2019 ENROLLMENT GUIDE



Get familiar with your Medicare Advantage plan.

AARP® MedicareComplete® (HMO)

H3379-040

Service area: New York - Erie, Genesee, Niagara, Orleans, Wyoming counties

Plan Year: January 1, 2019 through December 31, 2019



Benefits Beyond Expectations

More choice and more guidance

Everyone's health needs are different. That's why we offer a broad range of Medicare products. And we're here to help guide you through finding the right plan.

Customer service that puts you first

Our compassionate Customer Service Advocates are an important part of your personal health care team — ready to answer your questions, schedule your appointments and help you manage your health.

A health care company you can rely on

1 in 5 Medicare beneficiaries trust UnitedHealthcare with their coverage. And we've been serving people just like you for more than 40 years — so you know we'll be here when you need us.

The only Medicare plans that carry the AARP name

UnitedHealthcare has an exclusive relationship with AARP to offer Medicare plans with the AARP name. We're aligned in believing Medicare beneficiaries should have access to affordable, quality health care.

Member-only Health & Wellness Experience

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide. With Renew, you'll have access to inspiring lifestyle tips, learning activities, videos, recipes, interactive health tools, rewards and more — all designed to help you live your best life at no additional cost to you.²

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¹2018 Internal Company Data

²Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare.

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Have questions? We can help

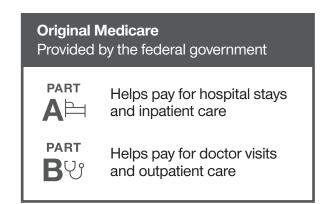
Toll-free **1-844-723-6473**, TTY **711** 8 a.m. - 8 p.m. local time, 7 days a week

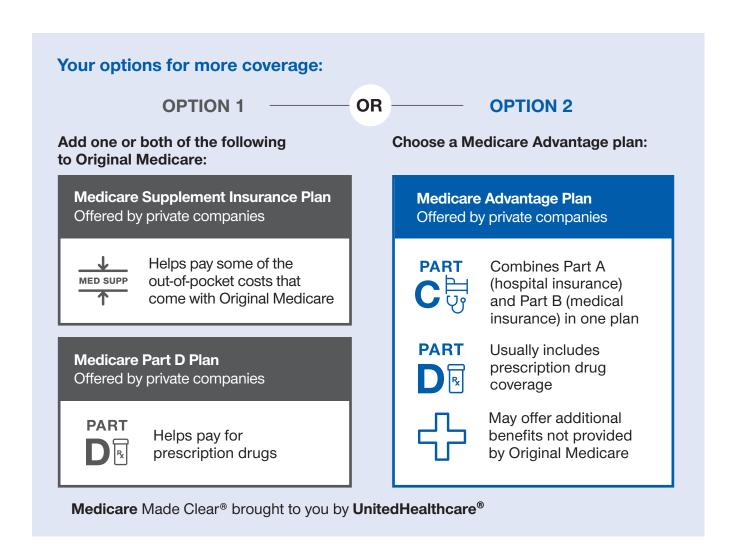
Learn more online at www.AARPMedicarePlans.com

Start With Medicare Basics

Make sure this plan is a good fit by reviewing the basics

Original Medicare is provided by the federal government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. It does not include prescription drug coverage (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D. Depending on your needs, you may want to add on more coverage.





This is a Medicare Advantage Part C Health Maintenance Organization (HMO) plan

Your plan is a Health Maintenance Organization (HMO) plan. That means you need to get health care services through a network of local doctors and hospitals.

Here's how your HMO plan works



You will need to select a primary care provider (PCP).

This health plan requires you to select a PCP from the network. Your PCP can oversee and help manage your care.



You have coverage for emergency care.

Emergency Services and Urgently Needed Services are covered no matter where you go.



There's an out-of-pocket spending limit each plan year.

Once you reach that limit, the plan pays 100% of the future costs for covered services.

A network of providers for coordinated care

The chart below shows what happens when you use network versus out-of-network resources with this plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	No
Does this plan require a referral to see a Specialist or other providers?	No	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	In most cases, you will have to pay the full cost for services.

There's a Medicare Part D Late Enrollment Penalty



Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D.

^{*}Plan copay or coinsurance amounts apply. You can find a complete listing of network providers and facilities within your plan on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.

Are you eligible for this plan?

You are eligible for a Medicare Advantage plan if:



You are enrolled in Original Medicare Parts A and B and live in the plan's service area





You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A and B and continue to pay your Part B premium, you are eligible to enroll in this plan.

Helpful resources

Medicare Made Clear™

An educational program developed by UnitedHealthcare to help you better understand Medicare. Find out more at **MedicareMadeClear.com**.

You may qualify for Extra Help

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office

(i) Plan Information

Benefit Highlights

AARP® MedicareComplete® (HMO)

This is a short description of your 2019 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

Plan Costs

	Your Cost
Monthly plan premium	\$0

Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: \$15 copay Specialist: \$40 copay (no referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$395 copay per day: for days 1-4 \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-62 \$0 copay per day: days 63-100
Outpatient surgery	\$395 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance
Diagnostic tests and procedures (non-radiological)	20% coinsurance
Lab services	\$7 copay
Outpatient x-rays	\$14 copay
Ambulance	\$250 copay for ground \$250 copay for air
Emergency care	\$90 copay (worldwide)
Urgently needed services	\$30 - \$40 copay (\$90 copay for worldwide coverage)
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$6,700

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Hearing - routine exam	\$15 copay; 1 per year
Hearing aids	\$330 - \$380 copay for each hearing aid provided through hi HealthInnovations®; up to 2 hearing aids per year.
Fitness program through Renew Active TM	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.myrenewactive.com, and click the link in the footer entitled Terms and Conditions.
Solutions for Caregivers	\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.
Foot care - routine	\$40 copay; 6 visits per year
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Doctor Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.amwell.com

Prescription Drugs

	Your Cost		
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$395 for Tier 3, Tier 4, Tier 5		
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)	
Tier 1: Preferred Generic Drugs	\$3 copay	\$0 copay	
Tier 2: Generic Drugs	\$12 copay	\$0 copay	
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay	
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay	
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	
Coverage gap stage	After your total drug costs reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap		
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,100, you will pay the greater of \$3.40 copay for generic (Including brand drugs treated as generic), \$8.50 copay for all other drugs, or 5% coinsurance		

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Your Drug Plan Coverage and Costs

Make sure your drugs are covered

Find out if your prescription drugs are covered by checking the Drug List (Formulary) in this Enrollment Guide or the online Formulary at **EstimateDrugCostsAARP.com**.

Know how much your drugs will cost

The amount you pay for your drug depends on 4 factors: what tier the drug is covered in, where you are within the drug payment stages, where you purchase the drug, and whether or not you have Extra Help.

Understanding drug tiers

Many plans group covered drugs together by cost. These groupings are called tiers. Generally, the lower the tier, the less you'll have to pay.

Drug List (Formu	ulary) Tiers	;		
Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Tier

Note: Not all generic drugs are low cost. There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.

Your Part D prescription drug costs

With Medicare Part D prescription drug coverage, the amount you pay for prescriptions may change over the year. Here's why:

- Part D plans may have 4 coverage stages: annual deductible, initial coverage, coverage gap (also known as the donut hole) and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people never make it further than the initial coverage stage. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The pharmaceutical industry may increase the price of drugs at any time in a plan year and pricing for drugs may vary across pharmacies in the network.
- The coverage cycle starts over again on January 1 each plan year.

Once you're a member



You can easily track how close you are getting to the coverage gap stage by signing in to your account online.

Explore ways to save time and money

Try OptumRx® home delivery

You could pay a \$0 copay for a 90-day supply of Tier 1 and 2 medications by using OptumRx, our preferred home delivery pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Register online at **OptumRx.com** to order new prescriptions, request refills and more.

Consider generic drugs

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at **EstimateDrugCostsAARP.com** to determine your potential savings.

Use lower-tier drugs

Prescription drugs are grouped into 5 tiers and in general, drugs in lower tiers have lower costs. If your drug is in a higher, more expensive tier, ask your doctor if there is a cheaper alternative that could work for you.

✓ Get Extra Help

If you have a limited income, you may be able to get Extra Help with your Medicare prescription drug plan premiums, deductibles and copays. To find out if you qualify, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. – 7 p.m., Monday – Friday.

Explore Your Additional Benefits

Get all the benefits of Original Medicare - and more.

With this plan, you get additional benefits and services designed to help you live a healthier life — most at little or no additional costs. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits or call the number listed on the first page of this booklet.



A health and wellness program that comes to you

With the UnitedHealthcare® HouseCalls program, you get an annual in-home preventive health care visit from one of our licensed healthcare practitioners for no additional cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.



My Advocate

You may be able to get help paying for your medical costs, prescriptions, utility bills and more. My Advocate acts on behalf of your plan to help determine if you're eligible to apply for government or other community assistance programs.



Hearing coverage

A routine hearing exam and hearing aid benefit is included in this plan. Don't let hearing loss affect your life.



Renew Active™

Renew Active™ is a fitness program for mind and body that's designed for you and your goals. This program includes online brain exercises and fitness class access.



Vision coverage

This plan includes routine vision care. Help protect your eyesight and health with routine eye exams.



Solutions for caregivers

Speak to an experienced care manager who can help you plan and access resources on behalf of a loved one. Solutions for Caregivers services available, 24 hours a day, 7 days a week.



Virtual visits

Talk to a doctor whenever, wherever with virtual doctor visits. You can have a live video chat with a virtual doctor using your computer, tablet, smartphone or any other webcam-enabled device.



Speak to a nurse 24/7

Health questions can come up anytime. NurseLineSM provides you 24/7 access to a registered nurse who can help you with health concerns.



Podiatry coverage

We provide the exams you need to help keep your feet healthy.

UnitedHealth Passport Program

Bring your coverage with you

Our UnitedHealth Passport® travel program is included in this plan. Medicare Advantage plans already cover emergency care worldwide. With UnitedHealth Passport, you can access all the benefits you have at home when you travel in the participating service area.

How to use the UnitedHealth Passport program

Before you travel, call the Customer Service number on the back of your UnitedHealthcare member ID card. Give your destination's address and ZIP code, and get help finding network doctors nearby.

While you're away, use your plan as usual. Visit network doctors in any of the counties listed below. You'll pay your usual copay or coinsurance for regular care.

When you return home, call us so we can deactivate the program. UnitedHealth Passport can only be used for 9 months in a row.

2019 Participating counties:

Alabama Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Chilton, Clarke, Clay, Coffee, Colbert, Coosa, Cullman, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Jefferson, Lauderdale, Lawrence, Lowndes, Macon, Madison, Mobile, Monroe, Montgomery, Perry, Russell, Shelby, St. Clair, Talladega, Tallapoosa, Walker, Winston

Arizona Graham, Maricopa, Pima, Pinal, Santa Cruz, Yavapai

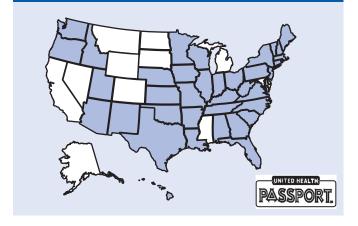
Arkansas Benton, Boone, Carroll, Cleburne, Conway, Crawford, Crittenden, Cross, Dallas, Faulkner, Franklin, Garland, Grant, Hot Spring, Jefferson, Johnson, Lee, Lonoke, Madison, Monroe, Newton, Ouachita, Perry, Phillips, Poinsett, Pope, Prairie, Pulaski, Saline, Sebastian, St. Francis, Van Buren, Washington, Woodruff

Connecticut All counties in the state of Connecticut

Florida All counties in the state of Florida

Georgia Baldwin, Barrow, Ben Hill, Bibb, Bryan, Chatham, Cherokee, Clayton, Cobb, Columbia, Crawford, Crisp, DeKalb, Dodge, Dooly, Douglas, Effingham, Emanuel, Forsyth, Fulton, Gwinnett, Hall, Harris, Henry, Houston, Irwin, Jackson,

2019 UnitedHealth Passport service area



Georgia (continued) Johnson, Laurens, Macon, Montgomery, Muscogee, Paulding, Peach, Pulaski, Richmond, Spalding, Taylor, Telfair, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Wilcox, Wilkinson

Hawaii Honolulu, Kauai, Maui

Idaho Ada, Bannock, Bonner, Bonneville, Canyon, Gem, Kootenai, Payette, Twin Falls



Illinois Bond, Boone, Bureau, Carroll, Clinton, Cook, DeKalb, DuPage, Grundy, Henderson, Henry, Jersey, Jo Daviess, Kane, Kankakee, Kendall, Knox, Lake, Lee, Macoupin, Madison, Marshall, McHenry, McLean, Mercer, Monroe, Ogle, Peoria, Putnam, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago, Woodford

Indiana Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, La Porte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, New Hampshire All counties in the state of Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wells, White, Whitley

Iowa Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monroe, Muscatine, Polk, Pottawattamie, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster

Kansas Butler, Douglas, Franklin, Harvey, Jefferson, Johnson, Leavenworth, Miami, Osage, Sedgwick, Wyandotte

Kentucky Boone, Bullitt, Campbell, Fayette, Franklin, Hardin, Jefferson, Jessamine, Kenton, Larue, Madison, Marion, Nelson, Oldham, Shelby, Spencer, Woodford

Louisiana Jefferson, Lafourche, Orleans, St. Bernard, St. Charles

Maine All counties in the state of Maine

Massachusetts All counties in the state of Massachusetts

Minnesota Anoka, Carlton, Carver, Dakota, Hennepin, Ramsey, Scott, St. Louis, Washington

Missouri Audrain, Barry, Boone, Buchanan, Callaway, Camden, Cass, Christian, Clay, Clinton, Cole, Crawford, Dade, Dallas, DeKalb, Franklin, Gasconade, Greene, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lincoln, Miller, Montgomery, Newton, Osage, Platte, Polk, Ray, St. Charles, St. Louis, St. Louis City, Ste. Genevieve, Stone, Taney, Warren, Washington, Webster, Wright

Nebraska Burt, Butler, Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders, Seward, Washington

New Hampshire

New Jersey Bergen, Burlington, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren

New Mexico Bernalillo, Dona Ana, Grant, Hidalgo, Luna, Sandoval, Santa Fe, Sierra, Valencia

New York All counties in the state of New York

North Carolina Alamance, Alexander, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Graham, Guilford, Harnett, Haywood, Henderson, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Nash, Orange, Person, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Sampson, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Wayne, Wilkes, Wilson, Yadkin, Yancey

Ohio Ashland, Ashtabula, Butler, Carroll, Champaign, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morrow, Muskingum, Pickaway, Portage, Preble, Richland, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Wayne, Wood

Oklahoma Canadian, Cherokee, Cleveland, Craig, Creek, Grady, Kingfisher, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Osage, Pottawatomie, Rogers, Seminole, Tulsa, Wagoner

Oregon Clackamas, Lane, Marion, Multnomah, Washington, Yamhill

Pennsylvania Allegheny, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Dauphin, Erie, Fayette, Forest, Greene, Jefferson, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Northampton, Philadelphia, Venango, Warren, Washington, Westmoreland, York

Rhode Island All counties in the state of Rhode Island

South Carolina Aiken, Beaufort, Berkeley, Calhoun, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Greenville, Horry, Lancaster, Lexington, Newberry, Orangeburg, Pickens, Richland, Spartanburg, Sumter, Williamsburg, York

Tennessee Anderson, Blount, Bradley, Campbell, Carter, Cheatham, Claiborne, Cocke, Cumberland, Davidson, DeKalb, Fayette, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardeman, Hawkins, Haywood, Hickman, Jackson, Jefferson, Johnson, Knox, Loudon, Maury, McMinn, McNairy, Meigs, Monroe, Morgan, Polk, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Sullivan, Sumner, Unicoi, Union, Washington, Wayne, White, Williamson

Texas Andrews, Atascosa, Austin, Bell, Bexar, Brazoria, Brazos, Comal, Ector, El Paso, Falls, Fort Bend, Galveston, Grimes, Guadalupe, Hardin, Harris, Hays, Hill, Jefferson, Kendall, Liberty, Matagorda, McLennan, Midland, Montgomery, Orange, Tom Green, Travis, Wharton, Williamson, Wilson

Utah Box Elder, Cache, Davis, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Weber

Vermont All counties in the state of Vermont

Virginia Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bland, Botetourt, Bristol City, Buchanan, Buena Vista City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Dickenson, Fairfax, Fairfax City, Falls Church City, Floyd, Franklin, Frederick, Goochland, Grayson, Hampton City, Hanover, Henrico, James City, Lee, Lexington City, Loudoun, Manassas City, Manassas Park City, Montgomery, Newport News City, Norfolk City, Norton City, Petersburg City, Portsmouth City, Powhatan, Prince William, Radford City, Richmond City, Roanoke, Roanoke City, Rockbridge, Russell, Salem City, Scott, Smyth, Staunton City, Suffolk City, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Williamsburg City, Winchester City, Wise, Wythe, York

Washington Spokane

West Virginia Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hancock, Hardy, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Nicholas, Ohio, Pendleton, Preston, Putnam, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming

Wisconsin Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

UnitedHealthcare® Medicare

You must be a member of a plan that offers the UnitedHealth Passport program in order to participate. Please check your Evidence of Coverage or look for the Passport logo on the front of your UnitedHealthcare member ID card to ensure your plan has Passport.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

The provider network may change at any time. You will receive notice when necessary.

