A plan designed to work for you. Take advantage of it.

Go ahead, take advantage.

Your 2020 HealthSelect℠ Medicare Rx Plan

HealthSelect Medicare Rx

UnitedHealthcare

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HealthSelect Medicare Rx

Your 2020 HealthSelect℠ Medicare Rx Plan

Administered by UnitedHealthcare®

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Welcome to HealthSelect Medicare Rx

Why We're Here

Plan Benefits

Questions and Answers

How to Enroll

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Why HealthSelect Medicare Rx?

Helping you make the most of your plan

Connecting you to the care and coverage you may need

Providing programs, resources and tools

Dedicated to helping you live a healthier life

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HealthSelect Medicare Rx Prescription Drug Plan(PDP)

Plan Benefits and Features

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Your HealthSelect Medicare Rx Prescription Drug Plan (PDP)

- ✓ More than 68,000 national, regional, local chains and independent neighborhood pharmacies in the UnitedHealthcare network.
- ✓ Thousands of covered brand name and generic prescription drugs.

Check HealthSelect Medicare Rx's drug list or call Customer Service at toll-free at (866) 868-0609 TTY 711; 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday to see if your prescription drugs are covered.

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Good News!

Plan benefits stay the same for 2020

- ✓ Same Rx deductible
- ✓ Same copay tiers
- ✓ Extended Day Supply (EDS) Network available
- ✓ Mail order services available

You do not need to do anything to remain enrolled. Your coverage will continue.

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Drug payment stages — full coverage in the gap and catastrophic stages

Annual deductible

The HealthSelect Medicare Rx has an annual deductible of $50 and resets on January 1, 2020. You pay the total cost of your drugs until you reach your deductible. Then you move to the initial coverage stage.

Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage
In this drug payment stage:	HealthSelect Medicare Rx plan provides additional coverage through the gap	After your **out-of-pocket costs** reach $6,350:
You pay a copay or coinsurance (percentage of a drug's total cost) HealthSelect Medicare Rx plan pays the rest..	You continue to pay the same copay or coinsurance as you did in the initial coverage stage	You continue to pay the same copay or coinsurance as you did in the initial coverage stage
You stay in this stage until your **total drug costs** reach $4,020	You stay in this stage until your **out-of-pocket costs** reach $6,350	You stay in this stage for the rest of the plan year

Total drug costs: The amount you pay (or others pay on your behalf) and HealthSelect Medicare Rx plan pays for prescription drugs starting January 2020. This does not include premiums.

Out-of-Pocket costs: The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2020. This does not include premiums, or the amount the group health plan, former employer, or plan sponsor pays for prescription drugs.

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HealthSelect Medicare Rx Plan

Stage 1: Annual prescription deductible	$50			
Stage 2: Initial Coverage	Retail Cost-Sharing		Retail Cost Share in the Extended Days Supply (EDS) Network	
	30-day supply of non-maintenance drugs	30-day supply of maintenance drugs*	31- to 60-day supply	61- to 90-day supply
Tier 1 – Preferred Generic	$10 copay	$10 copay	$20 copay	$30 copay
Tier 2 – Preferred Brand	$35 copay	$45 copay	$70 copay	$105 copay
Tier 3 – Non-preferred Drug	$60 copay	$75 copay	$120 copay	$180 copay

	Mail Order Cost-Sharing	
	31- to 60-day supply	61- to 90-day supply
Tier 1 – Preferred Generic	$20 copay	$30 copay
Tier 2 – Preferred Brand	$70 copay	$105 copay
Tier 3 – Non-preferred Drug	$120 copay	$180 copay
Stage 3: Coverage gap	After your total drug costs reach $4,020, HealthSelect Medicare Rx plan covers all formulary drugs through the coverage gap at the same copays listed above.	
Stage 4: Catastrophic coverage	When your out-of-pocket costs reach the $6,350 limit for plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage. The catastrophic coverage will go towards Part D covered medications.	

