

## UPREHS Prime Medicare Plan Summary of Benefits for 2009

UPREHS saves you money and stretches your benefits. UPREHS Depot Drug Mail Order Pharmacy charges less money for your drugs than retail pharmacies. Less money charged to your benefit gives you more prescriptions before you need to pay out of pocket! Use the UPREHS Depot Drug Mail Order Pharmacy for your prescriptions whenever possible. 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.

**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.

Benefit Description UPREHS Expands Your Part D Benefits	UPREHS Prime Medicare Plan Benefits <i>An Enhanced Plan</i>	Medicare Part D Basic Benefits
<b>Combined Monthly Premium for Medicare Part D, Medicare HCPP &amp; Medicare Secondary Plans</b>	Payment is included in your \$220 combined monthly premium covering all of your UPREHS Medicare Plans.	Varies depending on the plan and location.
<b>Part D Deductible for All Members</b>	<b>NONE!</b> UPREHS pays your \$295 deductible! No first-dollar costs to you except for drug copayments.	You pay the first \$295 out of pocket if you are not with UPREHS.
<b>Part D Initial Coverage Limit (ICL) for All Members</b>	\$3,000 - UPREHS extends your ICL at our cost! This is your enhanced benefit!	\$2,700 - \$300 less than your UPREHS plan.
<b>Out of Pocket Maximum for All Members for Medicare Part D Drugs (TrOOP)</b>	\$4,350 – Drugs during your out-of-pocket coverage gap are supplied to you through the UPREHS Mail Order Pharmacy saving you money!	You pay \$4,350 as an annual out of pocket maximum prior to catastrophic coverage.
<b>Catastrophic Part D Drug Coverage for All Members</b>	After \$4,350 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 \$2.40 for generic or \$6.00 name brand.	After \$4,350 out-of-pocket costs to you, copays are the greater of 5% coinsurance or \$2.40 for generic or \$6.00 name brand.
<b>Quantities of Part D Drug Supply for All Members – USE THE UPREHS MAIL ORDER PHARMACY AND STRETCH YOUR BENEFITS!</b>	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.
<b>Drugs Requiring Pre-authorization, Cost-utilization Limits, and Step Therapy Requirements for All Members</b>	UPREHS provides ALL PART D drugs on your formulary. Very few drugs have limitations. Out-of-pocket costs are your decision through our preferred UPREHS 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.



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<b>Part D Formulary for All Members – UPREHS Includes ALL PART D Drugs on Your Formulary!</b>	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.
<b>Mental Health Part D Drugs for All Members</b>	Yes! UPREHS covers all Part D drugs - <b>AND</b> UPREHS pays for some drugs not covered by Part D using the Extended Benefit dollars we have given to you. Applicable copayments apply. 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 provide them for you.
<b>Part D Diabetic Supplies that are Not Covered Under Part B for All Members</b>	Yes! The Depot Drug Mail Order Pharmacy provides excellent benefits that save you money!	Yes
<b>Home Infusion Therapy Part D Drugs for All Members</b>	Yes! Contact UPREHS Customer Services for coordination.	Yes
<b>Long Term Care Part D Drugs for All Members</b>	Yes! The UPREHS Mail Order Pharmacy provides Long Term Care maintenance drugs to <b>SAVE YOU MONEY</b> . Get your medications no matter where your facility is located – at our special low prices!	Yes
<b>Prescription Copayment for Part D Drugs for All Members</b>	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.

<b>2009 30-Day Copayment Amounts for Part D Drugs</b>	<b>Tier 1 30-Day</b>	<b>Tier 2 30-Day</b>	<b>Tier 3 30-Day</b>	<b>Tier 4 30-Day</b>
<b>UPREHS Depot Drug Mail Order Pharmacy - Preferred Pharmacy \$\$\$ Your Best Money Saver 30, 60, or 90-Day Supplies Available</b>	\$5	\$10	\$40	Higher of \$50 or 33% of drug cost
<b>UPREHS Depot Drug Walk-In Pharmacies - Preferred Pharmacies \$\$\$ Your Best Money Saver</b>	\$10	\$20	Higher of \$50 or 33% of drug cost	Higher of \$100 or 33% of drug cost
<b>Ascend Specialty Drug Mail Order Pharmacy - Preferred Pharmacy for self-injectable medications, and those for oncology (cancer) or transplant (not insulin) \$\$\$ Your Best Money Saver 30, 60, or 90-Day Supply Available</b>	\$5	\$10	\$40	Higher of \$50 or 33% of drug cost
<b>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.</b>	\$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 2009

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 or doctor 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 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"> <li>• \$600 UPREHS Annual Limit</li> </ul>	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"> <li>• Limited UPREHS Benefits</li> </ul>	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"> <li>• Medicare Days &amp; Limits Apply</li> </ul>	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"> <li>• Medicare Restrictions &amp; Limits Apply</li> </ul>	100%	40 %
Skilled Nursing Facility <ul style="list-style-type: none"> <li>• Medicare Days &amp; Limits Apply</li> </ul>	100%	40%
Vision Services	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 2009 and UPREHS HCPP and Medicare Secondary Plan Benefit Guide 2009.