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Supplemental Benefit

Platinum Dental Rider

Additional coverage that may make you smile.

As a UnitedHealthcare member, you have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can purchase the rider anytime during the year. Simply call the number on the back of your UnitedHealthcare member ID card to tell us you'd like to enroll in the Platinum Dental Rider. You may start using the benefit on the first day of the month after the rider is purchased.

For \$39 a month (in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), you'll get:

- 100% coverage (deductible does not apply) for preventive and diagnostic services such as oral exams, X-rays and routine cleanings
- 80% coverage for the most common dental procedures, including fillings and filling restoration
- √ 50% coverage for major services such as dentures, crowns, root canals and oral surgery

- \$100 annual deductible (the amount you pay before the plan kicks in)
- \$1,000 yearly maximum (the total amount the plan will pay for covered services in the calendar year, this includes preventive, diagnostic, basic and major services)
- ✓ Freedom to see any dentist you choose¹
- Nationwide coverage

With the Platinum Dental Rider, you'll enjoy 100% coverage for preventive care and up to 80% coverage for common procedures. See the back of this page for coverage details and benefit guidelines.

To find a network dentist in your area, go to www.UHCMedicareDentistSearch.com select the National Medicare Advantage Network.

For more information on the Platinum Dental Rider, to find a network dentist or to enroll, call the number on the back of your UnitedHealthcare member ID card.

¹You can see any dentist. However, you'll get greater savings from a network dentist. When you see an out-of-network dentist, the plan pays according to a maximum allowable fee schedule; you pay the rest. For your convenience, you can change dentists as long as you complete any dental service currently in progress.



Platinum Dental Rider Covered Services

	In-Network Providers You Pay ²	Out-of-Network Providers You Pay ³
Exams – Two procedures per plan year		
periodic oral evaluation — established patient	0%	0%
limited oral evaluation — problem focused	0%	0%
comprehensive oral evaluation — new or established patient	0%	0%
Bitewings – One set per plan year		
bitewings – two radiographic images	0%	0%
bitewings – three radiographic images	0%	0%
bitewings – four radiographic images	0%	0%
Intraoral X-rays (inside the mouth) — Frequency/Lim	nitations vary	
intraoral — complete series of radiographic images — one procedure every three years	0%	0%
intraoral — periapical first radiographic image — unlimited per plan year	0%	0%
intraoral — periapical each additional radiographic image — unlimited per plan year	0%	0%
intraoral — occlusal radiographic image — unlimited per plan year	0%	0%
Full Mouth or Panoramic X-rays — One procedure e	very three years	
panoramic film	0%	0%
Cleanings – Two procedures per plan year		
prophylaxis — adult	0%	0%
prophylaxis — child	0%	0%
Fluoride – Two procedures per plan year		
topical application of fluoride varnish	0%	0%
topical application of fluoride — excluding varnish	0%	0%
Restorations (Fillings) — Amalgam and/or Compos	ite — Unlimited per pla	n year
amalgam – one surface, primary or permanent	20%	20%
amalgam – two surfaces, primary or permanent	20%	20%
amalgam - three surfaces, primary or permanent	20%	20%
amalgam – four or more surfaces, primary or permanent	20%	20%

	In-Network Providers You Pay ²	Out-of-Network Providers You Pay ³
resin-based composite - one surface, anterior	20%	20%
resin-based composite - two surfaces, anterior	20%	20%
resin-based composite - three surfaces, anterior	20%	20%
resin-based composite — four or more surfaces or involving incisal angle (anterior)	20%	20%
resin-based composite - one surface, posterior	20%	20%
resin-based composite - two surfaces, posterior	20%	20%
resin-based composite — three surfaces, posterior	20%	20%
resin-based composite — four or more surfaces, posterior	20%	20%
Inlays and Onlays — One procedure every five years		
inlay — metallic — one surface	50%	50%
inlay — metallic — two surfaces	50%	50%
inlay — metallic — three or more surfaces	50%	50%
inlay — metallic — two surfaces	50%	50%
inlay - metallic - three surfaces	50%	50%
inlay — metallic — four or more surfaces	50%	50%
inlay — porcelain/ceramic — one surface	50%	50%
inlay - porcelain/ceramic - two surfaces	50%	50%
inlay — porcelain/ceramic — three or more surfaces	50%	50%
onlay - porcelain/ceramic - two surfaces	50%	50%
onlay - porcelain/ceramic - three surfaces	50%	50%
onlay — porcelain/ceramic — four or more surfaces	50%	50%
Crowns — One procedure every five years		
crown — resin-based composite (indirect)	50%	50%
crown - porcelain/ceramic	50%	50%
crown — porcelain fused to high noble metal	50%	50%
crown — porcelain fused to predominantly base metal	50%	50%
crown – porcelain fused to noble metal	50%	50%
crown - full cast predominantly base metal	50%	50%
crown – full cast noble metal	50%	50%
Other Restorative Services — Frequency/Limitations	svary	
re-cement or re-bond crown — unlimited per plan year	50%	50%

	In-Network Providers You Pay ²	Out-of-Network Providers You Pay ³
prefabricated stainless steel crown — primary tooth — one procedure every five years	50%	50%
prefabricated stainless steel crown — permanent tooth — one procedure every five years	50%	50%
protective restoration— unlimited per plan year	50%	50%
core buildup, including any pins when required — unlimited per plan year	50%	50%
prefabricated post and core in addition to crown — unlimited per plan year	50%	50%
Endodontic Therapy — One per tooth per lifetime		
endodontic therapy, anterior tooth (excluding final restoration)	50%	50%
endodontic therapy, premolar tooth (excluding final restoration)	50%	50%
endodontic therapy, molar tooth (excluding final restoration)	50%	50%
Scaling and Root Planing — Frequency/Limitations v	ary	
periodontal scaling and root planing — four or more teeth per quadrant — one procedure every two years	50%	50%
periodontal scaling and root planing – one to three teeth per quadrant — one procedure every two years	50%	50%
full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit — one procedure every three years	50%	50%
periodontal maintenance — two procedures per plan year	50%	50%
Complete Dentures (Including Routine Post-Deliver	r y Care) — One procec	lure every five years
complete denture — maxillary	50%	50%
complete denture — mandibular	50%	50%
immediate denture — maxillary	50%	50%
immediate denture – mandibular	50%	50%
Partial Dentures (Including Routine Post-Delivery C	are) — Unlimited per p	lan year
maxillary partial denture — resin base (including any conventional clasps, rests and teeth)	50%	50%
mandibular partial denture — resin base (including any conventional clasps, rests and teeth)	50%	50%

	In-Network Providers You Pay ²	Out-of-Network Providers You Pay ³
maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	50%	50%
mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	50%	50%
Denture Adjustments — Two procedures per plan ye	ar	
adjust complete denture – maxillary	50%	50%
adjust complete denture – mandibular	50%	50%
adjust partial denture – maxillary	50%	50%
adjust partial denture – mandibular	50%	50%
repair broken complete denture base, mandibular	50%	50%
repair broken complete denture base, maxillary	50%	50%
replace missing or broken teeth — complete denture (each tooth)	50%	50%
repair resin partial denture base, mandibular	50%	50%
repair resin partial denture base, maxillary	50%	50%
repair cast partial framework, mandibular	50%	50%
repair cast partial framework, maxillary	50%	50%
repair or replace broken clasp — per tooth	50%	50%
replace broken teeth - per tooth	50%	50%
add tooth to existing partial denture	50%	50%
add clasp to existing partial denture - per tooth	50%	50%
Denture Reline Procedures — One procedure per pl	an year	
reline complete maxillary denture (chairside)	50%	50%
reline complete mandibular denture (chairside)	50%	50%
reline maxillary partial denture (chairside)	50%	50%
reline mandibular partial denture (chairside)	50%	50%
reline complete maxillary denture (laboratory)	50%	50%
reline complete mandibular denture (laboratory)	50%	50%
reline maxillary partial denture (laboratory)	50%	50%
reline mandibular partial denture (laboratory)	50%	50%
Fixed Partial Denture Pontics — One procedure even	ry five years	
pontic — indirect resin based composite	50%	50%
		* *

50%

pontic - cast high noble metal

50%

	In-Network Providers You Pay ²	Out-of-Network Providers You Pay ³
pontic — cast predominantly base metal	50%	50%
pontic — cast noble metal	50%	50%
pontic — titanium	50%	50%
pontic — porcelain fused to high noble metal	50%	50%
pontic — porcelain fused to predominantly base metal	50%	50%
pontic — porcelain fused to noble metal	50%	50%
pontic - porcelain/ceramic	50%	50%
pontic – resin with high noble metal	50%	50%
pontic - resin with predominantly base metal	50%	50%
pontic - resin with noble metal	50%	50%
Extractions (Pulling Teeth) — Unlimited per plan year		
extraction, coronal remnants — primary tooth	50%	50%
extraction, erupted tooth or exposed root (elevation and/or forceps removal)	50%	50%
extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	50%	50%
removal of residual tooth roots (cutting procedure)	50%	50%
alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	50%	50%
alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	50%	50%
Pain Management — Unlimited per plan year		
palliative (emergency) treatment of dental pain — minor procedure	0%	0%
General Anesthesia – Unlimited per plan year		
local anesthesia not in conjunction with operative or surgical procedures	20%	20%
local anesthesia in conjunction with operative or surgical procedures	20%	20%
evaluation for deep sedation or general anesthesia	20%	20%
deep sedation/general anesthesia - first 15 minutes	20%	20%
deep sedation/general anesthesia-each subsequent 15 minute increment	20%	20%
inhalation of nitrous oxide/anxiolysis analgesia	20%	20%

	In-Network Providers You Pay ²	Out-of-Network Providers You Pay ³
intravenous moderate (conscious) sedation/ anesthesia — first 15 minutes	20%	20%
intravenous moderate (conscious) sedation/ analgesia-each subsequent 15 minute increment	20%	20%

²Percentage of benefits is based on the discounted fee negotiated with the participating network dentist. ³The plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.

Note: Any service not listed above is not covered.

Dental Treatment Cost Estimator

The Dental Treatment Cost Estimator will assist you in estimating your out-of-pocket costs for covered services under the Platinum Dental Rider. You may access the Estimator at www.myuhc.com/platinumridercostcalc. Please enter the name of the dentist who will provide the service(s). The results will be specific for UHC Dental contracted network providers. However, if your dentist is a non-contracted provider, the estimate will be based on your zip code and not the specific provider.

Please note, the calculation is an estimate for comparison purposes only. You should always refer to your Explanation of Coverage for information on services that are covered under your plan. In addition, you should always verify network status and costs with selected Dentists to understand actual costs prior to treatment.

UnitedHealthcare® Medicare

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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NOTES	

2019 SUMMARY OF BENEFITS

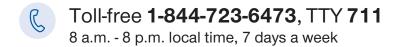


Overview of your plan

AARP® MedicareComplete® (HMO)

H3379-040

Look inside to learn more about the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.







Our service area includes these counties in:

New York: Erie, Genesee, Niagara, Orleans, Wyoming.

Summary of Benefits

January 1st, 2019 - December 31st, 2019

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP® MedicareComplete® (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

Use network providers and pharmacies.

AARP® MedicareComplete® (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to www.AARPMedicarePlans.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

AARP® MedicareComplete® (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$6,700 annually for Medicare-covered services you receive from in-network providers.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
	Please note that you will still need to pay your share of the cost for your Part D prescription drugs.

AARP® MedicareComplete® (HMO)

Benefits		In-Network
Inpatient Hospital		\$395 copay per day: for days 1-4 \$0 copay per day: for days 5 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospita	ıl	\$395 copay
		Cost sharing for additional plan covered services will apply.
Outpatient Hospita Services	ll Observation	\$395 copay
Doctor Visits	Primary	\$15 copay
	Specialists	\$40 copay
Preventive Care	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)

Benefits		In-Network	
		Vaccines, including flu shots, hepatitis B shots, pneumococcal shots "Welcome to Medicare" preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use innetwork providers.	
	Routine physical	\$0 copay; 1 per year	
Emergency Care		\$90 copay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the "Inpatient Hospital Care" section of this booklet for other costs.	
Urgently Needed S	ervices	\$30 - \$40 copay	
Diagnostic Tests, Lab and Radiology	Diagnostic radiology services (e.g. MRI)	20% coinsurance	
Services, and X- Rays	Lab services	\$7 copay	
	Diagnostic tests and procedures	20% coinsurance	
	Therapeutic Radiology	20% coinsurance	
	Outpatient X-rays	\$14 copay per service	
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$15 copay	
	Routine hearing exam	\$15 copay; 1 per year	
	Hearing aid	\$330 - \$380 copay for each hearing aid provided through hi HealthInnovations®; up to 2 hearing aids per year	
Routine Dental Ser	vices	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	

Benefits		In-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
Mental Health	Inpatient visit	\$395 copay per day: for days 1-4 \$0 copay per day: for days 5-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$30 copay
	Outpatient individual therapy visit	\$40 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-62 \$0 copay per day: for days 63-100
		Our plan covers up to 100 days in a SNF.
Physical therapy as language therapy v	•	\$40 copay
Ambulance		\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	20% coinsurance

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription Deductible	\$0 per year for Tier 1 and Tier 2; \$395 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage	Retail		Mail Order	
(After you pay your deductible,	Standard		Preferred	Standard
if applicable)	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$3 copay	\$9 copay	\$0 copay	\$9 copay
Tier 2: Generic Drugs	\$12 copay	\$36 copay	\$0 copay	\$36 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of: 5% coinsurance, or \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs.			

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$20 copay
Management Diabetes monitoring supplies		\$0 copay We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU- CHEK® Guide, ACCU-CHEK® Aviva, and ACCU- CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.
	Diabetes Self- management training	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Fitness program through Renew Active TM		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.myrenewactive.com, and click the link in the footer entitled Terms and Conditions.
Foot Care (podiatry	Foot exams and treatment	\$40 copay
services)	Routine foot care	\$40 copay; for each visit up to 6 visits every year
Home Health Care		\$0 copay

Additional Ben	efits	In-Network
Hospice		You pay nothing for hospice care from any Medicare- approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational There	apy Visit	\$40 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$30 copay
	Outpatient individual therapy visit	\$40 copay
Outpatient Surgery	,	\$395 copay
UnitedHealth Passport®		Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your innetwork copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.
Renal Dialysis		20% coinsurance
Solutions for Caregivers		\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.
Virtual Doctor Visits		Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.amwell.com.

Optional Supplemental Benefits

Premiums and	Benefits	In-Network
Dental Platinum Rider	Premium	Additional \$39.00 per month
	Description	The Dental Platinum Rider includes preventive and comprehensive dental benefits.

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-855-814-6894 (TTY:711).

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Every year, Medicare evaluates plans based on a 5-star rating system.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent

directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew ActiveTM by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Availability of the Renew ActiveTM program varies by plan/area.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at the number listed on the back cover of this book.

Understanding the Benefits



Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.



Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.



Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules



In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.



Benefits, premiums and/or copays/coinsurance may change on January 1, 2019.



Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Vendor Information

As a member of the plan you get additional supplemental benefits not covered by Original Medicare. To get the most out of your additional benefits choose a network provider. You can find network providers online. You can also call Customer Service to help you find a network provider, or you can request to receive a paper copy.

