

Rx 2010

# Take Control of Your Prescription Drug Costs



# Medicare Part D

Inside: information you need to enroll.

**When you are ready to enroll:**

Call **1-866-804-3860**, TTY **711**, 24 hours a day, 7 days a week,  
or complete the enclosed enrollment form.



## Three Easy Ways to Enroll in a UnitedHealthcare Plan



**1-866-804-3860, TTY 711**  
24 hours a day, 7 days a week



**[www.AARPMedicareRx.com/GR](http://www.AARPMedicareRx.com/GR)**



**Fill out and mail the enclosed  
enrollment application.**

Dear Friend,

Thank you for your interest in the AARP® MedicareRx Plans, insured through UnitedHealthcare. Inside you'll find what you need to enroll in an AARP MedicareRx Plan.

### **Take control of your prescription drug needs.**

An AARP MedicareRx Plan will help cover your prescription drug costs now and in the future. Getting the coverage you need **today** is so important. UnitedHealthcare offers a variety of Medicare plans – including one that may be right for you.

### **In most cases, you have two chances to enroll in or switch to a new Medicare Part D prescription drug plan.**

1. **During the Initial Enrollment Period (IEP)** – This is your first chance to enroll: three months before your 65th birthday, the month of your birthday and the three months following. If you enroll later there may be a Medicare-imposed late-enrollment penalty.<sup>1</sup>
2. **During the Annual Election Period (AEP)** – Your next chance to enroll in or switch to a new prescription drug plan is November 15 through December 31.

### **Still have questions?**

Speak to UnitedHealthcare Customer Service today or go online for more information and to enroll in one of the AARP MedicareRx Plans. You do not need to be an AARP member to enroll in an AARP MedicareRx Plan. So please call today.

Sincerely,

Thomas S. Paul  
Chief Operating Officer, UnitedHealthcare Medicare Solutions

**P.S. Call UnitedHealthcare today to learn more.**

<sup>1</sup>If you qualify for extra help, you will not have a late-enrollment penalty (LEP). Also, if you have other prescription coverage at least as good as Medicare (also known as creditable coverage), you may not be assessed a LEP.

You may contact 1-800-MEDICARE (1-800-633-4227) and TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week for more information about Medicare benefits and services including general information regarding the health or Part D benefit.

You may enroll in a Medicare prescription drug plan only during specific times of the year. To learn more about all of the possible enrollment periods, call UnitedHealthcare at 1-866-804-3860, 24 hours a day, 7 days a week (TTY users, call 711). Or visit [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com).

To keep your costs as low as possible, you must fill your prescriptions at a network pharmacy. The AARP MedicareRx Plans' pharmacy network includes more than 60,000 network pharmacies nationwide including retail, mail order, long-term care, home infusion and Indian Health Service, Tribes or Urban Indian (I/T/U) pharmacy services. I/T/U pharmacies are only accessible to Native Americans and Alaska Natives. They are available to other groups in limited circumstances. If you need to have your prescription filled at a pharmacy that is not in our network, there are some exceptions allowed for non-routine circumstances when a member cannot reasonably use network pharmacies. If that happens, you will need to fill out a claim form and you may not get the same level of discounts as you would through a network pharmacy. For more information about how to order your prescriptions by mail, please call UnitedHealthcare at 1-866-804-3860, 24 hours a day, 7 days a week (TTY users, call 711), or mail to AARP MedicareRx Plans, PO Box 29300, Hot Springs, AR 71903-9300.

The AARP MedicareRx Plans are open to everyone who's eligible for Medicare in the plan service area of the United States and U.S. territories. Specifically, a person eligible for this plan: 1) Is entitled to Medicare benefits under Part A or enrolled in Medicare Part B and 2) Resides in the service area of the Medicare prescription drug plan. You may be enrolled in only one Medicare prescription drug plan (Part D) at a time.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, and then you enroll in a PDP, you will be automatically disenrolled from the HMO, PPO or MA PFFS plan. If you are in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan, or in an 1876 Cost plan, you may enroll in a PDP.

