

**SECTION I**  
**Introduction to the Summary of Benefits for**  
**UA Medicare Part D Silver Prescription Drug Coverage**  
**January 1, 2008 - December 31, 2008**

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

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

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

**HOW CAN I COMPARE MY OPTIONS?**

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

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

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

**WHO IS ELIGIBLE TO JOIN?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. 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 Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan.

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

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

**WHERE CAN I GET MY PRESCRIPTIONS?**

UA Medicare Part D Silver Prescription Drug Coverage 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 call Customer Service for an up-to-date list.

**WHAT IS A PRESCRIPTION DRUG FORMULARY?**

UA Medicare Part D Silver Prescription Drug Coverage 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 Web site at <http://www.uamedicarepartd.com>

If you are currently taking a drug that is not on our formulary or subject to additional requirement 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 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 UA Medicare Part D Silver Prescription Drug Coverage. 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 UA Medicare Part D Silver Prescription Drug Coverage, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

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

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare 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 UA Medicare Part D Silver Prescription Drug Coverage, 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.

Please call United American Insurance Company for more information about this plan.

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

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

Current members should call 1-866-299-3406. (TTY/TDD 1-866-524-4170)

Prospective members should call 1-800-435-2300. (TTY/TDD 1-866-524-4170)

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

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

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

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

**SECTION II - SUMMARY OF BENEFITS**

<b>BENEFIT CATEGORY</b>	<b>UA MEDICARE PART D SILVER PRESCRIPTION DRUG COVERAGE</b>
Prescription Drugs	Monthly premiums for UA Medicare Part D Silver range from \$31.40 to \$49.30. <b><i>Please refer to the table located after this section on page 8 to find out what the premium is in your area.</i></b>
Drugs covered under Medicare Part D General	This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.uamedicarepartd.com">http://www.uamedicarepartd.com</a> on the web.
	Different out-of-pocket costs may apply for people who - 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. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

	Total yearly drug costs are the total drug costs paid by both you and the plan.
	The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
	Some drugs have quantity limits.
	Your provider must get prior authorization from UA Medicare Part D Silver Prescription Drug Coverage for certain drugs.
	You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Plan Finder on Medicare.gov.
	If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.
In-Network	There is a deductible on all drugs except generic drugs, which ranges from \$60-\$180. <b>Please refer to the table located after this section on page 8 to find out what the deductible is in your area.</b>
	You pay \$4 copay for generic drugs until you reach the deductible.
Initial Coverage	After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:
Retail Pharmacy Generic	- \$4 copay for a one-month (34-day) supply of drugs - \$12 copay for a three-month (90-day) supply of drugs
Preferred Brand	- \$40 copay for a one-month (34-day) supply of drugs - \$120 copay for a three-month (90-day) supply of drugs
Non-Preferred Brand	- \$80 copay for a one-month (34-day) supply of drugs - \$240 copay for a three-month (90-day) supply of drugs
Specialty	- 25% coinsurance for a one-month (34-day) supply of drugs - 25% coinsurance for a three-month (90-day) supply of drugs
Long Term Care Pharmacy Generic	- \$4 copay for a one-month (34-day) supply of drugs

Preferred Brand	- \$40 copay for a one-month (34-day) supply of drugs
Non-Preferred Brand	- \$80 copay for a one-month (34-day) supply of drugs
Specialty	- 25% coinsurance for a one-month (34-day) supply of drugs
Mail Order Generic	- \$10 copay for a three-month (90-day) supply of drugs
Preferred Brand	- \$100 copay for a three-month (90-day) supply of drugs
Non-Preferred Brand	- \$200 copay for a three-month (90-day) supply of drugs
Specialty	- 25% coinsurance for a three-month (90-day) supply of drugs
Coverage Gap	After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or 5% coinsurance.
Out-of-Network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.
Out-of-Network Initial Coverage	After you pay your yearly deductible, you pay the following until yearly drug costs reach \$2,510:
Generic	- \$4 copay for a one-month (34-day) supply of drugs
Preferred Brand	- \$40 copay for a one-month (34-day) supply of drugs
Non-Preferred Brand	- \$80 copay for a one-month (34-day) supply of drugs
Specialty	- 25% coinsurance for a one-month (34-day) supply of drugs
Out-of-Network Coverage Gap	After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.

Out-of-Network Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or 5% coinsurance.
--------------------------------------	---

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

#### UA MEDICARE PART D SILVER PREMIUM & DEDUCTIBLE TABLE

ST.	PLAN #	MO. PREM.	DED.	ST.	PLAN #	MO. PREM.	DED.	ST.	PLAN #	MO. PREM.	DED.
AK	072	\$49.30	\$170	ME	040	\$39.40	\$150	TN	050	\$41.20	\$150
AL	050	41.20	150	MI	051	35.40	170	TX	060	38.90	120
AZ	066	41.30	120	MN	063	45.00	90	UT	069	44.60	110
CA	070	40.30	90	MO	056	42.00	110	VA	045	41.10	120
CO	065	40.20	130	MS	058	40.30	150	VT	041	35.10	150
CT	041	35.10	150	MT	063	45.00	90	WA	068	43.80	120
DC	043	36.40	100	NC	046	43.90	120	WI	054	48.00	160
DE	043	36.40	100	ND	063	45.00	90	WV	044	38.30	140
FL	049	44.40	60	NE	063	45.00	90	WY	063	45.00	90
GA	048	42.00	120	NH	040	39.40	150				
HI	071	36.60	180	NJ	042	37.40	120				
IA	063	45.00	90	NM	064	31.40	150				
ID	069	44.60	110	NV	067	43.50	120				
IL	055	46.60	120	OH	052	38.80	130				
IN	053	45.00	120	OK	061	41.70	160				
KS	062	43.20	110	OR	068	43.80	120				
KY	053	45.00	120	PA	044	38.30	140				
LA	059	36.80	140	RI	041	35.10	150				
MA	041	35.10	150	SC	047	42.00	140				
MD	043	36.40	100	SD	063	45.00	90				

## UAMedicare Part D Silver

### Prescription Drug Coverage

## 2008 SUMMARY OF BENEFITS

**UA**  
United American  
Insurance Company