Please see Chapter 4 of the Evidence of Coverage for details about these additional plan benefits.

Before contacting any of the providers below you must be fully enrolled in the plan.

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m 8 p.m. local time, 7 days a week www.myAARPMedicare.com
Hearing Aids	hi HealthInnovations®	1-855-523-9355, TTY 711 9 a.m 5 p.m. CT, Monday - Friday www.hihealthinnovations.com
Vision Care	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m 8 p.m. local time, 7 days a week www.myAARPMedicare.com
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Fitness Membership	Renew Active TM	1-800-643-4845, TTY 711 8 a.m 8 p.m. local time, 7 days a week www.myrenewactive.com
Virtual Visits	Amwell	1-800-643-4845,TTY 711 8 a.m 8 p.m. local time, 7 days a week www.Amwell.com Not all medical conditions can be treated through virtual visits. The virtual doctor will identify if you need to see an in-person doctor for treatment.
Supports for Caregivers	UnitedHealthcare	1-888-303-6163, TTY 711 24 hours a day, 7 days a week www.UHCforCaregivers.com

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

UnitedHealthcare - H3379

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

- 1. An Overall Star Rating that combines all of our plan's scores.
- 2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★ 3 stars

We received the following Summary Star Rating for UnitedHealthcare's health/drug plan services:

★★★
Health Plan Services: 3 stars

★★★3.5 stars

Drug Plan Services:

The number of stars shows how well our plan performs.

★ ★ ★ ★ ★ 5 stars - excellent

★ ★ ★ ★ 4 stars - above average

★ ★ ★ 3 stars - average

★ ★ 2 stars - below average

★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time, at 800-555-5757 (toll-free) or 711 (TTY).

Current members please call 800-643-4845 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711).

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The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC Civil Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意:如果您說**中文** (Chinese),我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付 費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog** (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским** (**Russian**). Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب. ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項:日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍ៈ បើសិនអ្នកនិយាយ**ភាសាខ្មែរ** (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.



Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of August 1, 2018. This list can change throughout the year. Call us or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

ur pl	hone number and website are listed on the back cover of this book.
	Brand name drugs are in bold type. Generic drugs are in plain type
	Your plan may have an annual prescription deductible
	Covered drugs are placed in tiers. Each tier has a different cost
	Tier 1: Preferred generic
	Tier 2: Generic
	Tier 3: Preferred brand
	Tier 4: Non-preferred drug
	Tier 5: Specialty tier
	See the Summary of Benefits in this book to find out what you'll pay for these drugs
	Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. For

more information, please contact us or view the complete drug list on our website

Α	Acetylcysteine (Inhalation Solution),T2
Abacavir (20mg/ml Oral Solution, 300mg	Acitretin (Capsule),T4
Tablet),T4	ActHIB (Injection),T3
Abacavir Sulfate/Lamivudine/Zidovudine	Actemra (Injection),T5
(Tablet),T5	Actimmune (Injection),T5
Abacavir/Lamivudine (Tablet),T4	Acyclovir (200mg Capsule),T2
Abelcet (Injection),T5	Acyclovir (200mg/5ml Suspension),T3
Abilify Maintena (Injection),T5	Acyclovir (400mg Tablet, 800mg Tablet),T1
Abstral (Tablet Sublingual),T5	Acyclovir (5% Ointment),T4
Acamprosate Calcium DR (Tablet Delayed-	Acyclovir Sodium (Injection),T4
Release),T4	Adacel (Injection),T3
Acarbose (Tablet),T1	Adapalene (0.1% Cream),T4
Acebutolol HCI (Capsule),T2	Adapalene (0.1% Gel),T3
Acetaminophen/Codeine (120mg-12mg/5ml	Adcirca (Tablet),T5
Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet), T2	Adefovir Dipivoxil (Tablet),T5
Acetazolamide (Tablet Immediate-Release),T3	Adempas (Tablet),T5
Acetazolamide ER (Capsule Extended-Release	Advair Diskus (Aerosol Powder),T3
12 Hour),T4	Advair HFA (Aerosol),T3
Acetic Acid (Otic Solution),T2	Afeditab CR (Tablet Extended-Release 24

T3 = Tier 3

T5 = Tier 5

T4 = Tier 4

T1 = Tier 1

T2 = Tier 2

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Hour),T2	Amethia Lo (Tablet),T4
Afinitor (Tablet),T5	Amikacin Sulfate (Injection),T4
Afinitor Disperz (Tablet Soluble),T5	Amiloride HCI (Tablet),T2
Ala-Cort (Cream),T2	Amiloride/Hydrochlorothiazide (Tablet),T2
Albenza (Tablet),T5	Aminosyn 7%/Electrolytes (Injection),T4
Albuterol Sulfate (0.083% Nebulized Solution,	Aminosyn 8.5%/Electrolytes (Injection),T4
0.5% Nebulized Solution, 0.63mg/3ml	Aminosyn II (10% Injection),T4
Nebulized Solution, 1.25mg/3ml Nebulized Solution),T2	Aminosyn II 8.5%/Electrolytes (Injection),T4
Albuterol Sulfate (2mg Tablet Immediate-Release,	Aminosyn-HBC (Injection),T4
4mg Tablet Immediate-Release),T4	Aminosyn-PF (Injection),T4
Alclometasone Dipropionate (0.05% Cream,	Aminosyn-RF (Injection),T4
0.05% Ointment),T3	Amiodarone HCI (200mg Tablet),T1
Alcohol Prep Pads,T3	Amitiza (Capsule),T3
Alecensa (Capsule),T5	Amitriptyline HCl (Tablet),T4
Alendronate Sodium (10mg Tablet, 35mg Tablet,	Amlodipine Besylate (Tablet),T1
40mg Tablet, 5mg Tablet, 70mg Tablet),T1	Amlodipine Besylate/Atorvastatin Calcium
Alendronate Sodium (70mg/75ml Oral	(Tablet),T2
Solution),T4	Amlodipine Besylate/Benazepril HCl
Alfuzosin HCI ER (Tablet Extended-Release 24 Hour),T2	(Capsule),T1
Alinia (100mg/5ml Suspension, 500mg	Amlodipine Besylate/Valsartan (Tablet),T4 Amlodipine/Olmesartan Medoxomil (Tablet),T2
Tablet),T5	Amlodipine/Valsartan/Hydrochlorothiazide
Allopurinol (Tablet),T1	(Tablet),T4
Alocril (Ophthalmic Solution),T4	Ammonium Lactate (12% Cream, 12% Lotion),T3
Alomide (Ophthalmic Solution),T4	Amoxapine (Tablet),T3
Alosetron HCI (Tablet),T5	Amoxicillin (125mg Tablet Chewable, 250mg
Alphagan P (0.1% Ophthalmic Solution),T3	Tablet Chewable, 125mg/5ml Suspension,
Alprazolam (Tablet Immediate-Release),T1	200mg/5ml Suspension, 250mg/5ml
Altavera (Tablet),T4	Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet,
Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet),T5	875mg Tablet),T1 Amoxicillin/Clavulanate Potassium
Alyacen 1/35 (Tablet),T4	_ (200mg-28.5mg Tablet Chewable,
AmBisome (Injection),T4	400mg-57mg Tablet Chewable, 200mg/
Amantadine HCI (100mg Capsule, 100mg Tablet),T3	5ml-28.5mg/5ml Suspension, 250mg/ 5ml-62.5mg/5ml Suspension, 400mg/
Amantadine HCI (50mg/5ml Syrup),T2	5ml-57mg/5ml Suspension, 600mg/
Amethia (Tablet),T4	5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg

Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic	Aptivus (100mg/ml Oral Solution, 250mg Capsule),T5
Augmentin),T2	Aralast NP (Injection),T5
Amoxicillin/Clavulanate Potassium ER (Tablet	Aranelle (Tablet),T4
Extended-Release 12 Hour),T4 Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour, 5mg	Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T5
Capsule Extended-Release 24 Hour),T4 Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release,	Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection),T4
20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-	Arcalyst (Injection),T5
Release, 7.5mg Tablet Immediate-Release),T3 Amphotericin B (Injection),T4	Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg
Ampicillin (Capsule),T2	Tablet),T3
Ampicillin Sodium (10gm Injection, 125mg	Aripiprazole (1mg/ml Oral Solution),T4
Injection, 1gm Injection),T4	Aripiprazole ODT (Tablet Dispersible),T5
Ampicillin-Sulbactam (Injection),T4	Aristada (Injection),T5
Ampyra (Tablet Extended-Release 12 Hour),T5	Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder),T3
Anadrol-50 (Tablet),T5	Ashlyna (Tablet),T4
Anagrelide HCI (Capsule),T3	Aspirin/Dipyridamole (Capsule Extended-Release
Anastrozole (Tablet),T1	12 Hour),T3
Androderm (Patch 24 Hour),T3	Atazanavir Sulfate (Capsule),T5
Anoro Ellipta (Aerosol Powder),T3	Atenolol (Tablet),T1
Apokyn (Injection),T5	Atenolol/Chlorthalidone (Tablet),T1
Apraclonidine (Ophthalmic Solution),T3	Atomoxetine (Capsule),T4
Aprepitant (125mg Capsule),T5	Atorvastatin Calcium (Tablet),T1
Aprepitant (Therapy Pack, 40mg Capsule, 80mg	Atovaquone (Suspension),T5
Capsule),T4 Apri (Tablet),T4	Atovaquone/Proguanil HCl (Tablet) (Generic
Apriso (Capsule Extended-Release 24	Malarone),T3
Hour),T3	Atripla (Tablet),T5
Aptiom (Tablet),T5	Atropine Sulfate (Ophthalmic Solution),T3
In the second se	Atrovent HFA (Aerosol Solution),T4

Aubagio (Tablet),T5	Benazepril HCI (Tablet),T1
Aubra (Tablet),T4	Benazepril HCl/Hydrochlorothiazide (Tablet),T1
Augmented Betamethasone Dipropionate (0.05%	Benlysta (Injection),T5
Cream, 0.05% Gel, 0.05% Lotion, 0.05%	Benznidazole (Tablet),T4
Ointment),T3	Benztropine Mesylate (Tablet),T2
Auryxia (Tablet),T5	Bepreve (Ophthalmic Solution),T4
Avandia (Tablet),T4	Berinert (Injection),T5
Aviane (Tablet),T4	Besivance (Suspension),T4
Avonex (Injection),T5	Betamethasone Dipropionate (0.05% Cream,
Avonex Pen (Injection),T5	0.05% Lotion, 0.05% Ointment),T4
Azasite (Ophthalmic Solution),T4	Betamethasone Valerate (0.1% Cream, 0.1%
Azathioprine (Tablet),T2	Lotion, 0.1% Ointment),T4
Azelastine HCI (0.05% Ophthalmic Solution),T3	Betaseron (Injection),T5
Azelastine HCI (0.1% Nasal Solution, 0.15% Nasal	Betaxolol HCI (0.5% Ophthalmic Solution),T3
Solution),T3	Betaxolol HCI (10mg Tablet, 20mg Tablet),T3
Azithromycin (100mg/5ml Suspension, 200mg/	Bethanechol Chloride (Tablet),T2
5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet),T1	Bethkis (Nebulized Solution),T5
Azithromycin (500mg Injection),T4	Betimol (Ophthalmic Solution),T4
Azopt (Suspension),T3	Bevespi Aerosphere (Aerosol),T3
Aztreonam (Injection),T4	Bexarotene (Capsule),T5
	Bexsero (Injection),T3
В	BiDil (Tablet),T3
BCG Vaccine (Injection),T3	Bicalutamide (Tablet),T2
BIVIGAM (Injection),T5	Bicillin C-R (Injection),T4
Bacitracin (Ophthalmic Ointment),T2	Bicillin L-A (Injection),T4
Bacitracin/Polymyxin B (Ophthalmic	Biktarvy (Tablet),T5
Ointment),T2	Biltricide (Tablet),T5
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet),T2	Binosto (Tablet Effervescent),T4
Bactocill in Dextrose (Injection),T4	Bisoprolol Fumarate (Tablet),T2
Bactroban Nasal (Ointment),T4	Bisoprolol Fumarate/Hydrochlorothiazide
Balsalazide Disodium (Capsule),T4	(Tablet),T2
Balziva (Tablet),T4	Blephamide (Suspension),T4
Banzel (200mg Tablet, 400mg Tablet, 40mg/	Blephamide S.O.P. (Ointment),T4
ml Suspension),T5	Blisovi 24 Fe (Tablet),T4
Baraclude (0.05mg/ml Oral Solution),T4	Blisovi Fe 1.5/30 (Tablet),T4
Belsomra (Tablet),T3	Blisovi Fe 1/20 (Tablet),T4
	Boostrix (Injection),T3

Bosulif (Tablet),T5	Solution),T3
Breo Ellipta (Aerosol Powder),T3	Bydureon Bcise (Auto injector),T3
Briellyn (Tablet),T4	Bydureon Pen (Injection),T3
Brilinta (Tablet),T3	Bydureon Vial (Injection),T3
Brimonidine Tartrate (0.15% Ophthalmic	Byetta (Injection),T4
Solution),T4	Bystolic (Tablet),T3
Brimonidine Tartrate (0.2% Ophthalmic Solution),T2	С
Briviact (100mg Tablet, 10mg Tablet, 25mg	Cabergoline (Tablet),T3
Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml	Cabometyx (Tablet),T5
Oral Solution),T5	Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment),T4
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule),T3	Calcitonin-Salmon (Nasal Solution), T3
Budesonide (0.25mg/2ml Suspension, 0.5mg/	Calcitriol (0.25mcg Capsule, 0.5mcg Capsule,
2ml Suspension, 1mg/2ml Suspension),T4	1mcg/ml Oral Solution),T2
Budesonide (3mg Capsule Delayed-Release),T4	Calcitriol (3mcg/gm Ointment),T4
Budesonide ER (Tablet Extended-Release 24	Calcium Acetate (667mg Capsule, 667mg
Hour),T5	Tablet),T3
Bumetanide (0.25mg/ml Injection),T4	Calquence (Capsule),T5
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg	Camila (Tablet),T3
Tablet),T1	Camrese Lo (Tablet),T4
Buprenorphine HCI (Tablet Sublingual),T2	Canasa (Suppository),T5
Buprenorphine HCI/Naloxone HCI (Tablet Sublingual),T2	Candesartan Cilexetil (Tablet),T1
Bupropion HCI (Tablet Immediate-Release),T2	Candesartan Cilexetil/Hydrochlorothiazide
Bupropion HCl SR (100mg Tablet Extended-	(Tablet),T1
Release 12 Hour, 150mg Tablet Extended-	Caprelsa (Tablet),T5
Release 12 Hour, 200mg Tablet Extended-	Captopril (Tablet),T1
Release 12 Hour),T2	Captopril/Hydrochlorothiazide (Tablet),T1
Bupropion HCI SR (150mg Tablet Extended-	Carac (Cream),T5 Carafate (1gm/10ml Suspension),T4
Release 12 Hour Smoking-Deterrent),T2	Carbaglu (Tablet),T5
Bupropion HCl XL (Tablet Extended-Release 24 Hour),T2	Carbamazepine (100mg Tablet Chewable,
Buspirone HCl (Tablet),T2	100mg/5ml Suspension, 200mg Tablet
Butalbital/Acetaminophen/Caffeine	Immediate-Release),T3
(50mg-325mg-40mg Tablet),T3	Carbamazepine ER (100mg Capsule Extended-
Butalbital/Aspirin/Caffeine (50mg-325mg-40mg	Release 12 Hour, 200mg Capsule Extended-
Capsule),T3	Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-
Butorphanol Tartrate (10mg/ml Nasal	Release 12 Hour, 100mg Tablet Extended-
T1 = Tier 1 $T2 = Tier 2$ $T3 = T$	ier 3

