

| Value | Choice | Access |

# Summary of Benefits

January 1 – December 31, 2010

S5660 & S5983

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## Section 1: Introduction to the Summary of Benefits Report for **Medco Medicare Prescription Plan® (PDP)** January 1, 2010 – December 31, 2010

Thank you for your interest in **Medco Medicare Prescription Plan® (PDP)**. Our Plan is offered by Medco Containment Insurance Company of New York and Medco Containment Life Insurance Company/**Medco Medicare Prescription Plan**, 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 **Medco Medicare Prescription Plan (PDP)** 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 **Medco Medicare Prescription Plan (PDP)**. 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 **Medco Medicare Prescription Plan (PDP)** to the benefits offered by other Medicare prescription drug plans or Medicare Advantage Plans with prescription drug coverage.

### **Where is *Medco Medicare Prescription Plan (PDP)* available?**

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

The service area for this Plan includes: All 50 states, the District of Columbia, and Puerto Rico. 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.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an 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 (PFFS) Plan that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) Plan may enroll in a PDP. Enrollees in an 1876 Cost Plan may enroll in a PDP.

### **Does my Plan cover Medicare Part B or Part D drugs?**

**Medco Medicare Prescription Plan (PDP)** 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?**

**Medco Medicare Prescription Plan (PDP)** 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 Choice and Access plan options have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-payment or coinsurance. A non-preferred pharmacy is still a

network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [www.medcomedicare.com](http://www.medcomedicare.com). Our Customer Service numbers are listed at the end of this introduction.

### **What is a prescription drug formulary?**

**Medco Medicare Prescription Plan (PDP)** 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 [www.medcomedicare.com](http://www.medcomedicare.com).

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 policy, your Medigap issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare prescription drug plan coverage. Your issuer 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 **Medco Medicare Prescription Plan (PDP)**. Get this information before you decide to enroll in this Plan.

### **How can I get extra help with my prescription 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 **Medco Medicare Prescription Plan (PDP)**, 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. This letter will explain your options for Medicare coverage in your area.

As a member of **Medco Medicare Prescription Plan (PDP)**, 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. A list of QIOs is included with this document.

### **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 **Medco Medicare Prescription Plan (PDP)** for more details.

### **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 “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at **1-800-758-3605** to obtain a copy of the plan ratings for this Plan. TTY/TDD users call **1-800-716-3231**.

Please call **Medco Medicare Prescription Plan (PDP)** for full information about **Medco Medicare Prescription Plan (PDP)**.

| <b>On the Web:</b>  | <b>By Phone:</b>  | <b>Contact Medicare:</b>   |
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| <p>Visit us at<br/><a href="http://www.medcomedicare.com">www.medcomedicare.com</a></p> | <p><b>1-800-758-3605</b><br/><b>(TTY/TDD: 1-800-716-3231)</b></p> <p>24 hours a day,<br/>7 days a week<br/>(except Thanksgiving<br/>and Christmas)</p> <p>Customer Service is available<br/>in English and other<br/>languages.</p> | <p>For more information<br/>about Medicare,<br/>please call Medicare at<br/>1-800-MEDICARE<br/>(1-800-633-4227).<br/>TTY/TDD users should call<br/>1-877-486-2048.</p> <p>You can call 24 hours a day,<br/>7 days a week.</p> <p>Or visit <a href="http://www.medicare.gov">www.medicare.gov</a><br/>on the Web.</p> |

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

## Section 2: Benefit Offerings

### Medco Medicare Prescription Plan® (PDP)

**Original Medicare:** 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.

| Benefit Category                 | Value   | Choice  | Access  |
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| <p><b>PRESCRIPTION DRUGS</b></p> | <p><b>Drugs Covered Under Medicare Part D</b></p> <p>You pay from \$27.30–\$47.70 each month for your Medicare Part D prescription benefits. Please refer to the premium table located after this section to find out what the premium is in your area.</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D plan premium is \$0.</p> <p><b>General</b></p> <p>This Plan uses a formulary. The Plan will send you the formulary. You can also see the formulary at <a href="http://www.medcomedicare.com">www.medcomedicare.com</a> on the Web.</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> </ul> | <p><b>Drugs Covered Under Medicare Part D</b></p> <p>You pay from \$37.80–\$64.90 each month for your Medicare Part D prescription benefits. Please refer to the premium table located after this section to find out what the premium is in your area.</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D plan premium is \$0.</p> <p><b>General</b></p> <p>This Plan uses a formulary. The Plan will send you the formulary. You can also see the formulary at <a href="http://www.medcomedicare.com">www.medcomedicare.com</a> on the Web.</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> </ul> | <p><b>Drugs Covered Under Medicare Part D</b></p> <p>You pay from \$70.70–\$99.80 each month for your Medicare Part D prescription benefits. Please refer to the premium table located after this section to find out what the premium is in your area.</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D plan premium is \$0.</p> <p><b>General</b></p> <p>This Plan uses a formulary. The Plan will send you the formulary. You can also see the formulary at <a href="http://www.medcomedicare.com">www.medcomedicare.com</a> on the Web.</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> </ul> |

| Benefit Category                            | Value   | Choice  | Access  |
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| <p><b>PRESCRIPTION DRUGS</b><br/>contd.</p> | <ul style="list-style-type: none"> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>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).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the Plan.</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.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <b>Medco Medicare Prescription Plan (PDP)</b> for certain drugs.</p> <p>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,</p> | <ul style="list-style-type: none"> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>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).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the Plan.</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.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <b>Medco Medicare Prescription Plan (PDP)</b> for certain drugs.</p> <p>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,</p> | <ul style="list-style-type: none"> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>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).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the Plan.</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.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <b>Medco Medicare Prescription Plan (PDP)</b> for certain drugs.</p> <p>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,</p> |

