

**Overview of United Healthcare Group
Medicare Advantage Plan (HMO)
2013**

Primary care office visit copay	\$10
Specialist office visit copay	\$20
Inpatient hospital stay –per admit	\$500
Outpatient surgery copay	\$250
Ambulance Service cost share	\$100
Outpatient labs and x-rays copay	\$10
Diagnostic radiology service copay	\$25
Prescription Drugs	
<u>30 day supply retail copay</u>	
Tier 1 Preferred Generic	\$10
Tier 2 Preferred Brand	\$45
Tier 3 Non-Preferred	\$75
Tier 4 Specialty	\$75
<u>90 day supply mail service copay</u>	
Tier 1 Preferred Generic	\$20
Tier 2 Preferred Brand	\$90
Tier 3 Non-Preferred	\$150
Tier 4 Specialty	\$150

Benefits Effective January 1, 2012

Plan Year: January 1, 2012 through December 31, 2012

Insured by: UnitedHealthcare Insurance Company or
UnitedHealthcare Insurance Company of New York

Section I – Introduction to Summary of Benefits

Thank you for your interest in UnitedHealthcare® MedicareRx for Groups plan. Our Plan is offered by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents, a Medicare Prescription Drug Plan that contracts with the Federal government.

This Summary of Benefits describes some of the features of our Plan. It doesn't list every drug that we cover or list every limitation or exclusion. To get a complete description of our benefits, please call UnitedHealthcare MedicareRx for Groups 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 UnitedHealthcare MedicareRx for Groups, which is offered to you by your Plan Sponsor (your former employer, union group or trust administrator). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage available to you on an individual coverage basis or which may be available to you on a group coverage basis through your Plan Sponsor. You make the choice.

If you choose to enroll in a Medicare prescription drug plan or Medicare Advantage plan that is not offered by your Plan Sponsor, you may lose the option to enroll in a plan offered by your Plan Sponsor in the future. You could also lose coverage for other employer-sponsored retirement benefits you may currently have. Once enrolled in our Plan, if you choose to end your membership outside of your Plan Sponsor's open enrollment period, re-enrollment in any plan your Plan Sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

You should consult with your Plan Sponsor regarding the availability of other employer-sponsored coverage before you enroll in a plan not offered by your Plan Sponsor, or before ending your membership in our Plan outside of your Plan Sponsor's open enrollment period. It is important to understand your Plan Sponsor's eligibility policies, and the possible impact to your retiree drug coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your Plan Sponsor, or a request to end your membership in our Plan.

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 UnitedHealthcare MedicareRx for Groups to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is UnitedHealthcare MedicareRx for Groups Plan Available?

The service area for this Plan includes the 50 United States, the District of Columbia and the territories.

You must live in one of these areas to join the Plan.

Who is Eligible to Join This Plan?

You can join our Plan if you are entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area and you meet the eligibility requirements of your former employer, union group or trust administrator (Plan Sponsor).

If you are enrolled in an MA coordinated care (HMO or PPO) or a 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 coverage for an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in a 1876 Cost plan may enroll in a PDP.

Does My Plan Cover Medicare Part B or Part D Drugs?

UnitedHealthcare MedicareRx for Groups 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 if I Join This Plan?

UnitedHealthcare MedicareRx for Groups 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 www.UHCMedicareRxforGroups.com. Our customer service number is also listed at the end of this introduction.

What is a Prescription Drug Formulary?

UnitedHealthcare MedicareRx for Groups 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 members before the change is made. We will send a formulary to you.

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) 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 supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium, if applicable. 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 UnitedHealthcare MedicareRx for Groups. Get this information before you decide to enroll in this Plan.

How Can I Get Extra Help With My Prescription Drug Plan Costs or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, 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 and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778, or
- Your State Medicaid Office.

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 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 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of UnitedHealthcare MedicareRx for Groups, 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we 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 UnitedHealthcare MedicareRx for Groups for more details.

Where Can I Find Information On 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 and select 'Health & Drug Plans' then "Compare Drug and Health Plans' to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please Call UnitedHealthcare for More Information About UnitedHealthcare MedicareRx for Groups

Visit us at www.UHCMedicareRxforGroups.com

Current members should call toll-free at **1-888-556-6648**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week.

Prospective members should call toll-free at **1-888-556-6648**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week.

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 on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

Section II - Summary of Benefits

If you have any questions about this Plan's benefits or costs, please contact Customer Service at the phone number listed in Section 1 for details.

Benefits	Original Medicare	UnitedHealthcare MedicareRx for Groups
<p>Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare.</p> <p>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.</p>	<p>Drugs covered under Medicare Part D</p> <p>This Plan uses a formulary. The Plan will send you the formulary.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>Contact your group plan benefit administrator to determine your actual premium amount, if applicable.</p> <p>The Plan offers national in-network prescription coverage (i.e., this would include 50 states, District of Columbia and the territories). 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).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p>

Benefits	Original Medicare	UnitedHealthcare MedicareRx for Groups
Prescription Drugs (continued)		<p>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 UnitedHealthcare MedicareRx for Groups for certain drugs.</p> <p>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.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,930.</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$50 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$75 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$75 copay for a one-month (31-day) supply of drugs in this tier

Benefits	Original Medicare	UnitedHealthcare MedicareRx for Groups
Prescription Drugs (continued)		<p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$20 copay for a three-month (90-day) supply of drugs in this tier from the Plan's preferred mail order pharmacy, Prescription Solutions by OptumRx <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$100 copay for a three-month (90-day) supply of drugs in this tier from the Plan's preferred mail order pharmacy, Prescription Solutions by OptumRx <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$150 copay for a three-month (90-day) supply of drugs in this tier from the Plan's preferred mail order pharmacy, Prescription Solutions by OptumRx <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$150 copay for a three-month (90-day) supply of drugs in this tier from the Plan's preferred mail order pharmacy, Prescription Solutions by OptumRx

Benefits	Original Medicare	UnitedHealthcare MedicareRx for Groups
Prescription Drugs (continued)		<p>Coverage Gap</p> <p>The Plan covers all formulary drugs through the coverage gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <p>5% coinsurance,</p> <p>or</p> <p>\$2.60 copay for generic (including brand drugs treated as generic) and \$6.50 copay for all other drugs.</p> <p>Out-of-Network</p> <p>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 UnitedHealthcare MedicareRx for Groups.</p>

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