



**East End Health Plan**  
**c/o Eastern Suffolk BOCES**  
**201 Sunrise Highway**  
**Patchogue, New York 11772**  
**Telephone: 631-687-3140**  
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**Mr. Frank Perry**  
**Operations Administrator**

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To: EEHP Medicare Primary Members  
 From: Frank Perry, Operations Administrator  
 Subject: Prescription Drug Coverage  
 Date: November 24, 2014

As you are aware, prescription drug coverage for EEHP Medicare Primary members is provided through the *UnitedHealthcare Medicare Rx for Groups Prescription Drug Plan*. This Plan became effective January 1, 2013, and although it is considered a Medicare Part D Program, the Trustees implemented an enhanced program, which, provides basically the same coverage that our Non-Medicare Primary members receive. Please remember that our Plan is not subject to the provisions of the basic Medicare Rx program, (annual deductible, out of pocket costs, donut hole) offered through private carriers.

The EEHP has approved continuation of the Plan for the 2015 calendar year and it will continue to be administered by UnitedHealthcare.

During the month of December you will receive a mailing from UnitedHealthcare that will provide detailed information about the Plan. Please keep in mind that the information provided in the mailing is governed by the Center of Medicare Services and addresses mainly the provisions of the basic Medicare Part D Program, which do not apply to our Plan. I would ask that you contact me if you do not receive the mailing by December 20, 2014.

Effective January 1, 2015 the co-pays for each tier of our program will change. The Co-pays will be as follows:

	<b>Retail Pharmacy (30 Day Supply)</b>	<b>Mail Order Pharmacy (90 Day Supply)</b>
<b>Tier 1 (Generic Brand Drug)</b>	<b>\$5.00</b>	<b>\$10.00</b>
<b>Tier 2 ( Preferred Brand Drug)</b>	<b>\$25.00</b>	<b>\$50.00</b>
<b>Tier 3 (Non-Preferred Brand Drug)</b>	<b>\$45.00</b>	<b>\$90.00</b>
<b>Tier 4 (Specialty Drug)</b>	<b>\$45.00</b>	<b>\$90.00</b>

If you have any questions regarding the Prescription Drug Program or any other aspect of our Health Insurance Program, please contact me via:

E-mail - [fperry@eehp.org](mailto:fperry@eehp.org)  
 Telephone - 516-659-3138  
 Mail - to the above address

Our best wishes to you and your family for a happy and healthy Holiday Season.