Asuris Medicare Script™
Asuris Medicare Script™ Enhanced

Medicare Prescription Drug Plan

2009 Summary of Benefits

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Section I
Introduction to Summary of Benefits
January 1, 2009 - December 31, 2009

Thank you for your interest in Asuris Medicare Script™ and Asuris Medicare Script Enhanced. Our plans are offered by Asuris Northwest Health, a Medicare prescription drug plan that contracts with the Federal Government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call Asuris Medicare Script 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 Asuris Medicare Script and Asuris Medicare Script Enhanced. 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 Asuris Medicare Script to the benefits offered by other Medicare prescription drug plans or Medicare Advantage Plans with prescription drug coverage.

Where is Asuris Medicare Script available?

The service area for this plan includes: Oregon and Washington. You must live in one of these areas to join this plan.

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.

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?

Asuris Medicare Script 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?

Asuris Medicare Script has formed a network of pharmacies. You can use any pharmacy in our network. If you go to a pharmacy that's not in our network, you might have to pay more for your prescriptions.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at **www.asuris.com/medicareScript**. Our customer service number is listed at the end of this introduction.

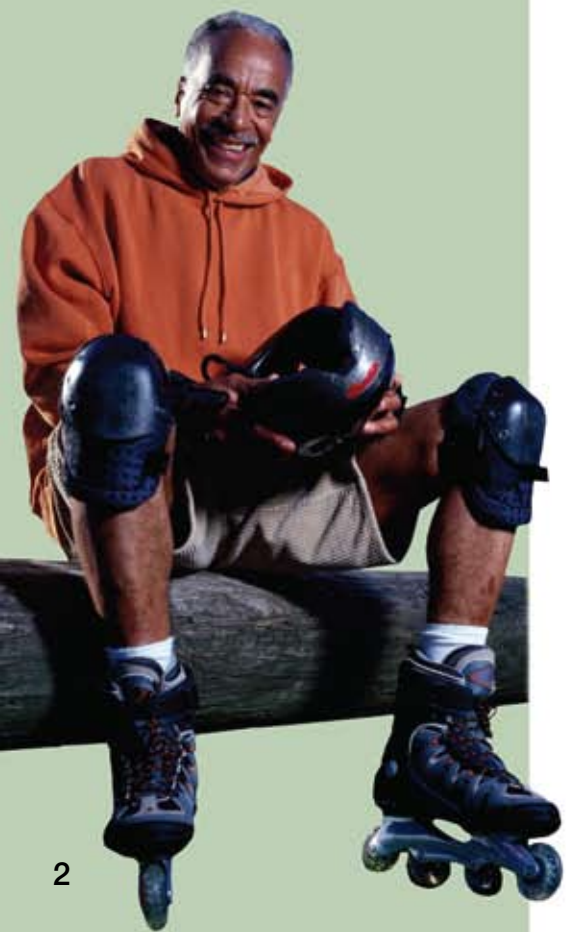
What is a prescription drug formulary?

Asuris Medicare Script 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 **www.asuris.com/medicareScript.**

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare prescription drug plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare prescription drug plan and they will adjust your premium. Call your Medigap Issuer for details.



If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Asuris Medicare Script. 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 Asuris Medicare Script, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1 (877) 486-2048.

What are my protections in this plan?

All Medicare prescription drug plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare prescription drug plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Asuris Medicare Script, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Asuris Medicare Script for more details.

Please call Asuris Northwest Health for more information about this plan.

Visit us at **www.asuris.com/medicareScript** or, call us:

Customer Service Hours:
Sunday, Monday, Tuesday, Wednesday,
Thursday, Friday, Saturday
8 a.m. - 8 p.m. Pacific

Current members should call 1 (800) 541-8981.
(TTY/TDD 1-800-382-1003)

Prospective members should call 1 (888) 734-3623.
TTY/TDD 1 (800) 382-1003 in Oregon
TTY/TDD 1 (800) 833-6384 in Washington

Current members should call locally 1 (800) 541-8981.
(TTY/TDD 1-800-382-1003)

Prospective members should call locally 1 (888) 734-3623.
(TTY/TDD 1-800-382-1003 in Oregon)
(TTY/TDD 1-800-833-6384 in Washington)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1 (877) 486-2048. You can call 24 hours a day, 7 days a week. Or, visit **www.medicare.gov** on the Web.

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

If you have any questions about this plan's benefits or costs, please contact Asuris Northwest Health for details.

SECTION II – SUMMARY OF BENEFITS			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs		**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 **www.asuris.com/medicareScript** 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). $64.50 monthly premium The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from Asuris Medicare Script for certain drugs.	**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 **www.asuris.com/medicareScript** 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). $81.00 monthly premium The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from Asuris Medicare Script Enhanced for certain drugs.

