



# Certificate of Coverage 2025

**UnitedHealthcare® RxSupplement™**

Group Name (Plan Sponsor): Connecticut Teachers Retirement Board

Group Number: 25419



**Toll-Free 1-866-794-3033, TTY 711**

8 a.m.-8 p.m. local time, Monday-Friday



**[retiree.uhc.com/TRB](https://retiree.uhc.com/TRB)**

**United  
Healthcare®**

GRP RETRX-0125-CT



**Underwritten by UnitedHealthcare® Insurance Company  
Hartford, Connecticut**

## **Group Outpatient Additional Prescription Drug Insurance Certificate**

UnitedHealthcare® Insurance Company (the “Company”) hereby delivers to the Group Policyholder a Policy providing outpatient Prescription Drug insurance for certain eligible Covered Persons who are covered by Medicare Part D Drug coverage. This Certificate describes the benefits and provisions of the insurance provided by the Policy. Please refer to Your Medicare Part D plan materials for details about Your Medicare Part D prescription drug coverage, including any additional prescription drug cost sharing that is provided by this Certificate pursuant to Medicare rules and requirements.

You may receive the benefits specified in this Certificate if You are eligible for insurance under the provisions of the Policy.

This Certificate is not a contract of insurance and only summarizes the primary provisions of the Policy. The Certificate supersedes and replaces any similar Certificate that the Company previously issued to You.

This Certificate is valid only if it includes Your Schedule of Benefits.

This Certificate is delivered in and governed by the laws of the state, territory, or Commonwealth where Your Plan Sponsor is situated.

**PLEASE READ THIS CERTIFICATE CAREFULLY.**

**UnitedHealthcare® Insurance Company**

A handwritten signature in cursive script that reads "Jessica Paik".

Jessica Paik

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# Welcome to UnitedHealthcare

The Company provides additional outpatient Prescription Drug benefits to Covered Persons who have properly enrolled and meet the Plan Sponsor's (Your former employer, union group or trust administrator) eligibility requirements. To learn more about these requirements, see **Section Three: Covered Person Eligibility and Effective Date**.

## What is this Publication?

This is a Certificate of Coverage (Certificate). It is a legal document that explains Your additional outpatient Prescription Drug plan benefits. Many of the words and terms are capitalized because they have special meanings. To better understand these terms, please see **Section Seven: Definitions**.

Your Certificate and Schedule of Benefits (Section Six) are key to making the most of Your coverage.

## What Else Should I Read to Understand My Benefits?

Along with reading this Certificate, be sure to review Your Schedule of Benefits in **Section Six**. Your Schedule of Benefits provides the details of Your outpatient Prescription Drug plan benefits. Please also refer to Your Medicare Part D plan materials for details about Your Medicare Part D prescription drug coverage, including any prescription drug cost sharing that is provided by this Certificate pursuant to Medicare rules and requirements. Together, these documents explain Your coverage.

## What if I Still Need Help?

After You become familiar with Your additional outpatient Prescription Drug benefits, You may still need assistance. Please don't hesitate to contact Our Customer Service Department as shown below:

- ☐ By calling **1-866-794-3033** from **8 a.m.-8 p.m. local time, Monday-Friday**
- ☐ By accessing Our customer service Web site at **[retiree.uhc.com/TRB](http://retiree.uhc.com/TRB)**

**NOTE:** Your Certificate, which includes Your Schedule of Benefits, provides the description of Your additional outpatient Prescription Drug benefits. These forms should be read completely and carefully. You also may correspond with the Company at the following address:



**UnitedHealthcare**

P.O. Box 30770 Salt Lake City, UT 84130-0770



**1-866-794-3033**



**[retiree.uhc.com/TRB](http://retiree.uhc.com/TRB)**

## Administrators

Certain provisions of the Certificate are administered by one or more of the Company's Administrators. They are as follows:

### **FOR ELIGIBILITY AND BENEFITS VERIFICATION:**

UnitedHealthcare  
P.O. Box 30770  
Salt Lake City, UT 84130-0770  
1-866-794-3033

### **FOR PAYMENT OF CLAIMS:**

OptumRx  
P.O. Box 650287  
Dallas, TX 75265-0287

All inquiries and notifications required by the terms and conditions of the Policy or Certificate are to be mailed or phoned to the Company's Administrator. Notification requirements to the Company are fulfilled by contacting the Company's Administrator in this manner.

