



Insurance Trust for Delta Retirees 2013 Prescription Drug Plan (PDP)

UnitedHealthcare MedicareRx for Groups (PDP)





What is Medicare Part D?

Medicare Part D is a government-regulated program that offers prescription drug insurance to everyone eligible for Medicare. Part D plans are only available through private insurance providers like UnitedHealthcare® Insurance Company and other companies contracted by Medicare.

How do Medicare Part D plans work?

To better understand how your Medicare Part D plan will work, it's helpful to know some of the basics. When you sign up for a Part D plan, you and the plan share the costs of your prescription drugs. All Part D plans follow four drug payment stages, and you may pay a different amount in each of them.

Stage	Who pays?	How long does this stage last?
1 Annual Deductible	Member pays: Your plan does NOT have an annual deductible.	N/A
2 Initial Coverage	Member pays: Copays or coinsurance for each covered prescription drug. Plan pays: The rest of the costs for each covered prescription drug.	Until the total drug costs paid by you and the plan for the year reach \$2,970. ¹
3 Coverage Gap	Member pays: <ul style="list-style-type: none"> ▪ Generic drugs have the same copay as in Stage 2. ▪ 47.5% of the total cost for brand name drugs. Plan pays: The rest of the costs for drugs covered by the Medicare formulary during the gap. Some of these costs are also paid by drug manufacturer discounts.	Until your True Out-of-Pocket (TrOOP) costs for the year reach \$4,750. ²
4 Catastrophic Coverage	Member pays: A small copay or coinsurance amount, depending on whichever is higher. Plan pays: The rest of the costs for drugs covered by the Medicare's formulary during the Catastrophic Coverage Stage.	Until the plan's 2014 renewal date. You then return to Stage 1.

¹Total drug costs is the amount you pay or others pay on your behalf plus the amount the plan pays. Premiums are not included in total drug costs.

²True Out-of-Pocket costs are the amount you pay or others pay on your behalf toward the cost of your prescription drugs. This includes deductibles, copays, coinsurance and payments made in the coverage gap. Premiums do not count toward True Out-of-Pocket costs.

When can I enroll?

Medicare allows you to enroll in Medicare Part D during certain times of the year. If you don't enroll when you first become eligible, you may have to pay a Medicare-imposed Part D Late Enrollment Penalty (**LEP**) when you do enroll. That's an extra amount added to your premium every month—for as long as you're in a Part D plan. If you qualify for extra help, such as low-income assistance, you will not have the LEP. Also, if you have other prescription drug coverage that is at least as good as Medicare (also known as creditable coverage), you may not be charged the LEP. This may be your only opportunity to enroll for 2013 coverage.

Your enrollment and coverage effective dates will fit one of these 2 scenarios:	
When to enroll:	Your coverage will begin:
<p>You turn 65 and become Medicare eligible. This is your Initial Enrollment Period (IEP). It's your first chance to enroll in Medicare Part D.</p> <p>Note: Not enrolling when first eligible could result in a late enrollment penalty.</p>	<p>If you're turning 65, you can enroll three months before the month you turn 65, the month of your birthday, and three months after your birthday month.</p> <p>If you enroll before your birthday month, your coverage will begin the first day of your birthday month. If you wait until your birthday month or later, your coverage will begin the first day of the following month. Your monthly premium is due by the first of the month for which coverage is to begin.</p>
<p>You need a Medicare Prescription drug plan but have not previously enrolled in the Insurance Trust for Delta Retirees plan. Enroll during the Trust's annual October/November open enrollment or within 31 days of a change in status, such as your spouse losing coverage.</p>	<p>Your new coverage will begin on January 1 of the next calendar year or as determined by the Trust Plan's eligibility and effective date requirements if enrollment is due to a change in status.</p>

Note: If you are changing from another Medicare Part D plan, it is good to notify the plan of the change.



You must be enrolled in Medicare Part A or B to be eligible to enroll in Medicare Part D.



The Trust's Prescription Drug Plan.