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)		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 Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on **Medicare.gov**. If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.	You 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 Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on **Medicare.gov**. If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. You pay $0 the first time you fill a prescription for certain drugs. These drugs will be listed as "free first fill" on the plan's Web site, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on **Medicare.gov**.
		In-Network $295 yearly deductible	**In-Network** $0 deductible
		Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach $2,700:	**Initial Coverage** You pay the following until total yearly drug costs reach $2,700:
		Retail Pharmacy **Generic** - $4 copay for a one-month (30-day) supply of drugs in this tier - $12 copay for a three-month (90-day) supply of drugs in this tier	**Retail Pharmacy** **Generic** - $4 copay for a one-month (30-day) supply of drugs in this tier - $12 copay for a three-month (90-day) supply of drugs in this tier

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)		**Preferred Brand** - $20 copay for a one-month (30-day) supply of drugs in this tier - $60 copay for a three-month (90-day) supply of drugs in this tier **Non-Preferred Brand** - $40 copay for a one-month (30-day) supply of drugs in this tier - $120 copay for a three-month (90-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier **Specialty Medications** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier	**Preferred Brand** - $25 copay for a one-month (30-day) supply of drugs in this tier - $75 copay for a three-month (90-day) supply of drugs in this tier **Non-Preferred Brand** - $50 copay for a one-month (30-day) supply of drugs in this tier - $150 copay for a three-month (90-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier **Specialty Medications** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier
		Long Term Care Pharmacy Generic - $4 copay for a one-month (31-day) supply of drugs in this tier **Preferred Brand** - $20 copay for a one-month (31-day) supply of drugs in this tier **Non-Preferred Brand** - $40 copay for a one-month (31-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (31-day) supply of drugs in this tier	**Long Term Care Pharmacy Generic** - $4 copay for a one-month (31-day) supply of drugs in this tier **Preferred Brand** - $25 copay for a one-month (31-day) supply of drugs in this tier **Non-Preferred Brand** - $50 copay for a one-month (31-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (31-day) supply of drugs in this tier

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)		**Specialty Medications** - 25% coinsurance for a one-month (31-day) supply of drugs in this tier	**Specialty Medications** - 25% coinsurance for a one-month (31-day) supply of drugs in this tier
		Mail Order **Generic** - $4 copay for a one-month (30-day) supply of drugs in this tier - $12 copay for a three-month (90-day) supply of drugs in this tier **Preferred Brand** - $20 copay for a one-month (30-day) supply of drugs in this tier - $60 copay for a three-month (90-day) supply of drugs in this tier **Non-Preferred Brand** - $40 copay for a one-month (30-day) supply of drugs in this tier - $120 copay for a three-month (90-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier **Specialty Medications** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier	**Mail Order** **Generic** - $4 copay for a one-month (30-day) supply of drugs in this tier - $12 copay for a three-month (90-day) supply of drugs in this tier **Preferred Brand** - $25 copay for a one-month (30-day) supply of drugs in this tier - $75 copay for a three-month (90-day) supply of drugs in this tier **Non-Preferred Brand** - $50 copay for a one-month (30-day) supply of drugs in this tier - $150 copay for a three-month (90-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier **Specialty Medications** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)		**Coverage Gap** After your total yearly drug costs reach $2,700, you pay 100% until your yearly out-of-pocket drug costs reach $4,350.	**Coverage Gap** The plan covers all Preferred Generics through the coverage gap. You pay the following: **Retail Pharmacy** **Generic** - $4 copay for a one-month (30-day) supply of all drugs covered in this tier - $12 copay for a three-month (90-day) supply of all drugs covered in this tier **Long Term Care Pharmacy** **Generic** - $4 copay for a one-month (31-day) supply of all drugs covered in this tier **Mail Order** **Generic** - $4 copay for a one-month (30-day) supply of all drugs covered in this tier - $12 copay for a three-month (90-day) supply of all drugs covered in this tier For all other covered drugs, after your total yearly drug costs reach $2,700, you pay 100% until your yearly out-of-pocket drug costs reach $4,350.

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)		**Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,350, you pay the greater of: - A $2.40 copay for generic (including brand drugs treated as generic) and a $6.00 copay for all other drugs, or - 5% coinsurance.	**Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,350, you pay the greater of: - A $2.40 copay for generic (including brand drugs treated as generic) and a $6.00 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 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 Asuris Medicare Script. **Out-of-Network Initial Coverage** 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 $2,700: **Out-of-Network Pharmacy** **Generic** - $4 copay for a one-month (30-day) supply of drugs in this tier	**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 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 Asuris Medicare Script Enhanced. **Out-of-Network Initial Coverage** You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach $2,700: **Out-of-Network Pharmacy** **Generic** -$4 copay for a one-month (30-day) supply of drugs in this tier