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 users should call 1-877-486-2048), 24 hours a day, 7 days a week; or the Social Security Administration 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. Medicare beneficiaries may enroll in AARP MedicareRx Plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov). For more information, contact UnitedHealthcare at 1-866-804-3860, 24 hours a day, 7 days a week. (TTY users, call 711).

This document is available in alternative formats.

You cannot enroll in AARP MedicareRx Enhanced if your current or former employer helps pay for your drugs.

These Medicare Prescription Drug Plans (PDPs) are insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents (together called "UnitedHealthcare"). AARP MedicareRx Plans carry the AARP name, and UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for general purposes of AARP and its members. AARP is not the insurer. UnitedHealthcare contracts with the Federal government as a PDP sponsor. All decisions about prescription drugs are between you and your physician or other health care provider.

AARP does not make prescription drug plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a prescription drug plan.

# 2010 Plan Guide

Medicare Part D plans that may fit your needs and budget.



Inside: important plan information.

# 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 is different from Medicare Part A and Part B. You're not automatically enrolled in Part D; **you must join a plan yourself.** Part D plans are available through private insurance providers like UnitedHealthcare and other companies contracted by Medicare.



## The AARP® MedicareRx Plans May Help You Save

The AARP MedicareRx Plans are available to all Medicare beneficiaries. All three plans are insured by UnitedHealthcare Insurance Company, which already helps millions save on their prescription medications.

## When to Enroll or Switch Plans

Election Period	You Can Enroll If:
<b>Initial Enrollment Period (IEP)</b> Any time within three months before your 65th birthday, the month of your birthday and three months after.	<ul style="list-style-type: none"><li>• You're about to turn 65. If you enroll before the month you turn 65, coverage is effective the first day of your birthday month. If you wait until the month of your birthday or later, coverage is effective the first day of the month following your enrollment date.</li></ul>
<b>Annual Election Period (AEP)</b> November 15–December 31 every year.	<ul style="list-style-type: none"><li>• You've never enrolled in a Medicare prescription drug plan or you want to switch to a new plan. Your new coverage will begin on January 1 of the following year.</li></ul>
<b>Special Election Period (SEP)</b> Various times throughout the year.	<ul style="list-style-type: none"><li>• You are retiring and moving out of an employer group or union-sponsored plan.</li><li>• You recently moved out of the plan service area.</li><li>• Contact UnitedHealthcare today to learn about additional SEPs.</li></ul>

# Three Plan Choices, One That May Be Right for You

Each AARP MedicareRx Plan, insured through UnitedHealthcare, offers different choices. Whether you want to pay low monthly fees, pay no annual deductible or have coverage during the coverage gap, AARP MedicareRx Plans has a plan for you. See below for a comparison chart.

Plan Feature	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Formulary (Drug List)</b>	Includes nearly all generic drugs covered by Medicare Part D and most commonly used brand-name drugs.	Includes 100% of the drugs covered by Medicare Part D.	Includes 100% of the drugs covered by Medicare Part D.
<b>Annual Deductible</b>	\$310 deductible.	\$0	\$0
<b>Coverage Gap</b>	No coverage.	No coverage.	Coverage for most generic drugs with a copay.
<b>Preferred Mail Service Pharmacy</b>	Yes	Yes	Yes
<b>Value-Added Benefits</b>	The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the AARP MedicareRx Enhanced (PDP) plan, insured through UnitedHealthcare, grievance process.		
	None	None	Plus Drug Discounts Program: Save 15%-55%* on prescription drugs not normally covered by Medicare Part D.

\*This program provides discounts off the full retail price of prescription drugs not normally covered by Medicare Part D. Program prices are subject to change and may vary by network pharmacy.

# This Is How Medicare Part D Works

Every Part D plan has four stages.