Release 12 Hour, 400mg Tablet Extended- Release 12 Hour), T3	500mg Injection),T4
	Cefuroxime Axetil (Tablet),T2
Carbidopa (Tablet),T5 Carbidopa/Levodopa (Tablet Immediate-	Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection),T4
Release),T1	, , , , , , , , , , , , , , , , , , ,
Carbidopa/Levodopa ER (Tablet Extended-	Celecoxib (Capsule),T3
Release),T1	Celontin (Capsule),T4
Carbidopa/Levodopa ODT (Tablet	Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg
Dispersible),T2	Capsule, 750mg Capsule),T2
Carbidopa/Levodopa/Entacapone (Tablet),T4	Cesamet (Capsule),T5
Carimune Nanofiltered (Injection),T5	Cetirizine HCI (Oral Solution),T2
Carteolol HCI (Ophthalmic Solution),T2	Chantix (Tablet),T3
Cartia XT (Capsule Extended-Release 24	Chantix Continuing Month Pak (Tablet),T3
Hour),T2	Chantix Starting Month Pak (Tablet),T3
Carvedilol (Tablet),T1	Chemet (Capsule),T5
Caspofungin Acetate (Injection),T5	Chenodal (Tablet), T5
Cayston (Inhalation Solution),T5	Chlordiazepoxide HCl (Capsule),T2
Caziant (Tablet),T4	Chlorhexidine Gluconate Oral Rinse (Solution),T2
Cefaclor (250mg Capsule Immediate-Release,	Chloroquine Phosphate (Tablet),T2
500mg Capsule Immediate-Release),T2	Chlorothiazide (Tablet),T2
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capaula) 72	Chlorpromazine HCI (Tablet),T4
Suspension, 500mg Capsule),T2	Chlorthalidone (Tablet),T2
Cefazolin Sodium (Injection),T4 Cefdinir (125mg/5ml Suspension, 250mg/5ml	Chlorzoxazone (500mg Tablet),T3
Suspension, 300mg Capsule),T3	Cholbam (Capsule),T5
Cefepime (Injection),T4	Cholestyramine (Packet),T4
Cefixime (Suspension),T4	Cholestyramine Light (Powder),T4
Cefotaxime Sodium (Injection),T4	Ciclopirox (0.77% Gel, 0.77% Suspension, 1%
Cefotetan (Injection),T4	Shampoo),T3
Cefoxitin Sodium (10gm Injection, 1gm Injection,	Ciclopirox Nail Lacquer (External Solution),T3
2gm Injection),T4	Ciclopirox Olamine (Cream),T3
Cefpodoxime Proxetil (100mg Tablet, 200mg	Cilostazol (Tablet),T2
Tablet, 100mg/5ml Suspension, 50mg/5ml	Ciloxan (0.3% Ointment),T4
Suspension),T4	Cimetidine (Tablet),T2
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet) T2	Cimetidine HCI (Oral Solution),T2
Suspension, 250mg Tablet, 500mg Tablet),T3	Cimzia (Injection),T5
Ceftazidime (Injection),T4	Cinryze (Injection),T5
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection,	Cipro HC (Suspension),T4

Ciprodex (Otic Suspension),T3	Clonazepam ODT (Tablet Dispersible),T4
Ciprofloxacin (Oral Suspension),T4	Clonidine HCI (0.1mg Tablet Immediate-Release,
Ciprofloxacin ER (Tablet Extended-Release 24 Hour),T3	0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release),T1
Ciprofloxacin HCI (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet	Clonidine HCI (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly),T4
Immediate-Release),T2	Clonidine HCI ER (Tablet Extended-Release 12
Ciprofloxacin HCI (100mg Tablet Immediate-Release),T3	Hour),T4 Clopidogrel (75mg Tablet),T2
Ciprofloxacin I.V. in D5W (Injection),T4	Clorazepate Dipotassium (Tablet),T2
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet),T1	Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge),T2
Citalopram HBr (10mg/5ml Oral Solution),T3	Clotrimazole/Betamethasone Dipropionate
Claravis (Capsule),T4	(1%-0.05% Cream),T3
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension),T4	Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion),T4
Clarithromycin (250mg Tablet, 500mg Tablet),T3 Clarithromycin ER (Tablet Extended-Release 24	Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T3
Hour),T3	Clozapine ODT (100mg Tablet Dispersible,
Climara Pro (Patch Weekly),T4	12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible),T3
Clindamycin HCl (Capsule Immediate- Release),T2	Clozapine ODT (200mg Tablet Dispersible), T5
Clindamycin Palmitate HCI (Oral Solution),T2	Coartem (Tablet),T4
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab),T3	Codeine Sulfate (Tablet),T3 Colchicine (0.6mg Capsule) (Generic
Clindamycin Phosphate (2% Cream),T3	Mitigare),T3
Clindamycin Phosphate (300mg/2ml Injection,	Colchicine (0.6mg Tablet) (Generic Colcrys),T3
600mg/4ml Injection, 900mg/6ml Injection),T4	Colcrys (Tablet),T3
Clindamycin Phosphate in D5W (Injection),T4	Colesevelam HCI (Tablet),T3
Clindamycin/Benzoyl Peroxide (1%-5% Gel)	Colestipol HCl (1gm Tablet),T3
(Generic BenzaClin),T4	Colestipol HCI (5gm Packet),T4
Clobetasol Propionate (0.05% Cream, 0.05% Gel,	Colistimethate Sodium (Injection),T4
0.05% Ointment, 0.05% Shampoo),T4	Colocort (Enema),T4
Clobetasol Propionate (0.05% External Solution),T3	Coly-Mycin S (Suspension),T4
Clobetasol Propionate E (Cream),T4	Combigan (Ophthalmic Solution),T3
Clomipramine HCI (Capsule),T4	Combivent Respimat (Aerosol Solution),T3
Clonazepam (Tablet Immediate-Release),T2	Cometriq (Kit),T5
Cionazopani (Tablet Illillediate-Helease), 12	
T1 = Tier 1	ier 3

Cordran (Tape),T4 Corlanor (Tablet),T4 Cortisone Acetate (Tablet),T4 Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment),T4 Cosentyx (Injection),T5 Cosentyx Sensoready Pen (Injection),T5 Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	RAPRIM (Tablet),T5 klinza (Tablet),T5 liresp (Tablet),T4 lvance (Injection),T5 nazol (Capsule),T4 ntrolene Sodium (Capsule),T4 psone (Tablet),T3 ptacel (Injection),T3 ptomycin (Injection),T5 blitane (Tablet),T3
Cordran (Tape),T4 Corlanor (Tablet),T4 Cortisone Acetate (Tablet),T4 Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment),T4 Cosentyx (Injection),T5 Cosentyx Sensoready Pen (Injection),T5 Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	klinza (Tablet),T5 liresp (Tablet),T4 lvance (Injection),T5 nazol (Capsule),T4 ntrolene Sodium (Capsule),T4 psone (Tablet),T3 ptacel (Injection),T3 ptomycin (Injection),T5
Cordran (Tape),T4 Corlanor (Tablet),T4 Cortisone Acetate (Tablet),T4 Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment),T4 Cosentyx (Injection),T5 Cosentyx Sensoready Pen (Injection),T5 Cosept PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	klinza (Tablet),T5 liresp (Tablet),T4 lvance (Injection),T5 nazol (Capsule),T4 ntrolene Sodium (Capsule),T4 psone (Tablet),T3 ptacel (Injection),T3 ptomycin (Injection),T5
Corlisone Acetate (Tablet),T4 Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment),T4 Cosentyx (Injection),T5 Cosentyx Sensoready Pen (Injection),T5 Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	liresp (Tablet),T4 lvance (Injection),T5 nazol (Capsule),T4 ntrolene Sodium (Capsule),T4 psone (Tablet),T3 ptacel (Injection),T3 ptomycin (Injection),T5
Cortisone Acetate (Tablet),T4 Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment),T4 Cosentyx (Injection),T5 Cosentyx Sensoready Pen (Injection),T5 Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	Ivance (Injection),T5 nazol (Capsule),T4 ntrolene Sodium (Capsule),T4 psone (Tablet),T3 ptacel (Injection),T3 ptomycin (Injection),T5
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment),T4 Cosentyx (Injection),T5 Cosentyx Sensoready Pen (Injection),T5 Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	nazol (Capsule),T4 ntrolene Sodium (Capsule),T4 psone (Tablet),T3 ptacel (Injection),T3 ptomycin (Injection),T5
Cosentyx (Injection),T5 Cosentyx Sensoready Pen (Injection),T5 Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	psone (Tablet),T3 ptacel (Injection),T3 ptomycin (Injection),T5
Cosentyx Sensoready Pen (Injection),T5 Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	ptacel (Injection),T3 ptomycin (Injection),T5
Cosopt PF (Ophthalmic Solution),T4 Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	ptomycin (Injection),T5
Cotellic (Tablet),T5 Coumadin (Tablet),T4 Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	
Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	hlitane (Tablet) T3
Creon (Capsule Delayed-Release),T3 Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	ontaile (Tablet), To
Crinone (Gel),T4 Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	lyla (Tablet),T4
Crixivan (Capsule),T3 Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	meclocycline HCI (Tablet),T4
Cromolyn Sodium (100mg/5ml Concentrate),T4 Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4	mser (Capsule),T5
Cromolyn Sodium (20mg/2ml Nebulized Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4 De De	navir (Cream),T5
Solution),T3 Cromolyn Sodium (4% Ophthalmic Solution),T2 Cryselle-28 (Tablet),T4 De De	pen Titratabs (Tablet),T5
Cryselle-28 (Tablet),T4	po-Estradiol (Injection),T4
Cryselle-28 (Tablet), 14	po-Provera (Injection),T4
Cuprimine (Capsule) T5	scovy (Tablet),T5
Ouprilline (Oapsule), 13	sipramine HCl (Tablet),T3
CILVINGS (C)rai Sollition) 14	smopressin Acetate (0.01% Nasal Spray olution),T4
Cyclafem (Tablet) T4	smopressin Acetate (0.1mg Tablet, 0.2mg
Overlada a remaining a LIOI (10 resp. Taladat Francis	ablet),T3
Cyclobenzaprine HCl (7 5mg Tablet) T4	sogestrel/Ethinyl Estradiol (Tablet),T4
Cyclophosphamide (Capsule),T4	sonide (0.05% Ointment),T4
Cycleset (Tehlet) T4	soximetasone (0.05% Cream, 0.25% ream),T4
	svenlafaxine ER (100mg Tablet Extended-
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral	elease 24 Hour, 25mg Tablet Extended- elease 24 Hour, 50mg Tablet Extended- elease 24 Hour) (Generic Pristiq),T4
Tablet),T4	xamethasone (0.5mg Tablet, 0.75mg Tablet, .5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg
Cystagon (Capsule),T4	ablet, 6mg Tablet, 0.5mg/5ml Elixir),T2

Dexamethasone Sodium Phosphate (Ophthalmic	Solution),T2
Solution),T2	Dicyclomine HCI (Tablet),T2
Dexilant (Capsule Delayed-Release),T4	Didanosine (Capsule Delayed-Release),T3
Dexmethylphenidate HCl (Tablet Immediate-	Dificid (Tablet),T5
Release),T3	Diflunisal (Tablet),T3
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour),T4	Digitek (Tablet),T2
Dextroamphetamine Sulfate (10mg Tablet, 5mg	Digox (Tablet),T2
Tablet),T4	Digoxin (0.05mg/ml Oral Solution),T3
Dextroamphetamine Sulfate ER (Capsule	Digoxin (125mcg Tablet, 250mcg Tablet),T2
Extended-Release 24 Hour),T4	Dihydroergotamine Mesylate (Nasal Solution),T5
Dextrose 10% (Injection),T4	Dilantin (Capsule),T3
Dextrose 10%/NaCl 0.2% (Injection),T4	Dilantin INFATABS (Tablet Chewable),T3
Dextrose 10%/NaCl 0.45% (Injection),T4	Dilt-XR (Capsule Extended-Release 24 Hour),T2
Dextrose 2.5%/NaCl 0.45% (Injection),T4	Diltiazem HCI (Tablet Immediate-Release),T2
Dextrose 5% (Injection),T4	Diltiazem HCI ER (Capsule Extended-Release),T2
Dextrose 5%/NaCl 0.2% (Injection),T4	Dipentum (Capsule),T5
Dextrose 5%/NaCl 0.225% (Injection),T4	Diphenoxylate/Atropine (2.5mg-0.025mg Tablet,
Dextrose 5%/NaCl 0.33% (Injection),T4	2.5mg-0.025mg/5ml Liquid),T4
Dextrose 5%/NaCl 0.45% (Injection),T4	Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection),T3
Dovtroop F0/ /NoCl 0 00/ (Injection) T4	rediatife (finjection), 10
Dextrose 5%/NaCl 0.9% (Injection),T4	Disulfiram (Tablet),T3
Diastat AcuDial (Gel),T4	· · · · · · · · · · · · · · · · · · ·
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4	Disulfiram (Tablet),T3
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg	Disulfiram (Tablet),T3 Diuril (Suspension),T4
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2 Diclofenac Sodium (0.1% Ophthalmic	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4 Donepezil HCI (Tablet),T1
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2 Diclofenac Sodium (0.1% Ophthalmic Solution),T2	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4 Donepezil HCI (Tablet),T1 Donepezil HCI ODT (Tablet Dispersible),T2
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2 Diclofenac Sodium (0.1% Ophthalmic Solution),T2 Diclofenac Sodium (1% Gel),T3	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4 Donepezil HCI (Tablet),T1 Donepezil HCI ODT (Tablet Dispersible),T2 Doripenem (Injection),T3
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2 Diclofenac Sodium (0.1% Ophthalmic Solution),T2 Diclofenac Sodium (1% Gel),T3 Diclofenac Sodium (3% Gel),T4	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4 Donepezil HCl (Tablet),T1 Donepezil HCl ODT (Tablet Dispersible),T2 Doripenem (Injection),T3 Dorzolamide HCl (Ophthalmic Solution),T2
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2 Diclofenac Sodium (0.1% Ophthalmic Solution),T2 Diclofenac Sodium (1% Gel),T3 Diclofenac Sodium (3% Gel),T4 Diclofenac Sodium DR (Tablet Delayed-Release),T2 Diclofenac Sodium ER (Tablet Extended-Release	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4 Donepezil HCl (Tablet),T1 Donepezil HCl ODT (Tablet Dispersible),T2 Doripenem (Injection),T3 Dorzolamide HCl (Ophthalmic Solution),T2 Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T2
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2 Diclofenac Sodium (0.1% Ophthalmic Solution),T2 Diclofenac Sodium (1% Gel),T3 Diclofenac Sodium (3% Gel),T4 Diclofenac Sodium DR (Tablet Delayed-Release),T2 Diclofenac Sodium ER (Tablet Extended-Release 24 Hour),T2	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4 Donepezil HCl (Tablet),T1 Donepezil HCl ODT (Tablet Dispersible),T2 Doripenem (Injection),T3 Dorzolamide HCl (Ophthalmic Solution),T2 Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T2 Doxazosin Mesylate (Tablet),T2
Diastat AcuDial (Gel),T4 Diastat Pediatric (Gel),T4 Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2 Diazepam (1mg/ml Oral Solution),T2 Diazepam Intensol (5mg/ml Concentrate),T2 Diclofenac Potassium (Tablet),T2 Diclofenac Sodium (0.1% Ophthalmic Solution),T2 Diclofenac Sodium (1% Gel),T3 Diclofenac Sodium (3% Gel),T4 Diclofenac Sodium DR (Tablet Delayed-Release),T2 Diclofenac Sodium ER (Tablet Extended-Release	Disulfiram (Tablet),T3 Diuril (Suspension),T4 Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2 Divalproex Sodium DR (Tablet Delayed-Release),T2 Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2 Dofetilide (Capsule),T4 Donepezil HCl (Tablet),T1 Donepezil HCl ODT (Tablet Dispersible),T2 Doripenem (Injection),T3 Dorzolamide HCl (Ophthalmic Solution),T2 Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T2