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)		**Preferred Brand** - $20 copay for a one-month (30-day) supply of drugs in this tier **Non-Preferred Brand** - $40 copay for a one-month (30-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier **Specialty Medications** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier	**Preferred Brand** - $25 copay for a one-month (30-day) supply of drugs in this tier **Non-Preferred Brand** - $50 copay for a one-month (30-day) supply of drugs in this tier **Miscellaneous Injectables** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier **Specialty Medications** - 25% coinsurance for a one-month (30-day) supply of drugs in this tier
		Out-of-Network Coverage Gap After your total yearly drug costs reach $2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,350. You will not be reimbursed by Asuris Medicare Script for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Asuris Medicare Script so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.	**Out-of-Network Coverage Gap** The plan covers all Preferred Generics through the gap. You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following: **Generic** - $4 copay for a one-month (30-day) supply of all drugs covered in this tier **Preferred Brand** - After your total yearly drug costs reach $2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,350. You will not be reimbursed by Asuris Medicare Script Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Asuris Medicare Script Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)			**Non-Preferred Brand** - After your total yearly drug costs reach $2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,350. You will not be reimbursed by Asuris Medicare Script Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Asuris Medicare Script Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. **Miscellaneous Injectables** - After your total yearly drug costs reach $2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,350. You will not be reimbursed by Asuris Medicare Script Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Asuris Medicare Script Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

SECTION II – SUMMARY OF BENEFITS (continued)			
Benefit	**Original Medicare**	**Asuris Medicare Script**	**Asuris Medicare Script Enhanced**
Prescription Drugs (continued)			**Specialty Medications** - After your total yearly drug costs reach $2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,350. You will not be reimbursed by Asuris Medicare Script Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Asuris Medicare Script Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
		Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach $4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A $2.40 copay for generic (including brand drugs treated as generic) and a $6.00 copay for all other drugs, or - 5% coinsurance.	**Out-of-Network Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A $2.40 copay for generic (including brand drugs treated as generic) and a $6.00 copay for all other drugs, or - 5% coinsurance.

Section III

Understanding your benefits

This Summary of Benefits is an important brochure for explaining coverage options, so the content is regulated by the Centers for Medicare and Medicaid Services (CMS). This Section III was developed to provide more insight and information on the descriptions in the tables starting on page 5 of this brochure. Please be sure to read the tables carefully to understand your coverage options.

What prescriptions are covered on Part D?

Asuris Medicare Script and Asuris Medicare Script Enhanced use a formulary, which is a list of all Medicare Part D-approved drugs. Preferred products are recommended based on the scientific evaluation of their safety, effectiveness, value and impact on health outcomes. Plan formularies differ, so you'll want to check the formulary for your prescription medications.

Please also note that Asuris Medicare Script and Asuris Medicare Script Enhanced do not cover Medicare Part B prescription drugs.

Check your Information Brochure

Our Information Brochure will help answer many of your questions. You'll discover how your pharmacy benefit works, learn what medications are least expensive for you, and review highlights about the prescription drug plan, how to fill your prescriptions and even a glossary of terms. You may request it (if you don't have one already) by calling us at the number listed on page 16.

Coinsurance and copay amounts

	Asuris Medicare Script	Asuris Medicare Script Enhanced
Deductible	$295	$0
Tier 1: Copay for generic medications	$4	$4
Tier 2: Copay for Preferred brand-name medication	$20	$25
Tier 3: Copay for non-preferred brand-name medications	$40	$50
Tier 4*: Coinsurance for miscellaneous injectables	25%	25%
Tier 5*: Coinsurance for specialty medications	25%	25%

*Tiers 4 and 5 products are limited to a 30-day supply and may contain generic products. Deductibles, copays and coinsurance amounts are based on a 30-day supply of medications (31-day supply for long-term care) and are effective January 1, 2009 through December 31, 2009.

Copays and coinsurance listed above are applicable until your total annual drug costs reach $2,700.

After your total annual drug costs reach $2,700, you pay 100% of your prescription drug costs on the Asuris Medicare Script plan. If you have the Asuris Medicare Script Enhanced plan, you pay the copay for Tier 1 generics or 100% for all other medications.

After your total annual out-of-pocket drug costs reach $4,350, you pay the greater of:

– $2.40 for generic drugs (including brand-name drugs treated as generic) and $6.00 for all other Medicare covered Part D drugs, or
– 5% coinsurance

Whether you want to talk to a person about Medicare or prefer to research your answer yourself, there are lots of resources available. Asuris has highly trained experts who are easy to reach and talk to.

Asuris
Call us weekdays, between 8 a.m. and 5 p.m.:

Toll-free: 1 (888) 734-3623
Oregon TTY users should call 1 (800) 382-1003
Washington TTY users should call 1 (800) 833-6384

We also have many resources available online:

Product details and forms for all our Asuris Medicare Script plans:
www.asuris.com/medicareScript

Medicare
You can reach Medicare experts 24 hours a day, 7 days a week at:

Toll-free: 1-800-MEDICARE
(1-800-633-4227)
TTY/TDD users should call 1 (877) 486-2048

Online resources are also available for:

General Medical info: **www.medicare.gov** and
Part D: **www.medicare.gov/pdphome.asp**

You can also find a lot of information in the *"Medicare and You"* booklet, product by the federal government:
www.medicare.gov/spotlights.asp#medicare2008

Asuris Medicare Script
Asuris Medicare Script Enhanced

Customer Service 1 (800) 541-8981
Call us from 8 a.m. to 8 p.m.,
seven days a week

PO Box 1271
Portland, Oregon 97207-1271

TTY users in Oregon should call 1 (800) 382-1003

PO Box 21267
Seattle, Washington 98111

TTY users in Washington should call 1 (800) 382-1003

www.asuris.com/medicareScript

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