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| <p><b>PRESCRIPTION DRUGS</b><br/>contd.</p> | <p>and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</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>For the convenience of beneficiaries, 90-day mail prescriptions can be paid for in three 30-day installments for a five percent annual percentage rate fee applied on the outstanding balance and charged on the second and third payments.</p> <p>Expedited delivery of home delivery medications is available to beneficiaries in emergency situations. An expedited delivery charge will be charged to the beneficiary.</p> | <p>and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</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>If you request a formulary exception for a drug and <b>Medco Medicare Prescription Plan (PDP)</b> approves the exception, you will pay the non-preferred (Tier 3) cost-sharing for that drug.</p> <p>For the convenience of beneficiaries, 90-day mail prescriptions can be paid for in three 30-day installments for a five percent annual percentage rate fee applied on the outstanding balance and charged on the second and third payments.</p> <p>Expedited delivery of home delivery medications is available to beneficiaries in emergency situations. An expedited delivery charge will be charged to the beneficiary.</p> | <p>and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</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>If you request a formulary exception for a drug and <b>Medco Medicare Prescription Plan (PDP)</b> approves the exception, you will pay the non-preferred (Tier 3) cost-sharing for that drug.</p> <p>For the convenience of beneficiaries, 90-day mail prescriptions can be paid for in three 30-day installments for a five percent annual percentage rate fee applied on the outstanding balance and charged on the second and third payments.</p> <p>Expedited delivery of home delivery medications is available to beneficiaries in emergency situations. An expedited delivery charge will be charged to the beneficiary.</p> |
| <p><b>IN-NETWORK DEDUCTIBLE</b></p>         | <p>\$310 yearly deductible</p>   | <p>\$100 yearly deductible</p>  | <p>\$0 deductible</p>   |

| Benefit Category        | Value  | Choice   | Access   |
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| <b>INITIAL COVERAGE</b> | After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,830.   | After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:   | You pay the following until total yearly drug costs reach \$2,830:   |
| <b>RETAIL PHARMACY</b>  | <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>a one-month (34-day) supply</li> <li>a three-month (90-day) supply</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> | <p><b>Generic</b></p> <p>\$6 co-pay for a one-month (34-day) supply of drugs in this tier</p> <p>\$15 co-pay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Preferred Brand</b></p> <p>\$39 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states or territory:</b><br/> <b>Alabama, Alaska, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New York, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia, Wyoming</b></p> | <p><b>Generic</b></p> <p>\$6 co-pay for a one-month (34-day) supply of drugs in this tier</p> <p>\$18 co-pay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Preferred Brand</b></p> <p>\$40 co-pay for a one-month (34-day) supply of drugs in this tier</p> |

| Benefit Category                 | Value | Choice   | Access                 |
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| <b>RETAIL PHARMACY</b><br>contd. |       | <p><b>Preferred Brand</b></p> <p>\$40 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states: Arizona, California, Florida, Hawaii, Idaho, Illinois, Maine, Michigan, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, South Carolina, Utah, Washington, Wisconsin</b></p> <p>\$38 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states or territory: Arkansas, Delaware, District of Columbia, Maryland, Mississippi, New Mexico, North Carolina, Virginia</b></p> <p>\$37 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in Kansas</b></p> <p>\$36 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in Louisiana</b></p> | <b>Preferred Brand</b> |

| Benefit Category                 | Value | Choice  | Access   |
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| <b>RETAIL PHARMACY</b><br>contd. |       | <p><b>Preferred Brand</b></p> <p>\$117 co-pay for a three-month (90-day) supply of drugs in this tier <b>for members residing in the following states or territory:</b><br/> <b>Alabama, Alaska, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New York, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia, Wyoming</b></p> <p>\$120 co-pay for a three-month (90-day) supply of drugs in this tier <b>for members residing in the following states:</b><br/> <b>Arizona, California, Florida, Hawaii, Idaho, Illinois, Maine, Michigan, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, South Carolina, Utah, Washington, Wisconsin</b></p> <p>\$114 co-pay for a three-month (90-day) supply of drugs in this tier <b>for members residing in the following states or territory:</b><br/> <b>Arkansas, Delaware, District of Columbia, Maryland, Mississippi, New Mexico, North Carolina, Virginia</b></p> | <p><b>Preferred Brand</b></p> <p>\$120 co-pay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> |

| Benefit Category                 | Value | Choice   | Access   |
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| <b>RETAIL PHARMACY</b><br>contd. |       | <p><b>Preferred Brand</b></p> <p>\$111 co-pay for a three-month (90-day) supply of drugs in this tier <b>for members residing in Kansas</b></p> <p>\$108 co-pay for a three-month (90-day) supply of drugs in this tier <b>for members residing in Louisiana</b></p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Non-Preferred Brand</b></p> <p>75% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>75% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Specialty</b></p> <p>30% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>30% coinsurance for a three-month (90-day) supply of drugs in this tier</p> | <p><b>Non-Preferred Brand</b></p> <p>75% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>75% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Specialty</b></p> <p>33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> |

| Benefit Category                 | Value   | Choice  | Access  |
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| <b>RETAIL PHARMACY</b><br>contd. |   | <b>Specialty</b><br>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.   | <b>Specialty</b><br>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.   |
| <b>LONG-TERM CARE PHARMACY</b>   | You can get drugs the following way:<br><br>a one-month (34-day) supply | <b>Generic</b><br>\$6 co-pay for a one-month (34-day) supply of drugs in this tier<br><br><b>Preferred Brand</b><br>\$39 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states or territory:</b><br><b>Alabama, Alaska, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New York, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia, Wyoming</b><br><br>\$40 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states:</b><br><b>Arizona, California, Florida, Hawaii,</b> | <b>Generic</b><br>\$6 co-pay for a one-month (34-day) supply of drugs in this tier<br><br><b>Preferred Brand</b><br>\$40 co-pay for a one-month (34-day) supply of drugs in this tier |

