

  

# UA Medicare Part D Silver

## Prescription Drug Coverage (PDP)

### 2010 SUMMARY OF BENEFITS

**SECTION I**  
**Introduction to the Summary of Benefits for**  
**UA Medicare Part D Silver Prescription Drug Coverage (PDP)**  
**January 1, 2010 - December 31, 2010**

**STATES: ALL STATES, INCLUDING DC (except NY)**

Thank you for your interest in UA Medicare Part D Silver Prescription Drug Coverage (PDP). Our plan is offered by UNITED AMERICAN INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call UA Medicare Part D Silver Prescription Drug Coverage (PDP) and ask for the "Evidence of Coverage".

**YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like UA Medicare Part D Silver Prescription Drug Coverage (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

**HOW CAN I COMPARE MY OPTIONS?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by UA Medicare Part D Silver Prescription Drug Coverage (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

**WHERE IS UA MEDICARE PART D SILVER PRESCRIPTION DRUG COVERAGE (PDP) AVAILABLE?**

The service area for this plan includes: All states plus DC, except New York. You must live in one of these areas to join this plan.

**WHO IS ELIGIBLE TO JOIN?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

**DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

UA Medicare Part D Silver Prescription Drug Coverage (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

**WHERE CAN I GET MY PRESCRIPTIONS?**

UA Medicare Part D Silver Prescription Drug Coverage (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at <http://www.uamedicarepartd.com>. Our Customer Service number is listed at the end of this introduction.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

UA Medicare Part D Silver Prescription Drug Coverage (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at <http://www.uamedicarepartd.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?**

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join UA Medicare Part D Silver Prescription Drug Coverage (PDP). Get this information before you decide to enroll in this plan.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join UA Medicare Part D Silver Prescription Drug Coverage (PDP), Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of UA Medicare Part D Silver Prescription Drug Coverage (PDP) you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a

grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. A complete list of state QIOs is included in this mailing.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact UA Medicare Part D Silver Prescription Drug Coverage (PDP) for more details.

### **PLAN RATINGS**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-866-299-3406 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-524-4170.

Please call Customer Service for more information about UA Medicare Part D Silver Prescription Drug Coverage (PDP).

Visit us at <http://www.uamedicarepartd.com> or, call us:

Customer Service Hours: 8:00am - 8:00pm in your local time zone

Current and prospective members should call 1-866-299-3406.

(TTY/TDD 1-866-524-4170)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

## **SECTION II - SUMMARY OF BENEFITS**

<b>BENEFIT CATEGORY</b>	<b>UA MEDICARE PART D SILVER PRESCRIPTION DRUG COVERAGE (PDP)</b>
	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.
Prescription Drugs	Monthly premiums for UA Medicare Part D Silver Prescription Drug Coverage (PDP) range from \$27.80 to \$67.40. <b><i>Please refer to the table located after this section on page 8 to find out what the premium is in your area.</i></b>

Drugs covered under Medicare Part D General	This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.uamedicarepartd.com">http://www.uamedicarepartd.com</a> on the web.
	Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>
	The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
	Total yearly drug costs are the total drug costs paid by both you and the plan.
	The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
	Some drugs have quantity limits.
	Your provider must get prior authorization from UA Medicare Part D Silver Prescription Drug Coverage (PDP) for certain drugs.
	You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements of these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Plan Finder on Medicare.gov.
	If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
	If you request a formulary exception for a drug and UA Medicare Part D Silver Prescription Drug Coverage (PDP) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.
In-Network	There is a deductible on all drugs except generic drugs, which ranges from \$95-\$250. <b><i>Please refer to the table located after this section on page 8 to find out what the deductible is in your area.</i></b>
Initial Coverage	After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:
<b>Retail Pharmacy</b> Generic	<ul style="list-style-type: none"> <li>- \$4 copay for a one-month (34-day) supply of drugs in this tier</li> <li>- \$12 copay for a three-month (90-day) supply of drugs in this tier</li> </ul>
Preferred Brand	<ul style="list-style-type: none"> <li>- \$45 copay for a one-month (34-day) supply of drugs in this tier</li> <li>- \$135 copay for a three-month (90-day) supply of drugs in this tier</li> </ul>
Non-Preferred Brand	<ul style="list-style-type: none"> <li>- \$90 copay for a one-month (34-day) supply of drugs in this tier</li> <li>- \$270 copay for a three-month (90-day) supply of drugs in this tier</li> </ul>
Specialty	<ul style="list-style-type: none"> <li>- 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> <li>- 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul>

