

Asuris Medicare Script™ Enhanced (PDP) Asuris Medicare Script™ (PDP)

Medicare Prescription Drug Plan
2010 Information Brochure



A Part D prescription drug plan is a good way to cover your prescription drug needs. Asuris has two Medicare Part D options to choose from:

Asuris Medicare Script Enhanced (PDP): \$92.50 monthly premium

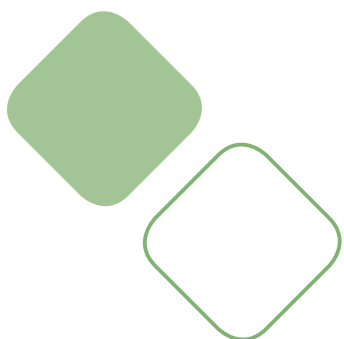
Asuris Medicare Script (PDP): \$74.50 monthly premium

We're here to help you make sense of your options—and then find the plan that fits you best.



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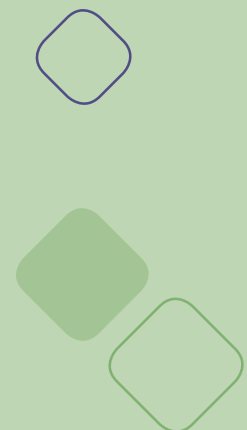




Medicare basics

To make the Medicare choice that's right for you, start with some simple facts.

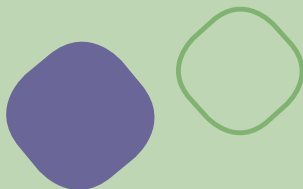
- You become eligible for Medicare either by turning 65 or qualifying as disabled at any age.
- When becoming eligible, most people automatically receive **Medicare Part A**, which is for hospital care. With Part A, you pay deductibles and coinsurance.
- You can add **Part B**, which covers doctor visits. Part B premiums come out of your monthly Social Security payment. With Part B, you also pay deductibles and coinsurance.
- **Part D** covers most prescription drugs. It's optional and is provided through private health insurance companies.
- Parts A and B don't cover all your medical expenses.
- To cover some of the services that Parts A and B don't, you can purchase one of the following:
 - A **Medicare Advantage** plan, which offers a package of benefits to replace your Medicare coverage. These plans offer coverage that is at least equal to Original Medicare. Since they're built and run by private insurance companies, they may have different copays and coinsurance levels. They may also require you to use the carrier's network to be eligible for full benefits.
 - A **Part D** plan. These plans provide coverage for prescription drugs only. (Some Medicare Advantage plans also offer a built-in prescription coverage option.) This book explains some of the Part D options that Asuris provides.
 - A **Medicare Supplement** (or "Medigap") plan, which helps you with Parts A and B deductibles and coinsurance. These plans are standardized and offered by private insurance companies. You can see any provider who accepts Medicare. Not all carriers offer all Medicare Supplement plans.
 - Or a combination of these.
- When you become eligible for Medicare, you have a seven-month window to enroll in a Medicare Advantage plan (the month of your eligibility, the three months before and the three months after). After this, there are set enrollment periods when you can enroll or switch plans:
 - Open Enrollment Period
 - Annual Election Period
 - Special Election Period



When Can I Enroll?

Under my current coverage, I...	Annual Election Period (AEP) Nov. 15 – Dec. 31
...have recently become or soon will be eligible for Medicare.	If you become eligible for Medicare through age or disability, you have a seven-month window for enrollment in Medicare Advantage and Part D plans: the month you become eligible, the three months prior, and the three months after. If you apply for a Medicare Supplement plan, there is a six-month window from your eligibility date to enroll in a Supplement without completing a health questionnaire. If you do not enroll within this time period (unless you have other non-Medicare coverage), you may have special limitations on when you can apply and you may incur cost penalties.
...am on Parts A and B only or a Medicare Supplement plan, but <i>not</i> a Medicare Advantage plan or a Part D prescription drug plan.	You can enroll in a Medicare Advantage plan or a Medicare Part D stand-alone prescription drug plan. Elections take effect Jan. 1.
...am on a Medicare Advantage plan <i>without</i> Part D prescription drug coverage.	You can switch to a Medicare Advantage plan that includes Part D coverage, or to a different Medicare Advantage plan without Part D coverage, or you can disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B and enroll in a stand-alone Part D plan. Changes take effect Jan. 1.
...am on a Medicare Advantage plan with Part D prescription drug coverage.	You can switch to a different Medicare Advantage plan that includes Part D coverage, change to a Medicare Advantage plan without Part D coverage, or you can disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B and enroll in a stand-alone Part D plan. Changes take effect Jan. 1.
...have Original Medicare and a stand-alone Part D prescription drug plan.	You can elect a different stand-alone Part D plan. You may also switch to a Medicare Advantage plan that includes Part D coverage or switch to a Medicare Plan without Part D. Changes take effect Jan. 1.

