

2007

Summary of Benefits





Introduction to the Summary of Benefits for SierraRx Plus

January 1, 2007 – December 31, 2007

Alabama, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Mississippi, Missouri, Nevada, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia

Thank you for your interest in SierraRx Plus. Our plan is offered by SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC., 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 SierraRx Plus and ask for the "Evidence of Coverage."

You Have Choices in Your Health Care

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 SierraRx Plus. 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 SierraRx Plus to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plus with prescription drug coverage.

Where is SierraRx Plus Available?

The service area for this plan includes: New Jersey, Delaware, Washington DC, Maryland, Pennsylvania, West Virginia, Virginia, South Carolina, Georgia, Alabama, Tennessee, Ohio, Indiana, Kentucky, Illinois, Missouri, Arkansas, Mississippi, Louisiana, Oklahoma, Kansas, Texas, New Mexico, Colorado, Arizona, Nevada, Oregon, Washington, Idaho, Utah, and California. You must live in one of these areas to join this plan. Please see the Premium Table at the end of Section 2.

If you move out of the state or county where you live into a state listed above, you must call customer service in order to update your information. If you do not, you may be disenrolled from SierraRx Plus. If you move into a state not listed above, please call Customer Service to find out if SierraRx Plus has a plan in your new state or county.

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. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.



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Does My Plan Cover Medicare Part B or Part D Drugs?

SierraRx Plus 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?

SierraRx Plus 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 call Customer Service for an up-to-date list.

What Is A Prescription Drug Formulary?

SierraRx Plus uses a formulary. A formulary is a list of drugs covered by our plan to meet patient needs. We may periodically add, remove, 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.sierrarx.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) 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 supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they 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 SierraRx Plus. Get this information before you decide to enroll in this plan.



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How Can I Get Help With My 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 SierraRx Plus, 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.

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 prescription coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of SierraRx Plus, 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.

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.



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Please call SierraRx Plus for more information about this plan.

Visit us at www.sierrarx.com or call us:

Customer Service Hours:

From November 15, 2006 through March 1, 2007- 7 days/week from 8am to 8pm
From March 2, 2007 through December 31, 2007- Monday through Friday from 8am to 8pm

Current members should call 1-866-789-1522 (TTY/TDD 1-866-789-1530)

Prospective members should call 1-866-789-0565 (TTY/TDD 1-866-789-0572)

For more information about Medicare, call 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 SierraRx Plus.

Benefit Category	Original Medicare	SierraRx Plus
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IMPORTANT INFORMATION

<p>Prescription Drugs</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p>		<p>Monthly premiums range from \$92.20 to \$135.70. Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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.sierrarx.com.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>
Deductible		There is no deductible.
Initial Coverage		You pay the following for prescription drugs:
In-Network Retail Pharmacy		<ul style="list-style-type: none"> ● \$5 for a one month (30 day) supply of Preferred Generic drugs ● \$30 for a one month (30 day) supply of Preferred Brand drugs ● \$60 for a one month (30 day) supply of Non-preferred Generic drugs ● \$60 for a one month (30 day)



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Benefit Category	Original Medicare	SierraRx Plus
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		<p>supply of Non-preferred Brand drugs</p> <ul style="list-style-type: none"> ● 30% coinsurance for a one month (30 day) supply of Specialty Drugs ● \$15 for a three month (90 day) supply of Preferred Generic drugs ● \$90 for a three month (90 day) supply of Preferred Brand drugs ● 30% coinsurance for a three month (90 day) supply of Specialty Drugs
Mail Order		<ul style="list-style-type: none"> ● \$15 for a three month (90 day) supply of Preferred Generic drugs ● \$90 for a three month (90 day) supply of Preferred Brand drugs ● 30% coinsurance for a three month (90 day) supply of Specialty Drugs.
Catastrophic Coverage		<p>After your total yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:</p> <ul style="list-style-type: none"> ● \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or ● 5% coinsurance.
General Information		<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from SierraRx Plus for certain prescription drugs.</p> <p>Covered Part D drugs are available</p>



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Benefit Category	Original Medicare	SierraRx Plus
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		<p>at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>
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To determine what your Medicare Part D monthly plan premium is, locate the state/region where you live in the "Service Area" column. The premium indicated in the "Part D Plan Premium" column will be your monthly premium amount (unless you qualify for financial assistance, such as the Low Income Subsidy or other assistance program). If you qualify for assistance, we will send you a separate letter indicating what your financial responsibilities will be.

SierraRx Plus Medicare Part D Plan Premium			
Plan #	Service Area		Plan D Plan Premium
	State	Part D Region #	
S5917-041	Alabama & Tennessee		\$123.80
S5917-054	Arizona		\$78.10
S5917-046	Arkansas		\$93.20
S5917-058	California		\$74.80
S5917-053	Colorado		\$73.00
S5917-035	Delaware, District of Columbia & Maryland		\$103.20
S5917-040	Georgia		\$96.40
S5917-057	Idaho & Utah		\$73.50
S5917-044	Illinois		\$106.00
S5917-043	Indiana & Kentucky		\$108.30
S5917-050	Kansas		\$102.30
S5917-048	Louisiana		\$110.40
S5917-047	Mississippi		\$103.00
S5917-045	Missouri		\$119.50
S5917-055	Nevada		\$84.30
S5917-034	New Jersey		\$135.70
S5917-052	New Mexico		\$72.80
S5917-042	Ohio		\$95.90
S5917-049	Oklahoma		\$96.50
S5917-056	Oregon & Washington		\$75.00



If you have any questions about this plan's benefits or costs, please contact SierraRx Plus.

