



**224 North Park Ave. Fremont, NE 68025**  
**800-228-2181 • Fax: 888-810-1394**

## **Sav-Rx Client Survey**

We would like to collect some basic information about where you are in determining your retiree strategy. This information will ensure that we provide any assistance you need in determining your retiree strategy and ensure that we support you in meeting deadlines and implementing your selected retiree strategy. Please fax the completed survey to Sav-Rx (888-810-1394) at your earliest convenience.

Group Name: \_\_\_\_\_

Please specify the main contact within your organization responsible for coordinating retiree coverage:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Please check the option which best describes your group:

- We do not currently cover retirees. All Medicare eligible individuals we cover are active employees.
- We have not started evaluating options for our retirees.
- We have initiated the evaluation process, but we have not finalized our retiree strategy for 2006.
- We have finalized our retiree strategy for 2006.

If you selected options 2 or 3, Sav-Rx would be happy to assist you in your evaluation, please indicate if you would like our assistance (free of charge):

Yes	No
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**Retiree Strategy Selected**

Please indicate the retiree option that you have elected to pursue for 2006:

- 1. We have elected to continue to offer our current, or a slightly modified, benefit to our retirees and intend to apply for the Retiree Drug Subsidy (RDS).
- 2. We have elected to offer a “Wrap-Around” supplemental benefit to our retirees that will wrap around the retiree’s choice of Medicare Part D Plan.
- 3. We have elected to discontinue coverage of retirees and are counseling retirees to select a Medicare Part D Plan. We are not contributing to our retiree’s Medicare Part D premium.
- 4. We have elected to cover some, or all, of our retirees Medicare Part D premium with our retirees’ choice of Medicare Part D Plan, but we are not continuing our current retiree benefit.
- 5. We have elected to cover some, or all, of our retirees Medicare Part D premium with a specific Medicare Part D Plan, but we are not continuing our current retiree benefit.
- 6. Other: Please Describe:

Based on your Above Selection Please Complete the Appropriate Section Below.

**Retiree Drug Subsidy (RDS) Option (Option 1)**

Please only complete this section if your group has elected to pursue the RDS option.

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | We have consulted with an Actuary about our plan design and premium cost share. |
| <input type="checkbox"/> | <input type="checkbox"/> | An Actuary has verified that our coverage is "Creditable".                      |
| <input type="checkbox"/> | <input type="checkbox"/> | An Actuary has verified that our coverage is "Actuarially Equivalent".          |

The Retiree Drug Subsidy application process can now be started. The application must be completed and submitted before September 30, 2005. Sav-Rx has a full suite of services to assist you with the Retiree Drug Subsidy application and on-going data requirements. For each Sav-Rx available service please indicate if you would like us to provide this service to your group or not by selecting either "Yes" or "No".

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RDS Application Coordination ("Account Manager" Support).  |
| <input type="checkbox"/> | <input type="checkbox"/> | RDS Enrollment Initial File Support.   |
| <input type="checkbox"/> | <input type="checkbox"/> | On-going Data Files to CMS: Monthly Eligibility Files, Quarterly Interim Data Files <sup>1</sup> , and Annual Reconciliation Files.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Creditable Coverage – Letter Development.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Creditable Coverage – Letter Mailing to Retirees. (If you select "Yes" you will be contacted for further information and provided with a quote.)       |
| <input type="checkbox"/> | <input type="checkbox"/> | Creditable Coverage – Letter Mailing to Active Members. (If you select "Yes" you will be contacted for further information and provided with a quote.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sav-Rx RDS Customized Member Level Comparison Service.   |

If you have selected to utilize Sav-Rx's services, Sav-Rx will be contacting you shortly to discuss in detail and coordinate.

**“Wrap-Around” Supplemental Option (Option 2)**

Please only complete this section if your group has elected to offer a “Wrap-Around” benefit to retirees in 2006.

Sav-Rx offers the following services to clients that select to offer their retirees a “Wrap-Around” supplemental benefit. For each Sav-Rx service please indicate if you would like us to provide this service to your group or not by selecting either “Yes” or “No”.

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Design custom “Wrap-Around” benefit options based on your unique requirements.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Benefit analysis.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance in designing a customized communication package. Including assistance in the design of the Non-Creditable Coverage notification. |

Review of your goals with a Sav-Rx Benefit Design Specialist and the Implementation Coordination are automatically included and free of charge.

**Discontinuation of Coverage Option (Option 3, 4, or 5)**

Please only complete this section if your group has elected to discontinue your current retiree benefits in 2006.

Sav-Rx anticipates that we may receive calls from your retirees asking questions about their pharmacy benefit in 2006. We want to ensure that the message we provide is consistent and correct. Please indicate the message that you would like our customer service team to pass on to retirees regarding their 2006 benefit:

- Your coverage with <Group Name> is ending / has ended December 31, 2005. <Group Name> recommends that you enroll in a Medicare Part D Plan. Please contact 1-800-MEDICARE for information about the option in your region.
- Please contact <Group Name> at \_\_\_\_\_ for information about your benefit in 2006.
- Please Contact \_\_\_\_\_ at \_\_\_\_\_ for information about your benefit in 2006.

If none of the above standard messages meet your specific needs, please indicate the custom message that you would like to have conveyed to your retirees:

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