

2010 Summary of Benefits



Community CCRxSM PDP Medicare Prescription Drug Plans

January 1, 2010—December 31, 2010

Community CCRxSM is offered in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands

UNIVERSAL
AMERICAN

A Healthy CollaborationSM

Section I—Introduction to Summary of Benefits for Community CCRxSM PDP



Thank you for your interest in Community CCRx PDP. Our plan is offered by Pennsylvania Life Insurance Company and American Progressive Life & Health Insurance Company of New York, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Community CCRx 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 Community CCRx. 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 Community CCRx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE IS COMMUNITY CCRx AVAILABLE?

The service area for this plan includes: all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. You must live in one of these areas to join this plan.

WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan. Enrollees in a Private Fee-For-Service plan (PFFS) that does not provide Medicare prescription

drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Community CCRx 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?

Community CCRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

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

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Community CCRx 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 at www.Universal-American-Medicare.com.

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

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap

policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Community CCRx. Get this information before you decide to enroll in this plan.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

If you qualify for Extra Help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Community CCRx, 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/TTD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

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

coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

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

Quality Improvement Organization

State	Organization and Website Link	Telephone Number
Alabama	AQAF www.aqaf.com	205-970-1600
Alaska	Mountain-Pacific Quality Health Foundation www.mpqhf.org	907-561-3202
Arizona	Health Services Advisory Group www.hsag.com	602-264-6382
Arkansas	Arkansas Foundation for Medical Care www.afmc.org	501-375-5700
California	Health Services Advisory Group www.hsag.com	818-409-9229
Colorado	Colorado Foundation for Medical Care www.cfmc.org	303-695-3300
Connecticut	Qualidigm www.qualidigm.org	860-632-2008
Delaware	Quality Insights of Delaware www.qide.org	302-478-3600
District of Columbia	Delmarva Foundation for Medical Care www.dcqio.org	202-293-9650
Florida	FMQAI www.fmqai.com	800-564-7490
Georgia	Georgia Medical Care Foundation www.gmcf.org	404-982-0411
Hawaii	Mountain-Pacific Quality Health Foundation www.mpqhf.org	808-545-2550
Idaho	Qualis Health www.qualishealthmedicare.org	800-488-1118
Illinois	Illinois Foundation for Quality Health Care www.ifqhc.org	800-386-6431
Indiana	Health Care Excel www.hce.org	812-234-1499
Iowa	Iowa Foundation for Medical Care www.internetifmc.com	800-383-2856

State	Organization and Website Link	Telephone Number
Kansas	Kansas Foundation for Medical Care, Inc. www.kfmc.org	800-432-0407
Kentucky	Health Care Excel www.hce.org	502-454-5112
Louisiana	Louisiana Health Care Review www.lhcr.org	225-926-6353
Maine	Northeast Health Care Quality Foundation www.nhcqf.org	800-772-0151
Maryland	Delmarva Foundation for Medical Care www.mdqio.org	410-822-0697
Massachusetts	Masspro www.masspro.org	781-890-0011
Michigan	MPRO www.mpro.org	248-465-7300
Minnesota	Stratis Health www.stratishealth.org	877-787-2847
Mississippi	Information & Quality Healthcare www.iqh.org	601-957-1575
Missouri	Primaris www.primaris.org	800-735-6776
Montana	Mountain-Pacific Quality Health Foundation www.mpqhf.org	406-443-4020
Nebraska	CIMRO of Nebraska www.cimronebraska.org	800-458-4262
Nevada	HealthInsight www.healthinsight.org	702-385-9933
New Hampshire	Northeast Health Care Quality Foundation www.nhcqf.org	800-772-0151
New Jersey	Healthcare Quality Strategies, Inc. www.hqsi.org	732-238-5570
New Mexico	New Mexico Medical Review Association www.nmmra.org	800-663-6351
New York	IPRO www.ipro.org	516-326-7767

