

UPREHS Prime Medicare Plan Summary of Benefits for 2007

Part D benefits, formulary, pharmacy network, premiums and/or copayments may change on January 1, 2008. 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, 2008.

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 2007 - no increase in your premium.	Varies depending on the plan and location.
Medicare Part D Only Monthly Premium	\$87 per month for the UPREHS Prime Medicare Plan, an enhanced pharmacy benefit plan.	Varies depending on the plan and location.
Part D Deductible for All Members	UPREHS pays your \$265 deductible! No first-dollar costs to you except for drug copayments.	\$265
Part D Initial Coverage Limit (ICL) for All Members	\$3,000 - UPREHS extends your ICL at our cost! This is your enhanced benefit!	\$2,400
Out of Pocket Maximum for All Members for Medicare Part D Drugs	\$3,850 – 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.	\$3,850
Catastrophic Part D Drug Coverage for All Members	After \$3,850 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 for generic or \$5 name brand.	All Medicare Part D drugs after \$3,850 out-of-pocket with copays at the greater of 5% of drug costs or \$2 for generic or \$5 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.

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Drugs Requiring Pre-authorization, Cost-utilization Limits, and Step Therapy Requirements for All Members	We have made using your benefits simple. There are only approximately 15 drugs that have limitations. Out-of-pocket costs are your decision through our tiered formulary and preferred Mail Order Pharmacy option.	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! Greatly expanded to meet your prescription needs. Includes all Part D drugs.	Yes. All Medicare plans are required to use a formulary, and many plans restrict or limit access to certain brands.
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 with applicable copayment. Examples: Diazepam, Alprazolam, Temazepam, Lorazepam, Phenobarbital, 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 offers <u>two</u> vials of insulin with one \$10 copay. Only one \$5 copay for <u>three</u> boxes of 100 (300) alcohol swabs, (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!
Smoking Cessation Part D Drugs for All Members	Yes! Medicare limitations apply.	Yes. Medicare limitations apply.
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.

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Prescription Copayment for Part D Drugs for All Members	Copoly depends on your selection of the drug tier AND your use of the UPREHS Mail Order preferred pharmacy. See the chart below.	25% to 33 % of drug cost depending on plan.

2007 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