

**Introduction to the Summary of Benefits for
UPMC *for Life* Prescription Drug Plan
January 1, 2009 - December 31, 2009
State of Ohio
Contract Number – S8201**

Thank you for your interest in UPMC *for Life* Prescription Drug Plan. Our plan is offered by UPMC Health Benefits, Inc., 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 UPMC *for Life* Prescription Drug Plan 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 UPMC *for Life* Prescription Drug Plan. 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 UPMC *for Life* Prescription Drug Plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

**WHERE IS UPMC *for Life*
PRESCRIPTION DRUG PLAN
AVAILABLE?**

The service area for this plan includes Ohio. 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. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-for-Service Plan, or are enrolled in an 1876 Cost Plan.

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

UPMC *for Life* Prescription Drug Plan 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?**

UPMC *for Life* Prescription Drug Plan 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.upmchealthplan.com/plan/medicare/pharmacy_index.html. Our Customer Service number is listed at the end of this introduction.

**WHAT IS A PRESCRIPTION DRUG
FORMULARY?**

UPMC *for Life* Prescription Drug Plan 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.upmchealthplan.com/plan/medicare/pharmacy_index.html.

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 coverage in the Medicare Prescription Drug Plan and they 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 UPMC

for Life Prescription Drug Plan. Get this information before you decide to enroll in this plan.

HOW CAN I GET HELP WITH MY 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 UPMC *for Life* Prescription Drug Plan, 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/TDD 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 prescription drug 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 coverage in your area.

As a member of UPMC *for Life* Prescription Drug Plan, 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.

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 UPMC *for Life* Prescription Drug Plan for more details.

Please call UPMC Health Plan for more information about UPMC *for Life* Prescription Drug Plan.

Visit us at www.upmchealthplan.com, or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Eastern

Current members should call toll-free **1-877-539-3080**.
(TTY/TDD **1-800-361-2629**)

Prospective members should call toll-free **1-877-381-3765**.
(TTY/TDD **1-800-361-2629**)

Current members should call locally **1-877-539-3080**.
(TTY/TDD **1-800-361-2629**)

Prospective members should call locally **1-877-381-3765**.
(TTY/TDD **1-800-361-2629**)

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.

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

SUMMARY OF BENEFITS

If you have questions about this plan's benefits or costs, please contact UPMC Health Plan for details.

Benefit Category	Original Medicare	UPMC <i>for Life</i> Prescription Drug Plan
Prescription Drugs	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> You pay \$44.10 each month for your Medicare Part D prescription drug benefits. <p>Drugs Covered Under Medicare Part D</p> <p>General</p> <ul style="list-style-type: none"> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.upmchealthplan.com/plan/medicare/pharmacy_index.html on the Web. Different out-of-pocket costs may apply for people who: <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). 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.

Benefit Category	Original Medicare	UPMC <i>for Life</i> Prescription Drug Plan
Prescription Drugs (continued)		<ul style="list-style-type: none"> • Your provider must get prior authorization from UPMC <i>for Life</i> Prescription Drug Plan for certain drugs. • The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details. • You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for 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 Drug 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. • You may have to pay more than your normal cost-sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand-name drug is added to the plan’s formulary after you enroll. • See pages 10-11 for additional information on prescription drugs. <hr/> <p>In-Network</p> <ul style="list-style-type: none"> • \$0 deductible. <hr/> <p>Initial Coverage</p> <ul style="list-style-type: none"> • You pay the following until total yearly drug costs reach \$2,700:

Benefit Category	Original Medicare	UPMC <i>for Life</i> Prescription Drug Plan
Prescription Drugs (continued)		<p>Retail Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier. • \$15 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$32 copay for a one-month (31-day) supply of drugs in this tier. • \$96 copay for a three-month (90-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$80 copay for a one-month (31-day) supply of drugs in this tier. • \$240 copay for a three-month (90-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier. <hr/> <p>Long-Term Care Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$32 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$80 copay for a one-month (31-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier.

Benefit Category	Original Medicare	UPMC <i>for Life</i> Prescription Drug Plan
Prescription Drugs (continued)		<p>Mail-Order</p> <p>Generic</p> <ul style="list-style-type: none"> • \$12.50 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$80 copay for a three-month (90-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$200 copay for a three-month (90-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier. <hr/> <p>Coverage Gap</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350. <p>Catastrophic Coverage</p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: <ul style="list-style-type: none"> • A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% coinsurance.

Benefit Category	Original Medicare	UPMC <i>for Life</i> Prescription Drug Plan
Prescription Drugs (continued)		<p>Out-of-Network</p> <ul style="list-style-type: none"> 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 UPMC <i>for Life</i> Prescription Drug Plan. <hr/> <p>Out-of-Network Initial Coverage</p> <ul style="list-style-type: none"> 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 \$2,700: <p>Out-of-Network Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> \$5 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> \$32 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> \$80 copay for a one-month (31-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> 33% coinsurance for a one-month (31-day) supply of drugs in this tier.

Benefit Category	Original Medicare	UPMC <i>for Life</i> Prescription Drug Plan
Prescription Drugs (continued)		<p>Out-of-Network Coverage Gap</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by UPMC <i>for Life</i> Prescription Drug Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UPMC <i>for Life</i> Prescription Drug Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <hr/> <p>Out-of-Network Catastrophic Coverage</p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> • A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% coinsurance.