State	Organization and Website Link	Telephone Number
North Carolina	The Carolinas Center for Medical Excellence www.thecarolinascenter.org	800-682-2650
North Dakota	North Dakota Health Care Review, Inc. www.ndhcri.org	701-852-4231
Ohio	Ohio KePRO www.ohiokepro.com	216-447-9604
Oklahoma	Oklahoma Foundation for Medical Quality www.ofmq.com	405-840-2891
Oregon	Acumentra Health www.acumentra.org	503-279-0100
Pennsylvania	Quality Insights of Pennsylvania www.qipa.org	877-346-6180
Puerto Rico	Quality Improvement Professional Research Organization, Inc. www.qipro.org	787-641-1240
Rhode Island	Quality Partners of Rhode Island www.qualitypartnersri.org	401-528-3200
South Carolina	The Carolinas Center for Medical Excellence www2.thecarolinascenter.org/ccme/	803-251-2215
South Dakota	South Dakota Foundation for Medical Care www.sdfmc.org	605-336-3505
Tennessee	QSource www.qsource.org	800-528-2655
Texas	TMF Health Quality Institute www.tmf.org	800-725-9216
Utah	HealthInsight www.healthinsight.org	801-892-0155
Vermont	Northeast Health Care Quality Foundation www.nhcqf.org	800-772-0151
Virgin Islands	Virgin Islands Medical Institute, Inc. www.vimipro.org	340-712-2400
Virginia	Virginia Health Quality Center www.vhqc.org	804-289-5320

State	Organization and Website Link	Telephone Number
Washington	Qualis Health www.qualishealthmedicare.org	800-949-7536
West Virginia	WVMI Quality Insights www.qiwb.org	800-642-8686
Wisconsin	MetaStar, Inc. www.metastar.com	800-362-2320
Wyoming	MPQH-Wyoming www.mpqhf.org	877-810-6248

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 Community CCRx for more details.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap

Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-866-684-5353 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-684-5351.

Please call Universal American for more information about Community CCRx.

Visit us at www.Universal-American-Medicare.com or, call us:

Customer Service Hours:

8:00 a.m. to 8:00 p.m. in your local time zone, every day

Current members should call toll-free 1-866-684-5353. (TTY/TDD 1-866-684-5351)

Prospective members should call toll-free 1-866-423-5040. (TTY/TDD 1-866-684-5351)

Current members should call locally 1-866-684-5353. (TTY/TDD 1-866-684-5351)

Prospective members should call locally 1-866-423-5040. (TTY/TDD 1-866-684-5351)

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 Universal American for details.

Section II—Summary of Benefits

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
Prescription Drugs Drugs covered under Medicare Part D – General	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.CommunityCCRx.com on the Web.	This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.CommunityCCRx.com on the Web.	This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.CommunityCCRx.com on the Web.
		Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service). 	Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service). 	Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service).
		\$2.50-\$53.30 monthly premium	\$33.30-\$51.40 monthly premium	\$56.60-\$91.30 monthly premium
		Please refer to the Premium Table located after this section to find out what the premium is in your area.		

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
		The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).	The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).	The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
		Total yearly drug costs are the total drug costs paid by both you and the plan.	Total yearly drug costs are the total drug costs paid by both you and the plan.	Total yearly drug costs are the total drug costs paid by both you and the plan.
		The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.	The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.	The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
		Some drugs have quantity limits.	Some drugs have quantity limits.	Some drugs have quantity limits.
		Your provider must get prior authorization from Community CCRx Basic (PDP) for certain drugs.	Your provider must get prior authorization from Community CCRx Choice (PDP) for certain drugs.	Your provider must get prior authorization from Community CCRx Gold (PDP) for certain drugs.