These dates may not apply if you are eligible due to a move, a Special Election Period (SEP) or other exceptions, such as leaving a group plan. For more information, please call us at 1 (888) 734-3623. TTY users should call 711.



Open Enrollment Period (OEP) Jan. 1 – March 31

If you become eligible for Medicare through age or disability, you have a seven-month window for enrollment in Medicare Advantage and Part D plans: the month you become eligible, the three months prior, and the three months after. If you apply for a Medicare Supplement plan, there is a six-month window from your eligibility date to enroll in a Supplement without completing a health questionnaire. If you do not enroll within this time period (unless you have other non-Medicare coverage), you may have special limitations on when you can apply and you may incur cost penalties.

You can enroll in a Medicare Advantage plan. You cannot enroll in a Medicare Advantage plan with Part D coverage or a stand-alone Part D plan.

You can switch to another Medicare Advantage plan without Part D or disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B. You cannot switch to a Medicare Advantage plan with Part D coverage. You will not be able to enroll in a stand-alone Part D plan.

You can switch to another Medicare Advantage plan with Part D coverage, or disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B and join a Part D stand-alone plan. You cannot switch to a Medicare Advantage plan without Part D coverage. Changes take effect the first day of the month following enrollment.

You may enroll in a Medicare Advantage plan with Part D coverage. You cannot enroll in a Medicare Advantage plan without Part D coverage. Changes take effect the first day of the month following enrollment.

These dates may not apply if you are eligible due to a move, a Special Election Period (SEP) or other exceptions, such as leaving a group plan. For more information, please call us at 1 (888) 734-3623. TTY users should call 711.





How to reach us

Whether you want to talk to someone about Medicare or do your own research, there are lots of resources available. We have highly trained experts who are easy to reach and talk to.

Asuris

For more information, call us weekdays between 8 a.m. and 5 p.m., Pacific time

Toll-free: 1 (888) 734-3623

TTY users should call 711.

Many resources, including product details and forms, are also available on our Web site: **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.

Or visit:

General Medicare info: **www.medicare.gov**

Part D: **www.medicare.gov/pdphome.asp**

You can also find a lot of information in the *Medicare and You* booklet produced by the federal government:

www.medicare.gov/spotlights.asp#medicare2009

You and your plan

Asuris Medicare Script (PDP) plans: Designed to provide you with benefits and security.

A plan for today and tomorrow

Many people are looking for a prescription drug plan that offers the affordable coverage they want for their current medications as well as security in case their needs change. Most people also look for convenience, mail-order service and a network of pharmacies throughout the area.

To meet these needs, Asuris has developed two prescription drug plans: Asuris Medicare Script Enhanced (PDP) and Asuris Medicare Script (PDP). Both plans are approved by Medicare; we have contracted with the federal government to offer these plans in our service areas.

How it works

- Medicare pays us a monthly amount to help pay for your prescription medication coverage.
- You pay an affordable monthly premium.
- You pay a share of your prescription costs, and we pay a share.
- You get a member card from us that you show when you get your prescriptions filled.
- You have a choice of pharmacies nationwide.
- Convenient mail-order service is available.
- Tiered prescription drug copays are as low as \$4 (see complete description on page 16).

Ready to get started?

This booklet provides information and answers you'll need to choose an Asuris Medicare Script (PDP) plan for your prescription drug coverage. Once you've read through these materials, just give us a call if you still have questions. You may also refer to the frequently asked questions on page 18.

Your partner in health care

Compare coverage, cost and convenience

Prescription drug coverage can save most people money over the long run. When shopping for the right plan, keep in mind the following important points:

- **Coverage**—Check to see if your current prescription medications are covered. Drug plans can cover different generic and brand-name medications at different tiers and for different copays. Even if you don't use a lot of prescription medications now, you still should consider joining a Medicare prescription drug plan to protect you if your needs change.
- **Cost**—Find out how much the monthly premiums are and what your share of the cost of the prescriptions will be, including copays, coinsurance and deductibles.
- **Convenience**—Make sure that the most convenient pharmacies in your area are on the drug plan you're looking at.