Capsule, 75mg Capsule, 10mg/ml	Eliquis Starter Pack (Tablet),T3
Concentrate),T3	Elmiron (Capsule),T5
Doxepin HCI (Cream),T5	Embeda (Capsule Extended-Release),T3
Doxercalciferol (Capsule),T4	Emcyt (Capsule),T5
Doxy 100 (Injection),T4	Emend (125mg Suspension),T4
Doxycycline (25mg/5ml Suspension),T4	Emoquette (Tablet),T4
Doxycycline Hyclate (100mg Capsule, 50mg	Emsam (Patch 24 Hour),T5
Capsule, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release),T3	Emtriva (10mg/ml Oral Solution, 200mg Capsule),T4
Doxycycline Monohydrate (100mg Capsule,	Enalapril Maleate (Tablet),T1
50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet),T3	Enalapril Maleate/Hydrochlorothiazide (Tablet),T1
Dronabinol (Capsule),T4	Enbrel (Injection),T5
Drospirenone/Ethinyl Estradiol (Tablet),T4	Enbrel SureClick (Injection),T5
Droxia (Capsule),T4	Endocet (Tablet),T3
Duavee (Tablet),T4	Engerix-B (Injection),T3
Dulera (Aerosol),T4	Enoxaparin Sodium (Injection),T4
Duloxetine HCl (20mg Capsule Delayed-Release,	Enpresse-28 (Tablet),T4
30mg Capsule Delayed-Release, 60mg Capsule	Enskyce (Tablet),T4
Delayed-Release),T2	Entacapone (Tablet),T4
Duramorph (Injection),T4	Entecavir (Tablet),T4
Durezol (Emulsion),T3	Entresto (Tablet),T3
Dutasteride (Capsule),T3	Enulose (Oral Solution),T2
Dymista (Suspension),T4	Epclusa (Tablet),T5
Dyrenium (Capsule),T4	EpiPen (Injection),T3
E	Epinastine HCI (Ophthalmic Solution),T3
E.E.S. Granules (Suspension),T4 Econazole Nitrate (Cream),T4	Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen),T3
Edarbi (Tablet),T4	Epitol (Tablet),T3
Edarbyclor (Tablet),T4	Epivir HBV (5mg/ml Oral Solution),T4
Edurant (Tablet),T5	Eplerenone (Tablet),T3
Efavirenz (200mg Capsule, 600mg Tablet),T5	Eprosartan Mesylate (Tablet),T1
Efavirenz (50mg Capsule),T4	Eraxis (100mg Injection),T5
Egrifta (Injection),T5	Eraxis (50mg Injection),T4
Elestrin (Gel),T4	Ergotamine Tartrate/Caffeine (Tablet),T3
Elidel (Cream),T4	Erivedge (Capsule),T5
Eliquis (Tablet),T3	Erleada (Tablet),T5
Eliquio (Tubiot), To	Errin (Tablet),T3

Ery (2% Pad),T3	Etidronate Disodium (Tablet),T4
Ery-Tab (Tablet Delayed-Release),T4	Etodolac (200mg Capsule, 300mg Capsule,
EryPed 200 (Suspension),T4	400mg Tablet Immediate-Release, 500mg
EryPed 400 (Suspension),T5	Tablet Immediate-Release),T3
Erythrocin Lactobionate (Injection),T4	Etodolac ER (Tablet Extended-Release 24 Hour),T4
Erythromycin (2% External Solution),T2	Eurax (10% Cream, 10% Lotion),T4
Erythromycin (2% Gel),T4	Evotaz (Tablet),T5
Erythromycin (250mg Capsule Delayed-Release),T4	Exelderm (1% Cream, 1% External Solution),T4
Erythromycin (5mg/gm Ophthalmic Ointment),T2	Exemestane (Tablet),T4
Erythromycin Base (Tablet),T4	Exjade (Tablet Soluble),T5
Erythromycin Ethylsuccinate (200mg/5ml	Ezetimibe (Tablet),T2
Suspension, 400mg Tablet),T4	Ezetimibe (Tablet), T2 Ezetimibe/Simvastatin (Tablet), T3
Erythromycin/Benzoyl Peroxide (Gel),T4	
Esbriet (267mg Capsule, 267mg Tablet,	F
801mg Tablet),T5	FML (Ointment),T4
Escitalopram Oxalate (10mg Tablet, 20mg	FML Forte (Suspension),T4
Tablet, 5mg Tablet),T1 Escitalopram Oxalate (5mg/5ml Oral Solution),T2	Falmina (Tablet),T4
	Famciclovir (Tablet),T3
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium),T3	Famotidine (20mg Tablet, 40mg Tablet),T2
Estarylla (Tablet),T4	Famotidine (40mg/5ml Suspension),T4
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/	Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet),T5
	Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet),T4
24hr Patch Weekly, 37.5mcg/24hr Patch Weekly),T3	Fanapt Titration Pack (Tablet),T4
Estradiol (0.1mg/gm Cream),T4	Fareston (Tablet),T5
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	Farydak (Capsule),T5
(Generic Estrace),T3	Felbamate (400mg Tablet, 600mg Tablet),T4
Estradiol (10mcg Tablet),T4	Felbamate (600mg/5ml Suspension),T5
Estradiol Valerate (Injection),T4	Felodipine ER (Tablet Extended-Release 24
Estring (Ring),T4	Hour),T2
Ethacrynic Acid (Tablet),T5	Femring (Ring),T4
Ethambutol HCI (Tablet),T3	Femynor (Tablet),T4
Ethosuximide (250mg Capsule, 250mg/5ml Oral	Fenofibrate (145mg Tablet, 48mg Tablet),T3
Solution),T3	Fenofibrate (160mg Tablet, 54mg Tablet),T1
Ethynodiol Diacetate/Ethinyl Estradiol (Tablet),T4	Fenofibrate Micronized (Capsule),T3

Fenofibric Acid (105mg Tablet),T3	Fluocinonide (0.05% External Solution, 0.05%
Fenofibric Acid (35mg Tablet),T3	Gel, 0.05% Ointment),T3
Fenofibric Acid DR (Capsule Delayed-Release),T3	Fluocinonide Emulsified Base (Cream),T3
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr	Fluorometholone (Ophthalmic Suspension),T3
Patch 72 Hour, 25mcg/hr Patch 72 Hour,	Fluorouracil (0.5% Cream),T5
50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour),T4	Fluorouracil (2% External Solution, 5% External Solution),T3
Fentanyl Citrate Oral Transmucosal (Lozenge on	Fluorouracil (5% Cream),T4
a Handle),T5	Fluoxetine DR (Capsule Delayed-Release),T4
Ferriprox (100mg/ml Oral Solution, 500mg Tablet),T5	Fluoxetine HCI (10mg Capsule Immediate- Release, 20mg Capsule Immediate-Release,
Fetzima (Capsule Extended-Release 24 Hour),T4	40mg Capsule Immediate-Release, 20mg/5ml Oral Solution),T2
Fetzima Titration Pack (Capsule Extended- Release 24 Hour Therapy Pack),T4	Fluphenazine Decanoate (Injection),T4
Finacea (15% Foam, 15% Gel),T4	Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet),T2
Finasteride (5mg Tablet) (Generic Proscar),T1	Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml
Firazyr (Injection),T5	Injection),T4
Firmagon (120mg Injection),T5	Fluphenazine HCI (5mg/ml Concentrate),T3
Firmagon (80mg Injection),T4	Flurbiprofen (Tablet),T2
Flarex (Suspension),T4	Flurbiprofen Sodium (Ophthalmic Solution),T2
Flebogamma DIF (Injection),T5	Flutamide (Capsule),T3
Flecainide Acetate (Tablet),T2	Fluticasone Propionate (0.005% Ointment, 0.05%
Flector (Patch),T4	Cream),T3
Flovent Diskus (Aerosol Powder),T3	Fluticasone Propionate (50mcg/act
Flovent HFA (Aerosol),T3	Suspension),T2
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml	Fluticasone Propionate/Salmeterol (Aerosol Powder),T3
Suspension, 40mg/ml Suspension),T2	Fluvastatin (Capsule Immediate-Release),T2
Fluconazole in NaCl (Injection),T4	Fluvoxamine Maleate (Tablet),T3
Flucytosine (Capsule),T5	Fondaparinux Sodium (10mg/0.8ml Injection,
Fludrocortisone Acetate (Tablet),T2	5mg/0.4ml Injection, 7.5mg/0.6ml Injection), T5
Flunisolide (Nasal Solution),T1	Fondaparinux Sodium (2.5mg/0.5ml Injection),T4
Fluocinolone Acetonide (0.01% Cream, 0.025%	Forteo (Injection),T5
Cream, 0.01% External Solution, 0.025%	Fosamprenavir Calcium (Tablet),T5
Ointment),T4	Fosinopril Sodium (Tablet),T1
Fluocinolone Acetonide (0.01% Otic Oil),T4	Fosinopril Sodium/Hydrochlorothiazide
Fluocinolone Acetonide Scalp (Oil),T4	(Tablet),T1

FreAmine HBC 6.9% (Injection),T4	Genotropin Miniquick (0.2mg Injection),T4
Furosemide (10mg/ml Injection),T4	Genotropin Miniquick (0.4mg Injection, 0.6mg
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution),T2	Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T5
Furosemide (20mg Tablet, 40mg Tablet, 80mg	Gentak (Ophthalmic Ointment),T2
Tablet),T1 Fuzeon (Injection),T5	Gentamicin Sulfate (0.1% Cream, 0.1% Ointment
Fyavolv (Tablet),T4	0.3% Ophthalmic Solution),T2
Fycompa (0.5mg/ml Suspension, 10mg	Gentamicin Sulfate (40mg/ml Injection),T4
Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet),T4	Gentamicin Sulfate/0.9% Sodium Chloride (Injection),T4
G	Genvoya (Tablet),T5
Gabapentin (100mg Capsule, 300mg Capsule,	Geodon (20mg Injection),T4
400mg Capsule, 600mg Tablet, 800mg	Gianvi (Tablet),T4
Tablet),T2	Gilenya (Capsule),T5
Gabapentin (250mg/5ml Oral Solution),T3	Gilotrif (Tablet),T5
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg	Glassia (Injection),T5
Tablet, 4mg/ml Oral Solution),T4	Glatiramer Acetate (Solution Prefilled Syringe), T5
Galantamine HBr ER (Capsule Extended-Release	Glatopa (Injection),T5
24 Hour),T4	Gleostine (100mg Capsule, 40mg Capsule),T4
Gammagard Liquid (Injection),T5	Gleostine (10mg Capsule),T3
Gammagard S/D IGA Less Than 1 mcg/ml (Injection),T5	Glimepiride (Tablet),T1
Gammaked (Injection),T5	Glipizide (Tablet Immediate-Release),T1
Gammaplex (Injection),T5	Glipizide ER (Tablet Extended-Release 24
Gamunex-C (Injection),T5	Hour),T1
Gardasil 9 (Injection),T3	Glipizide/Metformin HCl (Tablet),T1
Gatifloxacin (Ophthalmic Solution),T3	GlucaGen HypoKit (Injection),T4
Gattex (Injection),T5	Glucagon Emergency Kit (Injection),T3 Glyxambi (Tablet),T3
Gauze (Non-medicated 2X2),T3	Granisetron HCl (Tablet),T4
GaviLyte-C (Oral Solution),T2	Granix (Injection),T5
GaviLyte-G (Oral Solution),T2	Griseofulvin Microsize (125mg/5ml Suspension,
GaviLyte-N/Flavor Pack (Oral Solution),T1	500mg Tablet),T4
Gemfibrozil (Tablet),T2	Griseofulvin Ultramicrosize (Tablet),T4
Generlac (Oral Solution),T2	Guanfacine ER (Tablet Extended-Release 24
Gengraf (100mg Capsule, 25mg Capsule,	Hour),T4
100mg/ml Oral Solution),T3	Guanidine HCI (Tablet),T3

н	Humulin 70/30 Vial (Injection),T3
Haegarda (Injection),T5	Humulin N KwikPen (Injection),T3
Halobetasol Propionate (0.05% Cream, 0.05%	Humulin N Vial (Injection),T3
Ointment),T4	Humulin R U-500 KwikPen (Injection),T3
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg /ml Canaantrata) T2	Humulin R U-500 Vial (Concentrated) (Injection),T3
2mg/ml Concentrate),T2	Humulin R Vial (Injection),T3
Haloperidol Decanoate (Injection),T4	Hydralazine HCI (Tablet),T2
Haloperidol Lactate (Injection),T4	Hydrochlorothiazide (12.5mg Capsule, 12.5mg
Harvoni (Tablet),T5	Tablet, 25mg Tablet, 50mg Tablet),T1
Havrix (Injection),T3 Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection),T3	Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/ 15ml Oral Solution),T3
Heparin Sodium (1000unit/ml Injection),T3	Hydrocodone/Ibuprofen (7.5mg-200mg
HepatAmine (Injection),T4	Tablet),T3
Hetlioz (Capsule),T5	Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment),T2
Hexalen (Capsule),T5	Hydrocortisone (100mg/60ml Enema),T4
Hiberix (Injection),T3	Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg
Humalog Cartridge (Injection),T3	Tablet, 2.5% Lotion),T3
Humalog Junior KwikPen (Injection),T3	Hydrocortisone Butyrate (0.1% Ointment),T3
Humalog KwikPen (Injection),T3	Hydrocortisone Valerate (0.2% Cream, 0.2%
Humalog Mix 50/50 KwikPen (Injection),T3	Ointment),T4
Humalog Mix 50/50 Vial (Injection),T3	Hydrocortisone/Acetic Acid (Otic Solution),T3
Humalog Mix 75/25 KwikPen (Injection),T3	Hydromorphone HCI (10mg/ml Injection, 50mg/
Humalog Mix 75/25 Vial (Injection),T3	5ml Injection),T4
Humalog Vial (Injection),T3	Hydromorphone HCI (1mg/ml Liquid),T4
Humatrope (Injection),T5	Hydromorphone HCI (2mg Tablet Immediate-
Humatrope Combo Pack (Injection),T5	Release, 4mg Tablet Immediate-Release, 8mg
Humira (Injection),T5	Tablet Immediate-Release),T2
Humira Pediatric Crohns Disease Starter Pack (Injection),T5	Hydromorphone HCl (2mg/ml Injection),T4 Hydromorphone HCl ER (12mg Tablet Extended-
Humira Pen (Injection),T5	Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent,
Humira Pen Crohns Disease Starter Pack (Injection),T5	16mg Tablet Extended-Release 24 Hour Abuse Deterrent),T4
Humira Pen-Psoriasis Starter (Injection),T5	Hydromorphone HCI ER (32mg Tablet Extended-
Humulin 70/30 KwikPen (Injection),T3	Release 24 Hour Abuse-Deterrent),T5

Hydroxychloroquine Sulfate (Tablet),T2 Hydroxyurea (Capsule),T2 Hydroxyzine HCl (10mg/5ml Syrup),T3 Hydroxyzine HCl (Tablet),T3 Introvale (Tablet),T4 Invanz (Injection),T5 Invega Sustenna (117mg/0.75ml Injection)	on,
Hydroxyzine HCl (10mg/5ml Syrup),T3 Hydroxyzine HCl (Tablet),T3 Invanz (Injection),T5 Invega Sustenna (117mg/0.75ml Injection)	on,
Hydroxyzine HCl (Tablet),T3 Invega Sustenna (117mg/0.75ml Injection,	on,
450 / 11 : 12 004 /45 11 : 12	on,
Hydroxyzine Pamoate (Capsule),T3 156mg/ml Injection, 234mg/1.5ml Injection	Г4
Hysingla ER (Tablet Extended-Release 24 78mg/0.5ml Injection),T5	Г4
Hour Abuse-Deterrent),T3 Invega Sustenna (39mg/0.25ml Injection),	
Invega Trinza (Injection),T5	
IPOL Inactivated IPV (Injection),T3	5
Ibandronate Sodium (Tablet),T3	
Ibrance (Cansule) T5	ŀ
Ibu (Tablet) T2	
Ibuprofen (100mg/5ml Suspension, 400mg	
Tablet, 600mg Tablet, 800mg Tablet),T2	
Iclusig (Tablet),T5 Ipratropium Bromide (0.02% Inhalation Solution),T2	
Idhifa (Tablet),T5 Ipratropium Bromide (0.03% Nasal Solution,	
Ilevro (Suspension),T3 O.06% Nasal Solution),T2	
Imatinib Mesylate (Tablet),T5 Ipratropium Bromide/Albuterol Sulfate (Inhala	tion
Imbruvica (140mg Capsule, 70mg Solution),T1	
Capsule),T5 Irbesartan (Tablet),T1	
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet),T5 Irbesartan/Hydrochlorothiazide (Tablet),T1	
Imipenem/Cilastatin (Injection),T4	
Isentress (100mg Packet, 25mg Tablet	
Imipramine Pamoate (Capsule),T4 Imipramine Pamoate (Capsule),T4 Inipramine Pamoate (Capsule),T4 Isentress (100mg Tablet Chewable, 400mg	
Imiquimod (Cream),T4 Tablet),T5	,
Imovax Rabies (H.D.C.V.) (Injection),T3 Isentress HD (Tablet),T5	
Increlex (Injection),T5 Isibloom (Tablet),T4	
Incruse Ellipta (Aerosol Powder),T3 Isolyte-P/Dextrose 5% (Injection),T4	
Indapamide (Tablet),T2 Isolyte-S (Injection),T4	
Indomethacin (25mg Capsule, 50mg Capsule),T2 Isoniazid (100mg Tablet, 300mg Tablet),T2	
Infanrix (Injection),T3 Isoniazid (50mg/5ml Syrup),T4	
Inlyta (Tablet),T5 Isosorbide Dinitrate (Tablet Immediate-	
Insulin Syringes, Needles,T3 Release),T2	
Intelence (100mg Tablet, 200mg Tablet),T5 Isosorbide Dinitrate ER (Tablet Extended-	
Intelence (25mg Tablet),T4 Release),T2	
Intralipid (Injection),T4 Isosorbide Mononitrate (Tablet Immediate-	