## Section One – Description of Your Additional Outpatient Prescription Drug Benefits

- ☐ Additional Outpatient Prescription Drug Benefits
- ☐ Limitations and Exclusions

This section explains Your additional outpatient Prescription Drug benefits. If You have any questions about Your outpatient Prescription Drug benefits, please consult this Certificate or contact Us at 1-866-794-3033.

The benefits described in this Certificate are based on the assumption that the Covered Person is properly enrolled and meets the Plan Sponsor's eligibility requirements. The Company will pay the following benefits, subject to the limitations and exclusions set forth in this Certificate and in the Schedule of Benefits in Section Six of this Certificate.

### I. Additional Outpatient Prescription Drug Benefits

The Company will pay the Allowed Drug Costs for each covered Prescription Drug received by You while this Policy is in force less the total of 1 and 2 below:

1. The applicable cost sharing amount(s) listed in the cost sharing chart included in the Schedule of Benefits; and
2. Any amount payable by a drug manufacturer, the federal government (excluding any federal low income subsidy), or any other third party whose liability is primary to the Policy.

To keep things simple, We use the term "Drug" throughout this Certificate to mean any Prescription Drug, item or medication that is included under this Policy.

**Prior Authorization for selected Drugs.** You must satisfy any Prior Authorization requirements under Your Medicare Part D coverage in order to be eligible to receive a benefit under this Policy. Please check Your Drug List for any Prior Authorization requirements.

**Quantity Limits for selected Drugs.** A "Quantity Limit" is a management tool that is designed to limit the use of selected Drugs for quality, safety, or utilization purposes. Limits may be on the amount of the Drug that We cover each time You get the Drug or for a defined period of time. Please check Your Drug List and Your other Medicare Part D plan materials to determine if any Quantity Limits apply.

**Step Therapy for selected Drugs.** This requirement encourages You to try less costly but usually just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require You to try Drug A first. If Drug A

does not work for You, the plan will then cover Drug B. Please check Your Drug List for Drugs that have Step Therapy.

## **II. Limitations and Exclusions**

No benefits are payable for any of the following:

1. Drugs or medicines purchased and received prior to the Covered Person's Effective Date or subsequent to the Covered Person's termination.
2. Any expense which You are not legally obligated to pay.
3. Any portion of any expense that is eligible to be paid by the local, state or federal government, such as Medicare Part D and Medicaid, is reimbursable under other insurance programs, including Workers' Compensation, or medications furnished by any other Drug or medical service for which no charge is made to the Covered Person.
4. Any amount discounted by the drug manufacturer.
5. Any drugs dispensed by You or a member of Your household or Immediate family.
6. Medications prescribed for experimental or non-FDA approved indications, unless prescribed in a manner consistent with a specific indication in Drug Information for the Health Care Professional, published by the United States Pharmacopoeial Convention or in the American Hospital Formulary Services edition of Drug Information; medications limited to investigational use by law; or medications that are determined not to be effective for the specific diagnosis or that do not allow community practice standards unless prior authorized under Your Medicare Part D plan.
7. Unit dose/convenience dosage forms: Unit dose, pre-packaged medications, individual packets, etc.

### **Early Refills**

Early refills for lost, stolen or destroyed Drugs are not covered except during a declared "National Emergency." For vacations, You can get 1 early refill of the day supply You usually get for the Drug(s) per Plan Year. You may refill the Drug when a minimum of seventy-five percent (75%) of the quantity is consumed based on the days' supply.