<b>Long Term Care Pharmacy</b>	- \$4 copay for a one-month (34-day) supply of drugs in this tier
Generic	
Preferred Brand	- \$45 copay for a one-month (34-day) supply of drugs in this tier
Non-Preferred Brand	- \$90 copay for a one-month (34-day) supply of drugs in this tier
Specialty	- 25% coinsurance for a one-month (34-day) supply of drugs in this tier
<b>Mail Order</b>	- \$10 copay for a three-month (90-day) supply of drugs in this tier
Generic	
Preferred Brand	- \$113 copay for a three-month (90-day) supply of drugs in this tier
Non-Preferred Brand	- \$225 copay for a three-month (90-day) supply of drugs in this tier
Specialty	- 25% coinsurance for a three-month (90-day) supply of drugs in this tier
Coverage Gap	After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: - \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.
Out-of-Network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from UA Medicare Part D Silver Prescription Drug Coverage (PDP).
Out-of-Network Initial Coverage	After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:
<b>Out-of-Network</b>	- \$4 copay for a one-month (34-day) supply of drugs in this tier
Generic	
Preferred Brand	- \$45 copay for a one-month (34-day) supply of drugs in this tier
Non-Preferred Brand	- \$90 copay for a one-month (34-day) supply of drugs in this tier
Specialty	- 25% coinsurance for a one-month (34-day) supply of drugs in this tier

Out-of-Network Coverage Gap	After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by UA Medicare Part D Silver Prescription Drug Coverage (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UA Medicare Part D Silver Prescription Drug Coverage (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
Out-of-Network Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full amount of the drug minus the following: - a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.

To find your monthly Part D premium and yearly deductible (on all drugs except generic drugs), just locate your state.

### **UA MEDICARE PART D SILVER PRESCRIPTION DRUG COVERAGE (PDP) PREMIUM & DEDUCTIBLE TABLE**

ST.	PLAN #	MO. PREM.	DED.
AK	072	\$67.40	\$155
AL	050	40.30	160
AR	057	27.80	250
AZ	066	36.90	115
CA	070	46.00	195
CO	065	51.00	130
CT	041	38.30	175
DC	043	30.80	150
DE	043	30.80	150
FL	049	41.70	145
GA	048	35.60	160
HI	071	37.40	215
IA	063	49.50	105
ID	069	56.50	125
IL	055	47.80	195
IN	053	41.00	100
KS	062	51.50	95

ST.	PLAN #	MO. PREM.	DED.
KY	053	\$41.00	\$100
LA	059	42.10	160
MA	041	38.30	175
MD	043	30.80	150
ME	040	46.00	135
MI	051	40.80	155
MN	063	49.50	105
MO	056	44.40	140
MS	058	52.20	130
MT	063	49.50	105
NC	046	41.40	125
ND	063	49.50	105
NE	063	49.50	105
NH	040	46.00	135
NJ	042	39.40	210
NM	064	32.80	180
NV	067	47.90	160

ST.	PLAN #	MO. PREM.	DED.
OH	052	\$36.80	\$140
OK	061	49.20	135
OR	068	45.50	130
PA	044	41.90	170
RI	041	38.30	175
SC	047	40.60	140
SD	063	49.50	105
TN	050	40.30	160
TX	060	34.30	140
UT	069	56.50	125
VA	045	39.80	175
VT	041	38.30	175
WA	068	45.50	130
WI	054	55.00	245
WV	044	41.90	170
WY	063	49.50	105