How to apply

To apply for an Asuris Medicare Script (PDP) plan, you must be Medicare-eligible and live in Oregon or Washington. You may enroll in only one Medicare prescription drug plan at a time. If you are enrolled in a Medicare Advantage (MAPD) plan, you may not enroll in a PDP at the same time. If you do enroll in a PDP, you will automatically be disenrolled from your MAPD.

Anyone who resides in our service area, has both Parts A and B, or Part A only, or Part B only may apply. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Medicare beneficiaries may enroll in an Asuris Medicare Script (PDP) plan through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center located at www.medicare.gov.

**For more information, contact Asuris Medicare Script (PDP):
1 (888) 734-3623 between 8 a.m. and 5 p.m., Pacific time,
Monday through Friday. TTY users should call 711.**

Keep in mind that there are limited enrollment periods throughout the year. For more details, see page 4.

Your partner in health care (continued)

What if you wait to apply?

There is a penalty for each month that you delay joining after you become eligible. The penalty is based on the beneficiary premium amount determined by CMS.

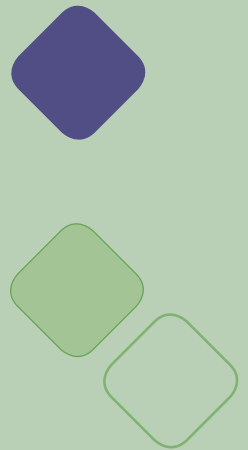
How joining late affects how much you will pay from year to year:

- The penalty can change from year to year; there is no guarantee that it will always stay at the same level.
- The base beneficiary premium can also change from year to year; there is no guarantee that it will always stay at the same.
- You must pay this penalty as long as you have Medicare prescription drug coverage.

Subsidies available

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 or TDD users should call 1 (877) 486-2048, 24 hours a day/seven days a week.
- The Social Security Office at 1 (800) 772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call 1 (800) 325-0778; or
- Your State Medical Assistance (Medicaid) Office.



Benefit highlights

Asuris Medicare Script (PDP) plans offer a wide variety of services, all devoted to helping our members and providers become more informed and to slowing the rising cost of prescription medications.

Monthly premiums:

Asuris Medicare Script Enhanced (PDP) \$92.50

Asuris Medicare Script (PDP) \$74.50

As not-for-profit pharmacy benefit management programs, Asuris Medicare Script (PDP) plans:

- Contract with pharmacies
- Process prescription claims
- Review medications
- Provide educational tools for members and providers

We strive to be a member-friendly, informative, cost-effective program by:

- Providing a formulary that includes most Medicare Part D-covered prescription drugs
- Ensuring quality and patient safety
- Providing educational tools and information to you and your provider about medication choices and associated costs

Asuris Medicare Script (PDP) plans offer the following to our members, providers and pharmacist partners:

- Help in understanding how the formulary works
- Resources and information that help you make the most of your prescription coverage
- Prescription claim processing (electronic, online, real-time)—virtually no paperwork for you
- Trained staff to answer your questions
- Pharmacies nationwide and convenient mail-order service
- Programs that can help you better work with your provider to manage conditions treated with medication
- A monthly explanation of benefits to help you track your out-of-pocket prescription drug costs

Benefit highlights (continued)

What's covered

See our formulary to choose a generic or brand-name medication.

- **Generic medications**—A large number of generic medications are available. If you choose a generic, you will most likely pay the least amount for these medications. Generics typically provide the same high quality and therapeutic benefit as brand-name medications without the brand-name price.
- **Brand-name medications**—Brand-name medications listed on the formulary are available at your brand-name copay level. They are owned (protected by patent) and manufactured by a specific company. When the patent expires on a brand-name medication, that medication can then be manufactured as a generic and distributed by other companies. We provide coverage for those brand-name medications listed on our formulary; preferred brand-name medications generally have lower copays than non-preferred brand-name copays.

As an added bonus, when you enroll in the Asuris Medicare Script Enhanced (PDP) plan, you are eligible for a one-time free fill up to a 30-day supply on selected Tier 1 generic medications. Please call Customer Service at the numbers on page 14 to get a list of these medications.