## 1 Annual Deductible

If you are enrolled in the AARP MedicareRx Saver (PDP) plan, you pay the first \$310 of prescription drug costs. If you're enrolled in the AARP MedicareRx Preferred (PDP) or AARP MedicareRx Enhanced (PDP) plans, you don't pay an annual deductible and start right at Stage 2.

**\$0 or \$310**

You pay your annual deductible, if applicable.

## 2 Initial Coverage

You pay copays and/or coinsurance for each prescription; the plan pays the rest until total costs reach \$2,830.

**\$2,830**

Add up (excluding premiums):

- Your deductible
- Your copays/coinsurances
- Payments made by your plan

## 3 Coverage Gap

With the AARP MedicareRx Saver (PDP) and AARP MedicareRx Preferred (PDP) plans, you pay 100% of the plan's discounted drug costs in the coverage gap until you reach \$4,550 in True Out-of-Pocket (TrOOP) costs (what you alone have paid for your drugs, not including premiums, since January 1). With the AARP MedicareRx Enhanced (PDP) plan, you continue to receive coverage for most generic drugs in the coverage gap at a \$14 copay.

**\$4,550**

You pay 100% of your drug costs until your out-of-pocket expenses equal \$4,550.

## 4 Catastrophic Coverage

Your plan pays the majority of your drug costs through the end of the year after you've paid \$4,550. You will continue to pay your premiums and \$2.50 for generic drugs, \$6.30 for brand-name drugs or 5% coinsurance. On January 1, you return to Stage 1.

Your plan pays a majority of your drug costs.

# Additional Benefits of Membership

## 24/7 personal service.

UnitedHealthcare Customer Service is available to answer your questions and give you personalized plan and enrollment information – 24 hours a day, 7 days a week.

## Easy prescription filling.

More than 60,000 convenient network retail locations nationwide.

## You pay the lowest drug cost.

You pay the plan's discounted drug cost, retail price or your copay, whichever is less at the time you fill your prescription.

## Prescriptions delivered to your mailbox.

Preferred Mail Service Pharmacy is a convenient way to save even more on your medications – and get them delivered right to your mailbox.

# Ways to Help You Save

## Save on prescriptions by mail.

Mail-service pharmacy is a convenient way for our members to save time and money. When you use our Preferred Mail Service Pharmacy, you may save over other network retail pharmacies and other mail service pharmacies.

- When you use our Preferred Mail Service Pharmacy, you get a 90-day supply of Tier 1 medications, typically generic drugs, for as low as a \$4 copay.\* There's no cost for standard delivery to any U.S. address.
- Save up to \$15 compared to what you would pay at a network retail pharmacy for a 90-day supply of your Tier 2 and Tier 3 medications, typically brand-name drugs.\*
- If you qualify for extra help due to limited income, you may be entitled to lower or no copays or coinsurance when you use one of the mail service pharmacies.

## Your copay for each drug will depend on the tier in which the drug is listed.

**Tier 1: Lowest Copay.** Includes most generic prescription drugs.

**Tier 2: Medium Copay.** Includes many common brand-name drugs, called preferred brands, and some higher-cost generic prescription drugs.

**Tier 3: Highest Copay.** Includes non-preferred generic and non-preferred brand-name drugs.

**Specialty Tier (SP): Coinsurance.** Includes unique or very high-cost drugs.

## Save money with generics.

Many drugs on the AARP MedicareRx Plans' formulary have other generic and brand-name drug choices in lower tiers that are approved to treat the same conditions, but cost less. If you're taking a Tier 2 or Tier 3 medication, you may be able to switch to a lower-tier (Tier 1 or Tier 2) drug and save money. Ask your doctor if a lower-tier drug may be appropriate to treat your condition.

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\*Savings apply until the total cost of your drugs (paid by UnitedHealthcare, you and others) reaches \$2,830. However, for members in AARP MedicareRx Saver (PDP), savings apply when the total cost of your drugs is between \$310 and \$2,830.