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>
		<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>
		<p>If you request a formulary exception for a drug and Community CCRx Basic (PDP) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p>	<p>If you request a formulary exception for a drug and Community CCRx Choice (PDP) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p>	<p>If you request a formulary exception for a drug and Community CCRx Gold (PDP) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
IN-NETWORK				
Initial Coverage				
		\$310 yearly deductible.	\$150 yearly deductible.	\$0 deductible.
		After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	You pay the following until total yearly drug costs reach \$2,830:
Retail Pharmacy				
		<p><u>Generic</u> \$0 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$0 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p><u>Generic</u> \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$15 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p><u>Generic</u> \$6 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$18 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p><u>Preferred Brand</u> 25%-30% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>25%-30% coinsurance for a three-month (90-day) supply of drugs in this tier</p>	<p><u>Preferred Brand</u> \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$105 copay for a three-month (90-day) supply of drugs in this tier</p>	<p><u>Preferred Brand</u> \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$105 copay for a three-month (90-day) supply of drugs in this tier</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
		<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Please refer to Section III to find out the coinsurance for your service area.</p>	<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p><u>Non- Preferred Brand</u> 50%-75% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>50%-75% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Please refer to Section III to find out the coinsurance for your service area.</p>	<p><u>Non- Preferred Brand</u> \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$195 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><u>Specialty</u> 29% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>29% coinsurance for a three-month (90-day) supply of drugs in this tier</p>	<p><u>Non- Preferred Brand</u> \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$195 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><u>Specialty</u> 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>33% coinsurance for a three-month (90-day) supply of drugs in this tier</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
			Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.	Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.
		Long Term Care Pharmacy		
		<u>Generic</u> \$0 copay for a one-month (34-day) supply of drugs in this tier	<u>Generic</u> \$5 copay for a one-month (34-day) supply of drugs in this tier	<u>Generic</u> \$6 copay for a one-month (34-day) supply of drugs in this tier
		<u>Preferred Brand</u> 25%-30% coinsurance for a one-month (34-day) supply of drugs in this tier Please refer to Section III to find out the coinsurance for your service area.	<u>Preferred Brand</u> \$35 copay for a one-month (34-day) supply of drugs in this tier	<u>Preferred Brand</u> \$35 copay for a one-month (34-day) supply of drugs in this tier
		<u>Non-Preferred Brand</u> 50%-75% coinsurance for a one-month (34-day) supply of drugs in this tier Please refer to Section III to find out the coinsurance for your service area.	<u>Non-Preferred Brand</u> \$65 copay for a one-month (34-day) supply of drugs in this tier <u>Specialty</u> 29% coinsurance for a one-month (34-day) supply of drugs in this tier	<u>Non-Preferred Brand</u> \$65 copay for a one-month (34-day) supply of drugs in this tier <u>Specialty</u> 33% coinsurance for a one-month (34-day) supply of drugs in this tier

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
		Coverage Gap		
		After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.	After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.	<p>The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p> <p style="text-align: center;">Retail Pharmacy</p> <p>Generic \$6 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>\$18 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p style="text-align: center;">Long Term Care Pharmacy</p> <p>Generic \$6 copay for a one-month (34-day) supply of all drugs covered in this tier</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
				<p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
Catastrophic Coverage				
		<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or - 5% coinsurance.
OUT-OF-NETWORK				
		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Community CCRx.</p>		

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
		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 \$2,830:	After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:	You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:
		<u>Generic</u> \$0 copay for a one-month (30-day) supply of drugs in this tier	<u>Generic</u> \$5 copay for a one-month (30-day) supply of drugs in this tier	<u>Generic</u> \$6 copay for a one-month (30-day) supply of drugs in this tier
		<u>Preferred Brand</u> 25%-30% coinsurance for a one-month (30-day) supply of drugs in this tier	<u>Preferred Brand</u> \$35 copay for a one-month (30-day) supply of drugs in this tier	<u>Preferred Brand</u> \$35 copay for a one-month (30-day) supply of drugs in this tier
		<u>Non-Preferred Brand</u> 50%-75% coinsurance for a one-month (30-day) supply of drugs in this tier	<u>Non-Preferred Brand</u> \$65 copay for a one-month (30-day) supply of drugs in this tier	<u>Non-Preferred Brand</u> \$65 copay for a one-month (30-day) supply of drugs in this tier
		Please refer to Section III to find out the coinsurance for your service area.	<u>Specialty</u> 29% coinsurance for a one-month (30-day) supply of drugs in this tier	<u>Specialty</u> 33% coinsurance for a one-month (30-day) supply of drugs in this tier

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
		Coverage Gap		
		<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Community CCRx Basic (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Community CCRx Basic (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Community CCRx Choice (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Community CCRx Choice (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic \$6 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Community CCRx Gold (PDP) for out-of-network purchases when you are in the coverage gap.</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
				<p>However, you should still submit documentation to Community CCRx Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><u>Non-Preferred Brand</u> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Community CCRx Gold (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Community CCRx Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
				<p><u>Specialty</u> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Community CCRx Gold (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Community CCRx Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
		Catastrophic Coverage		
		<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

2010 Premium Table

Community CCRx PDP Medicare Part D plans are available in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. We offer three plans: Community CCRx Basic (PDP), Community CCRx Choice (PDP) and Community CCRx Gold (PDP).