If you travel, consult our Pharmacy Directory or view a list of chain pharmacies at www.asuris.com/medicareScript. You can also call Customer Service at the number listed on page 14.



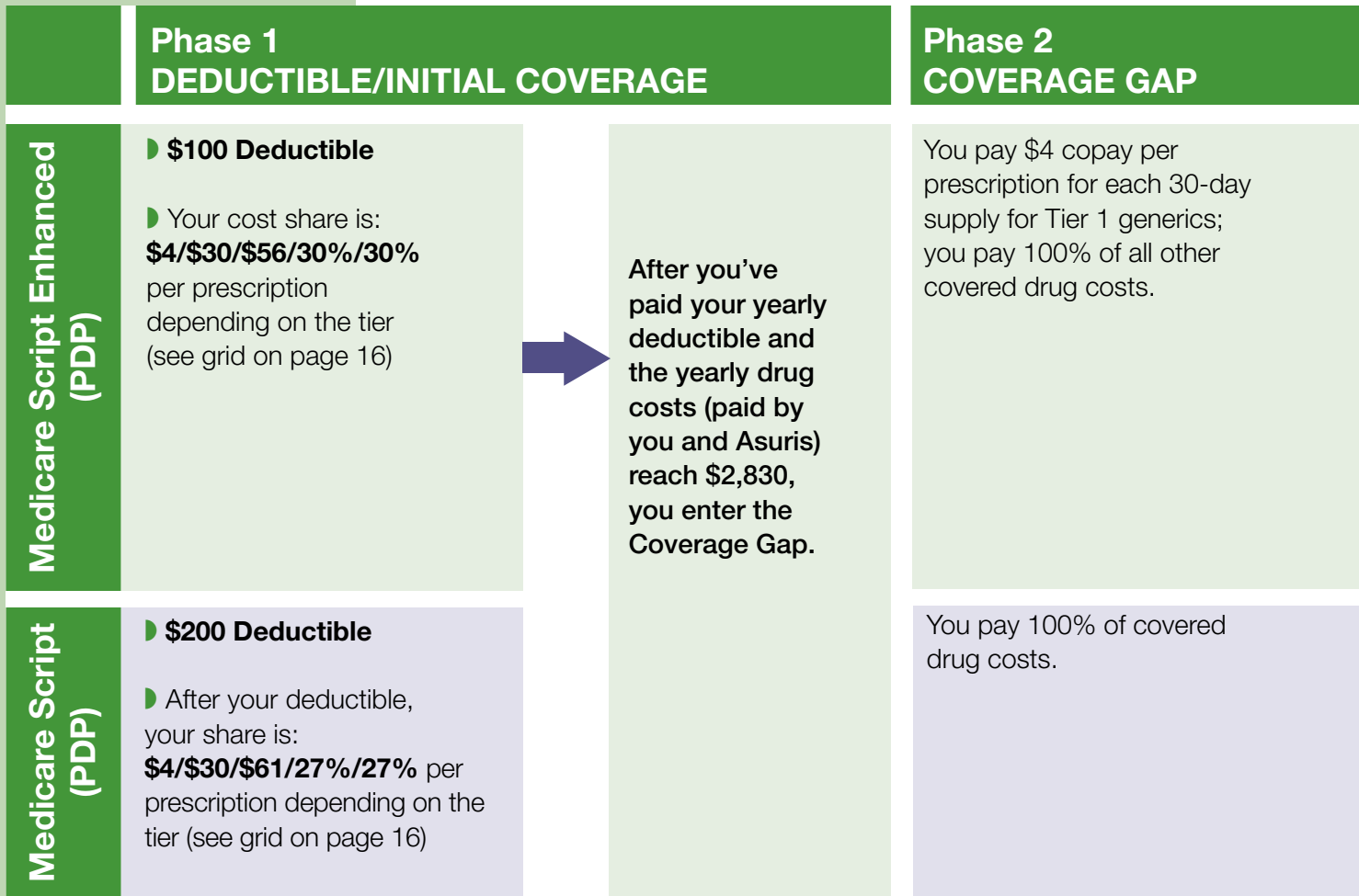
Benefit highlights (continued)

How does Part D coverage work?

Both Asuris Medicare Script (PDP) plans work in stages: Deductible/Initial Coverage, the Coverage Gap and Catastrophic Coverage.

Deductible: Asuris Medicare Script Enhanced (PDP) has a \$100 deductible applied to prescription drug charges. Asuris Medicare Script (PDP) has a \$200 deductible applied to prescription drug charges.

