

# RETIREES AND DEPENDENTS MEDICARE ELIGIBLE ENROLLING IN MEDICAL AND PRESCRIPTION PLANS 2012

Based upon our information, you and/or your spouse will become Medicare eligible within the next six (6) months. That means that you will no longer be eligible for medical, dental and vision under the current City of Plano plans with United Healthcare. We offer three plans for those Medicare eligible:

- UnitedHealthcare Group Medicare Advantage Plan (a HMO providing medical and prescription drug coverage)
- AARP plan "F" medical with the option of a Medicare Part D Prescription Drug plan with United RX for Groups;
- AARP plan "K" medical with the option of a Medicare Part D Prescription Drug plan with United RX for Groups.

## **What is the first step?**

- Provide us with a copy of the Medicare card for you and/or your dependent. Send the copy to City of Plano, Human Resources, PO Box 860358, Plano, TX 75086
- We then submit the required information which will generate an enrollment kit. **NOTE:** We cannot submit your information more than 60 days prior to your effective Medicare date.
- The AARP Medicare Supplement Plan ("F" and "K") enrollment kit will be mailed directly to your home.
- You will be automatically enrolled in United RX for Groups prescription drug plan if:
  - a) you elect one of the AARP plans and
  - b) you **do not** complete the "Form to Decline Group Retiree Medicare Prescription Drug Coverage" (opt out form) which is included in this packet.

We realize that many companies send out similar information; however, the plans we offer will refer to the City of Plano within the packet, usually listed on one of the first pages (sample included within this packet).

## **SERVICE CREDITS (SUBSIDY)**

Service credits apply to the plans as follows:

- ◆ If UnitedHealthcare Group Medicare Advantage plan is elected, service credits will applied with any balance owed billed directly to you;  
**Otherwise**
- ◆ Service credits **apply first** to the UnitedHealth Rx for Groups prescription drug plan (accompanies the AARP medical plans) **UNLESS** you “Opt Out” of the prescription drug plan.
- ◆ Any remaining service credits would then apply to the AARP Medical Plan elected. If you opt out of the prescription plan, all service credits will apply to the AARP medical plan elected.

## **UnitedHealthcare Group Medicare Advantage Plan (HMO)**

1. This is a complete medical and prescription drug plan.
2. You must reside within their service area in order to enroll (DFW area). If you enroll and move out of the service area, you can make application to enroll in one of the AARP plans.
3. Services are subject to a flat co-pay.
4. **Only** in-network physicians and facilities can be used. There is no out-of-network benefit.
5. Rate increases take place each January 1<sup>st</sup>.
6. The 2012 monthly premium is \$260.03

A brief summary of this plan is included in this packet. If you have questions regarding this please, please call Customer Care at 1-800-610-2660. Enrollment information kits can be obtained by contacting Shirley Montgomery at (972) 941-7296.

## **AARP PLANS**

There are two (2) AARP medical only plans from which to choose: Plan “F” or Plan “K”. Both plans cover medical expenses approved by Medicare. These plans pay in addition to what Medicare would pay, meaning you will have less out of pocket cost.

Within this packet are brief descriptions of Plan “F” and Plan “K” coverage. Please take a few minutes to review the general information listed below:

1. The premium for these plans will be included in your enrollment kits. They are based on zip code and the age at which you first enroll.
2. If both you and your spouse wish to enroll, each must complete an enrollment form. You each may enroll in a different plan.
3. The enrollment kit will provide information on submitting your paperwork and includes a self-addressed envelope.

4. A "Welcome Kit" will be sent to you after your enrollment has been approved and processed. You will also receive an ID Card(s).
5. Premium changes for these plans occur each June 1<sup>st</sup>.
6. These plans include a discount drug card. This card provides discounts only and is not a full prescription drug plan.
7. Service credits will be applied and any balance owed billed directly to you.

If you have questions relating to AARP, please call Customer Care at 1-800-392-7537.

## **UNITEDHEALTH Rx FOR GROUPS – Prescription Drug Coverage Information**

***This plan is available to those who select either of the AARP plans.***

You are automatically enrolled in the prescription drug plan, United Health RX for Groups, which is an approved Medicare Part D prescription drug plan.

