

**PART**  
**D**

UNITEDHEALTH Rx for Groups



# what's new

for your new plan year.

PLAN AHEAD WITH CONFIDENCE.



## The more you know, the better you'll feel.

Thank you for being a member of the UnitedHealth Rx for Groups plan. We'll soon be moving into a new year, so now's the time to review your updated plan information.

This information will help you understand how your upcoming plan benefits compare to your current benefits. Here are some key areas to pay attention to:

- Monthly premium.
- Coverage thresholds.
- 2008 Drug List.
- Copays and coinsurance.
- Mail Service Pharmacy.
- Financial assistance through extra help.

By January 31, 2008 we will send you an Evidence of Coverage, which will explain in detail all of our plan rules and benefits that will take effect January 1, 2008.

## UnitedHealth Rx for Groups: Security and peace of mind.

Escalating national health care costs affect everyone. We have designed UnitedHealth Rx for Groups to offer you convenience, predictability and maximum value.

### **No annual deductible.**

Your plan does not have an annual deductible. Your coverage starts with your first prescription on or after <DF\_18>.

### **Monthly premium.**

UnitedHealth Rx for Groups customizes coverage for your organization. For information on the premiums you will pay, taking into account any supplemental coverage and/or subsidization of premiums provided by your former employer, please contact your group benefit plan administrator.

### **Straightforward drug tiers.**

The costs you pay per prescription will depend on how the drug fits into the four Drug List tiers.

- **Tier 1** – Most generic drugs are included in this tier.
- **Tier 2** – This tier includes preferred brand-name drugs.
- **Tier 3** – This tier includes non-preferred drugs.
- **Specialty Tier** – Unique and/or very high-cost drugs are included in this tier.

## 2008 Medicare Part D threshold changes.

Just like in 2007, there are two levels of Part D coverage in 2008. However, Medicare has increased the 2008 threshold amounts that mark the beginning and the end of key coverage levels. At each of these thresholds, your payment responsibilities change.

- Catastrophic coverage** – You pay a small percentage or copay for each covered prescription drug. Your plan pays the rest. There is no annual dollar limit on catastrophic coverage costs.

### Key coverage thresholds:

- Initial coverage** – You pay a copay or coinsurance until your true out-of-pocket drug costs<sup>1</sup> reach \$4,050.

THRESHOLD	
INITIAL COVERAGE	<p><b>\$0</b></p> <p><b>you pay:</b> Copay or coinsurance for each covered prescription drug.</p> <p><b>plan pays:</b> Remainder of costs for each covered prescription drug.</p>
CATASTROPHIC COVERAGE	<p><b>after \$4,050<sup>2</sup> in true out-of-pocket drug costs</b></p> <hr/> <p><b>you pay:</b> Small percentage or copay for each covered prescription drug.</p> <p><b>plan pays:</b> Remainder of costs for each covered prescription until the end of the year with no upper limit.</p> <p><b>no limit</b></p>

<sup>1</sup> True out-of-pocket costs – Costs (annual deductible, if applicable, and copays, coinsurance and coverage gap expenses) for which you’re not reimbursed. Premiums do not count toward these costs.

<sup>2</sup> Threshold has increased from \$3,850 in 2007 to \$4,050 in 2008.

## 2008 UnitedHealth Rx for Groups Drug List.

The 2008 UnitedHealth Rx for Groups Drug List includes 100% of the drugs covered by Medicare Part D, so it is likely that we cover the drugs you currently take. This packet contains a partial Drug List, which includes some of the most commonly prescribed drugs.

For a complete listing of all the drugs we cover, visit [www.UnitedHealthRxforGroups.com](http://www.UnitedHealthRxforGroups.com) or call Customer Care at the number listed below.

Be sure to review the partial Drug List to see if your drugs are covered. The list divides the drugs into copay tiers and identifies any drugs with clinical management notes, such as prior authorization.

The 2008 Drug List may be different than the one you are using. We may have added, removed or placed additional limitations on some of the drugs we cover. If your drug is not covered or has moved to a more expensive tier, speak with your doctor about alternative choices that are on the list.

If you and your doctor wish to have coverage for a drug that is not on the list or a drug that is on a different drug list tier in 2008, you or your doctor can request a coverage exception. For exception requests you will receive an answer within 24 hours for urgent requests and 72 hours for other requests.

For assistance requesting a coverage exception, contact Customer Care at the number listed below or refer to the enclosed 2008 Drug List for exception filing instructions.

### **New in 2008: Vaccine Administration.**

In 2008, UnitedHealth Rx for Groups will begin covering the cost of administering Part D vaccines. More information about the details of this benefit will be included in your Evidence of Coverage document.