Listed below are the monthly premiums for each plan by state.

To determine the amount you will pay each month, just locate your state and the plan of interest:

Region	Service Area	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
12	Alabama	\$23.50	\$38.60	\$72.30
34	Alaska	\$40.50	\$46.40	\$81.00
28	Arizona	\$22.30	\$43.40	\$76.30
19	Arkansas	\$25.60	\$41.20	\$70.00
32	California	\$53.30	\$44.00	\$87.80
27	Colorado	\$37.50	\$46.40	\$84.20
2	Connecticut	\$34.40	\$39.50	\$82.80
5	Delaware	\$28.20	\$38.90	\$81.10
5	District of Columbia	\$28.20	\$38.90	\$81.10
11	Florida	\$33.60	\$39.10	\$72.90
10	Georgia	\$25.00	\$42.40	\$71.80
33	Hawaii	\$31.00	\$40.40	\$77.90
31	Idaho	\$40.10	\$51.40	\$80.40
17	Illinois	\$28.00	\$39.30	\$79.20

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Region	Service Area	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
15	Indiana	\$28.60	\$35.30	\$74.90
25	Iowa	\$33.80	\$40.10	\$79.50
24	Kansas	\$32.90	\$50.80	\$86.80
15	Kentucky	\$28.60	\$35.30	\$74.90
21	Louisiana	\$27.20	\$38.20	\$68.00
1	Maine	\$30.50	\$42.50	\$79.70
5	Maryland	\$28.20	\$38.90	\$81.10
2	Massachusetts	\$34.40	\$39.50	\$82.80
13	Michigan	\$32.60	\$38.60	\$72.60
25	Minnesota	\$33.80	\$40.10	\$79.50
20	Mississippi	\$28.40	\$42.30	\$75.60
18	Missouri	\$39.60	\$35.70	\$77.30
25	Montana	\$33.80	\$40.10	\$79.50
25	Nebraska	\$33.80	\$40.10	\$79.50
29	Nevada	\$23.10	\$48.80	\$86.00
1	New Hampshire	\$30.50	\$42.50	\$79.70
4	New Jersey	\$42.90	\$44.10	\$76.80
26	New Mexico	\$22.80	\$35.40	\$65.20
3	New York	\$33.40	\$36.20	\$81.00
8	North Carolina	\$30.20	\$38.00	\$69.90

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Region	Service Area	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
25	North Dakota	\$33.80	\$40.10	\$79.50
14	Ohio	\$27.20	\$34.20	\$76.30
23	Oklahoma	\$32.30	\$49.00	\$76.30
30	Oregon	\$32.80	\$37.80	\$56.60
6	Pennsylvania	\$20.60	\$35.40	\$77.30
38	Puerto Rico	\$18.40	\$33.30	\$68.90
2	Rhode Island	\$34.40	\$39.50	\$82.80
9	South Carolina	\$31.00	\$42.40	\$69.30
25	South Dakota	\$33.80	\$40.10	\$79.50
12	Tennessee	\$23.50	\$38.60	\$72.30
22	Texas	\$25.70	\$42.20	\$75.70
39	U.S. Virgin Islands	\$2.50	\$44.90	\$91.30
31	Utah	\$40.10	\$51.40	\$80.40
2	Vermont	\$34.40	\$39.50	\$82.80
7	Virginia	\$28.70	\$35.60	\$76.70
30	Washington	\$32.80	\$37.80	\$56.60
6	West Virginia	\$20.60	\$35.40	\$77.30
16	Wisconsin	\$37.10	\$36.80	\$81.20
25	Wyoming	\$33.80	\$40.10	\$79.50