Initial Coverage is in effect until your medication costs reach \$2,830, including deductible, copays and coinsurance amounts. Both your out-of-pocket costs and money your plan pays for your medications count toward that \$2,830 limit.




Benefit highlights (continued)

When your total yearly prescription medication costs reach \$2,830, you enter the **Coverage Gap**. In this stage you pay for all of your own medications until you reach \$4,550 total for the year. The \$4,550 does not include what your plan has paid. (Asuris Medicare Script Enhanced (PDP) provides coverage for Tier 1 generics through the Coverage Gap. Please see below.)

After the \$4,550 Coverage Gap limit is reached, you enter **Catastrophic Coverage**. This stage covers your medications for the rest of the year. During this stage, you pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier. You go back to Deductible/Initial Coverage on Jan. 1.

Phase 3 CATASTROPHIC



After \$4,550 in out-of-pocket costs is reached, you go to Catastrophic Coverage for the remainder of the year.

You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.

You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.

Benefit period: Jan. 1 through Dec. 31 each year



Benefit highlights (continued)

How to fill your prescription

Prescriptions can be filled at participating pharmacies across the United States and its territories. 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. Make sure that you show your member card the first time you fill a prescription at a pharmacy. There is virtually no paperwork—the pharmacy should file the claim. You simply pay your cost-sharing amount.

If you travel, consult our online Pharmacy Directory or view a list of participating chain pharmacies at www.asuris.com/medicareScript. You can also call Asuris Customer Service at the numbers below. Our customer service department address is P.O. Box 12625, Salem OR 97309-0625.

Asuris Medicare Script (PDP) Customer Service:

1 (800) 541-8981 TTY: 711

FROM Nov. 15 through March 1:

HOURS 8 a.m. to 8 p.m., seven days a week

AFTER March 1:

HOURS 8 a.m. to 8 p.m., Monday through Friday

Please leave a message on Saturdays, Sundays and holidays, and we will return your call on the next business day.

Benefit highlights (continued)

Mail-order service

Convenient mail-order service allows you to purchase medications for delivery directly to your home or office. If you order your medications by mail, you can get a 90-day supply for three times the 30-day copay. Allow up to two weeks for delivery. For more information contact Customer Service at the numbers on page 14.

Just show your member card

As an Asuris member, you have access to a network of more than 50,000 pharmacies nationwide. To take advantage of great discount programs, just have your member card ready at the time of service or during telephone or online transactions. You must go to one of our network pharmacies to receive coverage. Review our Pharmacy Directory for a listing of pharmacies in our network.

Some medications have special requirements

Our list of covered medications, also known as our formulary, includes most Medicare Part D-covered prescription drugs. Asuris has reviewed them for safety, effectiveness, proven uses and value—so few require prior authorization. That means fewer interruptions in your treatment and care. See the formulary for more information about prior authorization and quantity limits.



Tiered pharmacy benefit

Your tiered pharmacy benefit helps you balance your choice of prescription drugs with the costs for those drugs. To do this, the prescription drugs are categorized into five tiers:

	Asuris Medicare Script Enhanced (PDP)	Asuris Medicare Script (PDP)
Deductible	\$100	\$200
Tier 1: Copay for generics	\$4	\$4
Tier 2: Copay for preferred brand-names	\$30	\$30
Tier 3: Copay for non-preferred brand-names	\$56	\$61
Tier 4*: Coinsurance for miscellaneous injectables	30%	27%
Tier 5*: Coinsurance for specialty medications	30%	27%

**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 Jan. 1, 2010, through Dec. 31, 2010. You must go to a network pharmacy to receive coverage.

How do you know which tier your medication is in?

Our formulary shows which medications are covered and at what copay/coinsurance level. Generic medications are in the first tier (lowest copay), preferred brand-name medications in the second tier and non-preferred brand-name medications in the third tier (highest copay). Fourth-tier and fifth-tier coverage is subject to coinsurance.

If your provider prescribed a brand-name medication, you can ask the pharmacist for the generic equivalent. Unless your provider specifically prescribed only the brand-name medication, you can receive a generic equivalent and pay the lower copay.

For a complete and current list of covered generic and brand-name medications, see our formulary, available on our Web site at www.asuris.com/medicareScript.

Tiered pharmacy benefit (continued)

What will you pay?

