

# UPREHS Prime Medicare Part D Plan (Employer PDP)

## Summary of Benefits for 2012

**A \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage.** For questions please contact UPREHS Customer Services at 1-800-547-0421 Monday-Friday, 7:30 AM to 3:30 PM Mountain Time. TTY/TDD users call the national number 711. Use the Depot Drug Mail Pharmacy whenever possible!

**NOTE:** Federally qualified low-income members have lower, or no copayments and premiums may be less. If you are receiving extra help, you will receive additional information. Drug costs can fluctuate daily so they may not be the same amount on each prescription you fill.

Part D Benefits	UPREHS Prime Medicare Part D Plan Benefits Description <i>An Enhanced Plan</i>
Premium for Medicare Part D, HCPP & Medicare Secondary Plans is Combined	<b>\$220 is your combined monthly premium covering ALL of your UPREHS Medicare Plans.</b> You must still pay your Medicare Part B Premium.
\$320 Deductible – <b>UPREHS pays this for you!</b>	<b>You pay NO DEDUCTIBLE! \$320 is paid for you by UPREHS!</b> No first-dollar costs to you except for drug copayments.
\$2,930 Initial Coverage Amount, or Initial Coverage Benefit Stage	You receive \$2,930 in drug benefits during your Initial Coverage stage. Medicare determines this amount. This is the same as Medicare’s standard amount.
\$4,700 Coverage Gap, or Out-of-Pocket Benefit Stage	After your total yearly drug costs reach \$2,930, you pay 100% until your yearly out of pocket drug costs reach \$4,700. All copayments in any benefit stage and Part D drugs you pay for in the Coverage Gap apply to the \$4,700.
14% Generic Drug Discount in the Coverage Gap -Increased for 2012	After your total yearly drug costs reach \$2,930, you receive a 14% discount on our cost of a Generic Drug when you are in the Coverage Gap Out-of-Pocket benefit stage until your yearly out-of-pocket drug costs reach \$4,700. The discount is given when you fill your prescription.
50% Brand Name Drug Discount by Most Manufacturers in the Coverage Gap -Continued for 2012	Most Brand Name drug Manufacturers are extending a 50% discount on the cost of many Part D drugs when you are in the Coverage Gap Out-of-Pocket benefit stage. The discount is given when you fill your prescription. You get credit for the full cost of the drug against your out-of-pocket spending.
Catastrophic Coverage Benefit Stage	After you spend \$4,700 out-of-pocket, you will enter the Catastrophic Coverage benefit stage and all Medicare Part D drug copayments are \$2.60 for generic, \$6.50 for brand name drugs, or 5% of the cost of the drug, whichever is greater.
Quantities of Drugs Supplied	<b>Remember, a \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage!</b> Supplies of 30-days or less are available from non-preferred pharmacies. See the copayment chart on the next page.
Part D Drugs Requiring Pre-authorization, Cost-Utilization Limits, and Step Therapy	<b>Your Formulary includes all Part D drugs with very few of these limitations.</b> UPREHS applies NO Step Therapy, NO Cost-Utilization Limit, and NO Pre-authorization unless required by Medicare. You don’t have to appeal to get access to a Part D drug!

**Part D Benefits**

**UPREHS Prime Medicare Part D Plan**

**Benefits Description  
An Enhanced Plan**

Formulary	<b>Your Formulary includes all Part D drugs!</b> You are not limited to only certain Part D drugs as you would be with many plans. If you need a Part D drug, UPREHS covers it! See your 2012 Formulary Book.
Mental Health Part D Drugs	All Part D drugs are covered in your Formulary! If Medicare covers the drug, it is available to you.
Part D and Part B Diabetic Supplies	The Depot Drug Pharmacies provide up to 90-day supplies of most Part B and D diabetic supplies to save you money.
Home Infusion Therapy Part D Drugs	Contact UPREHS Customer Services for help and coordination.
Long Term Care Part D Drugs	The Depot Drug Mail Pharmacy provides Long Term Care maintenance drugs to save you money. Get your medications at our special low prices no matter where your facility is located.