| Benefit Category                                 | Value | Choice  | Access  |
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| <p><b>LONG-TERM CARE PHARMACY</b><br/>contd.</p> |       | <p><b>Preferred Brand</b></p> <p><b>Idaho, Illinois, Maine, Michigan, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, South Carolina, Utah, Washington, Wisconsin</b></p> <p>\$38 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states or territory:</b><br/><b>Arkansas, Delaware, District of Columbia, Maryland, Mississippi, New Mexico, North Carolina, Virginia</b></p> <p>\$37 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in Kansas</b></p> <p>\$36 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in Louisiana</b></p> <p><b>Non-Preferred Brand</b></p> <p>75% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p><b>Specialty</b></p> <p>30% coinsurance for a one-month (34-day) supply of drugs in this tier</p> | <p><b>Non-Preferred Brand</b></p> <p>75% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p><b>Specialty</b></p> <p>33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> |

| Benefit Category  | Value   | Choice  | Access   |
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| <b>MAIL ORDER</b> | <p>You can get drugs the following way:</p> <p>a three-month (90-day) supply</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> | <p><b>Generic</b></p> <p>\$0 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy</p> <p>\$15 co-pay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Preferred Brand</b></p> <p>\$97.50 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy</p> <p><b>for members residing in the following states or territory:</b><br/> <b>Alabama, Alaska, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New York, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia, Wyoming</b></p> | <p><b>Generic</b></p> <p>\$6 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy</p> <p>\$18 co-pay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Preferred Brand</b></p> <p>\$100 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy</p> |

| Benefit Category            | Value | Choice   | Access                 |
|-----------------------------|-------|--|------------------------|
| <b>MAIL ORDER</b><br>contd. |       | <p><b>Preferred Brand</b></p> <p>\$100 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy <b>for members residing in the following states: Arizona, California, Florida, Hawaii, Idaho, Illinois, Maine, Michigan, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, South Carolina, Utah, Washington, Wisconsin</b></p> <p>\$95 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy <b>for members residing in the following states or territory: Arkansas, Delaware, District of Columbia, Maryland, Mississippi, New Mexico, North Carolina, Virginia</b></p> <p>\$92.50 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy <b>for members residing in Kansas</b></p> <p>\$90 co-pay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy <b>for members residing in Louisiana</b></p> | <b>Preferred Brand</b> |

| Benefit Category            | Value | Choice   | Access  |
|-----------------------------|-------|--|---|
| <b>MAIL ORDER</b><br>contd. |       | <p><b>Preferred Brand</b></p> <p>\$117 co-pay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> <p><b>for members residing in the following states or territory:</b><br/> <b>Alabama, Alaska, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New York, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia, Wyoming</b></p> <p>\$120 co-pay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> <p><b>for members residing in the following states:</b><br/> <b>Arizona, California, Florida, Hawaii, Idaho, Illinois, Maine, Michigan, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, South Carolina, Utah, Washington, Wisconsin</b></p> <p>\$114 co-pay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> | <p><b>Preferred Brand</b></p> <p>\$120 co-pay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> |

| Benefit Category            | Value | Choice  | Access  |
|-----------------------------|-------|---|---|
| <b>MAIL ORDER</b><br>contd. |       | <p><b>Preferred Brand</b><br/> <b>for members</b><br/> <b>residing in the</b><br/> <b>following states</b><br/> <b>or territory:</b><br/> <b>Arkansas, Delaware,</b><br/> <b>District of Columbia,</b><br/> <b>Maryland, Mississippi,</b><br/> <b>New Mexico, North</b><br/> <b>Carolina, Virginia</b></p> <p>\$111 co-pay for a<br/> three-month (90-day)<br/> supply of drugs in this<br/> tier from a non-preferred<br/> mail-order pharmacy<br/> <b>for members</b><br/> <b>residing in Kansas</b></p> <p>\$108 co-pay for a<br/> three-month (90-day)<br/> supply of drugs in this<br/> tier from a non-preferred<br/> mail-order pharmacy<br/> <b>for members</b><br/> <b>residing in Louisiana</b></p> <p>Not all drugs on this tier<br/> are available at this<br/> extended day supply.<br/> Please contact<br/> the Plan for more<br/> information.</p> <p><b>Non-Preferred Brand</b><br/> 75% coinsurance for a<br/> three-month (90-day)<br/> supply of drugs in this<br/> tier from a preferred<br/> mail-order pharmacy</p> <p>75% coinsurance for a<br/> three-month (90-day)<br/> supply of drugs in this<br/> tier from a non-preferred<br/> mail-order pharmacy</p> | <p><b>Non-Preferred Brand</b><br/> 75% coinsurance for a<br/> three-month (90-day)<br/> supply of drugs in this<br/> tier from a preferred<br/> mail-order pharmacy</p> <p>75% coinsurance for a<br/> three-month (90-day)<br/> supply of drugs in this<br/> tier from a non-preferred<br/> mail-order pharmacy</p> |

| Benefit Category            | Value  | Choice  | Access  |
|-----------------------------|--|---|---|
| <b>MAIL ORDER</b><br>contd. |  | <p><b>Non-Preferred Brand</b><br/> Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Specialty</b><br/> 30% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy</p> <p>30% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> | <p><b>Non-Preferred Brand</b><br/> Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Specialty</b><br/> 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy</p> <p>33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> |
| <b>COVERAGE GAP</b>         | After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550. | After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.  | The Plan covers many generics (65%-99% of formulary generic drugs) through the Coverage Gap.<br><br>You pay the following:<br><br>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.   |