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Section III—2010 Medicare Part D Prescription Drug Coverage

2010 Medicare Part D Prescription Drug Coverage			
	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	Community CCRx Gold (PDP)
Phase I: Deductible	\$310.00	\$150.00	\$0
Phase 2: Initial Coverage	Amount you pay for prescriptions until you reach \$2,830 in out-of-pocket covered prescription drug costs		
You Pay:	30 day / 90 day supply		
Generics	0%	\$5 / \$15	\$6 / \$18
Preferred Brands	Please see below chart for your service area	\$35 / \$105	\$35 / \$105
Non-Preferred Brands	Please see below chart for your service area	\$65 / \$195	\$65 / \$195
Specialty Drugs	N/A	29% coinsurance	33% coinsurance
Phase 3: Coverage Gap	Amount you pay for prescription between the Initial coverage and until you reach \$4,550 in out-of-pocket covered prescription drug costs		
You Pay:	30 day / 90 day supply		
Generics	100% of cost	100% of cost	\$6 / \$18
Preferred Brands	100% of cost	100% of cost	100% of cost
Non-Preferred Brands	100% of cost	100% of cost	100% of cost
Specialty Drugs	N/A	100% of cost	100% of cost
Phase 4: Catastrophic Coverage	Amount you pay for prescriptions after you reach \$4,550 in out of pocket covered prescription drug costs		
You Pay:	30 day supply		
Generics	The greater of 5% coinsurance or \$2.50	The greater of 5% coinsurance or \$2.50	The greater of 5% coinsurance or \$2.50
Brands	The greater of 5% coinsurance or \$6.30	The greater of 5% coinsurance or \$6.30	The greater of 5% coinsurance or \$6.30

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Phase 2: Initial Coverage for Community CCRx Basic (PDP)

Service Area	Preferred Brands	Non-Preferred Brands
Alabama	30% coinsurance	65% coinsurance
Alaska	25% coinsurance	65% coinsurance
Arizona	30% coinsurance	70% coinsurance
Arkansas	30% coinsurance	65% coinsurance
California	25% coinsurance	75% coinsurance
Colorado	30% coinsurance	50% coinsurance
Connecticut	30% coinsurance	50% coinsurance
Delaware	25% coinsurance	65% coinsurance
District of Columbia	25% coinsurance	65% coinsurance
Florida	25% coinsurance	65% coinsurance
Georgia	30% coinsurance	55% coinsurance
Hawaii	25% coinsurance	70% coinsurance
Idaho	30% coinsurance	50% coinsurance
Illinois	30% coinsurance	50% coinsurance
Indiana	30% coinsurance	55% coinsurance
Iowa	30% coinsurance	60% coinsurance
Kansas	30% coinsurance	65% coinsurance
Kentucky	30% coinsurance	55% coinsurance
Louisiana	30% coinsurance	50% coinsurance
Maine	25% coinsurance	70% coinsurance
Maryland	25% coinsurance	65% coinsurance
Massachusetts	30% coinsurance	50% coinsurance
Michigan	30% coinsurance	50% coinsurance
Minnesota	30% coinsurance	60% coinsurance
Mississippi	30% coinsurance	55% coinsurance
Missouri	30% coinsurance	50% coinsurance
Montana	30% coinsurance	60% coinsurance

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Phase 2: Initial Coverage for Community CCRx Basic (PDP) (continued)

