

Drug Sponsor Name	Universal Health Care Insurance Company, Inc.
Drug Plan Name	Any, Any, Any Platinum (PFFS) (H5820-013)
Phone number	Current Members/Prospective Members: 1-866-690-4842 TTY/TDD: 1-800-617-0177
Web site	www.univhc.com
Total monthly premium	\$89.00
Medicare Part D premium portion	\$14.80
SPDAP monthly subsidy	Up to \$25 per month
Monthly premium after subsidy	\$74.20
Deductible	\$0
1 st tier copay	\$2.00
2 nd tier copay	\$7.00
3 rd tier copay	\$30.00
4 th tier copay and description (such as injectables, if applicable)	\$60.00
5 th tier copay – Specialty drugs	33% coinsurance
Benefits available in coverage gap	None
Mail order copays offered	\$4.00 for a 90-day supply of Preferred Generic drugs \$14.00 for a 90-day supply of Non-Preferred Generic drugs \$60.00 for a 90-day supply of Preferred Brand drugs \$120.00 for a 90-day supply of Non-Preferred Brand drugs 33% coinsurance for a 90-day supply of Specialty drugs
Maryland SPDAP Doughnut Hole Subsidy	Not offered in this plan option