### **Simplify and save with our Mail Service Pharmacy.**

Enjoy having your medications delivered directly to your door. As an added benefit to your plan, you have access to Prescription Solutions, our Mail Service Pharmacy. Take advantage of extra savings and convenience on maintenance medications\*:

- Save up to \$50 on a 90-day supply of your Tier 3 medications (typically brand-name drugs).
- Licensed pharmacists are available 24 hours a day, 7 days a week to answer your important questions about your prescriptions.
- No charge for standard delivery. Medications are shipped directly to your home and there is no shipping fee. Your prescriptions should arrive in about seven calendar days from the day the orders are received.\*\* Overnight delivery is available for an additional fee.

Getting started is easy. Simply call Prescription Solutions with the prescription information for the medications you take on a regular basis and the name and phone number of your doctor. Prescription Solutions will take care of the rest.

For more information about the Mail Service Pharmacy through Prescription Solutions, contact Customer Care at the number listed below.

## Copay summary for <DF\_18> through <DF\_19>

The following table summarizes your copay/coinsurance amounts based on Drug List tier and pharmacy.

drug tier	day's supply	current plan year costs <sup>1</sup>	upcoming plan year costs <sup>1</sup>
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► **participating retail network pharmacy**

Tier 1	31-day supply	\$10	\$10
	90-day supply <sup>2</sup>	\$30	\$30
Tier 2	31-day supply	\$25	\$25
	90-day supply <sup>2</sup>	\$75	\$75
Tier 3 or Specialty Tier	31-day supply	\$50	\$50
	90-day supply <sup>2</sup>	\$150	\$150

► **mail service pharmacy**

Tier 1	90-day supply	\$20	\$20
Tier 2	90-day supply	\$50	\$50
Tier 3 or Specialty Tier	90-day supply	\$100	\$100

<sup>1</sup> Copay or coinsurance amount

<sup>2</sup> Some retail pharmacies are able to dispense up to a 90-day supply of medication at one time.

## Financial assistance through extra help.

If meeting your Part D expenses causes financial hardship, you may qualify for extra help. Learn more by calling:

- 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD: 1-877-486-2048.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD: 1-800-325-0778.
- Your state Medicaid office.

You can also receive more information by calling UnitedHealth Rx for Groups Customer Care at the number listed below.

### We offer other prescription drug plans.

There may be other Medicare Part D prescription drug plans available to meet your needs. To help determine if one of the plan options is right for you, please call Customer Care at 1-888-556-6648, 24 hours a day, 7 days a week. TTY users should call 1-877-730-4203. They will help you figure out which plan best fits your needs.

Because your former employer or union pays for some or all of your monthly premium, they may require you to belong to a specific prescription drug plan in order to continue to get the additional subsidy you are receiving. To avoid losing this subsidy, please check with your group benefit plan administrator before switching to another prescription drug plan.

## What happens if you want to leave your current Medicare prescription drug plan?

Every year, from November 15 – December 31, during the Annual Coordinated Election Period (AEP), anyone with Medicare may switch Medicare plans. Your change will take effect on January 1. If your employer's annual open enrollment period is during other times of the year, you may make changes during that time.

There may be other limited times in which you may make changes. For more information about these times and the choices available to you, look at your "Medicare & You" handbook. This handbook is mailed to everyone with Medicare each Fall. Or, visit [www.medicare.gov](http://www.medicare.gov) on the Web or call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048.

### Other types of plan information.

You can contact us if you would like additional information about how we do business; how we manage the use of services and costs; the number of appeals and grievances filed by members; a description of how we pay our pharmacies; or a description of our financial condition, including a summary of our most recent audit statement.

### Other sources of Medicare Part D plan information.

You can get information about the Medicare program and Medicare prescription drug plans by visiting [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Medicare customer service representatives are available 24 hours a day, 7 days a week.

\*Maintenance medications are typically those drugs you take on a regular basis, for a chronic or long-term medical condition.

\*\*You are not required to use our Mail Service Pharmacy to obtain a maintenance supply of your medications. You have the option of using the Mail Service Pharmacy or a retail extended day supply pharmacy in the network to obtain a maintenance supply of medications.

If you choose a retail extended day supply pharmacy you may see out-of-pocket payment differences when compared to using the Mail Service Pharmacy.

Your prescriptions should arrive in about 7 days from the date the order is received by the Mail Service Pharmacy.

If the Mail Service Pharmacy needs to contact you or your prescribing physician about your order, delivery may take longer. If you prefer rush delivery, medications can be shipped overnight for an additional charge. You should fill your prescriptions locally if you are out of your medications and cannot wait for your mail order prescription to arrive. Standard delivery is free to US addresses, including US territories.

For copay amounts, drug coverage information, or general plan questions, please call the Customer Care number located on the back of your member ID card.

RxSolutions, Inc., d/b/a Prescription Solutions is an affiliate of United HealthCare Insurance Company and United HealthCare Insurance Company of New York.

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.

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**Questions? Call Customer Care at 1-888-556-6648, 24 hours a day, 7 days a week.  
TTY users call 1-877-730-4203. Or visit [www.UnitedHealthRxforGroups.com](http://www.UnitedHealthRxforGroups.com).**

Internal & External Team	Project Details	Specs	Notes
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