	State	Part D Region #	
S5917-036	Pennsylvania & West Virginia	6	\$104.50
S5917-039	South Carolina	9	\$104.20
S5917-051	Texas	22	\$96.50
S5917-037	Virginia	7	\$92.20

This is how the SierraRx Plus Prescription drug benefit works:

SierraRx Plus has a large pharmacy network from which you can get your prescription drugs. For your convenience, SierraRx Plus also has a mail order vendor that can send a 90-day supply of drugs directly to your home! SierraRx Plus has a formulary of covered drugs that includes preferred generic, preferred brand name, non-preferred generic, non-preferred brand name and specialty drugs.

To keep your drug costs as low as possible, please ask your doctor to prescribe generic medications whenever available.

SierraRx Plus has no deductible. Prescription drug benefits begin with your very first prescription!

When you go to a retail network pharmacy to get a prescription filled you will pay:

- For preferred generic drugs (drugs that are on the Plan's formulary):
 - \$5 for a 30-day supply
 - \$15 for a 90-day supply from a participating retail network pharmacy
- For preferred brand name drugs (brand name drugs that are on the Plan's formulary):
 - \$30 for a 30-day supply
 - \$90 for a 90-day supply from a participating retail network pharmacy
- For a non-preferred generic or non-preferred brand name drugs (a generic or brand name drug that is not on the Plan's formulary):
 - \$60 for a 30-day supply
- For a specialty drug (examples of specialty drugs include Copaxone, Rebif, Humira, Enbrel, Raptiva, Targeva, Leukine and Neulasta):
 - 30% coinsurance for a 30-day supply
 - 30% coinsurance for a 90-day supply from a participating retail network pharmacy



If you have any questions about this plan's benefits or costs, please contact SierraRx Plus.

When you order drugs from the Plan's prescription drug mail order vendor you pay:

- For preferred generic drugs (drugs that are on the Plan's formulary):
 - \$15 for a 90-day supply
- For preferred brand-name drugs (brand name drugs that are on the Plan's formulary):
 - \$90 for a 90-day supply
- For a specialty drugs you pay:
 - 30% coinsurance for a 90-day

Once you have exceeded the \$3,850 yearly out of pocket limit (that is, when you have reached the Catastrophic Coverage limit), you pay the greater of:

- \$2.15 for generic or preferred brand name drug that is a multi-source drug
- \$5.35 for all other drugs, or
- 5% coinsurance

How Does SierraRx Plus Compare To Medicare's Standard Part D Drug Benefit?

Total Yearly Drug Costs...	Your Costs for the Standard Medicare Plan would be...	Your Costs for the SierraRx Plus Plan would be...
\$0 - \$265	No benefits are payable until the \$265 deductible has been paid	\$5 - For 30-day supply of preferred generic drugs (or \$15 for a 90-day supply)
\$265 - \$2,400	You pay 25%	
\$2,400 - \$5,451.25	You pay 100%	\$30 - For a 30-day supply of preferred brand name drugs (or \$90 for a 90-day supply) \$60 - For a 30-day supply of non-preferred generic or non-preferred brand name drugs 30% - For a 30-day (or 90-day) supply of specialty drugs
\$5,451.25 and above (when you are out of pocket \$3,850 - including the deductible, copayments and coinsurance you have paid or that was paid on your behalf)	The greater of: <ul style="list-style-type: none"> ● \$2.15 for generic or preferred brand name drug that is a multi-source drug ● \$5.35 for all other drugs, or ● 5% coinsurance 	The greater of: <ul style="list-style-type: none"> ● \$2.15 for generic or preferred brand name drug that is a multi-source drug ● \$5.35 for all other drugs, or ● 5% coinsurance



If you have any questions about this plan's benefits or costs, please contact SierraRx Plus.

If you have questions or concerns about your plan, the pharmacy network or what drugs might be covered, contact our Member Services Department. They can be reached at:

866-789-1522 Toll Free

TTY (for the hearing impaired) 866-789-1530

- From November 15, 2006 through March 1, 2007, 7 days/week from 8am to 8pm.
- From March 2, 2007 through December 31, 2007- Monday through Friday from 8am to 8pm.

You may write to us at: SierraRx Plus Member Services Department
P. O. Box 15645
Las Vegas, NV 89114-5645

Si usted habla español y necesita asistencia con este resumen o tiene alguna pregunta acerca de su cobertura con SierraRx Plus tenemos representantes disponibles para asistirle. Puede llamarnos al servicio del cliente de SierraRx Plus al 866-789-1522 (TTY/TDD 866-789-1530) los siete a la semana de 8:00 am - 8:00 pm de Noviembre 15, 2006 hasta Marzo 1, 2007. Empesando Marzo 2, 2007 hasta Diciembre 31, 2007, de Lunes a Viernes de 8:00 am -8:00 pm.

Please refer to your Evidence of Coverage for detailed information about your Prescription Drug Plan.

SierraRx Plus is a Prescription Drug plan offered by Sierra Health and Life Insurance Company, Inc., which contracts with Medicare. Anyone with Medicare may apply. Members must continue to pay applicable Medicare premiums. Prescription coverage subject to limitations.