## Section Two - Payment Responsibility

- ☐ Claims Policies and Procedures
- ☐ Coordination of Benefits

This section explains Claims payment procedures and related Claims matters. It also explains when the Company may coordinate Your benefits with another plan.

### I. Claims Policies and Procedures

**Pharmacy Reimbursement.** You should present Your UnitedHealthcare identification card at any Pharmacy. If You need help identifying a Pharmacy, visit Our Web site at [retiree.uhc.com/TRB](http://retiree.uhc.com/TRB), or contact Our Customer Service Department at 1-866-794-3033 or for the hearing impaired 711, to locate a Pharmacy near You.

**Direct Reimbursement.** If a Drug Claim is processed electronically at the point of sale, then no Claim form is required. However, for Claims that are not processed electronically, the Covered Person must complete a Claim form and submit a receipt from the pharmacist. The receipt must specify: the prescription number, name of the Drug, date filled, name of Pharmacy, name of patient, and proof of payment. Call the Customer Service Department at 1-866-794-3033 or for the hearing-impaired TTY 711 or visit UnitedHealthcare's Web site at [retiree.uhc.com/TRB](http://retiree.uhc.com/TRB) to obtain the direct reimbursement form. The Company will reimburse the Covered Person for those covered Drugs shown in the Schedule of Benefits section of this Certificate. Claims should be submitted to:

OptumRx  
P.O. Box 650287  
Dallas, TX 75265-0287

**Payment of Benefits.** The Company will pay a benefit as set forth in the Schedule of Benefits. Benefits will not exceed any maximums or limits and are subject to the Limitations and Exclusions specified in this Certificate. The Definitions and all other terms and conditions of this Certificate that may limit or exclude benefits also apply in determining the payment of the benefits.

**Non-Duplication of Benefits.** Benefits provided under the Policy will not duplicate any benefits paid by a Medicare Part D Employer Group Waiver Plan (EGWP). The combined benefits provided under the Policy and Medicare or other coverage will never exceed one hundred percent (100%) of the charges incurred for outpatient Drugs.

**Limitation of Liability.** The Company shall not be obligated to pay any benefits under this Certificate for any Claims if the proof of loss for such Claim was not submitted within the period provided, unless it is shown that: (1) it was not reasonably possible to have submitted the proof of loss within such period; and (2) the proof of loss was submitted as soon as it was reasonably possible.

In no event will the Company be obligated to pay benefits for any Claim if the proof of loss for such Claim is not submitted to the Company within one (1) year after the date of loss, except in the case of legal incapacity of the Covered Person.

**Claims Processing.** The Company reviews and evaluates all benefit payment submissions against this Certificate and for the possibility of billing irregularities. The Company may adjust or decline benefit payments consistent with the evaluation findings.

**Notice of Claim.** A written notice of Claim must be furnished to the Company within twenty (20) days after a covered loss occurs or begins, or as soon thereafter as reasonably possible.

The Company will, upon receipt of notice of Claim, furnish to the Covered Person such forms as are usually furnished for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the Covered Person shall be deemed to have complied with the requirements of this Certificate as to the proof of loss upon submitting within the time specified in this Certificate for filing proof of loss, written proof covering the occurrence, and the character and the extent of the loss for which a Claim is made.

**Proof of Loss.** Written proof of loss must be furnished to the Company at its office within ninety (90) days after the date of the loss. The Company will not reduce or deny a Claim for failure to furnish such proof within the time required, provided such proof is furnished as soon as reasonably possible.

**Time of Payment of Claims.** Benefits that are covered under this Certificate will be paid within thirty (30) days of receipt of a proper Claim by the Company. If a Claim does not contain all of the information necessary to pay or deny the Claim, the Company will request the required additional information within thirty (30) days of receipt of the Claim by the Company. If the requested information is not provided within forty-five (45) days of the date it is requested, the Company will deny the Claim and provide the reasons for denial in writing.

