

UPREHS Prime Medicare Plan Summary of Benefits for 2008

Part D benefits, formulary, pharmacy network, premiums and/or copayments may change on January 1, 2009. Please Contact UPREHS Customer Services for details at 800-547-0421 Monday-Friday, 7:30 AM to 3:30 PM Mountain Time.

NOTE: Federally qualified low-income members have lower, or no copayments. Drug costs can fluctuate slightly so they may not be the same amount on each prescription you fill. Benefits, formulary, pharmacy network, premiums and copayments may change on January 1, 2009.

Benefit Description UPREHS Expands Your Benefits	UPREHS Prime Medicare Plan Benefits <i>An Enhanced Plan</i>	Medicare Part D Basic Benefits
Combined Monthly Premium for Medicare Part D, Medicare HCPP & Medicare Secondary Plan Members	Payment is included in your \$210 combined premium – again for 2008 - no increase in your premium!	Varies depending on the plan and location.
Part D Deductible for All Members	UPREHS pays your \$275 deductible! No first-dollar costs to you except for drug copayments.	\$275
Part D Initial Coverage Limit (ICL) for All Members	\$3,000 - UPREHS extends your ICL at our cost! This is your enhanced benefit!	\$2,510
Out of Pocket Maximum for All Members for Medicare Part D Drugs (TrOOP)	\$4,050 – Drugs during your out-of-pocket coverage gap are supplied to you through the UPREHS Mail Order Pharmacy at cost plus a small dispensing fee.	\$4,050
Catastrophic Part D Drug Coverage for All Members	After \$4,050 out-of-pocket costs to you, UPREHS pays for all Medicare Part D drugs and your copays are the greater of 5% of drug costs or \$2.25 for generic or \$5.60 name brand.	All Medicare Part D drugs after \$4,050 out-of-pocket with copays at the greater of 5% of drug costs or \$2.25 for generic or \$5.60 name brand.
Quantity of Part D Drug Supply for All Members	30, 60 or 90-day supply through the preferred UPREHS Mail Order Pharmacy ONLY. 30-day supplies available through non-preferred retail pharmacies.	30, 60 or 90-day supply available through preferred network pharmacies. 30-day supplies through non-preferred pharmacies.
Drugs Requiring Pre-authorization, Cost-utilization Limits, and Step Therapy Requirements for All Members	Using your UPREHS benefits is easy. There are only approximately 15 drugs that have limitations. Out-of-pocket costs are your decision through our preferred Mail Order Pharmacy and tiered formulary options.	Many plans have cost utilization limits, preauthorization, and step therapy requirements to transition you to their chosen formulary drugs.
Part D Formulary for All Members	Yes! UPREHS includes ALL Part D drugs in our formulary! And...some drugs not covered by Medicare!	Yes. All Medicare plans are required to use a formulary, and many plans severely restrict or limit access to certain brands and drugs.



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Mental Health Part D Drugs for All Members	Yes! UPREHS covers all Part D covered drugs - AND UPREHS pays for some drugs using your Extended Benefit amount not covered by Medicare. Applicable copayments apply. Examples: Diazepam, Alprazolam, Temazepam, Lorazepam, Phenobarbitol, etc.	Limited. Many Mental and Behavioral Health drugs are not a Medicare Part D covered benefit and therefore, many plans do not include them.
Part D Diabetic Supplies that are Not Covered Under Part B for All Members	Yes! The UPREHS Mail Order Pharmacy provides excellent benefits. For example, they will send you three boxes of alcohol swabs for only one \$5 copay (your doctor's prescription is required).	Yes
Home Infusion Therapy Part D Drugs for All Members	Yes! Contact UPREHS Customer Services for coordination.	Yes
Long Term Care Part D Drugs for All Members	Yes! The UPREHS Mail Order Pharmacy offers Long Term Care maintenance drugs so that you can obtain your medications no matter where your facility is located – at our special low prices!	Yes
30, 60 or 90-Day Supply Part D Drugs for All Members	Yes! Up to 90-day supplies are available through our preferred UPREHS Mail Order Pharmacy. 30-day-only supplies are available through non-preferred retail pharmacies.	Yes. 30, 60 or 90-day supply available through preferred network pharmacies.
Prescription Copayment for Part D Drugs for All Members	Copay depends on your use of the UPREHS Mail Order Pharmacy and the drug tier. See the chart below.	25% to 33 % of drug cost depending on plan.

2008 30-Day Coinsurance/Copayment Amounts for Part D Drugs	Tier 1 30-Day	Tier 2 30-Day	Tier 3 30-Day	Tier 4 30-Day
UPREHS Mail Order Pharmacy Preferred Pharmacy 30, 60, or 90-Day Supply Available	\$5	\$10	\$40	Higher of \$50 or 33% of drug cost
UPREHS Walk-In Pharmacies Preferred Pharmacies	\$10	\$20	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost
National Retail Pharmacy Network Non-Preferred Pharmacies 30-day or less Supply Available 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 pay you the UPREHS cost for the Part D drug minus your tier copay amount. You pay any charges above UPREHS cost. 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

UPREHS Medicare Secondary Plan (MSP) Summary of Benefits for 2008

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 2008 and UPREHS HCPP and Medicare Secondary Plan Benefit Guide 2008.**

UPREHS MEDICARE 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 <ul style="list-style-type: none"> • \$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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 Plan Summary of Benefits	See the UPREHS Prime Medicare Plan Summary of Benefits	See the UPREHS Prime Medicare Plan Summary of Benefits
Preventive Health Care Services <ul style="list-style-type: none"> • Medicare Restrictions & Limits Apply 	100%	40 %
Skilled Nursing Facility <ul style="list-style-type: none"> • Medicare Days & Limits Apply 	100%	40%
Vision Services	100%	40%