Additional Information:
UPMC *for Life* Prescription Drug Plan (PDP)

Outline of Prescription Drug Coverage with UPMC *for Life* PDP Plan

The following chart summarizes your UPMC *for Life* prescription drug coverage:

Benefit:	UPMC <i>for Life</i> PDP Plan
Deductible	\$0 deductible
31-Day Supply – In-Network Retail Pharmacy	
Generic drugs (Tier 1)	\$5 copay up to a 31-day supply
Preferred brand drugs (Tier 2)	\$32 copay up to a 31-day supply
Non-preferred brand drugs (Tier 3)	\$80 copay up to a 31-day supply
Specialty drugs (Tier 4)	33% coinsurance up to a 31-day supply
90-Day Supply – In-Network Retail Pharmacy	
Generic drugs (Tier 1)	\$15 copay up to a 90-day supply
Preferred brand drugs (Tier 2)	\$96 copay up to a 90-day supply
Non-preferred brand drugs (Tier 3)	\$240 copay up to a 90-day supply
Specialty drugs (Tier 4)	33% coinsurance up to a 31-day supply
90-Day Supply – In-Network Mail-Order Pharmacy	
Generic drugs (Tier 1)	\$12.50 copay up to a 90-day supply
Preferred brand drugs (Tier 2)	\$80 copay up to a 90-day supply
Non-preferred brand drugs (Tier 3)	\$200 copay up to a 90-day supply
Specialty drugs (Tier 4)	33% coinsurance up to a 31-day supply
31-Day Supply – Long-Term Care Pharmacy or Out-of-Network Pharmacy	
Generic drugs (Tier 1)	\$5 copay up to a 31-day supply
Preferred brand drugs (Tier 2)	\$32 copay up to a 31-day supply
Non-preferred brand drugs (Tier 3)	\$80 copay up to a 31-day supply
Specialty drugs (Tier 4)	33% coinsurance up to a 31-day supply
NOTE: You will pay more than just a copay at an out-of-network pharmacy. You are responsible for the difference between the UPMC <i>for Life</i> allowed amount and the pharmacy charge for the prescription drug. Contact the plan for details.	
Prescription Drug Initial Coverage Limit	\$2,700 <ul style="list-style-type: none"> When your total prescription drug costs paid by you and UPMC <i>for Life</i> reach \$2,700, you will pay 100% of your drug costs until you reach your drug out-of-pocket maximum for the year.
Drug Coverage Through the Coverage Gap	<ul style="list-style-type: none"> No coverage in the coverage gap.

Benefit:	UPMC <i>for Life</i> PDP Plan
Prescription Drug Out-of-Pocket Limit <ul style="list-style-type: none"> This may also be referred to as your TrOOP (True Out-of-Pocket) amount. 	\$4,350 - Your out-of-pocket limit includes: <ul style="list-style-type: none"> Your copays 100% of your drug costs, after your \$2,700 initial coverage limit is met Out-of-network drug costs
Copayments After Your Out-of-Pocket \$4,350 Maximum Is Met	You pay the greater of: <ul style="list-style-type: none"> \$2.40 copay for generics (including brand drugs treated as generics) \$6.00 copay for all other drugs, or 5% coinsurance
Over-the-Counter (OTC) Medications: The following drugs are covered by UPMC <i>for Life</i> at 100% when purchased at a network pharmacy. A prescription for the medication is needed from your doctor. The costs of these drugs are not applied to your out-of-pocket limit (TrOOP). Over-the-Counter Medication: Dosage: Omeprazole OTC (only) 20 mg Tablets Loratadine OTC (only) 10 mg Tablets or Liquid	
Important Prescription Drug Information: <ol style="list-style-type: none"> Your doctor must call UPMC <i>for Life</i> for prior authorization for certain prescription drugs; please refer to the formulary. Some prescription drugs may have a monthly quantity limit; please refer to the formulary. UPMC <i>for Life</i> may require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition (this is known as Step Therapy). UPMC <i>for Life</i> will not pay for non-formulary drugs, except under certain clinical exceptions. Contact the plan for details regarding how to request an exception. If the actual cost of a prescription drug is less than the copay amount for the drug, you will pay the actual cost, not the copay amount. If you choose a brand-name prescription drug whenever a generic drug equivalent exists, you will have to pay the drug tier copayment (e.g., Tier 2-3) and the difference in cost between the generic drug and the brand-name prescription drug. Drugs covered under Medicare Part B are not covered under this plan. In addition, drugs covered under Medicare Part B do not count toward your Part D out-of-pocket limits. 	
Out-of-Network Retail Pharmacy Information: <ul style="list-style-type: none"> If you use an out-of-network pharmacy, you must pay the full cost of the prescription, at the point of sale. Out-of-network drug claims must be submitted to UPMC <i>for Life</i>, so the amount can be added to your annual out-of-pocket limit (TrOOP) total. You will need to submit a paper claim to Express Scripts, Inc., Attn: Med D Accounts, P.O. Box 66752, St. Louis, MO 63166-6752 for payment. Contact the plan for details. 	

UPMC *for Life*

UPMC Health Plan Medicare Program

To find out if
UPMC *for Life*
is right for you,
call toll-free

1-877-381-3765

TTY/TDD users
should call

1-800-361-2629

UPMC HEALTH PLAN

Where you belong.

One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

www.upmchealthplan.com/medicare