**Payment of Benefits to Covered Person.** All benefits, unless assigned, are payable to the Covered Person.

**Death or Incapacity of Covered Person.** In the event of the Covered Person's death or incapacity and in the absence of written evidence to the Company of the qualification of a guardian for the Covered Person's estate, the Company may, in its sole discretion, make any and all payments of benefits under this Certificate to the individual or institution that, in the opinion of the Company, is or was providing the Covered Person's care and support.

**Assignments.** Benefits may be assigned by the Covered Person to the person or institution providing the covered Drug. No such assignment will bind the Company prior to the payment of the benefits assigned. The Company will not be responsible for determining an assignment's validity. Payment of assigned benefits will be made directly to the assignee, unless a written

request not to honor the assignment, signed by the Covered Person and the assignee, is received prior to payment.

**Legal Actions.** Any person may not bring legal action for benefits against the Company:

1. Until at least sixty (60) days after proof of loss is sent to the Company as required; or
2. More than three (3) years after the time for submitting proof has ended.

## **II. Coordination Of Benefits**

### **Purpose Of This Provision**

A Covered Person may be covered for health benefits or services by more than one Plan. If he or she is covered by more than one Plan, this provision allows the Company to coordinate what the Company pays or provides with what another Plan pays or provides. If You have questions about how payments are coordinated, please call the Company's Customer Service Department at 1-866-794-3033.

**Right to Receive and Release Information.** For determining the applicability and implementing the terms of this Coordination of Benefits provision or any provision of similar purpose of any other plan, the Company may release or obtain from any insurance company or other organization or person any information, with respect to any Covered Person, which the plan deems to be necessary for such purposes. Any Covered Person claiming benefits must furnish information necessary to implement this provision.

## Section Three - Covered Person Eligibility and Effective Date

- ☐ Who is a Covered Person?
- ☐ Termination of Benefits

### I. Who is a Covered Person?

A Covered Person is someone who enrolls under the Policy through the Plan Sponsor.

The coverage provided under the Policy is made available to You because You satisfy the eligibility requirements set by the Plan Sponsor for participation in the Plan Sponsor's Retiree benefit plan. The specific time periods and other standards for participation in the Plan Sponsor's Retiree benefit plan are determined by the Plan Sponsor, or state and/or federal law. Eligibility requirements are described in general terms below. For more specific eligibility information, contact Your Plan Sponsor.

Eligible Covered Persons include the Retiree, or a Spouse or Domestic Partner of the Retiree enrolled under the Policy if such individuals are: (1) eligible for coverage under the Plan Sponsor's Retiree benefit plan; and (2) eligible for, and enrolled in, a Medicare Part D plan issued by the Company.

**Notification of Eligibility Change.** Any Covered Person who no longer satisfies the eligibility requirements is not covered by the Policy and has no right to any of the benefits described in the Certificate. The Company must be notified within thirty-one (31) days of any condition that may affect eligibility.

**Effective Date.** Covered Persons may be enrolled for coverage under the Policy if they meet the eligibility requirements set forth above. Subject to payment of any applicable premium, coverage under the Policy becomes effective on the date such Covered Person is first insured under the Policy.

### II. Termination of Benefits

**Individual Terminations.** A Covered Person's coverage will terminate on the earliest of the following:

1. the date the Policy terminates;
2. the last day of the Insurance Month in which the Covered Person requests termination;
3. the last day of the last Insurance Month for which premium payment is made on behalf of the Covered Person;
4. the date the Covered Person ceases to be eligible for coverage under the Policy; or
5. with respect to any particular insurance benefit, the date that benefit terminates.

**Fraud or Deception.** At its discretion, the Company may terminate or rescind a Covered Person's coverage under the Policy if the following are true:

1. such Covered Person knowingly provides the Company with fraudulent information upon which the Company relies; and
2. such information materially affects the Covered Person's eligibility for enrollment or benefits under the Policy. In such instance, the Company shall send a written notice of termination or rescission to the Retiree. It shall also refund any unearned premium which applies after the date of termination or rescission.