T4 = Tier 4

T5 = Tier 5

T2 = Tier 2 T3 = Tier 3

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T1 = Tier 1

Release),T2	KCI 0.15%/D5W/NaCl 0.9% (Injection),T4
Isosorbide Mononitrate ER (Tablet Extended-	KCI 0.3%/D5W/NaCl 0.45% (Injection),T4
Release 24 Hour),T2	KCI 0.3%/D5W/NaCl 0.9% (Injection),T4
Isotonic Gentamicin (Injection),T4	Kaitlib Fe (Tablet Chewable),T4
Isotretinoin (Capsule),T4	Kaletra (100mg-25mg Tablet),T4
Itraconazole (Capsule),T4	Kaletra (200mg-50mg Tablet),T5
Ivermectin (Tablet),T3	Kalydeco (150mg Tablet, 50mg Packet, 75mg
lxiaro (Injection),T3	Packet),T5
J	Kariva (Tablet),T4
Jadenu (Tablet),T5	Kelnor 1/35 (Tablet),T4
Jadenu Sprinkle (Packet),T5	Kelnor 1/50 (Tablet),T4
Jakafi (Tablet),T5	Ketoconazole (2% Cream, 2% Shampoo, 200mgTablet),T2
Jantoven (Tablet),T1	Ketoconazole (2% Foam),T4
Janumet (Tablet Immediate-Release),T3	Ketoprofen (Capsule Immediate-Release),T3
Janumet XR (Tablet Extended-Release 24 Hour),T3	Ketorolac Tromethamine (Ophthalmic
Januvia (Tablet),T3	Solution),T3
Jardiance (Tablet),T3	Kimidess (Tablet),T4
Jentadueto (Tablet),T4	Kineret (Injection),T5
Jentadueto XR (Tablet Extended-Release 24	Kinrix (Injection),T3
Hour),T4	Kionex (Suspension),T3
Jinteli (Tablet),T4	Kisqali (Tablet),T5
Jolivette (Tablet),T3	Kisqali Femara 200 Dose (Tablet Therapy
Jublia (External Solution),T4	Pack),T5
Juleber (Tablet),T4	Kisqali Femara 400 Dose (Tablet TherapyPack),T5
Juluca (Tablet),T5	Kisqali Femara 600 Dose (Tablet Therapy
Junel 1.5/30 (Tablet),T4	Pack),T5
Junel 1/20 (Tablet),T4	_ Klor-Con (Packet),T3
Junel Fe 1.5/30 (Tablet),T4	Klor-Con 10 (Tablet Extended-Release),T3
Junel Fe 1/20 (Tablet),T4	Klor-Con 8 (Tablet Extended-Release),T3
Junel Fe 24 (Tablet),T4	Klor-Con M10 (Tablet Extended-Release),T2
Juxtapid (Capsule),T5	Klor-Con M15 (Tablet Extended-Release),T2
K	Klor-Con M20 (Tablet Extended-Release),T2
KCI 0.075%/D5W/NaCl 0.45% (Injection),T4	Klor-Con Sprinkle (Capsule Extended-Release),T3
KCI 0.15%/D5W/NaCl 0.2% (Injection),T4	Kombiglyze XR (Tablet Extended-Release 24
KCI 0.15%/D5W/NaCl 0.45% (Injection),T4	Hour),T3
	Korlym (Tablet),T5

11010 (100101),111	2000114 (140100),11
Kuvan (100mg Packet, 500mg Packet, 100mg	Letrozole (Tablet),T2
Tablet Soluble),T5	Leucovorin Calcium (10mg Tablet, 15mg Tablet,
Kynamro (Injection),T5	5mg Tablet),T3
L	Leucovorin Calcium (25mg Tablet),T4
LARIN 1.5/30 (Tablet),T4	Leukeran (Tablet),T5
LARIN 1/20 (Tablet),T4	Leukine (Injection),T5
LARIN Fe 1.5/30 (Tablet),T4	Leuprolide Acetate (Injection),T4
LARIN Fe 1/20 (Tablet),T4	Levalbuterol (Nebulized Solution),T4
Labetalol HCI (Tablet),T2	Levemir FlexTouch (Injection),T3
Lacrisert (Insert),T4	Levemir Vial (Injection),T3
Lactulose (Oral Solution),T2	Levetiracetam (1000mg Tablet Immediate-
Lamivudine (100mg Tablet),T3	Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet),T3	Tablet Immediate-Release, 100mg/ml Oral Solution),T2
Lamivudine/Zidovudine (Tablet),T4 Lamotrigine (100mg Tablet Immediate-Release,	Levetiracetam ER (Tablet Extended-Release 24 Hour),T3
150mg Tablet Immediate-Release, 200mg	Levobunolol HCl (Ophthalmic Solution),T2
Tablet Immediate-Release, 25mg Tablet	Levocarnitine (1gm/10ml Oral Solution), T3
Immediate-Release),T2	Levocarnitine (330mg Tablet),T3
Lamotrigine (25mg Tablet Chewable, 5mg Tablet	Levocetirizine Dihydrochloride (5mg Tablet),T1
Chewable),T3	Levofloxacin (0.5% Ophthalmic Solution),T3
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet),T4	Levofloxacin (250mg Tablet, 500mg Tablet,
Lansoprazole (15mg Capsule Delayed-Release,	750mg Tablet),T1
30mg Capsule Delayed-Release),T3	Levofloxacin (25mg/ml Injection, 25mg/ml Oral
Lanthanum Carbonate (Tablet Chewable),T5	Solution),T4
Lantus SoloStar (Injection),T3	Levofloxacin in D5W (Injection),T4
Lantus Vial (Injection),T3	Levonest (Tablet),T4
Larissia (Tablet),T4	Levonorgestrel and Ethinyl Estradiol
Lastacaft (Ophthalmic Solution),T3	(90mcg-20mcg Tablet),T4
Latanoprost (Ophthalmic Solution),T1	Levonorgestrel/Ethinyl Estradiol (0.15mg-30mcg
Latuda (Tablet),T5	Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet,
Layolis Fe (Tablet Chewable),T4	0.1-0.02mg/0.01mg Tablet, 0.15mg-0.03mg/
Leena (Tablet),T4	0.01mg Tablet, 0.15mg-0.02mg/0.025mg/
Leflunomide (Tablet),T2	0.03mg/0.01mg Tablet),T4
Lenvima (Capsule Therapy Pack),T5	Levora 0.15/30-28 (Tablet),T4
	Levorphanol Tartrate (Tablet),T5
T1 = Tier 1 $T2 = Tier 2$ $T3 = T$	ier 3 $T4 = Tier 4$ $T5 = Tier 5$

Lessina (Tablet),T4

Kurvelo (Tablet),T4

Levothyroxine Sodium (Tablet),T1	Losartan Potassium (Tablet),T1
Levoxyl (Tablet),T3	Losartan Potassium/Hydrochlorothiazide
Lexiva (50mg/ml Suspension),T4	(Tablet),T1
Lialda (Tablet Delayed-Release),T3	Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension),T4
Lidocaine (5% Ointment),T4	Lovastatin (Tablet),T1
Lidocaine (5% Patch),T4	Low-Ogestrel (Tablet),T4
Lidocaine HCI (4% External Solution),T2	Loxapine Succinate (Capsule),T2
Lidocaine HCI (GeI),T2	
Lidocaine Viscous (Solution),T2	Lumigan (Ophthalmic Solution),T3
Lidocaine/Prilocaine (Cream),T3	Lupaneta Pack (Kit),T5
Lindane (Shampoo),T4	Lupron Depot (1-Month) (Injection),T5
Linezolid (100mg/5ml Suspension),T5	Lupron Depot (3-Month) (Injection),T5
Linezolid (600mg Tablet),T4	Lupron Depot (4-Month) (Injection),T5
Linezolid (600mg/300ml Injection),T4	Lupron Depot (6-Month) (Injection),T5
Linzess (Capsule),T3	Lutera (Tablet),T4
Liothyronine Sodium (Tablet),T2	Lynparza (100mg Tablet, 150mg Tablet, 50mgCapsule),T5
Lisinopril (Tablet),T1	Lyrica (100mg Capsule, 150mg Capsule,
Lisinopril/Hydrochlorothiazide (Tablet),T1	200mg Capsule, 225mg Capsule, 25mg
Lithium (Oral Solution),T3	Capsule, 300mg Capsule, 50mg Capsule,
Lithium Carbonate (150mg Capsule Immediate-	75mg Capsule, 20mg/ml Oral Solution),T3
Release, 300mg Capsule Immediate-Release,	Lysodren (Tablet),T5
600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release),T2	Lyza (Tablet),T3
Lithium Carbonate ER (Tablet Extended-	M
Release),T2	M-M-R II (Injection),T3
Lithostat (Tablet),T5	Magnesium Sulfate (1gm/2ml-50%
Livalo (Tablet),T3	Injection),T4
Lonsurf (Tablet),T5	Magnesium Sulfate (5gm/10ml-50% Injection),T4
Loperamide HCI (Capsule),T2	Malathion (Lotion),T4
Lopinavir/Ritonavir (Oral Solution),T4	Maprotiline HCl (Tablet),T4
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg	Marlissa (Tablet),T4
Tablet),T1	Marplan (Tablet),T4
Lorazepam (2mg/ml Concentrate),T2	Matulane (Capsule),T5
Lorcet (Tablet),T3	Matzim LA (Tablet Extended-Release 24 Hour),T2
Lorcet HD (Tablet),T3	Mavyret (Tablet),T5
Lorcet Plus (Tablet),T3	Meclizine HCI (Tablet),T2
Loryna (Tablet),T4	Medroxyprogesterone Acetate (10mg Tablet,

2.5mg Tablet, 5mg Tablet),T2	Methimazole (Tablet),T2
Medroxyprogesterone Acetate (150mg/ml	Methotrexate (Tablet),T2
Injection Prefilled Syringe),T4	Methotrexate Sodium (Injection),T4
Mefloquine HCI (Tablet),T2	Methoxsalen (Capsule),T5
Megestrol Acetate (20mg Tablet, 40mg Tablet,	Methscopolamine Bromide (Tablet),T4
40mg/ml Suspension),T3	Methyclothiazide (Tablet),T3
Megestrol Acetate (625mg/5ml Suspension),T4	Methyldopa (Tablet),T3
Mekinist (Tablet),T5	Methyldopa/Hydrochlorothiazide (Tablet),T3
Melodetta 24 Fe (Tablet Chewable),T4	Methylphenidate HCI (10mg Tablet Immediate-
Meloxicam (Tablet),T1	Release, 20mg Tablet Immediate-Release, 5mg
Memantine HCI (10mg Tablet, 5mg Tablet),T2	Tablet Immediate-Release) (Generic Ritalin),T3
Memantine HCI (2mg/ml Oral Solution),T4	Methylphenidate HCI (10mg/5ml Oral Solution,
Memantine HCI ER (Capsule Extended-Release	5mg/5ml Oral Solution),T4
24 Hour),T3	Methylphenidate HCI ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release),T4
Memantine HCl Titration Pak (Tablet),T3	Methylprednisolone (Tablet),T2
Menactra (Injection),T3	Methylprednisolone Dose Pack (Tablet Therapy
Menest (Tablet),T3	Pack),T2
Mentax (Cream),T4	Metipranolol (Ophthalmic Solution),T2
Menveo (Injection),T3	Metoclopramide HCl (10mg Tablet, 5mg
Mercaptopurine (Tablet),T3	Tablet),T1
Meropenem (Injection),T4	Metoclopramide HCI (5mg/5ml Oral Solution),T2
Mesalamine (Enema),T4	Metolazone (Tablet),T3
Mesalamine DR (1.2gm Tablet Delayed-Release),T3	Metoprolol Succinate ER (Tablet Extended-Release 24 Hour),T1
Mesnex (400mg Tablet),T5	Metoprolol Tartrate (100mg Tablet Immediate-
Mestinon (60mg/5ml Syrup),T5	Release, 25mg Tablet Immediate-Release,
Metadate ER (Tablet Extended-Release),T4	50mg Tablet Immediate-Release),T1
Metaproterenol Sulfate (10mg Tablet, 20mg	Metoprolol/Hydrochlorothiazide (Tablet),T2
Tablet, 10mg/5ml Syrup),T4 Metformin HCl (Tablet Immediate-Release),T1	Metronidazole (0.75% Cream, 0.75% Gel, 1%
Metformin HCl ER (500mg Tablet Extended-	Gel, 0.75% Lotion),T4
Release 24 Hour, 750mg Tablet Extended-	Metronidazole (250mg Tablet Immediate- Release, 500mg Tablet Immediate-Release),T2
Release 24 Hour) (Generic Glucophage XR),T1	Metronidazole Vaginal (Gel),T3
Methadone HCI (10mg Tablet, 5mg Tablet,	Metronidazole in NaCl 0.79% (Injection),T4
10mg/5ml Oral Solution, 5mg/5ml Oral	Mexiletine HCl (Capsule),T3
Solution),T3	Mibelas 24 Fe (Tablet Chewable),T4
Methazolamide (Tablet),T4	Miconazole 3 (Suppository),T3
Methenamine Hippurate (Tablet),T4	

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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T1 = Tier 1

T2 = Tier 2

Microgestin 1.5/30 (Tablet),T4	Release),T3
Microgestin 1/20 (Tablet),T4	Morphine Sulfate (2mg/ml Injection, 5mg/n
Microgestin Fe (Tablet),T4	Injection),T4
Microgestin Fe 1.5/30 (Tablet),T4	Morphine Sulfate ER (100mg Tablet Extended-
Midodrine HCI (Tablet),T3	Release, 15mg Tablet Extended-Release, 30mgTablet Extended-Release, 60mg Tablet
Migergot (Suppository),T5	Extended-Release) (Generic MS Contin),T3
Miglitol (Tablet),T4	Morphine Sulfate ER (200mg Tablet Extended-
Miglustat (Capsule),T5	Release) (Generic MS Contin),T4
Mili (Tablet),T4	Moxeza (Ophthalmic Solution),T4
Minitran (Patch 24 Hour),T2	Moxifloxacin HCI/Sodium HCI (Injection),T4
Minocycline HCI (100mg Capsule, 50mg	Moxifloxacin HCI (Ophthalmic Solution),T4
Capsule, 75mg Capsule),T2	Moxifloxacin HCI (Tablet),T3
Minocycline HCI (100mg Tablet Immediate-	Multaq (Tablet),T3
Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release),T4	Mupirocin (2% Cream),T4
Minoxidil (Tablet),T2	Mupirocin (2% Ointment),T2
Mirtazapine (Tablet),T2	Myalept (Injection),T5
Mirtazapine ODT (Tablet Dispersible),T2	Mycamine (Injection),T5
Mirvaso (Gel),T4	Mycophenolate Mofetil (200mg/ml
Misoprostol (Tablet),T3	Suspension),T5
Modafinil (Tablet),T4	 Mycophenolate Mofetil (250mg Capsule, 500mg
Moexipril HCI (Tablet),T1	Tablet),T3
Moexipril/Hydrochlorothiazide (Tablet),T1	 Mycophenolic Acid DR (Tablet Delayed- Release),T4
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment),T3	Myrbetriq (Tablet Extended-Release 24 Hour),T3
Mometasone Furoate (50mcg/act	N
Suspension),T4	Nabumetone (Tablet),T4
MonoNessa (Tablet),T4	Nadolol (Tablet),T4
Montelukast Sodium (10mg Tablet),T1 Mantelukast Sodium (4mg Paaket, 4mg Tablet	Nadolol/Bendroflumethiazide (Tablet),T3
Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable),T2	Nafcillin Sodium (10gm Injection, 1gm Injection),T4
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution),T3	Naftifine HCI (1% Cream),T4
	Naftifine HCI (2% Cream),T4
	Naftin (1% Gel, 2% Gel),T4
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection),T4	Naloxone HCI (Injection),T3
Morphine Sulfate (15mg Tablet Immediate-	Naltrexone HCI (Tablet),T3
Release, 30mg Tablet Immediate-	Namzaric (Therapy Pack, Capsule Extended-