| Benefit Category               | Value | Choice | Access  |
|--------------------------------|-------|--------|---|
| <b>RETAIL PHARMACY</b>         |       |        | <p><b>Generic</b></p> <p>\$6 co-pay for a one-month (34-day) supply of all drugs covered in this tier</p> <p>\$18 co-pay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p>   |
| <b>LONG-TERM CARE PHARMACY</b> |       |        | <p><b>Generic</b></p> <p>\$6 co-pay for a one-month (34-day) supply of all drugs covered in this tier</p>   |
| <b>MAIL ORDER</b>              |       |        | <p><b>Generic</b></p> <p>\$6 co-pay for a three-month (90-day) supply of drugs covered in this tier from a preferred mail-order pharmacy</p> <p>\$18 co-pay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail-order pharmacy</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> |

| Benefit Category                       | Value   | Choice  | Access  |
|--|---|---|---|
| <b>CATASTROPHIC COVERAGE</b>           | <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <p>A \$2.50 co-pay for generics (including brand drugs treated as generics) and a \$6.30 co-pay for all other drugs, or 5% coinsurance.</p>  | <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <p>A \$2.50 co-pay for generics (including brand drugs treated as generics) and a \$6.30 co-pay for all other drugs, or 5% coinsurance.</p>  | <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <p>A \$2.50 co-pay for generics (including brand drugs treated as generics) and a \$6.30 co-pay for all other drugs, or 5% coinsurance.</p>  |
| <b>OUT-OF-NETWORK</b>                  | <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 <b>Medco Medicare Prescription Plan (PDP)</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 <b>Medco Medicare Prescription Plan (PDP)</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 <b>Medco Medicare Prescription Plan (PDP)</b>.</p> |
| <b>OUT-OF-NETWORK INITIAL COVERAGE</b> | <p>After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out of network until total yearly drug costs reach \$2,830.</p>  | <p>After you pay your yearly deductible, 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 \$2,830:</p>  | <p>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 \$2,830:</p>  |

| Benefit Category               | Value  | Choice  | Access   |
|--------------------------------|--|---|--|
| <b>OUT-OF-NETWORK PHARMACY</b> | <p>You can get drugs the following way:</p> <p>a one-month (34-day) supply</p> | <p><b>Generic</b><br/>\$6 co-pay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b><br/>\$39 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states or territory:</b><br/><b>Alabama, Alaska, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New York, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia, Wyoming</b></p> <p>\$40 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states:</b><br/><b>Arizona, California, Florida, Hawaii, Idaho, Illinois, Maine, Michigan, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, South Carolina, Utah, Washington, Wisconsin</b></p> | <p><b>Generic</b><br/>\$6 co-pay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b><br/>\$40 co-pay for a one-month (34-day) supply of drugs in this tier</p> |

| Benefit Category                                 | Value  | Choice  | Access  |
|--|--|---|---|
| <p><b>OUT-OF-NETWORK PHARMACY</b><br/>contd.</p> |  | <p><b>Preferred Brand</b></p> <p>\$38 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in the following states or territory:</b><br/> <b>Arkansas, Delaware, District of Columbia, Maryland, Mississippi, New Mexico, North Carolina, Virginia</b></p> <p>\$37 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in Kansas</b></p> <p>\$36 co-pay for a one-month (34-day) supply of drugs in this tier <b>for members residing in Louisiana</b></p> <p><b>Non-Preferred Brand</b></p> <p>75% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p><b>Specialty</b></p> <p>30% coinsurance for a one-month (34-day) supply of drugs in this tier</p> | <p><b>Non-Preferred Brand</b></p> <p>75% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p><b>Specialty</b></p> <p>33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> |
| <p><b>OUT-OF-NETWORK COVERAGE GAP</b></p>        | <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of</p> | <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of</p>  | <p>You will be reimbursed for these drugs purchased out of network up to the full cost of the drug, minus the following:</p>  |

| Benefit Category                             | Value  | Choice   | Access  |
|--|--|--|---|
| <b>OUT-OF-NETWORK COVERAGE GAP</b><br>contd. | <p>network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <b>Medco Medicare Prescription Plan (PDP)</b> for out-of-network purchases when you are in the Coverage Gap. However, you should still submit documentation to <b>Medco Medicare Prescription Plan (PDP)</b> so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p> | <p>network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <b>Medco Medicare Prescription Plan (PDP)</b> for out-of-network purchases when you are in the Coverage Gap. However, you should still submit documentation to <b>Medco Medicare Prescription Plan (PDP)</b> so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p> | <p><b>Generic</b></p> <p>\$6 co-pay for a one-month (34-day) supply of all drugs covered in this tier</p> <p><b>Preferred Brand</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <b>Medco Medicare Prescription Plan (PDP)</b> for out-of-network purchases when you are in the Coverage Gap. However, you should still submit documentation to <b>Medco Medicare Prescription Plan (PDP)</b> so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p> <p><b>Non-Preferred Brand</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by <b>Medco Medicare Prescription Plan (PDP)</b> for out-of-network purchases when you are in the Coverage Gap.</p> |

| Benefit Category                                     | Value | Choice | Access  |
|--|-------|--------|---|
| <p><b>OUT-OF-NETWORK COVERAGE GAP</b><br/>contd.</p> |       |        | <p><b>Non-Preferred Brand</b><br/>However, you should still submit documentation to <b>Medco Medicare Prescription Plan (PDP)</b> so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p> <p><b>Specialty</b><br/>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out of network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by <b>Medco Medicare Prescription Plan (PDP)</b> for out-of-network purchases when you are in the Coverage Gap. However, you should still submit documentation to <b>Medco Medicare Prescription Plan (PDP)</b> so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p> |