If you do not want this coverage, you need to complete and return the enclosed "Form to Decline Retiree Medicare Prescription Drug Plan Coverage" ("Opt-Out" form) to us as soon as possible.

If you are eligible for Medicare Part D and decide not to be enrolled in any Medicare Part D prescription drug plan, you will have to pay a penalty should you decide to enroll in a plan at a later date. The penalty is added to the monthly premium.

There are many prescription drug plans available. You can view the various prescription plans available to determine which is best for you by going to the Medicare website, [www.medicare.gov](http://www.medicare.gov)

Here are some of the key features of this prescription drug coverage:

- ◆ No annual deductible.
- ◆ Predictable co-pays.
- ◆ No "donut hole" as there is with many Medicare Part D plans.
- ◆ The convenience of mail order service.
- ◆ National pharmacy network with over 60,000 convenient locations.
- ◆ The 2012 monthly premium is \$193.29.

<u>Co-Pay Tier</u>	<u>Type of Medication</u>	<u>30 Day Retail</u>	<u>90 Day Mail Order</u>
Tier 1	Most generic drugs, lowest co-pay	\$10 co-pay	\$20 co-pay
Tier 2	Preferred, brand-name drugs, medium co-pay	\$50 co-pay	\$100 co-pay
Tier 3 & Specialty Tier	Brand-name and unique drugs, higher co-pays	\$75 co-pay	\$150 co-pay

\* Using the mail order pharmacy gives you the opportunity to save money. You can receive a 90 day supply of drugs for the same price as (2) 30-day retail co-pays.

Complete drug and pharmacy lists are available at the [www.UnitedHealthRxforGroups.com](http://www.UnitedHealthRxforGroups.com) web site or by request 24 hours a day, 7 days a week at 1-888-556-6648.

**Additional Information Regarding UnitedHealth for Groups:**

Unless you decline UnitedHealth RX for Groups coverage, you will receive a membership ID card, a Welcome Kit and Evidence of Coverage in the mail. The Welcome Kit will contain a list of participating network pharmacies in your area, mail order information and a Drug Formulary List. If you have questions relating to UnitedHealth Rx for Groups, please call Customer Care at 1-888-556-6648. TTY users should call 1-877-730-4203, 24 hours a day, 7 days a week.

For more information about Medicare benefits and services including general information regarding the Part D benefit, call Medicare toll free: 1-800-MEDICARE (1-800-633-4227), TTY/TDD 1-877-486-2048 (24 hours a day/7 days a week), or visit the [www.medicare.gov](http://www.medicare.gov) website.

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**Overview of UnitedHealthcare Group Medicare  
Advantage Plan- 2012  
(HMO Plan)**

<b>Primary care office visit co-pay</b>	<b>\$ 10.00</b>
<b>Specialist office visit co-pay</b>	<b>\$ 20.00</b>
<b>Inpatient hospital stay – per admit</b>	<b>\$500.00</b>
<b>Outpatient surgery co-pay</b>	<b>\$250.00</b>
<b>Ambulance service cost share</b>	<b>\$100.00</b>
<b>Outpatient labs and x-rays co-pay</b>	<b>\$ 10.00</b>
<b>Diagnostic radiology service co-pay</b>	<b>\$ 25.00</b>
<b>Prescription Drugs</b>	
<b>30 day supply retail co-pay</b>	
Tier 1 Preferred generic	<b>\$ 10.00</b>
Tier 2 Preferred brand	<b>\$ 25.00</b>
Tier 3 Non-preferred	<b>\$ 50.00</b>
Tier 4 Specialty	<b>\$ 50.00</b>
<b>90 day supply mail service co-pay</b>	
Tier 1 Preferred generic	<b>\$ 20.00</b>
Tier 2 Preferred brand	<b>\$ 50.00</b>
Tier 3 Non-preferred	<b>\$ 100.00</b>
Tier 4 Specialty	<b>\$ 100.00</b>



Dear [REDACTED]

You're receiving this enrollment kit for the AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for NY residents) as a retiree of City of Plano. This kit can help you decide on the Medicare supplement plan to best meet your needs.