Release 24 Hour),T3	Nexium (10mg Packet, 2.5mg Packet, 20mg
Naproxen (125mg/5ml Suspension),T4	Packet, 40mg Packet, 5mg Packet),T3
Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg	Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T3
Tablet Immediate-Release),T2	Niacin ER (Tablet Extended-Release),T4
Naproxen DR (Tablet Delayed-Release) (Generic	Niacor (Tablet),T2
EC-Naprosyn),T2	Nicardipine HCI (Capsule),T3
Naratriptan HCI (Tablet),T3	Nicotrol (Inhaler),T4
Narcan (Liquid),T3	Nicotrol NS (Nasal Solution),T4
Natacyn (Suspension),T4	Nifedipine ER (Tablet Extended-Release 24
Nateglinide (Tablet),T1	Hour),T2
Natpara (Injection),T5	Nikki (Tablet),T4
Nebupent (Inhalation Solution),T4	Nilutamide (Tablet),T5
Necon 0.5/35-28 (Tablet),T4	Nimodipine (Capsule),T4
Necon 7/7/7 (Tablet),T4	Ninlaro (Capsule),T5
Nefazodone HCI (Tablet),T4	Nitro-Bid (Ointment),T4
Neomycin Sulfate (Tablet),T2	Nitrofurantoin (Suspension),T4
Neomycin/Bacitracin/Polymyxin (Ointment),T3	Nitrofurantoin Macrocrystals (100mg Capsule,
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment),T3	50mg Capsule) (Generic Macrodantin),T3 Nitrofurantoin Monohydrate (100mg Capsule)
Neomycin/Polymyxin/Dexamethasone (0.1%	(Generic Macrobid),T3
Ophthalmic Ointment, 0.1% Ophthalmic	Nitroglycerin (Tablet Sublingual),T3
Suspension),T2	Nitroglycerin Lingual (Translingual Solution),T1
Neomycin/Polymyxin/Gramicidin (Ophthalmic	Nitroglycerin Transdermal (Patch 24 Hour),T2
Solution),T3	Nitrostat (Tablet Sublingual),T3
Neomycin/Polymyxin/Hydrocortisone (1%	Nora-BE (Tablet),T3
Ophthalmic Suspension),T4	Norditropin FlexPro (Injection),T5
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension),T3	Norethindrone (0.35mg Tablet),T3
Nephramine (Injection),T4	Norethindrone Acetate (5mg Tablet),T2
Nerlynx (Tablet),T5	Norethindrone Acetate/Ethinyl Estradiol
Neulasta (Injection),T5	(0.5mg-2.5mcg Tablet, 1mg-20mcg Tablet, 1mg-5mcg Tablet),T4
Neupogen (Injection),T5	
Neupro (Patch 24 Hour),T4	Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet, Tablet Chewable),T4
Nevirapine (Tablet),T3	Norethindrone/Ethinyl Estradiol/Ferrous
Nevirapine ER (Tablet Extended-Release 24	Fumarate (Tablet Chewable),T4
Hour),T4	Norgestimate/Ethinyl Estradiol (Tablet),T4
Nexavar (Tablet),T5	Norlyroc (Tablet),T3
T1 = Tier 1 $T2 = Tier 2$ $T3 = T$	Tier 3 T4 = Tier 4 T5 = Tier 5

Normosol-M in D5W (Injection),T4	400mg Tablet),T3
Normosol-R (Injection),T4	Ogestrel (Tablet),T4
Normosol-R in D5W (Injection),T4	Olanzapine (10mg Injection),T4
Northera (Capsule),T5	Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg
Nortrel 0.5/35 (28) (Tablet),T4	Tablet, 20mg Tablet, 5mg Tablet, 7.5mg
Nortrel 1/35 (Tablet),T4	Tablet),T2
Nortrel 7/7/7 (Tablet),T4	Olanzapine ODT (Tablet Dispersible),T4
Nortriptyline HCI (10mg Capsule, 25mg Capsule,	Olmesartan Medoxomil (Tablet),T2
50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution),T2	Olmesartan Medoxomil/Amlodipine/ Hydrochlorothiazide (Tablet),T2
Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution),T4	Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T2
Noxafil (100mg Tablet Delayed-Release),T5	Olopatadine HCI (Ophthalmic Solution),T3
Noxafil (40mg/ml Suspension),T5	Omega-3-Acid Ethyl Esters (Capsule) (Generic
Nucala (Injection),T5	Lovaza),T4
Nucynta ER (Tablet Extended-Release 12 Hour),T3	Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T2
Nuedexta (Capsule),T4	Omeprazole (20mg Capsule Delayed-Release),T2
Nuplazid (Tablet),T5	Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet),T2
Nutrilipid (Injection),T4	Ondansetron HCI (4mg/5ml Oral Solution),T4
Nutropin AQ (Injection),T5	Ondansetron ODT (Tablet Dispersible),T2
NuvaRing (Ring),T4	Onfi (10mg Tablet, 20mg Tablet),T5
Nyamyc (Powder),T2	Onfi (2.5mg/ml Suspension),T5
Nymalize (Oral Solution),T5	Onglyza (Tablet),T3
Nystatin (Cream, Ointment, Powder, Suspension, Tablet),T2	Opsumit (Tablet),T5
Nystop (Powder),T2	Orencia (Injection),T5
	Orencia Clickject (Injection),T5
Ocaliva (Tablet),T5	Orenitram (0.125mg Tablet Extended-
Ocella (Tablet),T4	Release),T4
Octagam (Injection),T5	Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet
Octreotide Acetate (Injection),T4	Extended-Release, 5mg Tablet Extended-
Odefsey (Tablet),T5	Release),T5
Odomzo (Capsule),T5	Orfadin (10mg Capsule, 20mg Capsule, 2mg
Ofev (Capsule),T5	Capsule, 5mg Capsule, 4mg/ml
Ofloxacin (0.3% Ophthalmic Solution),T2	Suspension),T5
Ofloxacin (0.3% Otic Solution, 300mg Tablet,	Orkambi (Tablet),T5
Onoxaom (0.0% One Solution, Souring Tablet,	Orsythia (Tablet),T4

Panretin (Gel),T5	
Hour),T4	Chewable),T2
Paliperidone ER (Tablet Extended-Release 24	Phenytek (Capsule),T2 Phenytoin (125mg/5ml Suspension, 50mg Table
Pacerone (200mg Tablet),T1	Phenoxybenzamine HCI (Capsule),T5
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY),T3	60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir),T2
PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY),T3	Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tabl
PEG 3350/Electrolytes (Oral Solution),T3	Phenelzine Sulfate (Tablet),T3
P	Phenadoz (Suppository),T4
Oxycodone/Ibuprofen (Tablet),T3	Perphenazine (Tablet),T4
Oxycodone/Aspirin (Tablet),T3	Permethrin (Cream),T3
Oxycodone/Acetaminophen (Tablet),T3	Periogard (Solution),T2
Oxycodone HCI (5mg/5ml Oral Solution),T3	Perindopril Erbumine (Tablet),T1
Release),T2	Perforomist (Nebulized Solution),T4
20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-	Pentoxifylline ER (Tablet Extended-Release),T2
Release, 15mg Tablet Immediate-Release,	Pentasa (Capsule Extended-Release),T4
Oxycodone HCI (10mg Tablet Immediate-	500mg Tablet),T2 Pentam 300 (Injection),T4
Oxycodone HCI (100mg/5ml Concentrate),T4	250mg/5ml Oral Solution, 250mg Tablet,
Oxybutynin Chloride ER (Tablet Extended- Release 24 Hour),T3	Penicillin V Potassium (125mg/5ml Oral Solution
Release, 5mg/5ml Syrup),T2	Penicillin G Sodium (Injection),T4
Oxybutynin Chloride (5mg Tablet Immediate-	Penicillin G Procaine (Injection),T4
Oxsoralen Ultra (Capsule),T5	Penicillin G Potassium (Injection),T4
Oxistat (1% Lotion),T4	Pegasys ProClick (Injection),T5
Oxiconazole Nitrate (Cream),T4	Pegasys (Injection),T5
Oxcarbazepine (300mg/5ml Suspension),T4	Peganone (Tablet),T4
600mg Tablet),T3	Pediarix (Injection),T3 Pedvax HIB (Injection),T3
Oxandrolone (2.5mg Tablet),T3 Oxcarbazepine (150mg Tablet, 300mg Tablet,	Pazeo (Ophthalmic Solution),T3
Oxandrolone (10mg Tablet),T4	Paxil (10mg/5ml Suspension),T4
· · · · · · · · · · · · · · · · · · ·	Paser (Packet),T4
Otezla (Tablet Therapy Pack, 30mg Tablet),T5 Oxacillin Sodium (Injection),T4	Paroxetine HCl (Tablet Immediate-Release),T2
	Paromomycin Sulfate (Capsule),T4
Osphena (Tablet),T4	Paricalcitol (Capsule),T4
Capsule, 75mg Capsule, 6mg/ml Suspension),T3	D : 1 :: 1 (0

Phoslyra (Oral Solution),T3	Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release,
Phospholine Iodide (Ophthalmic Solution),T4	
Picato (Gel),T3	8meq Tablet Extended-Release),T2
Pilocarpine HCI (1% Ophthalmic Solution, 2%	Potassium Chloride/Dextrose (Injection),T4 Potassium Chloride/Dextrose/Lactated
Ophthalmic Solution, 4% Ophthalmic Solution),T3	Ringers (Injection),T4
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet),T4	Potassium Chloride/Dextrose/Sodium
Pimozide (Tablet),T4	Chloride (Injection),T4
Pimtrea (Tablet),T4	Potassium Chloride/Sodium Chloride (20meq/
Pindolol (Tablet),T3	L-0.45% Injection),T4
Pioglitazone HCI (Tablet),T1	Potassium Chloride/Sodium Chloride
Pioglitazone HCI/Glimepiride (Tablet),T1	(20meq/L-0.9% Injection, 40meq/L-0.9% Injection),T4
Pioglitazone HCI/Metformin HCI (Tablet),T1	Potassium Citrate ER (Tablet Extended-
Piperacillin/Tazobactam (Injection),T4	Release),T3
Pirmella 1/35 (Tablet),T4	Pradaxa (Capsule),T4
Piroxicam (Capsule),T3	Praluent (Injection),T5
Plasma-Lyte A (Injection),T4	Pramipexole Dihydrochloride (Tablet Immediate-
Plasma-Lyte-148 (Injection),T4	Release),T2
Plenamine (Injection),T4	Prasugrel (Tablet),T3
Podofilox (External Solution),T3	Pravastatin Sodium (Tablet),T1
Polyethylene Glycol 3350 Powder (Generic MiraLAX),T2	Prazosin HCI (Capsule),T2
	Pred Mild (Suspension),T4
Polymyxin B Sulfate (Injection),T4	Pred-G (Suspension),T4
Polymyxin B Sulfate/Trimethoprim Sulfate	Pred-G S.O.P. (Ointment),T4
(Ophthalmic Solution),T2	Prednicarbate (0.1% Cream, 0.1% Ointment),T4
Pomalyst (Capsule),T5	Prednisolone (15mg/5ml Oral Solution),T2
Portia-28 (Tablet),T4	Prednisolone Acetate (Ophthalmic
Potassium Chloride (10% Oral Solution, 20%	Suspension),T3
Oral Solution),T3	Prednisolone Sodium Phosphate (1% Ophthalmic
Potassium Chloride (10meq/100ml Injection,	Solution),T2
20meq/100ml Injection, 40meq/100ml Injection),T4	Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution),T4
Potassium Chloride (2meq/ml Injection),T4	Prednisolone Sodium Phosphate (25mg/5ml
Potassium Chloride CR (Tablet Extended-	Oral Solution, 5mg/5ml Oral Solution),T2
Release),T2	Prednisone (10mg Tablet Therapy Pack, 5mg
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release),T3	Tablet Therapy Pack, 10mg Tablet, 1mg Tablet,
	2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet),T1
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Prednisone (5mg/5ml Oral Solution),T2	Progesterone (Capsule),T2
Prednisone Intensol (5mg/ml Concentrate),T2	Proglycem (Suspension),T5
Premarin (0.3mg Tablet, 0.45mg Tablet,	Prolastin-C (Injection),T5
0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet),T4	Prolensa (Ophthalmic Solution),T4
Premarin (Vaginal Cream),T3	Prolia (Injection),T4
	Promacta (Tablet),T5
Premasol (Injection),T4 Premphase (Tablet),T4	Promethazine HCI (12.5mg Suppository, 25mg Suppository),T4
Prempro (Tablet),T4	Promethazine HCI (12.5mg Tablet, 25mg Tablet,
Prevalite (Packet),T4	50mg Tablet, 6.25mg/5ml Syrup),T3
Previfem (Tablet),T4	Promethegan (25mg Suppository),T4
Prezcobix (Tablet),T5	Propafenone HCI (Tablet),T2
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet),T5	Propafenone HCI ER (Capsule Extended-Release 12 Hour),T4
Prezista (150mg Tablet, 75mg Tablet),T4	Proparacaine HCI (Ophthalmic Solution),T2
Priftin (Tablet),T4	Propranolol HCI (20mg/5ml Oral Solution, 40mg/
Prilosec (Packet),T4	5ml Oral Solution),T2
Primaquine Phosphate (Tablet),T4	Propranolol HCI (Tablet Immediate-Release),T2
Primidone (Tablet),T2	Propranolol HCI ER (Capsule Extended-Release
Privigen (Injection),T5	24 Hour),T2
ProAir HFA (Aerosol Solution),T3	Propranolol/Hydrochlorothiazide (Tablet),T2
ProAir RespiClick (Aerosol Powder),T3	Propylthiouracil (Tablet),T2
ProQuad (Injection),T3	Prosol (Injection),T4
Probenecid (Tablet),T2	Protriptyline HCI (Tablet),T4
Probenecid/Colchicine (Tablet),T2	Prudoxin (Cream),T4
Procalamine (Injection),T4	Pulmozyme (Inhalation Solution),T5
Prochlorperazine (Suppository),T4	Purixan (Suspension),T5
Prochlorperazine Maleate (Tablet),T2	Pyrazinamide (Tablet),T4
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml	Pyridostigmine Bromide (Tablet Immediate-Release),T3
Injection),T4	Pyridostigmine Bromide ER (Tablet Extended-Release),T4
Procrit (20000unit/ml Injection, 40000unit/ml Injection),T5	Q
Procto-Med HC (Cream),T2	Quadracel (Injection),T3
Procto-Pak (Cream),T2	Quasense (Tablet),T4
Proctosol HC (Cream),T2	Quetiapine Fumarate (Tablet Immediate-
Proctozone-HC (Cream),T2	Release),T2
T1 = Tier 1 $T2 = Tier 2$ $T3 = T$	ier 3