# More Than 60,000 Pharmacies Nationwide for Your Convenience

Wherever you are, there is a network pharmacy near you. Some of our larger network retail pharmacies include:



Other pharmacies are available in our network.

## Choose How to Pay Your Part D Premium\*

Three easy ways to make your premium payment:

1. Automatic deduction from your Social Security benefit check.
2. Automatic deduction from your checking or savings account.
3. Coupon payment booklet.

## Find Out If You Qualify for Extra Help

You may be able to get extra help in paying for your prescription drug plan deductibles, premiums and copays if in 2009 your income was less than \$16,245 a year if you're single, or less than \$21,855 a year if you're married and living with your spouse. (Income limitations for Alaska are \$20,295 for a single person and \$27,315 for a married couple, and for Hawaii are \$18,690 for a single person and \$25,140 for a married couple.)

There's no penalty for applying for extra help. You may reapply every year and, if you don't qualify, you are still eligible for Medicare Part D coverage. The income and asset limits may change for 2010.

To see if you qualify for extra help, call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 24 hours a day, 7 days a week. Or call the Social Security Administration at 1-800-772-1213, TTY: 1-800-325-0778, between 7 a.m. and 7 p.m., Monday through Friday. You can also call your state Medicaid office for more information and assistance.

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\*Payment options may vary based on your situation.

# Thousands of Brand-Name and Generic Drugs

The AARP MedicareRx Plans' formulary (drug list) includes thousands of brand-name and generic prescription drugs. Call UnitedHealthcare 24 hours a day, 7 days a week, at **1-866-804-3860**, TTY **711**, to confirm the drugs you take are covered.

## Some of the drugs covered by the AARP MedicareRx Plans.\*

Alendronate	<b>Cymbalta</b>	Hydrochlorot	Metoprol TAR	Ranitidine
Allopurinol	<b>Detrol LA</b>	Hydroco/APAP	Metoprolol	Risperidone
Amitriptylin	Digoxin	Ibuprofen	Mirtazapine	<b>Seroquel</b>
Amlod/Benazp	Diltiazem	Insulin Syringes	<b>Namenda</b>	Sertraline
Amlodipine	<b>Diovan</b>	Isosorb Mono	<b>Nexium</b>	Simvastatin
Amoxicillin	<b>Diovan HCT</b>	<b>Klor-Con 10</b>	Nifedipine	<b>Singulair</b>
<b>Aricept</b>	Divalproex	<b>Klor-Con M20</b>	Omeprazole	SMZ/TMP DS
Atenolol	Doxazosin	<b>Lantus</b>	Oxybutynin	<b>Spiriva</b>
Azithromycin	<b>Effexor XR</b>	<b>Levaquin</b>	Oxycod/Apap	Spironolact
Benazepril	Enalapril	Levothyroxin	Paroxetine	<b>Synthroid</b>
<b>Benicar</b>	Fentanyl	Levoxyl	<b>Plavix</b>	Tramadol HCL
Carvedilol	Fexofenadine	<b>Lexapro</b>	POT Chloride	Trazodone
<b>Celebrex</b>	<b>Flomax</b>	<b>Lidoderm</b>	POT CL Micro	Triam/HCTZ
Cephalexin	Fluoxetine	<b>Lipitor</b>	Pravastatin	Triamt/HCTZ
Ciprofloxacn	Fluticasone	Lisinop/HCTZ	Prednisone	<b>TriCor</b>
Citalopram	Furosemide	Lisinopril	<b>ProAir HFA</b>	Verapamil
Clonidine	Gabapentin	Lovastatin	Promethazine	Warfarin
<b>Cozaar</b>	Glimepiride	Meloxicam	Propo-N/APAP	<b>Zetia</b>
<b>Crestor</b>	Glipizide	Metformin	<b>Protonix</b>	Zolpidem
Cyclobenzaprine	Glyburide	Metoclopram	Ramipril	<b>Zyprexa</b>

Brand-name drugs appear in bold.