Insurance Trust for Delta Retirees has selected the UnitedHealthcare MedicareRx for Groups (PDP) plan as the Trust's Medicare Part D prescription drug plan. This plan includes great benefits and may help you save on the cost of prescription drugs. OptumRx, a wholly-owned subsidiary of UnitedHealth Group, provides administration for UnitedHealthcare's Medicare Part D prescription drug plan. The names of both UnitedHealthcare and OptumRx will be included on your ID card.

Plan highlights:

- **Commonly used drugs.** The plan's drug list (Formulary) includes 100% of the drugs covered by Medicare Part D.
- **More than 65,000 network pharmacies.** Choose from national, regional and local chains, as well as independent neighborhood pharmacies.
- **Save more with Pharmacy Saver.™** Pay as little as \$2 for some of the most commonly prescribed generic medications.³
- **The convenience of Mail Service Pharmacy.** Have your drugs delivered to you by mail and save money.

You must use contracted network pharmacies to access your prescription drug benefit except under non-routine circumstances, in which case quantity limitations and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week, or the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778, or your state Medicaid office.

2013 Trust Prescription Drug Plan

Deductible \$0

Initial Coverage Amount			
\$2,970 paid by the Plan and your copays before the Coverage Gap (Donut Hole)			
Tier	Retail Copay Up to 31 Days Supply	Retail Copay Up to 90 Days Supply	Mail Copay 90 Days Supply
Tier 1 – All Generic	\$15.00	\$45.00	\$37.50
Tier 2 – Preferred Brand	\$25.00	\$75.00	\$62.50
Tier 3 – Non-preferred Brand	\$50.00	\$150.00	\$125.00
Tier 4 – Specialty	25%	25%	25%

Coverage Gap (Donut Hole)			
<p>The Trust is providing supplemental coverage to help reduce the typical cost of Medicare Part D coverage. You will pay the copay or coinsurance noted below while you are in the Coverage Gap. Once your True Out-of-Pocket costs for the year reach \$4,750², you will move into Catastrophic Coverage.</p>			
Tier	Retail Copay Up to 31 Days Supply	Retail Copay Up to 90 Days Supply	Mail Copay 90 Days Supply
Tier 1 – All Generic	\$15.00	\$45.00	\$37.50
Tier 2 – Preferred Brand	47.5%	47.5%	47.5%
Tier 3 – Non-preferred Brand	47.5%	47.5%	47.5%
Tier 4 – Specialty	47.5%	47.5%	47.5%

Catastrophic Coverage			
After the \$4,750 limit is reached			
Tier	Retail Copay Up to 31 Days Supply	Retail Copay Up to 90 Days Supply	Mail Copay 90 Days Supply
The greater of 5% coinsurance			
OR			
Generic	\$2.65	\$2.65	\$2.65
Brand/Specialty	\$6.60	\$6.60	\$6.60

Help control your drug costs.

Each drug covered by the plan is assigned to one of four tiers. Each tier may have a different copay or coinsurance level. To ensure that you are paying the lowest possible copays or coinsurance, you and your doctor should consider using drugs in the lowest tier that are right for your treatment.

Choose from more than 65,000 network pharmacies.

The plan's pharmacy network gives you access to national, regional and local chains, as well as thousands of independent neighborhood pharmacies nationwide. Choose the one that is convenient for you.

Additional discounts available through UnitedHealthcare Pharmacy Saver.

UnitedHealthcare® is always looking for ways to save our members money. We have worked with many of our network pharmacies to provide the Pharmacy Saver program — an exclusive program through UnitedHealthcare. Hundreds of generic drugs now cost as low as \$2 for a one-month supply.³ In addition to savings, Pharmacy Saver offers convenience, with many national and local pharmacies to choose from.



Walgreens



SAFEGWAY 

Publix®



HyVee®



Wegmans

Simplify with mail service pharmacies.

Have your medications delivered right to your mailbox. An added benefit to your plan includes access to network mail service pharmacies.

When you use a mail service pharmacy, you get a 3-month supply of medications, which means you pay fewer copays over the course of the year.