**Fraudulent Use of Identification Card.** A Covered Person's eligibility for coverage under the Policy shall immediately terminate if such Covered Person permits the use of his or her insurance identification card by any other person. In such instance, the Company shall mail a written notice of termination to the Covered Person. It shall also refund any unearned premium which applies after the date of termination.

**Please Note:** No coverage shall be in force and no benefit shall be payable for charges which are incurred after the date a Covered Person's coverage terminates for any reason under this Certificate.

## Section Four - Decisions Regarding Benefits

- ☐ Appealing a Decision Relating to Benefits
- ☐ The Appeals Process
- ☐ Statement of ERISA Rights

### I. Appealing a Decision Relating to Benefits

A Covered Person and the Company may not always agree that a Claim has been processed properly. When this happens, the Covered Person's first step should be to call the Company's Customer Service Department. The Company's Customer Service Department coordinator will assist the Covered Person and attempt to find a solution to the Covered Person's problem or grievance.

If the Covered Person feels that his or her problem or grievance requires additional action, the Covered Person may also request a formal appeal.

The Company's appeals review procedures are designed to deliver a timely response and resolution to a Covered Person's problem or grievance. This is done through a process that includes a thorough and appropriate investigation, as well as an evaluation of the problem or grievance. The Covered Person may submit a formal appeal within 60 calendar days of the receipt of an initial determination through the Company's Appeals Department. To initiate an appeal, call the Company's Customer Service Department or write the Appeals Department at the address below:

UnitedHealthcare® Insurance Company  
Appeals Department  
P.O. Box 6106, MS CA120-0368  
Cypress, CA 90630-0016  
1-866-794-3033

This written request will initiate the following Appeals Process, except in the case of "Urgent Requests" as discussed below. A Covered Person, or a representative appointed by a Covered Person including an Attorney, may submit written comments, documents, records and any other information relating to Your appeal regardless of whether this information was submitted or considered in the initial determination. You may obtain, upon request and free of charge, copies of all documents, records and other information relevant to Your appeal. The appeal will be reviewed by an individual who is neither the individual who made the initial determination that is the subject of the appeal nor the subordinate of that person.

### II. The Appeals Process

The Company will review Your appeal within a reasonable period of time appropriate to the clinical circumstances and make a determination not later than thirty (30) days of the Company's receipt of the appeal.

### **III. Statement of ERISA Rights**

Contact Your Plan Sponsor's Benefit Administrator to learn whether Your plan is an employee welfare benefit plan as defined by the Employee Retirement Income Security Act of 1974 (ERISA). If You participate in an ERISA employee welfare benefit plan, ERISA provides You with certain rights and protections.

## Section Five – General Provisions

**Certificate.** Each Covered Person will receive individual Certificates. These Certificates summarize the benefits provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

**Clerical Error.** Clerical error does not invalidate insurance otherwise validly in force, nor continue insurance otherwise validly terminated. Neither the passage of time nor the payment of premiums for a person who is not eligible for insurance under the terms of the Policy makes this insurance valid for such person. In this event, the Company's only liability is the proper refund of unearned premiums. If a premium adjustment requires the refund of unearned premium, the maximum refund is the six- (6) month period preceding the date the Company receives proof of the adjustment. The Company can request such information while the Policy is in force and for one (1) year after the Policy ends.

**Conformity to State and Federal Law.** The Company amends any provision of the Policy that conflicts with state or federal law on the Policy Effective Date to the minimum requirements of the law.

**Group Policyholder Not Our Agent.** The Group Policyholder is not an agent of the Company.

**Provider As Independent Agent.** The Company does not undertake to directly furnish any health care service under the Policy. The obligations of the Company under the Policy are limited to the payment for health care service provided to Covered Persons by Providers who are independent agents.