## A Full Range of Medicare Solutions to Meet Your Health Care Needs

When you enroll, you will join the millions of members already covered by the AARP MedicareRx Plans, insured through UnitedHealthcare. In addition, you'll have access to a full range of Medicare plans with the AARP name to cover your changing health care needs – without changing UnitedHealthcare as your insurance provider.

\*Trademarks for the drugs listed above are owned by third parties with whom the AARP MedicareRx Plans have no affiliation. This is not a complete drug list. To find out if your drugs are covered, call UnitedHealthcare at **1-866-804-3860**, TTY **711**, 24 hours a day, 7 days a week.

# Call UnitedHealthcare today to learn about AARP Medicare Part D plans that may offer you more benefits.



Call: **1-866-804-3860**, TTY **711**

24 hours a day, 7 days a week



[www.AARPMedicareRx.com/GR](http://www.AARPMedicareRx.com/GR)

Para información en español, por favor llame al departamento de atención al cliente de UnitedHealthcare.

## A UnitedHealthcare® Medicare Solution

You are not required to use the plan's Preferred Mail Service Pharmacy, through Prescription Solutions, to obtain a supply of your maintenance medications. You have the option of using Prescription Solutions, a retail extended day supply pharmacy or non-preferred mail service pharmacy in the network to obtain a supply of maintenance medications.

If you choose a retail extended day supply pharmacy or non-preferred mail service pharmacy, you may see out-of-pocket payment differences when compared to using the Preferred Mail Service Pharmacy. You should experience no out-of-pocket payment differences if choosing between a retail extended day supply pharmacy and a non-preferred mail service pharmacy. Please call UnitedHealthcare Customer Service, 24 hours a day, 7 days a week, for up-to-date information on which pharmacies are in the network.

Your prescriptions should arrive about seven days from the date the completed order is received by Prescription Solutions. If Prescription Solutions needs to contact you or your prescribing physician to clarify information on your order or to request prescriptions from your physician, delivery may take longer. If you prefer rush delivery, medications can be shipped overnight for an additional charge.

Prescription Solutions will contact you if they anticipate there will be an extended delay in the delivery of your medications. If you need your medications immediately, Prescription Solutions can coordinate a refill with a local retail pharmacy. Standard delivery is no charge to U.S. addresses, including U.S. territories.

For copay amounts, drug coverage information or general plan questions, please call UnitedHealthcare Customer Service at 1-866-804-3860, 24 hours a day, 7 days a week, TTY 711.

NOTE: If you are receiving extra help from Medicare, your copays may be lower or you may have no copays.

Prescription Solutions is an affiliate of UnitedHealthcare Insurance Company and UnitedHealthcare Insurance Company of New York.

These Medicare Prescription Drug Plans (PDPs) are insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents (together called "UnitedHealthcare"). AARP MedicareRx Plans carry the AARP name, and UnitedHealthcare pays a fee to AARP for use of the AARP trademark. Amounts paid are used for general purposes of AARP and its members. AARP is not the insurer. UnitedHealthcare contracts with the Federal government as a PDP sponsor. All decisions about prescription drugs are between you and your physician or other health care provider.

AARP does not make prescription drug plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a prescription drug plan.

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**AARP** | **MedicareRx Plans**  
insured through **UnitedHealthcare**

# Member Appeals and Grievance Process

The following procedures for appeals and grievances must be followed by your Medicare Part D prescription drug plan in identifying, tracking, resolving and reporting all activity related to an appeal or grievance.

## Initial Determinations

The initial determination your Part D plan makes is the starting point for dealing with requests you may have about covering a Part D drug you need, or paying for a Part D drug you already received. Initial decisions about Part D drugs are called “**coverage determinations**.” With this decision, the plan explains whether it will provide coverage for the Part D drug you are requesting, and/or pay for the Part D drug you already received.