You have coverage for most Medicare Part D-covered prescription medications. What you pay—your copay or coinsurance—depends on which medication (or tier) you and your provider choose. Choosing generics will offer the greatest value in this prescription benefit design.

With Asuris Medicare Script Enhanced (PDP) you have a \$100 deductible to satisfy. There is a \$200 deductible for Asuris Medicare Script (PDP). Once your deductible is satisfied, you must then pay for medications as outlined on page 16. Mail-order costs for a 90-day supply are three times the retail copay for a 30-day supply. For details on the benefit limits, please see your Summary of Benefits.

Asuris Medicare Script Enhanced (PDP) and Asuris Medicare Script (PDP):

- Copays, coinsurance and deductibles (see page 16) are applicable until your total annual drug costs reach \$2,830.

Asuris Medicare Script Enhanced (PDP):

- After your total annual drug costs reach \$2,830, you pay the \$4 copay per prescription for each 30-day supply for Tier 1 generic drugs or 100% for all other covered medications.

Asuris Medicare Script (PDP):

- After your total annual drug costs reach \$2,830, you pay 100% of your prescription drug costs on Asuris Medicare Script (PDP).

Asuris Medicare Script Enhanced (PDP) and Asuris Medicare Script (PDP):

When your annual out-of-pocket drug costs reach \$4,550, you pay the greater of:

- \$2.50 for generic drugs (including brand-name drugs treated as generic) and \$6.30 for all other covered medications or
- 5% coinsurance per prescription

If you have qualified for additional assistance for your Medicare prescription drug plan costs, your premium and pharmacy expenses will be less. Once you have enrolled in an Asuris Medicare Script (PDP) plan, Medicare will tell us how much assistance you are receiving, and we will tell you how much you will pay.

To see if you might qualify for assistance, call 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048) 24 hours a day, seven days a week; your state Medicaid office; or the Social Security administration at 1 (800) 772-1213 or the toll-free TTY/TDD number, 1 (800) 325-0778, between 7 a.m. and 7 p.m., Monday through Friday.



Frequently asked questions

What is a Medicare prescription drug plan?

(Also referred to as Medicare PDP or Medicare Part D)

These are plans that cover prescription drugs only. Some plans are stand-alone (meaning you buy them separate from other coverage); other prescription drug plans are available as options built into plans that cover other medical care.

What is the difference between a generic and a brand-name medication?

Generics contain the same active ingredients as brand-name medications and typically provide the same high-quality and therapeutic benefit. But generics may cost between 20% and 60% less than brand-name medications.

Do all non-preferred medications have alternatives?

There are thousands of medications on our formulary. Many have suitable alternatives available; talk to your doctor about what will work for you.

What if I don't join a Part D plan during the open enrollment period?

There is a penalty added to the premium for each month that you delay joining after you become eligible. The penalty is based on the beneficiary premium amount determined by CMS. In addition, you will not be allowed to enroll in Part D until the next Annual Election Period.

What if I have prescription drug coverage through my employer's retiree program?

Your employer will let you know whether your current drug coverage is as good as or better than Medicare Part D prescription drug coverage. If it is, you can keep your current drug coverage. If you decide to join a Medicare prescription drug plan later, you won't be penalized for not enrolling when you originally became eligible.

If you drop your current drug coverage and join a Medicare prescription drug plan, you may not be able to get your employer drug coverage back. Since individual situations are unique, please consult with your employer to find out about all the options available to you.

Frequently asked questions (continued)

When can I change my Medicare prescription drug coverage?

You can add or change your Medicare prescription drug plan once a year during the Annual Election Period. The Annual Election Period will be from Nov. 15 through Dec. 31 each year for a new plan start date of Jan. 1.

You may also be able to change plans if you move out of your current plan's service area, if your plan closes or under certain other circumstances. Contact us if you have additional questions about enrollment periods.

How can I receive benefits if I have a prescription filled at a non-participating pharmacy?

You must go to one of our network pharmacies to receive coverage except under non-routine circumstances when you cannot reasonably use a network pharmacy.

Asuris Medicare Script (PDP) encourages non-participating pharmacies to bill us electronically, though they may decline. If the pharmacy bills electronically, you should be charged the appropriate amount at the time of purchase. If the pharmacy does not bill us electronically, you'll pay full retail amount for the prescription at the time of purchase.

To receive reimbursement, as defined by your prescription benefit, send your original receipt(s), including your member number, to the address on back of your member card.