**Outpatient Drug Records.** The Company shall have access to outpatient Drug and treatment records of Covered Persons to determine benefits, process Claims, utilization review, quality assurance, financial audit, or for any other purpose reasonably related to the benefits provided under this Certificate. Each Covered Person shall complete and submit to the Company such additional consents, releases and other documents as may be requested by the Company in order to determine or provide benefits under this Certificate. The Company reserves the right to reject or suspend a Claim based on lack of supporting outpatient Drug information or records.

**Recovery of Payments.** The Company reserves the right to deduct from any benefits properly payable under this Certificate the amount of any payment which has been made:

1. in error;
2. pursuant to a misstatement contained in a Claim;
3. pursuant to a misstatement made to obtain coverage under the Policy within two (2) years after the date such coverage commences; or
4. with respect to an ineligible person; or
5. pursuant to a Claim for which benefits are recoverable under any Policy or act of law provided for coverage for occupational injury or disease to the extent that such benefits are recoverable.



This provision shall not be deemed to require the Company to pay benefits under the Policy in any such instance.

Such deduction may be made against any Claim for benefits under this Certificate by a Covered Person if such payment is made with respect to such Covered Person.

**Discharge of Liability.** Any payment made in accordance with the provisions of the Policy shall fully discharge the liability of the Company to the extent of such payment.

**Right to Receive Information.** The Group Policyholder shall provide the Company with the information necessary to administer coverage under the Policy. Payroll and any other records of a Retiree relating to coverage under the Policy shall be open for review by the Company at any reasonable time. The Company may request that information needed to compute the premium be furnished at least once each year.

**Time Effective.** Whenever an Effective Date of coverage or termination date of coverage is specified by the Policy, such commencement of coverage will be effective as of 12:00 a.m. of that date.

**Waiver of Rights.** The Company's failure to enforce any provision of the Policy does not affect Our right to enforce any provision at a later date, and does not affect the Company's right to enforce any other provision of the Policy.

## Section Six – Schedule of Benefits

### Additional Outpatient Prescription Drug Benefits

**The Company will pay additional outpatient Prescription Drug benefits for expenses incurred by a Covered Person for covered Prescription Drugs described in this Certificate.** This Certificate covers additional Prescription Drugs that are not covered by Your Medicare Part D plan. To understand the payment information We give You in this section, You need to know the basics of what Prescription Drugs are covered. Your Medicare Part D plan materials issued by the Company will provide You with information for prescription coverage under Your Medicare Part D Employer Group Waiver Plan. This Schedule of Benefits provides information for obtaining benefits under this Certificate.

The benefits will be subject to the Copayments and/or Coinsurance, and Limitations and Exclusions described in this Certificate, and will not exceed any applicable maximum shown in this Schedule of Benefits.

This Schedule of Benefits focuses on what You pay for Your additional outpatient Prescription Drugs under this Certificate. To keep things simple, We use the term “Drug” to mean any Prescription Drug, item or medication that is included under this Policy.

### Prescription Drug Tiers

Every Prescription Drug on the Drug List is included in a tier as defined below. **Note: The cost shares in this Certificate only apply to covered Prescription Drugs that are not covered under Your Medicare Part D plan.** In general, the higher the tier number, the higher Your cost for the Drug.

**Tier 1 – Preferred Generic** – includes all covered generic drugs.

**Tier 2 – Preferred Brand** – includes many common brand name drugs, called preferred brands.

**Tier 3 – Non-preferred Drug** – includes non-preferred brand name drugs.

**Tier 4 – Specialty Tier** – includes unique and/or very high-cost brand drugs.

### Drug List

To find out which tier Your Prescription Drug is in, look it up in the Drug List and Your other Medicare Part D plan materials. If You need a copy of the list, You may access it by going online at [retiree.uhc.com/TRB](http://retiree.uhc.com/TRB) or request a paper copy by calling the Customer Service Department at 1-866-794-3033.

