the State of Florida Preferred Drug List include?

The prescription drug list is a current list of covered medications by the State of Florida plan. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications. You can also find out if a medication requires prior authorization, has quantity limits and more.

You can access the State of Florida Preferred Drug List here https://www.mybenefits.myflorida.com/myhealth/prescription_drug_plan.

Contact Optum Rx:







¹ Standard PPO and HMO Deductible: N/A. Out-of-pocket max. = Individual \$10,150/Family \$20,300

² High Deductible HMO Deductible: Individual \$1,700/Family \$3,400. Out-of-pocket max. = Individual \$3,000/Family \$6,000 High Deductible PPO Deductible: Individual \$1,700/Family \$3,400. Out-of-pocket max. = Individual \$4,700/Family \$9,400

When does the Preferred Drug List change?

Your coverage or cost could change for a few reasons. Examples include:

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

What is a prior authorization?

Prior authorization (PA) is an approval process that certain medications require before a prescription can be filled. It requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit.

How can I find out if my medication requires a PA?

- Your pharmacist will tell you if a PA is required.
- You can call Optum Rx at the number on your member ID card.
- · You can also look online.
 - Log into **optumrx.com** > Member tools
 - Click on Drug pricing and information
 - Enter the drug name and dose
- If the drug/dose you entered needs a prior authorization, you will see an alert below the drug name stating a PA is required.

What do I do if my medication needs a PA?

To begin the PA process, do any of the following:

- Let your doctor know that a PA is needed for your medication. They will submit the required information to Optum.
- Call the number on your member ID card.

 Log into optumrx.com, go to Benefits and claims, and click on Prior authorization or exception request.

How long does it take for a PA to be approved or denied?

Once your PA has been submitted and received, it usually takes up to 24 hours to process. If your PA request needs additional review, it may take longer.

How do I know if my medication has been approved and what happens next?

We will send a letter to you and your doctor letting you know if your medication coverage is approved or denied. You can also check the status of your PA by signing into **optumrx.com**, going to *Benefits and claims* and clicking on *Prior authorization or exception requests*. You will see the status of any active PAs in process.

If your medication is approved, coverage will be provided under your benefit. You can continue to fill your prescription at the pharmacy as usual during the approved PA period.

If your medication is denied, we'll send a letter telling you why and provide information about the appeal process.

What are specialty medications?

An injected, infused, oral or inhaled medication is defined as a specialty medication if it:

- May need ongoing clinical oversight and extra education
- Has unique storage or shipping needs
- · May not be available at retail pharmacies
- May need infusion or home nursing



Optum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company—a leading provider of integrated health services. Learn more at **optum.com.**

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