UnitedHealthcare

Group Retiree Part D Plan

Prepared For: OKLAHOMA EDUCATION INS GRP

Benefits And Coverage In-Network Services WELLNESS/CLINICAL PROGRAMS Hi Health Hearing Aid Discount Program Included Outpatient Prescription Drug Coverage Prescription Drug Plan Custom Pharmacy Network Standard Part D Gap Coverage Min CMS Coverage Formulary Standard Formulary G Non-OptumRx Mail Order Network Included Formulary Edits (step therapy, quantity limits, prior authorization) On Rx Deductible \$415 applies to all tiers Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic (Most generic drugs)	Effective: 1/1/2019 through 12/31/2019	
Hi Health Hearing Aid Discount Program Outpatient Prescription Drug Coverage Prescription Drug Plan Custom Pharmacy Network Part D Gap Coverage Formulary Non-OptumRx Mail Order Network Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Generic (Unique and/or very high-cost drugs) Part D Preferred Generic Tier 1: Preferred Generic Tier 1: Preferred Generic	Benefits And Coverage	In-Network Services
Dutpatient Prescription Drug Coverage Prescription Drug Plan Custom Pharmacy Network Part D Gap Coverage Formulary Non-OptumRx Mail Order Network Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	WELLNESS/CLINICAL PROGRAMS	
Prescription Drug Plan Custom Pharmacy Network Part D Gap Coverage Formulary Standard Formulary G Non-OptumRx Mail Order Network Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Hi Health Hearing Aid Discount Program	Included
Pharmacy Network Part D Gap Coverage Formulary Standard Formulary G Non-OptumRx Mail Order Network Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Outpatient Prescription Drug Coverage	
Part D Gap Coverage Formulary Standard Formulary G Non-OptumRx Mail Order Network Included Formulary Edits (step therapy, quantity limits, prior authorization) On Rx Deductible S415 applies to all tiers Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Prescription Drug Plan	Custom
Formulary Non-OptumRx Mail Order Network Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Pharmacy Network	Standard
Non-OptumRx Mail Order Network Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible S415 applies to all tiers Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Generic Included S415 applies to all tiers 25% 25% 25% 25% Tier 2: Preferred Brand (Non-preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Part D Gap Coverage	Min CMS Coverage
Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Formulary	Standard Formulary G
Rx Deductible \$415 applies to all tiers Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) 25% Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred Brand generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Non-OptumRx Mail Order Network	Included
Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Formulary Edits (step therapy, quantity limits, prior authorization)	On
Part D Retail Copay (up to a 30 day supply) Tier 1: Preferred Generic (Most generic drugs) Z5% Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic		\$415 applies to all tiers
(Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Part D Retail Copay (up to a 30 day supply)	
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	Tier 1: Preferred Generic	
(Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	(Most generic drugs)	25%
some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic		
Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic		25%
(Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic		
Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic		25%
(Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic		2577
Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic	1	25%
Tier 1: Preferred Generic		
	1 2 1 1 2 1 1 2 1	
I(Most generic drugs) 25%		2-24
	(Most generic drugs)	25%
Tier 2: Preferred Brand	Tier 2: Preferred Brand	
(Many common brand name drugs, called preferred brands and 25%	l, ,	25%
some higher-cost generic drugs)		
Tier 3: Non-Preferred Brand		25%
(Non-preferred generic and non-preferred brand name drugs)		
Tier 4: Specialty Tier (Unique and/or very high-cost drugs)		25%
Initial Coverage Limit \$3,820		\$3 820
True Out of Pocket Threshold (TrOOP) \$5,100	<u> </u>	
Catastrophic Coverage over TrOOP (greater amount of) Custom		
Copay for generics \$0.00		
Copay for all other drugs \$0.00		
OR Coinsurance 0%		
UnitedHealthcare Group Medicare Advantage ® plans are offered by United HealthCare Insurance Company and its affiliated companies,		
Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may	Medicare Advantage Organizations with a Medicare contract. Limitations, copaymen	ts and coinsurance may apply. Benefits may
vary by employer group.		

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare

that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.