



For UnitedHealth Rx for Groups  
[< Employer Group Name>]

**Effective <BENEFIT\_EFFECTIVE\_DATE> through <BENEFIT\_END\_DATE>**

You have <two> levels of Part D coverage. Medicare has increased the 2007 threshold amounts that mark the beginning and the end of coverage levels. At each of these thresholds, your payment responsibilities change.

	THRESHOLD	YOU PAY
INITIAL COVERAGE <sup>1</sup>	\$0	<p><b>Retail Pharmacy</b></p> <p><b>Tier 1 – Preferred Generic</b> [&lt;, <b>Tier 2 – Preferred Brand, Tier 3 – Other Non-Preferred (Generic, Brand), or Specialty Tier (Generic, Brand)</b>&gt;]</p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs</li> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs</li> </ul> <p><b>[Tier 2 – Preferred Brand</b> [&lt;, <b>Tier 3 – Other Non-Preferred (Generic, Brand), or Specialty Tier (Generic, Brand)</b>&gt;]</p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs</li> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs]</li> </ul> <p><b>[Tier 3 – Other Non-Preferred (Generic, Brand) [&lt;or Specialty Tier (Generic, Brand)</b>&gt;]</p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs</li> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs]</li> </ul> <p><b>[Specialty Tier (Generic, Brand)</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs</li> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs]</li> </ul>

	THRESHOLD	YOU PAY
INITIAL COVERAGE	\$0	<p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1 – Preferred Generic [&lt;, Tier 2 – Preferred Brand, Tier 3 – Other Non-Preferred (Generic, Brand), or Specialty Tier (Generic, Brand)&gt;]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs</li> </ul> <p><b>[Tier 2 – Preferred Brand [&lt;, Tier 3 – Other Non-Preferred (Generic, Brand), or Specialty Tier (Generic, Brand)&gt;]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs]</li> </ul> <p><b>[Tier 3 – Other Non-Preferred (Generic, Brand) [&lt;or Specialty Tier (Generic, Brand)&gt;]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs]</li> </ul> <p><b>[Specialty Tier (Generic, Brand)]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a one-month (31-day) supply of drugs]</li> </ul> <p><b>Mail Order</b></p> <p><b>Tier 1 – Preferred Generic [&lt;, Tier 2 – Preferred Brand, Tier 3 – Other Non-Preferred (Generic, Brand), or Specialty Tier (Generic, Brand)&gt;]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs from the mail order pharmacy</li> </ul> <p><b>[Tier 2 – Preferred Brand [&lt;, Tier 3 – Other Non-Preferred (Generic, Brand), or Specialty Tier (Generic, Brand)&gt;]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs from the mail order pharmacy]</li> </ul> <p><b>[Tier 3 – Other Non-Preferred (Generic, Brand) [&lt;or Specialty Tier (Generic, Brand)&gt;]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs from the mail order pharmacy]</li> </ul> <p><b>[Specialty Tier (Generic, Brand)]</b></p> <ul style="list-style-type: none"> <li>• &lt;\$ or %&gt; &lt;copay or coinsurance&gt; for a three-month (90-day) supply of drugs from the mail order pharmacy]</li> </ul>
CATASTROPHIC COVERAGE	After \$4,050 <sup>2</sup>  NO LIMIT	<p>[The greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25<sup>1</sup> for generics (including brand-name drugs treated as generic) and \$5.60<sup>1</sup> for all other drugs, or</li> <li>• 5% coinsurance]</li> </ul> <p>[Nothing. 100% of your drug cost is covered.]</p>

<sup>1</sup>Initial Coverage, Out-of-Pocket and Catastrophic Coverage dollar amounts are set by the Centers for Medicare and Medicaid Services (CMS) on a calendar year basis and may change as of January 1, 2009.<sup>2</sup>Threshold has increased from \$3,850 in 2007 to \$4,050 in 2008.

## Summary of Prescription Drug Benefits.

You can find a complete formulary listing on [www.UnitedHealthRxforGroups.com](http://www.UnitedHealthRxforGroups.com). If the formulary changes, you will be notified in writing before the change. Only Medicare Part D covered drugs will impact your Medicare prescription drug plan annual out-of-pocket spending. Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from UnitedHealth Rx for Groups for certain prescription drugs. Please contact UnitedHealth Rx for Groups for details.

For more information on your plan, please call 1-888-556-6648, 24 hours a day, 7 days a week or for TTY call 1-877-730-4203, 24 hours a day, 7 days a week.

This Medicare Prescription Drug Plan (PDP) is insured by United HealthCare Insurance Company or United HealthCare Insurance Company of New York for New York residents (together called "UnitedHealthcare").

UnitedHealthcare receives rebates from drug manufacturers that it passes on to its enrollees through reductions in premiums and to Medicare to reduce Medicare program costs. UnitedHealthcare contracts with the Federal government as a PDP sponsor. All decisions about prescription drugs are between you and your physician or other health care provider.

UnitedHealth Rx for Groups provides coverage for outpatient prescription drugs only. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Members may be enrolled in only one Part D plan at a time. Members must reside in the service area to be eligible to enroll. UnitedHealth Rx for Groups covers both

brand-name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. Contact UnitedHealth Rx for Groups for more information.

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Our network includes retail, mail service, long-term care, I/T/U and Home Infusion pharmacies. If you would like additional information about our mail service, please contact UnitedHealth Rx for Groups at the number below.

People who have low incomes, who live in long-term care facilities or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Please contact UnitedHealth Rx for Groups for more details. If members have qualified for additional assistance for Medicare prescription drug plan costs, the amount of your premium and cost at the pharmacy will be less. Once you have enrolled in UnitedHealth Rx for Groups, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay.

If you are not receiving this additional assistance, you should call 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213 or the toll-free TTY/TDD number 1-800-325-0778, between 7 a.m. and 7 p.m., Monday through Friday; or your State Medicaid office.

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