<b>2012 30-Day Copayment Amounts for Part D Drugs</b>	<b>Tier 1 Generic Drugs 30-Day</b>	<b>Tier 2 Brand Preferred 30-Day</b>	<b>Tier 3 Brand Non- Preferred 30-Day</b>	<b>Tier 4 Specialty Drugs 30-Day</b>
<b>Depot Drug Mail Pharmacy Preferred Pharmacy \$\$\$ Your Best Money Saver 30, 60 or 90-Day Supplies Available</b>	<b>\$3</b>	<b>\$15</b>	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
Ascend Specialty Drug Mail Pharmacy - Preferred Pharmacy for chronic diseases requiring self-injectable medications, and those for oncology (cancer) or transplant (not insulin) \$\$\$ Your Best Money Saver 30-Day Supply Available	\$7	\$20	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
Depot Drug Walk-In Pharmacies Preferred Pharmacies \$\$\$ Your Best Money Saver	\$7	\$20	Higher of \$40 or 33% of drug cost	Higher of \$50 or 33% of drug cost
National Retail Pharmacy Network Non-Preferred Pharmacies 30-Day or less Supply Only	\$15	\$30	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost
Out-of-Network Pharmacy - Emergency Only We refund you the UPREHS cost for the Part D drug minus your tier copayment amount. You pay any charges above UPREHS cost. If you are in the Coverage gap and the generic and brand name discounts were not applied from the pharmacy, you will not be reimbursed for the discount amounts. Non-Part D drugs are not covered.	\$15	\$30	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost
<b>If the actual cost of a drug is less than the Tier copayment amount for that drug, you will pay the actual cost plus dispensing fee, not the copayment! Some “\$4” drugs would cost you less under this rule so make sure that you use your UPREHS ID Card!</b>				

## UPREHS Prime Medicare Part A & B Secondary Plan (MSP) Summary of Benefits for 2012

UPREHS provides you with very generous benefits! You have access to an enormous national network of participating providers including Alaska and Hawaii. You can go to any participating hospital, doctor, or other provider in America that you choose without referrals or pre-approvals! For questions please contact UPREHS Customer Services at 1-800-547-0421 Monday-Friday, 7:30 AM to 3:30 PM Mountain Time. TTY/TDD users call the national number 711.

UPREHS PRIME MEDICARE PART A & B SECONDARY PLAN BENEFITS	IN-NETWORK UPREHS Medicare Coinsurance Payment	OUT-OF-NETWORK UPREHS Medicare Coinsurance Payment
Annual Medicare Part A & B Deductibles \$	100%	40%
Ambulance Services	100%	100%
Chiropractic Services • \$600 UPREHS Annual Limit	80%	80%
Diabetes Training & Kidney Dialysis	100%	40%
Doctor Services Including Office & Hospital Visits	100%	40%
Durable Medical Equipment, Prosthetics & Orthotics • Limited UPREHS Benefits	100% When Covered	40% When Covered
Emergency Services & Urgent Care Services	100%	100% for 24 Hours- Then 40%
Home Health Care & Home Hospice Care	100%	40%
Inpatient Hospital Care & Blood Products • Medicare Days & Limits Apply	100%	40%
Mental Health Care, Substance Abuse Care, Dental Services & Hearing Appliances	Not a UPREHS Benefit	Not a UPREHS Benefit
Outpatient Surgery, Diagnostic Services & Therapeutic Services	100%	40%
Physical Therapy, Speech Therapy & Outpatient Rehabilitation Services	100%	40%
Podiatry Services	100%	40%
Prescription Drugs – See the UPREHS Prime Medicare Part D Plan Summary of Benefits	See the UPREHS Prime Medicare Part D Plan Summary of Benefits	See the UPREHS Prime Medicare Part D Plan Summary of Benefits
Preventive Health Care Services • Medicare Restrictions & Limits Apply	Medicare pays 100%	Medicare pays 100%
Skilled Nursing Facility • Medicare Days & Limits Apply	100%	40%
Vision Services – Non-routine • UPREHS covers one refractive service annually that is not covered by Medicare	100%	40%

**IMPORTANT:** UPREHS MSP payments are a percentage of the Medicare allowed amount called the coinsurance. UPREHS MSP excludes benefits on mental health and substance abuse care, and many Durable Medical Equipment items that are covered under Medicare. For details, refer to your Medicare & You Handbook 2012.