**Important things to know about Medicare supplement insurance plans:**

- Helps to pay for some or all of the costs that Medicare Parts A & B doesn't, like co-payments, deductibles and co-insurance.
- No networks or referrals required. You can choose any doctor that accepts Medicare patients.
- If you move, you will not lose coverage.
- Medicare supplement insurance is offered in all 50 states and most U.S. territories.

**Follow three simple steps to select a Medicare supplement plan:**

- Step 1** Learn about Medicare and how it works with Medicare supplement insurance plans.
- Step 2** Choose a plan that fits your health care needs.
- Step 3** Enroll. Fill out the enrollment application and send it in.

Once you are enrolled, you will receive a Welcome Packet. Your AARP Medicare Supplement Plan ID card will arrive separately.

Over, Please >

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

**Have questions or need help?**

If you have any questions about AARP Medicare Supplement Insurance Plans or would like help filling out the application, simply call to speak with a licensed agent/producer at 1-800-545-1797.

**Sincerely,**

**UnitedHealthcare Insurance Company**

AARP doesn't make individual recommendations for health-related products, services, insurance or programs. You are encouraged to evaluate your needs and compare products.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY, for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**

**This is a solicitation of insurance. An agent/producer may contact you.**

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors. Your agent/producer can provide complete information, including benefits, costs, eligibility requirements, exclusions and limitations.

# Plan Benefit Tables: Plan F

## Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan F Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	Up to \$144.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## Plan Benefit Tables: Plan F (continued)

Medicare Part B Medical Services per Calendar Year				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts <sup>3</sup>	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$140 of Medicare-approved amounts <sup>3</sup>	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$140 of Medicare-approved amounts <sup>3</sup>	\$0	\$140 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Foreign Travel</b> NOT COVERED BY MEDICARE— Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

### Notes

<sup>3</sup> Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

# Plan Benefit Tables: Plan K

## Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan K Pays	You Pay <sup>3</sup>
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,156	\$578 (50% of Part A deductible)	\$578 (50% of Part A deductible)♦
	Days 61–90	All but \$289 per day	\$289 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$144.50 per day	Up to \$72.25 per day	Up to \$72.25 per day♦
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	50%	50%♦
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	50% of co-payment/ co-insurance	50% of Medicare co-payment/ co-insurance♦

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### Notes

**1** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**2 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**3** You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4660 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

# Plan Benefit Tables: Plan K (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan K Pays	You Pay <sup>4</sup>
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare-approved amounts <sup>5</sup>	\$0	\$0	\$140 (Part B deductible) <sup>5</sup> ◆
	Preventive Benefits for Medicare Covered Services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$4660) <sup>4</sup>
<b>Blood</b>	First 3 pints	\$0	50%	50%◆
	Next \$140 of Medicare-approved amounts <sup>5</sup>	\$0	\$0	\$140 (Part B deductible) <sup>5</sup> ◆
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

## Parts A and B

Service		Medicare Pays	Plan K Pays	You Pay <sup>4</sup>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

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### Notes

**4** This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4660 per calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

**5** Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

# Plan Benefit Tables: Plan K (continued)

Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay <sup>4</sup>
Durable medical equipment Medicare-approved services	First \$140 of Medicare-approved amounts <sup>6</sup>	\$0	\$0	\$140 (Part B deduct- ible)♦
	Remainder of Medicare-approved amounts	80%	10%	10%♦

## Notes

<sup>6</sup> Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

# UNITED RX FOR GROUPS

## SUMMARY OF BENEFITS

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](http://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](http://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](http://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](http://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](http://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.

<b>Benefits</b>	<b>Original Medicare</b>	<b>UnitedHealthcare MedicareRx for Groups</b>
<p><b>Prescription Drugs</b></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><b>Drugs covered under Medicare Part D</b></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"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <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>

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

Benefits	Original Medicare	UnitedHealthcare MedicareRx for Groups
<b>Prescription Drugs (continued)</b>		<p><b>Mail Order</b></p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$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</li> </ul> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$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</li> </ul> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$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</li> </ul> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• \$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</li> </ul>