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Home Delivery Pharmacy[1]

Mail Order delivery is provided by OptumRx®. Once your order has been placed:

1. Your order enters the OptumRx® fulfillment system
2. A pharmacist reviews your information for drug interactions, allergies and dosage
3. For your safety, another pharmacist reviews your medication for accuracy after it is dispensed
4. OptumRx seals your medication in a tamper-evident package
5. OptumRx mails your medication to you and notifies you when it has been shipped

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More ways you can save

- **Review your medications**
  Discuss all your prescription drugs with your doctor at least once a year
- **Use your UnitedHealthcare® Member ID card**
  Show your member ID card at the pharmacy to get the plan's discounted rates
- **Use participating network pharmacies**
  You may save on the medication you take regularly
- **Consider using an Extended Days Supply (EDS) Pharmacy**. You could save time and trips to the pharmacy.
- **Consider using OptumRx® Home Delivery Pharmacy**
  You could save time and trips to the pharmacy

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www.HSMedicareRx.com

After you get your UnitedHealthcare® Member ID card, sign up for your secure online personal account at ww.HSMedicareRx.com.

After you sign up, you can:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary UnitedHealthcare® Member ID card and request a new one
- Search for drugs and see how much they cost under your plan
- Learn about health and wellness topics based on your interests and goals
- Get your Explanation of Benefits online

Follow these easy steps to sign up for your online account:

1. Visit the website and click on the "New user? Register Now" button and then click "Register Now".
2. Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare Member ID number) and click "Continue".
3. Create your username and password, enter your email address, and click "Create my ID".
4. For security purposes, you will need to verify your account by email, call or text.

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Questions & Answers

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Other Changes

Some drugs added and removed

- ✓ If a drug is removed, alternatives are available. We will be mailing letters in October and November

Some drugs may have changes

- ✓ Tiers (higher or lower)
- ✓ Quantity limits
- ✓ Prior authorizations

Some changes to participating network and EDS pharmacies

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FAQs

How can I find out if my drugs are covered and how much will I pay for my drugs?

1. Refer to the partial drug list
2. Call UnitedHealthcare Customer Service toll-free at (866) 868-0609 (TTY 711)
   7 a.m. – 7 p.m. CT Monday – Friday,
   7 a.m. – 3 p.m. CT, Saturday
3. Go online to www.HSMedicareRx.com

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How to Enroll

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Medicare eligible members and their Medicare eligible dependents:

How to Enroll

- Medicare eligible participants will need to contact ERS to provide Medicare information for themselves and their Medicare eligible dependents. Once ERS has Medicare information for you and your dependents, we will begin the process to enroll you in the HealthSelect Medicare Rx plan.

You can decline coverage

- You will have the opportunity to decline this HealthSelect Medicare Rx plan if you don't want to be enrolled. If you decline coverage you won't have any prescription coverage through ERS.
- You can decline by contacting ERS toll-free at (877) 273-4377
- You cannot have two Part D prescription plans at once. If you enroll in another plan you will be automatically disenrolled from your HealthSelect MedicareRx plan.

If you wish to continue coverage through ERS, you do not need to take any action.

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[<Group> has selected the <plan name> for its Medicare-eligible retirees] [and their dependents.]

You will be automatically enrolled into this plan unless you tell <company name> that you want to opt-out of the plan. If you choose to opt-out of this plan, please contact <company name> [at <1-XXX-XXX-XXXX>, TTY 711, <days/hours of operations>][or][at <mailing address>][or][at <URL.com>] [no later than <date>].

[If you wish to continue to receive Medical [and Prescription drug] coverage through <group name>, you do not need to take any action.]

Thank You

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Additional Information

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat <Plan/Part D Sponsor> members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

Other pharmacies are available in our network.

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Additional Information

<[1]> You are not required to use OptumRx home delivery for a 90 – day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

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Additional Information

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

- **Online**: UHC_Civil_Rights@uhc.com
- **Mail**: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online**: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- **Phone**: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)
- **Mail**: U.S. Dept. of Health and Human Services. 200 Independence Avenue. SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla espanol (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposicion. Llame al numero de telefono gratuito que aparece en su tarjeta de identificacion.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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Additional Information

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية** (Arabic)فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف ،، المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte

المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte

d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی** (Farsi)است،، خدمات مترجم زبانی بهمه مطورر رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

!यान द": य"द आप !ह%द (Hindi) बोलते है, आपको भाषा सहायता सेबाएं, !न:शु#क उपल$ध ह"। कृपया अपने पहचान प' पर सूचीब& टोल

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