The following are examples of requests for initial determinations:

- You ask the plan to pay for a prescription drug you have received.
  - You ask for a Part D drug that is not on your plan’s list of covered drugs (called a “formulary”). This is a request for a “formulary exception.” See “What is an Exception?” below for more information about the exceptions process.
  - You ask for an exception to the utilization management tools — such as prior authorization, quantity limits, or step therapy requirements. Requesting an exception to a utilization management tool is a type of formulary exception. See “What is an Exception?” below for more information about the exceptions process.
  - You ask for a non-preferred Part D drug at the preferred cost-sharing level. This is a request for a “tiering exception.” See “What is an Exception?” below for more information about the exceptions process.
- You ask the plan to pay you back for the cost of a drug you bought at an out-of-network pharmacy. In certain circumstances, out-of-network purchases, including drugs provided to you in a physician’s office, will be covered by the plan.

## What is an Exception?

An exception is a type of initial determination (also called a “**coverage determination**”) involving a Part D drug. You, your doctor, or other prescriber may ask us to make an exception to our Part D coverage rules in a number of situations. For example, you may file a prescription Part D exception for any of the following reasons:

- You may ask us to cover your Part D drug even if it is not on our formulary. Excluded drugs cannot be covered by a Part D plan.
- You may ask us to waive coverage restrictions or limits on your Part D drug. For example, for certain Part D drugs, we limit the amount of the drug that we will cover. If your Part D drug has a quantity limit, you may ask us to waive the limit and cover more.
- Depending upon your benefit plan, you may ask the plan to provide a higher level of coverage for your Part D drug. If your drug is in Tier 3, you can ask the plan to cover it as a Tier 2 drug instead. This would lower the amount you must pay for your drug. The tier exception process applies only to Tier 3 drugs.
- Please note, if the plan grants your request to cover a Part D drug that is not on the formulary, you may not ask the plan to provide a higher level of coverage for the drug. Also, you may not ask the plan to provide a higher level of coverage for Part D drugs that are in Tier 4.

- Generally, the plan will only approve your request for an exception if the alternative Part D drug is included on the Plan formulary (depending upon your benefit plan) or the Part D drug in the lower tier would not be as effective in treating your condition and/or would cause you to have adverse medical effects.
- Your doctor must submit a statement supporting your exception request. In order to help the plan make a decision more quickly, the supporting medical information from your doctor should be sent with the exception request. If the exception request response does not give you an acceptable answer, you then have the right to appeal the decision.

## Part D Drug Appeals

If you are getting Medicare prescription Part D drug coverage through our plan, you may also follow the process outlined above to file an appeal. An appeal is a type of complaint you make when you want a reconsideration of a decision (determination) that was made regarding a prescription drug service, the amount of payment your Part D plan pays or will pay for a prescription drug, or payment (including the amount you paid) for a Part D drug. To ask for a standard decision for a Part D drug service an appeal must be filed in writing directly to the plan.

## What is an Appeal?

**Appeal** – An appeal is something you do if you disagree with a decision to deny a request for health care services or prescription drugs or payment for services or drugs you already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if our Plan doesn't pay for a drug, item, or service you think you should be able to receive.

## Who Can File an Appeal?

If you are appealing a coverage decision about a Part D drug, you, your representative, your doctor, or other prescriber may file a standard appeal request, or you, your representative, prescribing physician, or other prescriber as appropriate may file a fast (expedited) appeal request.

If you want someone to act for you who is not already authorized by the Court or under State law, you and that person must sign and date a statement granting the person legal permission to be your representative. To learn how to name your representative, call Customer Service at the telephone number (or the TTY number for the hearing impaired) listed in your Summary of Benefits.

## How Soon Must You File Your Appeal?

You must file the appeal request within 60 calendar days from the date of the notice of our initial determination. We may give you more time if you have a good reason for missing the deadline.