| Benefit Category                            | Value  | Choice   | Access   |
|---|--|--|--|
| <b>OUT-OF-NETWORK CATASTROPHIC COVERAGE</b> | <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out of network up to the full cost of the drug, minus the following:</p> <p>A \$2.50 co-pay for generics (including brand drugs treated as generics) and a \$6.30 co-pay for all other drugs, or 5% coinsurance.</p> | <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out of network up to the full cost of the drug, minus the following:</p> <p>A \$2.50 co-pay for generics (including brand drugs treated as generics) and a \$6.30 co-pay for all other drugs, or 5% coinsurance.</p> | <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out of network up to the full cost of the drug, minus the following:</p> <p>A \$2.50 co-pay for generics (including brand drugs treated as generics) and a \$6.30 co-pay for all other drugs, or 5% coinsurance.</p> |

**2010 Premium Table**  
**Medco Medicare Prescription Plan® (PDP)**

| <b>Region</b> | <b>Service Area</b>           | <b>Value</b> | <b>Choice</b> | <b>Access</b> |
|---------------|-------------------------------|--------------|---------------|---------------|
| 1             | ME, NH                        | \$34.80      | \$48.10       | \$86.00       |
| 2             | CT, MA, RI, VT                | \$33.70      | \$50.80       | \$74.80       |
| 3             | NY                            | \$28.00      | \$47.20       | \$77.80       |
| 4             | NJ                            | \$32.00      | \$47.50       | \$75.00       |
| 5             | DC, DE, MD                    | \$32.90      | \$41.60       | \$70.70       |
| 6             | PA, WV                        | \$29.90      | \$38.90       | \$73.80       |
| 7             | VA                            | \$33.00      | \$42.10       | \$74.70       |
| 8             | NC                            | \$33.90      | \$43.90       | \$77.40       |
| 9             | SC                            | \$34.00      | \$43.10       | \$77.80       |
| 10            | GA                            | \$30.80      | \$40.00       | \$77.10       |
| 11            | FL                            | \$37.40      | \$49.10       | \$76.90       |
| 12            | AL, TN                        | \$30.00      | \$43.80       | \$79.20       |
| 13            | MI                            | \$35.10      | \$44.40       | \$77.50       |
| 14            | OH                            | \$32.00      | \$46.70       | \$73.10       |
| 15            | IN, KY                        | \$35.30      | \$40.70       | \$80.00       |
| 16            | WI                            | \$38.50      | \$41.90       | \$71.20       |
| 17            | IL                            | \$30.60      | \$40.10       | \$77.00       |
| 18            | MO                            | \$33.00      | \$50.90       | \$83.40       |
| 19            | AR                            | \$28.40      | \$44.10       | \$76.90       |
| 20            | MS                            | \$33.50      | \$37.80       | \$77.70       |
| 21            | LA                            | \$27.80      | \$40.50       | \$75.00       |
| 22            | TX                            | \$47.70      | \$49.80       | \$86.00       |
| 23            | OK                            | \$30.60      | \$42.50       | \$84.70       |
| 24            | KS                            | \$34.50      | \$47.40       | \$82.70       |
| 25            | IA, MN, MT,<br>ND, NE, SD, WY | \$47.70      | \$39.80       | \$77.70       |
| 26            | NM                            | \$31.70      | \$48.60       | \$73.70       |
| 27            | CO                            | \$40.80      | \$52.40       | \$84.20       |
| 28            | AZ                            | \$36.90      | \$50.00       | \$79.70       |
| 29            | NV                            | \$35.10      | \$50.20       | \$79.50       |
| 30            | OR, WA                        | \$32.60      | \$54.40       | \$85.40       |
| 31            | ID, UT                        | \$38.40      | \$55.60       | \$91.00       |
| 32            | CA                            | \$42.00      | \$50.30       | \$77.50       |
| 33            | HI                            | \$27.30      | \$47.30       | \$80.60       |
| 34            | AK                            | \$42.70      | \$64.90       | \$99.80       |
| 38            | PR                            | \$37.00      | \$53.40       | \$83.00       |



Medco Health Solutions, Inc., 100 Parsons Pond Drive, Franklin Lakes, NJ 07417

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Value | Choice | Access

# Important Information

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## Important Information Regarding Your Prescription Benefits for **Medco Medicare Prescription Plan® (PDP)** January 1, 2010 – December 31, 2010

**Medco Medicare Prescription Plan® (PDP)** is a Medicare-approved Part D sponsor that is offered nationally in 35 Medicare regions, including the District of Columbia and Puerto Rico. This prescription drug plan is underwritten by Medco Containment Insurance Company of New York, an insurance company licensed in New York, and Medco Containment Life Insurance Company, an insurance company licensed or authorized to do business in the states that comprise the other 34 Medicare regions.

### **ENROLLMENT/DISENROLLMENT OPTIONS**

#### **Annual Coordinated Election Period**

November 15–December 31 each year.

#### **Special Enrollment Periods**

If beneficiaries disenroll for any reason other than the special election criteria options listed below, they will be unable to re-enroll until November 15, 2010.

- A move outside their approved program service area.
- They enter or leave a skilled nursing facility (like a nursing home).
- They enroll in, or disenroll from, an MA PDP plan (medical + drug benefit).
- Medco stops offering Medicare prescription drug coverage.

#### **Late Enrollment Penalty**

This is imposed when a beneficiary fails to maintain creditable prescription coverage for a period of 63 days or more following the last day of an individual's initial enrollment in a Part D plan.