**The Drug List and Your other Medicare Part D plan materials can change during the year**

Most of the changes in Prescription Drug coverage happen at the beginning of each Plan Year. However, during the year, many kinds of changes may be made to the Drug List and Your other Medicare Part D plan materials. For example:

- ☐ **Addition or removal of Prescription Drugs from the Drug List and Your other Medicare Part D plan materials.** New Prescription Drugs become available, including new Generic Drugs. Perhaps the government has given approval to a new

use for an existing Prescription Drug. Sometimes, a Prescription Drug gets recalled and We decide not to cover it, or We might remove a Prescription Drug from the list because it has been found to be ineffective.

- ☐ **A Drug is moved to a higher or lower tier.**
- ☐ **A Brand Name Drug is replaced with a Generic Drug.**

### **Do changes to Your Drug coverage affect You right away?**

If any of the following types of changes affect a Drug You are taking, the change will not affect You until the **next** Plan Year if You stay in the Plan:

- ☐ If We move Your Drug into a higher tier.
- ☐ If We remove Your Drug from the Drug List, but not because of a sudden recall or because a new Generic Drug has replaced it.

If any of these changes happen for a Drug You are taking, then the change won't affect Your use or what You pay as Your share of the cost until the next Plan Year. Until that date, You won't see any increase in Your payments or any added restriction to Your use of the Drug. However, on the first day of the next Plan Year, the changes will affect You.

In some cases, You will be affected by the coverage change before the next Plan Year. In this case, You should work with Your doctor to switch to the Generic Drug or to a different Drug that We cover.

If a Drug is suddenly recalled because it's been found to be unsafe or for other reasons, the Drug will immediately be removed from the Drug List. Your doctor will know about this change, and can work with You to find another Drug for Your condition.

### **What is Your share of the cost for Additional Drugs covered under this plan?**

The Copayment and/or Coinsurance for a covered Drug depends on the Drug's tier.

#### **Your cost of the Drugs covered under this plan:**

	<b>Participating Retail Pharmacy</b>	<b>Participating Pharmacy Mail Service Pharmacy Program</b>
	(when You get a 31-day supply (or less) of a covered Drug)	(when You get a longer-term supply up to 90 days of a covered Drug)
<b>Tier 1</b>	5% Coinsurance	5% Coinsurance
<b>Tier 2</b>	20% Coinsurance	20% Coinsurance
<b>Tier 3</b>	30% Coinsurance	30% Coinsurance
<b>Tier 4</b>	30% Coinsurance	30% Coinsurance

## Section Seven - Definitions

The Company is dedicated to making its services easily accessible and understandable. To help You understand the precise meanings of many terms used to explain Your benefits, We have provided the following definitions. These definitions apply to the capitalized terms used in Your Certificate, as well as the Schedule of Benefits.

**Allowed Drug Costs** means the ingredient cost, plus the dispensing fee and the sales tax charged by the Pharmacy at the point of sale.

**Brand Name Drug** means a pharmaceutical product protected by a patent issued to the original innovator or marketer. The patent prohibits the manufacture of the drug by other companies without consent of the innovator, as long as the patent remains in effect.

**Certificate** means this summary of the terms of Your benefits. The Certificate is attached to and is part of the Policy issued to the Group Policyholder and is subject to the terms of the Policy.

**Claim** means notification from a licensed Provider in a form acceptable to the Company that a covered service has been rendered or furnished to a Covered Person. This notification must set forth in full the details of such covered service as required by the Company. Covered Persons may choose to submit a Claim on their own behalf.

**Coinsurance** means that portion of an Allowed Drug Cost that You pay for the cost of a Drug. Coinsurance does not include any Deductibles.

**Copayment** means that portion of the covered Drug which is the responsibility of the Covered Person and which are shown as Copayments on the Schedule of Benefits.