Service Area	Preferred Brands	Non-Preferred Brands
Nebraska	30% coinsurance	60% coinsurance
Nevada	30% coinsurance	70% coinsurance
New Hampshire	25% coinsurance	70% coinsurance
New Jersey	25% coinsurance	70% coinsurance
New Mexico	30% coinsurance	65% coinsurance
New York	25% coinsurance	60% coinsurance
North Carolina	30% coinsurance	55% coinsurance
North Dakota	30% coinsurance	60% coinsurance
Ohio	30% coinsurance	50% coinsurance
Oklahoma	30% coinsurance	55% coinsurance
Oregon	30% coinsurance	55% coinsurance
Pennsylvania	30% coinsurance	65% coinsurance
Rhode Island	30% coinsurance	50% coinsurance
South Carolina	30% coinsurance	50% coinsurance
South Dakota	30% coinsurance	60% coinsurance
Tennessee	30% coinsurance	65% coinsurance
Texas	25% coinsurance	70% coinsurance
Utah	30% coinsurance	50% coinsurance
Vermont	30% coinsurance	50% coinsurance
Virginia	30% coinsurance	55% coinsurance
Washington	30% coinsurance	55% coinsurance
West Virginia	30% coinsurance	65% coinsurance
Wisconsin	30% coinsurance	55% coinsurance
Wyoming	30% coinsurance	60% coinsurance
U.S. Virgin Islands	30% coinsurance	55% coinsurance
Puerto Rico	30% coinsurance	55% coinsurance

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Standard Notices

What is an exception?

An exception is a type of initial determination (also called a coverage determination) involving a Part D drug. You or your doctor may ask us to make an exception to our Part D coverage rules in a number of situations.

How do I request an exception to the Community CCRxSMPDP formulary?

As our member, you have the right to request several types of exceptions, including:

- 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.

Generally, we will only approve your request for an exception if the alternative Part D drugs included on the Plan formulary or the Part D drug in the preferred 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 us make a decision more quickly, the supporting medical information from your doctor should be sent to us with the exception request.

If we approve your exception request, our approval is valid for the remainder of the Plan year, so long as your doctor continues to prescribe the Part D drug for you and it continues to be safe for treating your condition. If we deny your exception request, you may appeal our decision.

Appeals and Grievances

As our member, you have the right to file a complaint (either an appeal or a grievance) if you have concerns or problems related to your coverage.

What is an appeal?

A complaint you file to ask us to reconsider and change a decision we have made about what prescription medicine benefits are covered, or what we will pay for a particular medicine.

When should I consider filing an appeal?

You can appeal if Medicare or Community CCRx denies one of the following:

- A request for a healthcare supply, or prescription that you believe you should be able to receive
- A request for payment for a prescription drug you already received
- A request to change the amount you must pay for a prescription drug

How do I file an appeal with Community CCRx?

You must file your appeal within 60-days of the date on the letter that is attached to the coverage determination notification. If you happen to miss the 60-day deadline, we may grant you an extension on a case-by-case basis. A coverage determination is the first decision made by Community CCRx (not the pharmacy) about your drug coverage, including whether a particular drug is covered, whether you have met all the requirements for getting a requested drug, how much you're required to pay for a drug, and whether to make an exception to a plan rule when you request it.

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Standard appeals must be completed within seven days of receiving your appeal request. Expedited appeals must be completed within 72 hours of receiving your appeal request.

To file a standard appeal, you can send the appeal request to us in writing at: Community CCRx Coverage Determination, PO Box 391197, Solon, OH 44139-3911

You may also file an appeal by phone. To file an appeal, or if you have any general questions about the appeals process, call us at 1-866-684-5353 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-866-684-5351), every day.

If we deny all or part of your appeal request, you or your appointed representative may request a review by an independent review entity (IRE). The IRE is contracted directly with the federal government and is not affiliated with Community CCRx in any way.

What is a grievance?

A complaint you file for any other type of problem with Community CCRx or one of our network pharmacies.

When should I consider filing a grievance?

- If you have a problem with waiting times when filling a prescription at a network pharmacy

- If you believe the behavior at a network pharmacy is inappropriate
- If you are having difficulty reaching someone by phone or getting information you requested
- If you have a problem with the cleanliness or conditions of a network pharmacy
- If you experience a problem with Community CCRx Customer Service
- If you don't understand or are confused by written materials provided by Community CCRx

How do I file a grievance with Community CCRx?

If you have a grievance, we encourage you to first call Customer Service at 1-866-684-5353, 8 a.m. to 8 p.m. in your local time zone (TTY users call 1-866-684-5351), every day.

We will try to resolve any complaint that you might have over the phone.

If you request a written response to your phone complaint, we will respond to you in writing. If we cannot resolve your complaint over the phone, we have a formal procedure to review your complaints. We call this the Community CCRx Grievance Process.