#### **Voluntary Disenrollment**

A member may disenroll from a prescription drug plan during one of the election periods by doing the following:

- Providing a signed written notice to Medco, or through their employer, where applicable.
- Submitting a request via the Internet to Medco.
- Giving a signed written notice to Social Security or the Railroad Retirement Board.
- By calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

#### **Required Involuntary Disenrollment**

A prescription drug plan organization must disenroll an individual from a prescription drug plan in the following cases:

- A change in residence, making the individual ineligible to be an enrollee of the prescription drug plan.
- The individual loses entitlement to Medicare.
- The individual dies.
- The prescription drug plan contract is terminated, or the prescription drug plan organization discontinues offering a prescription drug plan in any portion of the area where the prescription drug plan had previously been available.
- The individual materially misrepresents information to the prescription drug plan organization regarding reimbursement for third-party coverage.

## Enrollment Options

- Mail in the signed enrollment form to:  
Medco Medicare Prescription Plan (PDP)  
P.O. Box 14717  
Lexington, KY 40512
- Enroll over the phone by calling Medco toll-free at **1-800-758-3605** from 8:00 a.m. to 8:00 p.m., 7 days a week (TTY/TDD users should call **1-800-716-3231**).
- Medicare beneficiaries may enroll in **Medco Medicare Prescription Plan (PDP)** through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov). For more information, contact the **Medco Medicare Prescription Plan (PDP)** at **1-800-758-3605**. Customer Service is available 24 hours a day, 7 days a week (except Thanksgiving and Christmas).
- You may be able to get Extra Help to pay for your prescription drug premiums and 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;  
  
The Social Security Office 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 contact your State Medicaid Office.

## Service Complaint

If you are not satisfied with the service received from Medco, you may file a complaint. Use any of the following ways to respond for problems with service from your retail network pharmacy, or the Medco Pharmacy, or Medco's Customer Service department:

- Call Medco toll-free at **1-800-758-3605** (TTY/TDD users should call **1-800-716-3231**). Customer Service is available 24 hours a day, 7 days a week (except Thanksgiving and Christmas).

OR

- Fill out the Service Complaint Form located at **[www.medcomedicare.com](http://www.medcomedicare.com)** on the Web.

Please mail your completed Service Complaint Form to:

Medco Medicare Prescription Plan (PDP)  
Medco Health Solutions, Inc.  
Attn: Service Grievance Resolution Team  
P.O. Box 639405  
Irving, TX 75063-9405

If you need assistance or more information on filing a complaint, please call Medco toll-free at **1-800-758-3605** (TTY/TDD users should call **1-800-716-3231**). Representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Customer Service is available in English and other languages.

## COVERAGE LIMITS AND APPEALS

Some of the drugs covered by **Medco Medicare Prescription Plan (PDP)** have coverage limits. For example, prescription drugs used for cosmetic reasons may not be covered without your doctor's approval. In addition, some medications might be limited to a certain number of pills or a total dosage within a period of time.

If you have a prescription for a drug with a coverage limit, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will also give you a toll-free number to call.

If you are told there is a coverage limit, more information may be needed to see if your prescription meets the plan's coverage conditions.

We will notify you and your doctor of the decision in writing. If coverage is approved, the letter will indicate the amount of time allowed under your coverage. If coverage is denied, the letter will provide an explanation and information on how to submit an appeal.

**Medco Medicare Prescription Plan** (PDP) is authorized by law to refuse to renew its contract

with CMS; CMS also may refuse to renew the contract, and termination or non-renewal may result in termination of the beneficiary's enrollment in the Plan. In addition, **Medco Medicare Prescription Plan** (PDP) may reduce its service area and no longer offer services in the area where the beneficiary resides.

Medco Health Solutions, Inc., 100 Parsons Pond Drive, Franklin Lakes, NJ 07417

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# Quality Improvement Organizations (QIOs)

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CMS Approved: 09/14/2009



## Quality Improvement Organizations (QIOs)

|                             |   |  |
|-----------------------------|---|--|
| <b>Alabama</b>              | <b>Alabama Quality Assurance Foundation</b><br>2 Perimeter Park South, Suite 200 West<br>Birmingham, AL 35243-2337      | local: 1-205-977-4205<br>toll-free: 1-800-760-3540 |
| <b>Alaska</b>               | <b>Qualis Health</b><br>741 Sesame Street, Suite 100<br>Anchorage, AK 99503   | local: 1-907-770-7525<br>toll-free: 1-888-578-2547 |
| <b>Arizona</b>              | <b>Health Services Advisory Group, Inc.</b><br>1600 East Northern Avenue, Suite 100<br>Phoenix, AZ 85020                | local: 1-602-264-6382<br>toll-free: 1-800-359-9909 |
| <b>Arkansas</b>             | <b>Arkansas Foundation for Medical Care</b><br>2201 Brooken Hill Drive<br>Fort Smith, AR 72908                          | local: 1-479-649-8501<br>toll-free: 1-888-354-9100 |
| <b>California</b>           | <b>Health Services Advisory Group, Inc.</b><br>700 North Brand Boulevard, Suite 370<br>Glendale, CA 91203               | local: 1-818-409-9229<br>toll-free: 1-800-841-1602 |
| <b>Colorado</b>             | <b>Colorado Foundation for Medical Care</b><br>23 Inverness Way East, Suite 100<br>Englewood, CO 80112-5708             | local: 1-303-695-3300<br>toll-free: 1-800-950-8250 |
| <b>Connecticut</b>          | <b>Qualidigm</b><br>1111 Cromwell Avenue, Suite 201<br>Rocky Hill, CT 06067-3454  | local: 1-860-632-2008<br>toll-free: 1-800-553-7590 |
| <b>Delaware</b>             | <b>Quality Insights of Delaware</b><br>Baynard Building, Suite 100<br>3411 Silverside Road<br>Wilmington, DE 19810-4812 | local: 1-302-478-3600<br>toll-free: 1-866-475-9669 |
| <b>District of Columbia</b> | <b>Delmarva Foundation of the District of Columbia (DFDC)</b><br>2175 K Street, NW, Suite 250<br>Washington, DC 20037   | local: 1-202-293-9650<br>toll-free: 1-800-937-3362 |
| <b>Florida</b>              | <b>Florida Medical Quality Assurance (FMQAI)</b><br>5201 W. Kennedy Boulevard<br>Suite 900<br>Tampa, FL 33609-1822      | local: 1-813-354-9111<br>toll-free: 1-800-844-0795 |
| <b>Georgia</b>              | <b>Georgia Medical Care Foundation</b><br>1455 Lincoln Parkway, Suite 800<br>Atlanta, GA 30346                          | local: 1-404-982-0411<br>toll-free: 1-800-982-0411 |