What are my payment options?

You have the option of being billed monthly or every three months. You can pay by check when we bill you, or pay monthly by automatic withdrawal from your bank account. Instructions for automatic withdrawal are included in your packet and at www.asuris.com/medicareScript. (Please see brochure titled *SurePay Authorization*.)



Frequently asked questions (continued)

What if I don't have my member card with me when I go to the pharmacy?

The pharmacy may ask you to pay full retail charges for the prescription if they aren't able to process your claim. In order to be reimbursed, send your original receipt(s) to the address listed on your member card. You'll be reimbursed as defined by your prescription benefit.

Why should I consider using one of the Asuris Medicare Script (PDP) mail-order service providers?

For maintenance medications (prescription drugs that are refilled on a regular basis), many people find that having their prescription drugs delivered to their home or office is a convenient way to be sure they don't forget to refill their prescriptions before they run out.

Where can I find the formulary and the list of participating pharmacies?

Our formulary and a list of participating pharmacies are available on our Web site at www.asuris.com/medicareScript. The Asuris Medicare Script (PDP) formulary includes most Medicare Part D-covered prescription drugs. Some may be subject to prior authorization or quantity limits.

Glossary

Annual Election Period (AEP)

The period from Nov. 15 to Dec. 31 when eligible individuals can enroll, disenroll or switch their coverage or stand-alone Part D prescription drug plan. See page 4 for eligibility details.

Brand-name prescription medication

A prescription medication that has been patented and is produced only by one manufacturer. (Also see page 11.)

Centers for Medicare & Medicaid Services (CMS)

A federal agency within the U.S. Department of Health and Human Services. CMS is responsible for administering Medicare and working with the states to administer Medicaid.

Coinsurance

A percentage of the cost of the care or prescription drugs that you pay.

Copay (Copayment)

Generally refers to a fixed dollar amount you pay to your provider, pharmacy or other health care provider at the time of service.

Deductible

A specified dollar amount you will be required to pay in a calendar year before services are covered.

Formulary

Listing of prescription medications that are recommended and covered by Asuris Medicare Script (PDP) based on the scientific evaluation of their safety, effectiveness, value and impact on health outcomes. The Asuris Medicare Script (PDP) formulary includes most Medicare Part D-covered prescription drugs. Some may be subject to prior authorization or quantity limits.

Generic medication

A brand-name medication whose patent has expired, allowing other manufacturers to produce and sell it. The generic version is known by its chemical name as opposed to a manufacturer's assigned brand name. Generic and brand-name medications have the same active ingredients, but generics can cost from 20% to 60% less and may be a different color, shape and size. The U.S. Federal Drug Administration (FDA) requires that generic medications have the same quality, strength, purity and stability as brand-name medications.

Glossary (continued)

Mail-order medications

A program that allows individuals to purchase and receive prescription medications through the mail.

Open Enrollment Period (OEP)

The period from Jan. 1 to March 31 when eligible individuals can enroll, disenroll or switch their Medicare Advantage (MA) or Medicare Advantage plan with Part D prescription drug coverage (MAPD). (See page 4 for eligibility details.)

Prior authorization list

Some medications require prior authorization because there may be safety issues, a high potential for inappropriate use or a lower-priced alternative.

Premium

The fee an individual pays for plan coverage (i.e., monthly premiums).

Quantity limit

Some prescription drugs may be subject to a quantity limit (QL), which is the maximum amount of medication you are covered for in a certain period. Refer to your formulary for specific quantity limits.

The FDA provides information about all approved medications on its Web site at www.fda.gov/cder/consumerinfo/default.htm or MEDLINEplus Health Information Web site.

Benefit considerations

We want to ensure that you understand the benefits provided by your Asuris Medicare Script plan. We cover most Part D drugs (see your formulary for a specific list of covered drugs) however, there are certain categories of drugs that are excluded by Congress from the standard prescription drug package and not covered by your plan. That's why we're providing you with this information.