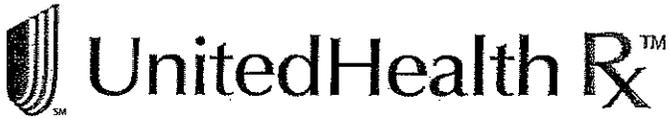
<b>Benefits</b>	<b>Original Medicare</b>	<b>UnitedHealthcare MedicareRx for Groups</b>
<p><b>Prescription Drugs (continued)</b></p>		<p><b>Coverage Gap</b></p> <p>The Plan covers all formulary drugs through the coverage gap.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug 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><b>Out-of-Network</b></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>

Benefits	Original Medicare	UnitedHealthcare MedicareRx for Groups
<b>Prescription Drugs (continued)</b>		<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$10 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$50 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> </ul>

Call Customer Service toll-free about your plan:

**1-888-556-6648, TTY 711**

8 a.m. – 8 p.m. local time, 7 days a week



## Information on Form to Decline Retiree Medicare Prescription Drug Plan Coverage

If you do not wish to participate in the retiree plan provided by City of Plano, please complete the Form to Decline Retiree Medicare Prescription Drug Plan Coverage and mail it to the following address no later than December 1, 2010 for open enrollment, or the first of the month in which you become Medicare eligible.

Attention: City of Plano Human Resources  
Attn: Shirley Montgomery  
PO Box 860358  
Plano, TX 75086-0358

**If you choose not to enroll**, you may not continue your current Medicare eligible retiree prescription drug plan provided by City of Plano, because it will no longer be available.

Please note: If you choose not to enroll for 2007, you may not re-enroll in the City of Plano endorsed UnitedHealth Rx for Groups until open enrollment for 2012. (Note: 2007 was plan inception date).

**If you wish to enroll** in UnitedHealth Rx for Groups, you do not need to do anything and you will automatically be enrolled in this Medicare prescription drug plan.

Please remember that your group retiree effective date is subject to approval by the Centers for Medicare & Medicaid Services (CMS). Your coverage will become effective on January 1, 2011 or the first of the month in which you become Medicare eligible.

Questions? Please Ask!

For information on completing this Form to Decline Retiree Medicare Prescription Drug Plan Coverage, please call:

UnitedHealth Rx for Groups at 1-888-556-6648,  
TTY should call 1-877-730-4203,  
24 hours a day, 7 days a week

**If you elect not to enroll in the City of Plano endorsed  
UnitedHealth Rx for Groups, turn this page  
over and complete the Form to Decline Retiree  
Medicare Prescription Drug Plan Coverage**



## Form to Decline Group Retiree Medicare Prescription Drug Plan Coverage

Please fill in all information requested. *Please print.*

Employer Use Only

Employer Name

Employer Verification

I do not want to enroll in the UnitedHealth Rx for Groups prescription drug plan.

### 1. Personal Information - As it appears on your Medicare card

	Last Name	First Name	MI	Sex	Social Security #	Telephone #
SELF (Retiree)						( )
Permanent Home Address (No P.O. Boxes)	(Include City, State, ZIP)					
Mailing Address	(If different than above)					
Email Address	Please email me plan information and updates:					
Medicare Information	If you have Medicare, what is your Medicare Claim Number:			Part A Effective Date: ____/____/____		
				Part B Effective Date: ____/____/____		

### 2. ATTENTION - Please sign and date.

My signature below warrants that I have read and understand that by signing this Opt-Out Form I elect not to participate in UnitedHealth Rx for Groups prescription drug plan and that the information provided by me is accurate and complete.

Effective Date

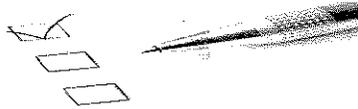
Retiree's Signature

Date

Signature of Individual who assisted in completing this form and relationship to applicant

Date

If Durable Power of Attorney, indicate here and attach certificate or other written proof of legal guardianship.



## Check List

\_\_\_\_\_ File for Medicare Parts "A" and "B" 3 months prior to 65<sup>th</sup> birthday

\_\_\_\_\_ Sent copy of Medicare card to City of Plano

\_\_\_\_\_ Submit "Opt Out" form if declining prescription drug coverage

\_\_\_\_\_ Submit enrollment form to the plan you are electing