## Quality Improvement Organizations (QIOs)

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| <b>Hawaii</b>        | <b>Mountain-Pacific Quality Health Foundation</b><br>1360 South Beretania Street, Suite 501<br>Honolulu, HI 96814 | local: 1-808-545-2550<br>toll-free: 1-800-524-6550                                 |
| <b>Idaho</b>         | <b>Qualis Health</b><br>720 Park Boulevard, Suite 120<br>Boise, ID 83712  | local: 1-208-343-4617<br>toll-free: 1-800-488-1118                                 |
| <b>Illinois</b>      | <b>Illinois Foundation for Quality Health Care</b><br>711 Jorie Boulevard, Suite 301<br>Oak Brook, IL 60523-4425  | local: 1-630-928-5800<br>toll-free: 1-800-647-8089<br><i>(in-state calls only)</i> |
| <b>Indiana</b>       | <b>Health Care Excel, Inc.</b><br>2629 Waterfront Parkway East Drive, Suite 200<br>Indianapolis, IN 46214         | local: 1-317-347-4500<br>toll-free: 1-800-288-1499                                 |
| <b>Iowa</b>          | <b>Iowa Foundation for Medical Care</b><br>1776 West Lakes Parkway<br>West Des Moines, IA 50266                   | local: 1-515-223-2900<br>toll-free: 1-800-383-2856                                 |
| <b>Kansas</b>        | <b>Kansas Foundation for Medical Care</b><br>2947 S.W. Wanamaker Drive<br>Topeka, KS 66614-4193                   | local: 1-785-273-2552<br>toll-free: 1-800-432-0770                                 |
| <b>Kentucky</b>      | <b>Health Care Excel of Kentucky, Inc.</b><br>1941 Bishop Lane, Suite 400<br>Louisville, KY 40218                 | local: 1-502-454-5112<br>toll-free: 1-800-288-1499                                 |
| <b>Louisiana</b>     | <b>Louisiana Health Care Review, Inc.</b><br>8591 United Plaza Boulevard, Suite 270<br>Baton Rouge, LA 70809      | local: 1-225-926-6353<br>toll-free: 1-800-433-4958                                 |
| <b>Maine</b>         | <b>Northeast Health Care Quality Foundation</b><br>15 Old Rollinsford Road, Suite 302<br>Dover, NH 03820-2830     | local: 1-603-749-1641<br>toll-free: 1-800-772-0151                                 |
| <b>Maryland</b>      | <b>Delmarva Foundation for Medical Care</b><br>9240 Centreville Road<br>Easton, MD 21601                          | local: 1-410-822-0697<br>toll-free: 1-800-999-3362                                 |
| <b>Massachusetts</b> | <b>Masspro</b><br>245 Winter Street<br>Waltham, MA 02451-1231   | local: 1-781-890-0011<br>toll-free: 1-800-252-5533<br><i>(in-state calls only)</i> |

## Quality Improvement Organizations (QIOs)

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| <b>Michigan</b>      | <b>Michigan Peer Review Organization</b><br>22670 Haggerty Road<br>Suite 100<br>Farmington Hills, MI 48335-2611   | local: 1-248-465-7300<br>toll-free: 1-800-365-5899                                 |
| <b>Minnesota</b>     | <b>Stratis Health</b><br>2901 Metro Drive, Suite 400<br>Bloomington, MN 55425-1525                                | local: 1-952-854-3306<br>toll-free: 1-800-444-3423                                 |
| <b>Mississippi</b>   | <b>Information and Quality Healthcare</b><br>385B Highland Colony Parkway, Suite 504<br>Ridgeland, MS 39157-6035  | local: 1-601-957-1575<br>toll-free: 1-800-844-0600                                 |
| <b>Missouri</b>      | <b>Primaris</b><br>200 North Keene Street<br>Columbia, MO 65201   | local: 1-573-817-8300<br>toll-free: 1-800-735-6776                                 |
| <b>Montana</b>       | <b>Mountain-Pacific Quality Health Foundation</b><br>3404 Cooney Drive<br>Helena, MT 59602                        | local: 1-406-443-4020<br>toll-free: 1-800-497-8232                                 |
| <b>Nebraska</b>      | <b>CIMRO of Nebraska</b><br>1230 O Street, Suite 120<br>Lincoln, NE 68508   | local: 1-402-476-1399<br>toll-free: 1-800-458-4262                                 |
| <b>Nevada</b>        | <b>HealthInsight</b><br>6830 W. Oquendo Road, Suite 102<br>Las Vegas, NV 89118                                    | local: 1-702-385-9933<br>toll-free: 1-800-748-6773                                 |
| <b>New Hampshire</b> | <b>Northeast Health Care Quality Foundation</b><br>15 Old Rollinsford Road, Suite 302<br>Dover, NH 03820-2830     | local: 1-603-749-1641<br>toll-free: 1-800-772-0151                                 |
| <b>New Jersey</b>    | <b>Healthcare Quality Strategies, Inc. (HQSI)</b><br>557 Cranbury Road, Suite 21<br>East Brunswick, NJ 08816-5419 | local: 1-732-238-5570<br>toll-free: 1-800-624-4557<br><i>(in-state calls only)</i> |
| <b>New Mexico</b>    | <b>New Mexico Medical Review Association</b><br>5801 Osuna Road, NE, Suite 200<br>Albuquerque, NM 87109           | local: 1-505-998-9898<br>toll-free: 1-800-663-6351                                 |