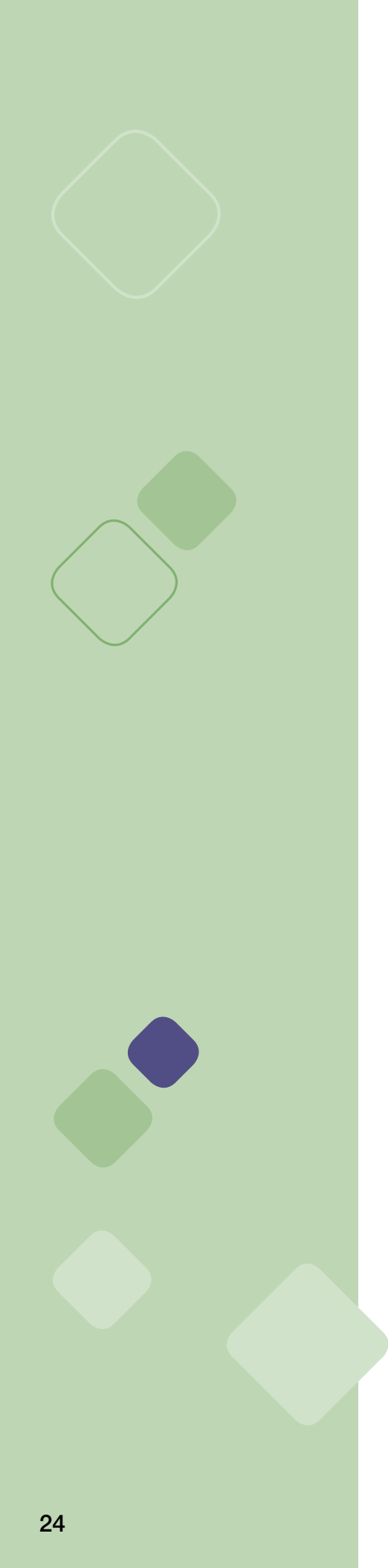
Prescription drugs that we do not cover include the following categories:

- *Agents when used for Anorexia, Weight Loss, or Gain;
- *Agents when used to promote fertility;
- *Agents when used for cosmetic purposes/hair growth;
- *Agents when used for the symptomatic relief of cough and colds;
- *Prescription vitamins and mineral products, except for prenatal vitamins and fluoride preparations;
- Non prescription Over the Counter drugs (OTC's);
- Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee;
- *Barbituates;
- *Benzodiazapines; and
- *Agents when used for impotence.

**Indicates that the product(s) are available at a discounted rate at the pharmacy. These items will not count toward your out-of-pocket or total drug costs or help you reach catastrophic coverage*

A complete list of limitations and exclusions is available in the Evidence of Coverage which can be found at www.asuris.com/medicareScript.





Asuris Medicare Script (PDP) is a stand alone prescription drug plan with a Medicare contract. It is available in all Oregon and Washington counties, subject to applicable eligibility and enrollment requirements. Medicare renews this contract annually. Anyone who resides in our service area and has both Parts A and B, or Part A only, or Part B only, may apply. Members must continue to pay their Part B premiums and receive Part D coverage as part of their Medicare Advantage plan if they are on a Medicare Advantage plan that provides Part D coverage. Members may not have more than one Part D plan. Benefits, formularies and provider or pharmacy networks may change in the next contract year. For full information on Asuris Medicare Script prescription drug benefits call:

Asuris Medicare Script (PDP) Customer Service:

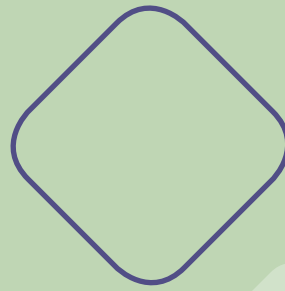
1 (800) 541-8981 TTY: 711

FROM Nov. 15 through March 1:

HOURS 8 a.m. to 8 p.m., seven days a week

AFTER March 1:

HOURS 8 a.m. to 8 p.m., Monday through Friday
Please leave a message on Saturdays, Sundays and holidays,
and we will return your call on the next business day.





**Asuris Medicare Script Enhanced (PDP)
Asuris Medicare Script (PDP)**

For more information, call us from 8 a.m. to 5 p.m.,
Pacific time, Monday through Friday
1 (888) 734-3623

TTY users should call 711

P.O. Box 1271
Portland, OR 97207-1271

P.O. Box 21267
Seattle, WA 98111

528 E. Spokane Falls Blvd, Ste. 301
Spokane, WA 99202

**Send completed applications to:
P.O. Box 12625, S5B
Salem, OR 97309-0625;**

**or, fax them to:
1 (888) 335-2988.**

(This number is for enrollment applications only.)

www.asuris.com/medicareScript

For an explanation of our grievance and appeals
procedures, please refer to your Evidence of Coverage.