### To file an appeal:

1. Write a letter describing your appeal, and include any paperwork that may help in the research of your case. Provide your name, your member identification number, your date of birth, and the drug you need.
2. You may also call Customer Service at the telephone number (or the TTY number for the hearing impaired) listed in your Summary of Benefits for additional information or to request the facsimile number for Appeals and Grievances.
3. Send the letter to the Part D Appeals and Grievance Department, P.O. Box 6106, M/S CA 124-0197, Cypress CA 90630-9948. You must mail your letter within 60 calendar days from the date of the notice of our initial determination, or within 60 days of learning that the payment was not made. If you missed the 60-day deadline, you may still file your appeal if you provide a good reason for missing the deadline.

## **To request a fast (expedited) appeal:**

1. If you are appealing a decision our plan made about a drug you have not received, you and your doctor or other prescriber will need to decide if you need a fast appeal. (You cannot get a fast appeal if you are asking us to pay you back for a drug you already bought.)
2. You can get a fast appeal only if using the standard deadlines could cause serious harm to your health or hurt your ability to function.

## **Part D Drug Grievances**

If you are getting Medicare Part D prescription drug coverage through the plan, you may also follow the process outlined above to file a grievance for complaints concerning your Part D prescription drug coverage. For example, you would file a grievance if you have a problem with: waiting times on the phone; at a network pharmacy; waiting too long for prescriptions to be filled; network pharmacists or other pharmacy staff behavior; not being able to reach someone by phone or obtain the information you need.

## **What is a Grievance?**

**Grievance** – A type of complaint you make about us or one of our network pharmacies, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes.

## **Who Can File a Grievance?**

You or someone you name may file a grievance. The person you name would be your “representative.” You may name a relative, friend, lawyer, advocate, doctor or anyone else to act for you. Other persons may already be authorized by the Court or in accordance with State law to act for you.

If you want someone to act for you who is not already authorized by the Court or under State law, you and that person must sign and date a statement granting the person legal permission to be your representative. To learn how to name your representative, call Customer Service at

the telephone number (or the TTY number for the hearing impaired) listed in your Summary of Benefits.

## **Filing a Grievance with Our Plan**

If you have a complaint, you or your representative may call Customer Service at the telephone number (or the TTY number for the hearing impaired) listed in your Summary of Benefits. We will try to resolve your complaint over the phone. If you ask for a written response, file a written grievance, or your complaint is related to quality of care, we will respond in writing.

If you disagree with our decision not to expedite your request for a Coverage Determination or redetermination, you may request an expedited or “fast” grievance by calling Customer Service. If you disagree with our decision to process your request within the standard time frame, you may file an expedited grievance.

## **When Can a Grievance be Filed?**

The grievance must be submitted within 60 calendar days of the event or incident. We must address your grievance as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your complaint.

Details regarding Exceptions and the Appeal and Grievance processes, including time frames, can be found in the Evidence of Coverage which you will receive once you become a member. Visit [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com) to learn more and access forms.

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 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 prescription drug coverage in your area.

These Medicare Prescription Drug Plans (PDPs) are insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents (together called "UnitedHealthcare"). AARP® MedicareRx Plans carry the AARP name, and UnitedHealthcare pays a fee to AARP for use of the AARP trademark. Amounts paid are used for general purposes of AARP and its members. AARP is not the insurer. You do not need to be an AARP member to enroll. UnitedHealthcare contracts with the Federal government as a PDP sponsor. All decisions about prescription drugs are between you and your physician or other health care provider.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

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## Inside You'll Find:

**Plan Guide:** Medicare Part D plan and membership information.

**Appeals and Grievances:** Process for submitting an appeal or grievance.

**Enrollment Form:** Application to enroll in an AARP® MedicareRx Plan.

## Still Have Questions?

Call UnitedHealthcare Customer Service.



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