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| <b>New York</b>       | <b>IPRO</b><br>1979 Marcus Avenue<br>Lake Success, NY 11042-1002   | local: 1-516-326-7767<br>toll-free: 1-800-331-7767                           |
| <b>North Carolina</b> | <b>The Carolinas Center for Medical Excellence (CCME)</b><br>100 Regency Forest Drive, Suite 200<br>Cary, NC 27518-8598  | local: 1-919-380-9860<br>toll-free: 1-800-682-2650                           |
| <b>North Dakota</b>   | <b>North Dakota Health Care Review</b><br>800 31st Avenue, SW<br>Minot, ND 58701   | local: 1-701-852-4231<br>toll-free: 1-888-472-2902                           |
| <b>Ohio</b>           | <b>Ohio KePRO, Inc.</b><br>Rock Run Center, Suite 100<br>5700 Lombardo Center Drive<br>Seven Hills, OH 44131             | local: 1-216-447-9604<br>toll-free: 1-800-589-7337                           |
| <b>Oklahoma</b>       | <b>Oklahoma Foundation for Medical Quality</b><br>14000 Quail Springs Parkway, Suite 400<br>Oklahoma City, OK 73134-2600 | local: 1-405-840-2891<br>toll-free: 1-800-522-3414                           |
| <b>Oregon</b>         | <b>Acumentra Health</b><br>2020 SW Fourth Avenue, Suite 520<br>Portland, OR 97201  | local: 1-503-279-0100<br>toll-free: 1-800-344-4354                           |
| <b>Pennsylvania</b>   | <b>Quality Insights of Pennsylvania</b><br>2601 Market Place Street, Suite 320<br>Harrisburg, PA 17110                   | local: 1-717-671-5425<br>toll-free: 1-877-346-6180                           |
| <b>Puerto Rico</b>    | <b>QIPRO, Inc.</b><br>2 Ponce de Leon Avenue<br>Mercantil Plaza Building, Suite 709<br>San Juan, PR 00918                | local: 1-787-641-1240<br>toll-free: 1-800-981-5062<br><i>(PR calls only)</i> |
| <b>Rhode Island</b>   | <b>Quality Partners of Rhode Island</b><br>235 Promenade Street<br>Suite 500, Box 18<br>Providence, RI 02908             | local: 1-401-528-3200<br>toll-free: 1-800-662-5028                           |
| <b>South Carolina</b> | <b>The Carolinas Center for Medical Excellence</b><br>246 Stoneridge Drive, Suite 200<br>Columbia, SC 29210              | local: 1-803-251-2215<br>toll-free: 1-800-922-3089                           |

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| <b>South Dakota</b>  | <b>South Dakota Foundation for Medical Care</b><br>2600 West 49th Sreet, Suite 300<br>Sioux Falls, SD 57105           | local: 1-605-336-3505<br>toll-free: 1-800-658-2285 |
| <b>Tennessee</b>     | <b>QSource</b><br>3175 Lenox Park Boulevard, Suite 309<br>Memphis, TN 38115   | local: 1-901-682-0381<br>toll-free: 1-800-489-4633 |
| <b>Texas</b>         | <b>TMF Health Quality Institute</b><br>5918 West Courtyard Drive<br>Bridgepoint I, Suite 300<br>Austin, TX 78730-5036 | local: 1-512-329-6610<br>toll-free: 1-800-725-8315 |
| <b>Utah</b>          | <b>HealthInsight</b><br>348 East 4500 South, Suite 300<br>Salt Lake City, UT 84107                                    | local: 1-801-892-0155<br>toll-free: 1-800-748-6773 |
| <b>Vermont</b>       | <b>Northeast Health Care Quality Foundation</b><br>15 Old Rollinsford Road, Suite 302<br>Dover, NH 03820-2830         | local: 1-603-749-1641<br>toll-free: 1-800-772-0151 |
| <b>Virginia</b>      | <b>Virginia Health Quality Center</b><br>9830 Mayland Drive, Suite J<br>Richmond, VA 23233                            | local: 1-804-289-5320<br>toll-free: 1-800-545-3814 |
| <b>Washington</b>    | <b>Qualis Health</b><br>10700 Meridian Avenue North, Suite 100<br>P.O. Box 33400<br>Seattle, WA 98133-9075            | local: 1-206-364-9700<br>toll-free: 1-800-445-6941 |
| <b>West Virginia</b> | <b>West Virginia Medical Institute</b><br>3001 Chesterfield Avenue<br>Charleston, WV 25304                            | local: 1-304-346-9864<br>toll-free: 1-800-642-8686 |
| <b>Wisconsin</b>     | <b>MetaStar</b><br>2909 Landmark Place<br>Madison, WI 53713   | local: 1-608-274-1940<br>toll-free: 1-800-362-2320 |
| <b>Wyoming</b>       | <b>Mountain-Pacific Quality Health Foundation</b><br>P.O. Box 2242<br>409 South 4th<br>Glenrock, WY 82637             | local: 1-307-436-8733<br>toll-free: 1-877-810-6248 |

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