You may file a grievance by telephone, fax, or through the mail, no later than 60 days after the event that caused the grievance. When you file a written grievance you will receive a written confirmation that your grievance was received. All written grievances will be responded to in writing no later than 30 days from the date that the grievance was received by Community CCRx.

If your grievance involves a refusal by Community CCRx to grant your request for an expedited coverage determination or an expedited redetermination, and you have not yet received the medication that is in dispute, you may file an expedited or "fast" grievance. To file a "fast" grievance, please contact Customer Service at 1-866-684-5351, 8 a.m. to 8 p.m. in your local time zone (TTY users call 1-866-684-5351) every day, or fax your written complaint to 1-866-684-5378. In this case, you will receive a response within 24 hours. Please do not file a "fast" grievance by mail, as we cannot guarantee a response within 24 hours.

In certain circumstances, Community CCRx may extend the 30-day response time by 14 days. We may also extend the timeframe if you request us to do so. Community CCRx may also extend the timeframe if we are in need of additional

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

information. In this case, we only extend the timeframe if the delay is in your best interest and you will receive a letter notifying you of the extension.

Drugs or categories of drugs not covered by law:

According to Federal law, certain types of drugs cannot be covered by Medicare Prescription Drug Plans. These drugs or categories of drugs are called Excluded Drugs. They include:

- Nonprescription drugs, unless they are a part of step therapy
- Drugs when used for anorexia, weight loss or weight gain
- Drugs when used to promote fertility
- Drugs when used for cosmetic or hair growth purposes
- Drugs when used for symptomatic relief of cough or colds
- Prescription vitamins and minerals (except for prenatal vitamins and fluoride preparations)
- Drugs when used for the treatment of sexual or erectile dysfunction
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services

be purchased exclusively from the manufacturer as a condition of the sale

- Barbiturates
- Benzodiazepines
- Drug Efficacy Study Implementation (DESI) drugs

In addition, a Medicare Prescription Drug plan is unable to cover a drug if the drug would be available under Medicare Part A or Part B. Some drugs are covered under Medicare Part B in certain cases and under Medicare Part D in others. In most cases, your pharmacist or provider will appropriately determine whether to bill Part B or Part D for your drug.

If Community CCRx decides to stop contracting with Medicare or leaves your service area: In the unlikely event Community CCRx leaves the Medicare program, or no longer offers prescription drug coverage in the service area where you live, we will notify you in writing.

If this happens, your membership in Community CCRx will end and you will need to enroll in another Medicare Prescription Drug Plan to continue your prescription drug coverage. All Community CCRx benefits and conditions would continue until the effective date your membership in Community CCRx

ends. You also would continue to receive your prescription drugs in the usual way through the Community CCRx network pharmacies.

If Community CCRx leaves the Medicare program or your service area, you would need to select another plan. Your choices would include joining another Medicare Prescription Drug Plan (PDP) or a Medicare Advantage Plan with prescription drug coverage (MA-PD), if these plans are available in your area and are accepting new members. As soon as Community CCRx has notified you in writing that we are leaving the Medicare program or the area where you live, you may enroll in another plan.

Community CCRx is contracted with the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare. This contract is subject to renewal each year. However, the Community CCRx or CMS can decide to end the contract at any time. In most cases, you will be notified 90 days in advance if this situation occurs. However, your advance notice may be as little as 30 days or fewer if CMS must end the contract in mid-year.

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP at 1-866-684-5353 (TTY users call 1-866-684-5351) for current members, and 1-866-423-5040 (TTY users call 1-866-684-5351) for prospective members from 8:00 a.m. to 8:00 p.m. in your local time zone, every day.

Customer Service Center

1-866-684-5353

(TTY users call 1-866-684-5351)
8:00 a.m. to 8:00 p.m. in your local time zone, every day

www.Universal-American-Medicare.com

Community CCRxSM is a Medicare-approved Part D sponsor offered by the following organizations that contract with the Federal government: American Progressive Life & Health Insurance Company of New York and Pennsylvania Life Insurance Company, members of the Universal American family of companies.

This document is available in alternate formats.

UNIVERSAL
AMERICAN

A Healthy CollaborationSM