**Covered Person** means someone who enrolls under the Policy through the Plan Sponsor.

**Domestic Partner** means an individual (other than a relative of the Retiree) who for the Plan Year: (1) has his or her personal place of abode in the home of the Retiree; (2) is a member of the Retiree's household; and (3) the Retiree has designated as a Domestic Partner with the Administrator, in accordance with the Administrator's reasonable procedures; provided, however, that an individual shall not be considered a Domestic Partner if the Retiree Person has a Spouse or other Domestic Partner.

**Effective Date** means, with respect to any Covered Person, the date such Covered Person is first insured under the Policy.

**Generic Drug** means a Drug that is designated as a Generic Drug according to Medispan, inclusive of single-source and multi-source generics.

**Group Policyholder** means the person, partnership, corporation or trust as shown on the Policy Information Page of the Policy.

**Hospital** means an acute care facility operated pursuant to state laws and:

1. is accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations or by the Medicare program;
2. is primarily engaged in providing, for compensation from its patients, diagnostic and surgical facilities for the care and treatment of injured or sick individuals by or under the supervision of a staff of Physicians;
3. has 24-hour nursing services by registered nurses; and
4. is not primarily a place for rest or custodial care, or a nursing home, convalescent home or similar institution.

**Insurance Month** means that period of time:

1. beginning at 12:00 a.m. Standard Time at the Group Policyholder's principal location on the first day of any calendar month; and
2. ending at 11:59 p.m. on the last day of the same calendar month.

**Medicare** means Hospital Insurance Plan (Part A), Medical Insurance (Part B), and the supplementary Outpatient Prescription Drug Insurance Plan (Part D) provided under Title XVIII of the Social Security Act, as amended.

**Percentage Payable** means the benefits payable under this Certificate which are a percentage of the expense in excess of all Deductibles and Copayments. The Percentage Payable for each type of covered Drug is set forth in the Schedule of Benefits.

**Pharmacy** means a facility that provides outpatient Drugs to a Covered Person at negotiated costs.

**Physician** means a licensed doctor of allopathy or osteopathy who is practicing within the scope of his or her licensure, and any other practitioner of the healing arts who renders services within the scope of his or her licensure.

**Plan Sponsor** means the Group Policyholder approved by the Company for participation in the coverage provided by the Policy.

**Plan Year** means any consecutive twelve-month period beginning on the Effective Date shown in the Policy.

**Policy** means the Group Health Insurance Policy issued by the Company to the Group Policyholder.

**Policy Effective Date** means the date stated as the "Policy Effective Date" on the Policy Information Page of the Policy.

**Prescription Drugs** mean those pharmaceutical substances dispensed by prescription on an outpatient basis.

**Prior Authorization** means getting approval in advance to obtain certain Prescription Drugs on the Company's formulary.

**Quantity Limits** means for certain drugs, We limit the amount of the drug that We cover each time You get the Drug for a defined period of time. For example, if it is normally considered safe to take only one pill per day for a certain drug, We may limit coverage to no more than one pill per day.

**Retiree** means a former employee of the Plan Sponsor who: (1) has met all the eligibility requirements established by the Plan Sponsor for participation in the Plan Sponsor's Retiree benefit plan; (2) is eligible for, and enrolled in, a Medicare Part D plan issued by the Company; and (3) who is entitled to benefits under the Policy.

**Spouse** means a legally married Spouse or Domestic Partner as recognized under federal law.

**Step Therapy** means a utilization tool that requires You to first try another drug to treat Your medical condition before We will cover the drug Your Physician may have initially prescribed.

**We, Our, Us and Company** means UnitedHealthcare® Insurance Company.

**You and Your** means the Covered Person.

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UnitedHealthcare® RxSupplement™ is not a Medicare Part D Prescription Drug plan. This is an employer group Retiree Prescription Drug plan. UnitedHealthcare® RxSupplement™ group Retiree Prescription Drug plans are underwritten by UnitedHealthcare® Insurance Company. These are private insurance companies not connected with or endorsed by the U.S. Government or the federal Medicare program. RxSupplement™ plans may not be available in all states. UnitedHealthcare® is part of the UnitedHealth Group family of companies.

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