³Drugs 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.



You may qualify for Extra Help.

Extra Help may be available from Medicare to help you pay for some or all of your plan's monthly premiums, annual deductible and drug copays. You may qualify if in 2012 your income was:

- Less than \$16,755 a year if you're single
- Less than \$22,695 a year if you're married and living with your spouse

Income limits for Alaska are \$20,955 for a single person and \$28,380 for a married couple. Limits for Hawaii are \$19,290 for a single person and \$26,115 for a married couple. Income limits may change for 2013.

There's no penalty for applying for Extra Help. You may reapply every year. If you don't qualify, you are still eligible for Medicare Part D coverage.

To see if you qualify for the Extra Help Program, call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048. You can also call the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users can call 1-800-325-0778. Additional information can be found through your state Medicaid office or by visiting www.socialsecurity.gov.

The Trust Hardship Plan.

If you qualify for the Extra Help Program or Low Income Subsidy (LIS), you may also qualify for the Trust's Hardship Plan, which may provide coverage for your Trust's medical plan premiums. Grants for Extra Help and the Trust Hardship Plan are made on a calendar year basis. Please contact Health Advocate at 1-877-325-7265, Option 2, for more information.

Your Trust Prescription Drug Plan.

Choosing the right prescription drug plan is a big decision. It involves looking at the costs, benefits, access to pharmacies, covered prescription drugs, special discounts, service and so much more. We want to help you get the most out of your dollar, so you can feel good about your plan choice.

Retiree-focused, dedicated Customer Service.

UnitedHealthcare has created a dedicated customer service team that has been trained on your specific group-sponsored plan. With one simple phone call, you can get answers to all your medical and prescription drug benefit questions. For example, you no longer have to worry about whether the drug is covered under Part B or Part D. Now that's convenience.

Important: Customer Service checklist

It helps to have some information ready before calling. When you do call, let the representative know that you are calling about a group-sponsored plan.

- Permanent home address**
- Phone number**
- Emergency contact name and phone number**
- Email address**
- Medicare claim number and Medicare effective date**
You can find this on your red, white and blue Medicare card.
- Names and addresses for doctors, hospitals, specialists and pharmacy**
- List of current prescription drugs and dosages**
- Current health conditions and treatments**

What happens after you enroll.

- 1 Look for your member ID card.**
Within 4 to 6 weeks, you will receive your new ID card.
- 2 Review your welcome kit.**
Once you are enrolled in the plan, and at about the same time as you receive your ID member card, you will receive a separate welcome kit. The kit provides additional information to help you get to know your new plan.
- 3 If you are currently enrolled in the Trust plan:**
If you are a Trust Medical Plan member in 2012, UnitedHealthcare will automatically transfer your current mail order prescriptions with open refills remaining from Medco prior to January 1, 2013, so you don't miss a beat in getting your prescriptions filled.
If you're new to the plan:
If you are just turning age 65 and are moving from the Delta active employee plan to the Trust's Group Retiree Supplement Insurance and Medicare Part D Prescription Drug plans, UnitedHealthcare will transfer your prescription history to make your transition even easier.

Under both circumstances:

- If you fill your prescriptions at a retail pharmacy, there is nothing for you to do except show your new member ID card.
- If you fill your prescriptions through the mail service pharmacy, you will need to call the mail service pharmacy the first time to activate your prescription refill and provide new billing information.

Important note.

If you have not yet reached age 65, UnitedHealthcare will be able to assist you in knowing what to expect when moving from the UnitedHealthcare Delta Air Lines, Inc. Medical and Prescription Drug plans to the Trust's over 65 Retired Medical and Prescription Drug plan.

We look forward to helping you live a healthier, more active retirement.

Questions?



For questions on your medical or prescription drug benefits, call UnitedHealthcare Customer Service toll-free:

1-877-717-9517, TTY 711

8 a.m. – 8 p.m. local time, Monday – Friday



Visit **www.uhcretiree.com/delta**

Notes

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A UnitedHealthcare® Medicare Solution

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare-approved Part D sponsor.

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