Quetiapine Fumarate ER (Tablet Extended-	Repatha SureClick (Injection),T5		
Release 24 Hour),T3	Rescriptor (Tablet),T4		
Quinapril HCl (Tablet),T1	Restasis (Emulsion),T3		
Quinapril/Hydrochlorothiazide (Tablet),T1	Revlimid (Capsule),T5		
Quinidine Gluconate CR (Tablet Extended-	Rexulti (Tablet),T5		
Release),T4	Reyataz (50mg Packet),T5		
Quinidine Sulfate (Tablet),T2	Ribasphere (200mg Tablet, 400mg Tablet,		
Quinine Sulfate (Capsule),T4	600mg Tablet),T3		
R	Ribavirin (200mg Tablet),T3		
Rabavert (Injection),T3	Ridaura (Capsule),T5		
Rabeprazole Sodium (Tablet Delayed-	Rifabutin (Capsule),T4		
Release),T3	Rifampin (150mg Capsule, 300mg Capsule),T3		
Raloxifene HCI (Tablet),T3	Rifampin (600mg Injection),T4		
Ramipril (Capsule),T1	Rifater (Tablet),T4		
Ranexa (Tablet Extended-Release 12 Hour),T3	Riluzole (Tablet),T3		
Ranitidine HCI (150mg Tablet, 300mg Tablet),T2	Rimantadine HCI (Tablet),T4		
Ranitidine HCI (75mg/5ml Syrup),T4	Riomet (Oral Solution),T4		
Rapaflo (4mg Capsule, 8mg Capsule),T3	Risedronate Sodium (Tablet Immediate-		
Rapamune (1mg/ml Oral Solution),T5	Release),T3		
Rasagiline Mesylate (Tablet),T4	Risperdal Consta (12.5mg Injection, 25mg		
Ravicti (Liquid),T5	Injection),T4		
Rayaldee (Capsule Extended-Release),T5	Risperdal Consta (37.5mg Injection, 50mg		
Rebif (Injection),T5	Injection),T5		
Rebif Rebidose (Injection),T5	Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg		
Tiobii Tiobiadoo (iiijootioii), To	Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet) T2		
Rebif Rebidose Titration Pack (Injection),T5			
	Risperidone (1mg/ml Oral Solution),T4		
Rebif Rebidose Titration Pack (Injection),T5	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3 Regranex (Gel),T5 Relenza Diskhaler (Aerosol Powder),T3 Relistor (12mg/0.6ml Injection, 8mg/0.4ml	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3 Rivastigmine Transdermal System (Patch 24		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3 Regranex (Gel),T5 Relenza Diskhaler (Aerosol Powder),T3 Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection),T5	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3 Rivastigmine Transdermal System (Patch 24 Hour),T4 Rizatriptan Benzoate (Tablet),T3		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3 Regranex (Gel),T5 Relenza Diskhaler (Aerosol Powder),T3 Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection),T5 Relistor (150mg Tablet),T5	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3 Rivastigmine Transdermal System (Patch 24 Hour),T4 Rizatriptan Benzoate (Tablet),T3		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3 Regranex (Gel),T5 Relenza Diskhaler (Aerosol Powder),T3 Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection),T5 Relistor (150mg Tablet),T5 Repaglinide (Tablet),T1	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3 Rivastigmine Transdermal System (Patch 24 Hour),T4 Rizatriptan Benzoate (Tablet),T3 Rizatriptan Benzoate ODT (Tablet Dispersible),T3		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3 Regranex (Gel),T5 Relenza Diskhaler (Aerosol Powder),T3 Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection),T5 Relistor (150mg Tablet),T5 Repaglinide (Tablet),T1 Repaglinide/Metformin HCI (Tablet),T4	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3 Rivastigmine Transdermal System (Patch 24 Hour),T4 Rizatriptan Benzoate (Tablet),T3 Rizatriptan Benzoate ODT (Tablet Dispersible),T3 Ropinirole HCI (Tablet Immediate-Release),T2		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3 Regranex (Gel),T5 Relenza Diskhaler (Aerosol Powder),T3 Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection),T5 Relistor (150mg Tablet),T5 Repaglinide (Tablet),T1 Repaglinide/Metformin HCI (Tablet),T4 Repatha (Injection),T5	Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3 Rivastigmine Transdermal System (Patch 24 Hour),T4 Rizatriptan Benzoate (Tablet),T3 Rizatriptan Benzoate ODT (Tablet Dispersible),T3 Ropinirole HCI (Tablet Immediate-Release),T2 Rosuvastatin Calcium (Tablet),T1		
Rebif Rebidose Titration Pack (Injection),T5 Rebif Titration Pack (Injection),T5 Reclipsen (Tablet),T4 Recombivax HB (Injection),T3 Regranex (Gel),T5 Relenza Diskhaler (Aerosol Powder),T3 Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection),T5 Relistor (150mg Tablet),T5 Repaglinide (Tablet),T1 Repaglinide/Metformin HCI (Tablet),T4	Risperidone (1mg/ml Oral Solution),T4 Risperidone ODT (Tablet Dispersible),T4 Ritonavir (Tablet),T4 Rivastigmine Tartrate (Capsule),T3 Rivastigmine Transdermal System (Patch 24 Hour),T4 Rizatriptan Benzoate (Tablet),T3 Rizatriptan Benzoate ODT (Tablet Dispersible),T3 Ropinirole HCI (Tablet Immediate-Release),T2 Rosuvastatin Calcium (Tablet),T1 RotaTeq (Oral Solution),T3		

Bold type = Brand name drug

Sildenafil (20mg Tablet) (Generic Revatio),T3				
Silver Sulfadiazine (Cream),T3				
Simbrinza (Suspension),T3				
Simponi (Injection),T5				
Simvastatin (Tablet),T1				
Sirolimus (Tablet),T4				
Sirturo (Tablet),T5				
Sodium Chloride 0.9% (Irrigation Solution),T				
Sodium Chloride (0.9% Injection),T4				
Sodium Chloride (2.5meq/ml Injection),T4				
Sodium Chloride (3% Injection, 5%				
Injection),T4				
Sodium Chloride 0.45% (Injection),T4				
Sodium Fluoride (Tablet),T2				
Sodium Lactate (Injection),T4				
Sodium Phenylbutyrate (3gm/TSP Powder,				
500mg Tablet),T5				
Sodium Polystyrene Sulfonate (Powder),T3				
Sodium Sulfacetamide (Ophthalmic Solution),T2				
Soliqua 100/33 (Injection),T3				
Soltamox (Oral Solution),T5 Somatuline Depot (Injection),T5				
Sotalol HCI (AF) (Tablet),T2				
Sotalol HCI (Tablet),T2				
Sovaldi (Tablet),T5				
Spiriva HandiHaler (Capsule),T3				
Spiriva Respimat (Aerosol Solution),T3				
Spironolactone (Tablet),T2				
Spironolactone/Hydrochlorothiazide (Tablet),T2				
Sporanox (10mg/ml Oral Solution),T5				
Sprintec 28 (Tablet),T4 Spritam (Tablet Disintegrating Soluble),T4				
Sprycel (Tablet),T5				
Sronyx (Tablet),T4				
Stalevo 100 (Tablet),T5				

Stalevo 125 (Tablet),T5	Sustiva (200mg Capsule, 600mg Tablet),T5		
Stalevo 150 (Tablet),T5	Sustiva (50mg Capsule),T4		
Stalevo 200 (Tablet),T5	Sutent (Capsule),T5		
Stalevo 50 (Tablet),T4	Syeda (Tablet),T4		
Stalevo 75 (Tablet),T5	Sylatron (Injection),T5		
Stavudine (Capsule),T3	Symbicort (Aerosol),T3		
Stelara (Injection),T5	Symfi (Tablet),T5		
Stiolto Respimat (Aerosol Solution),T3	Symfi Lo (Tablet),T5		
Stivarga (Tablet),T5	SymlinPen 120 (Injection),T5		
Streptomycin Sulfate (Injection),T5	SymlinPen 60 (Injection),T5		
Stribild (Tablet),T5	Synarel (Nasal Solution),T5		
Suboxone (Film),T4	Synjardy (Tablet),T3		
Sucraid (Oral Solution),T5	Synjardy XR (Tablet Extended-Release 24		
Sucralfate (Tablet),T2	Hour),T3		
Sulfacetamide Sodium (Ophthalmic Ointment),T2	Synribo (Injection),T5		
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution),T2	Synthroid (Tablet),T3 T		
Sulfadiazine (Tablet),T4	TOBI Podhaler (Capsule),T5		
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet),T2	TPN Electrolytes (Injection),T4		
Sulfamethoxazole/Trimethoprim DS (Tablet),T2	Tabloid (Tablet),T4		
Sulfamylon (85mg/gm Cream),T4	Tacrolimus (0.03% Ointment, 0.1% Ointment),T4		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T2	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule),T3		
Sulindac (Tablet),T2	Tafinlar (Capsule),T5		
Sumatriptan (Nasal Solution),T4	Tagrisso (Tablet),T5		
Sumatriptan Succinate (100mg Tablet, 25mg	Tamoxifen Citrate (Tablet),T2		
Tablet, 50mg Tablet),T2	Tamsulosin HCl (Capsule),T1		
Sumatriptan Succinate (4mg/0.5ml Injection,	Tarceva (Tablet),T5		
6mg/0.5ml Injection),T4	Targretin (1% Gel),T5		
Sumatriptan Succinate (6mg/0.5ml	Tarina Fe 1/20 (Tablet),T4		
Injection),T4	Tasigna (Capsule),T5		
Sumatriptan Succinate Refill (Injection),T4	Tazarotene (Cream),T4		
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T3	Tazicef (Injection),T4 Tazorac (0.05% Cream, 0.1% Gel),T4		
Suprax (400mg Capsule, 500mg/5ml	Tazorac (0.05% Gel),T5		
Suspension),T3	Taztia XT (Capsule Extended-Release 24		
Suprep Bowel Prep Kit (Oral Solution),T3	Hour),T2		
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Bold type = Brand name drug

Tecfidera (Capsule Delayed-Release),T5	Timolol Maleate Ophthalmic Gel Forming (Solution),T3		
Tecfidera Starter Pack,T5 Telminarton (Tehlet) T1	Tinidazole (Tablet),T4		
Telmisartan (Tablet),T1 Telmisartan/Amlodipine (Tablet),T1	Tivicay (10mg Tablet),T4		
Telmisartan/Hydrochlorothiazide (Tablet),T1	Tivicay (25mg Tablet, 50mg Tablet),T5		
	Tizanidine HCI (2mg Tablet, 4mg Tablet),T2		
Temazepam (15mg Capsule, 30mg Capsule),T2 Temize (Injection) T3	Tobradex (0.3%-0.1% Ophthalmic		
Tenivac (Injection),T3 Tenefevir Diseasoni Fumerate (Tehlet) T5	Ointment),T3		
Tenofovir Disoproxil Fumarate (Tablet),T5 Terazosin HCI (Capsule),T2	Tobradex ST (Ophthalmic Suspension),T4		
Terbinafine HCI (Tablet),T2	Tobramycin (Nebulized Solution),T5		
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository),T3	Tobramycin Sulfate (0.3% Ophthalmic Solution),T2		
Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel),T3	Tobramycin Sulfate (10mg/ml Injection, 80mg/ 2ml Injection),T4		
Testosterone Cypionate (Injection),T3	Tobramycin/Dexamethasone (Ophthalmic Suspension),T3		
Testosterone Enanthate (Injection),T4	Tobrex (0.3% Ophthalmic Ointment),T4		
Testosterone Pump (1% Gel),T3	Tolcapone (Tablet),T5		
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection),T3	Topiramate (Tablet Immediate-Release, Capsule Sprinkle Immediate-Release),T2		
Tetrabenazine (Tablet),T5	Torsemide (Tablet),T2		
Tetracycline HCI (Capsule),T4	Toujeo Max Solostar (Injection),T3		
Thalomid (Capsule),T5	Toujeo SoloStar (Injection),T3		
Theophylline (Oral Solution),T2	Tracleer (125mg Tablet, 62.5mg Tablet, 32mg		
Theophylline CR (Tablet Extended-Release 12 Hour),T2	Tablet Soluble),T5		
Theophylline ER (300mg Tablet Extended-	Tradjenta (Tablet),T4		
Release 12 Hour, 400mg Tablet Extended- Release 24 Hour, 600mg Tablet Extended- Release 24 Hour),T2	Tramadol HCI (Tablet Immediate-Release),T2 Tramadol HCI ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-		
Thioridazine HCI (Tablet),T3	Release 24 Hour, 300mg Tablet Extended-Release 24 Hour), T3		
Thiothixene (Capsule),T3	Tramadol HCI/Acetaminophen (Tablet),T2		
Tiagabine HCl (Tablet),T4	Trandolapril (Tablet),T1		
Tigecycline (Injection),T5	Tranexamic Acid (Tablet),T3		
Timolol Maleate (0.25% Ophthalmic Solution,	Tranylcypromine Sulfate (Tablet),T4		
0.5% Ophthalmic Solution) (Generic			
Timoptic),T2	Travasol (Injection),T4		
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet),T4	Travatan Z (Ophthalmic Solution),T3 Trazodone HCl (Tablet),T1		
	11020001101101 (100101),11		

Trecator (Tablet),T4	Triumeq (Tablet),T5		
Trelegy Ellipta (Aerosol Powder),T3	Trivora-28 (Tablet),T4		
Trelstar Mixject (Injection),T5	Trophamine (10% Injection),T4		
Tresiba FlexTouch (Injection),T3	Trulicity (Injection),T3		
Tretinoin (0.01% Gel, 0.025% Gel, 0.025%	Trumenba (Injection),T3		
Cream, 0.05% Cream, 0.1% Cream),T4	Truvada (Tablet),T5		
Tretinoin (10mg Capsule),T5	Twinrix (Injection),T3		
Tretinoin Microsphere (Gel),T4	Tybost (Tablet),T4		
Trexall (Tablet),T4	Tykerb (Tablet),T5		
Trezix (Capsule),T4	Tymlos (Injection),T5		
Tri-Legest Fe (Tablet),T4	Typhim Vi (Injection),T3		
Tri-Lo-Estarylla (Tablet),T4	U		
Tri-Lo-Sprintec (Tablet),T4	Uloric (Tablet),T3		
Tri-Mili (Tablet),T4	Unithroid (Tablet),T3		
Tri-Previfem (Tablet),T4	Ursodiol (250mg Tablet, 500mg Tablet),T4		
Tri-Sprintec (Tablet),T4	Ursodiol (300mg Capsule),T3		
Tri-Vylibra (Tablet),T4	V		
TriLyte (Oral Solution),T1			
Triamcinolone Acetonide (0.025% Cream, 0.1%	VAQTA (Injection),T3		
Cream, 0.5% Cream, 0.025% Ointment, 0.1%	VP-PNV-DHA (Capsule),T2		
Ointment, 0.5% Ointment),T2	Valacyclovir HCI (Tablet),T3		
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion),T3	Valchlor (Gel),T5 Valganciclovir (Tablet),T5		
Triamcinolone Acetonide (55mcg/act Aerosol),T4	Valganciclovir (Tablet), 15 Valganciclovir Hydrochlorde (Oral Solution), T5		
Triamcinolone Acetonide Dental Paste (Paste),T3	Valproic Acid (250mg Capsule, 250mg/5ml Ora		
Triamterene/Hydrochlorothiazide (37.5mg-25mg	Solution),T2		
Tablet, 75mg-50mg Tablet, 25mg-37.5mg	Valsartan (Tablet),T1		
Capsule),T2	Valsartan/Hydrochlorothiazide (Tablet),T1		
Triderm (Cream),T2	Vancomycin HCI (1000mg Injection, 10gm		
Trientine HCI (Capsule),T5	Injection, 500mg Injection, 125mg Capsule,		
Trifluoperazine HCl (Tablet),T3	250mg Capsule),T4		
Trifluridine (Ophthalmic Solution),T3	Vandazole (Gel),T3		
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet,			
5mg Tablet),T2	Varizig (Injection),T3		
Trimethoprim (Tablet),T2	Vascepa (Capsule),T4		
Trimipramine Maleate (Capsule),T4	Velivet (Tablet),T4		
Trinessa (Tablet),T4	Velphoro (Tablet Chewable),T5		
Trintellix (Tablet),T4			
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Bold type = Brand name drug

Verneleyte (100mg Tehlet, 50mg Tehlet) T5	Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral			
Venclexta (100mg Tablet, 50mg Tablet),T5	Solution),T4			
Venclexta (10mg Tablet),T3	Viracept (Tablet),T5			
Venclexta Starting Pack (Tablet Therapy Pack),T5	Viramune (50mg/5ml Suspension),T5			
Venlafaxine HCI (Tablet Immediate-Release),T3	Tablet 40mg/gm Powder) T5			
Venlafaxine HCl ER (150mg Capsule Extended Release 24 Hour, 37.5mg Capsule Extended-				
Release 24 Hour, 75mg Capsule Extended- Release 24 Hour), T2	Voriconazole (200mg Injection, 40mg/ml Suspension),T5			
Ventavis (Inhalation Solution),T5	Voriconazole (200mg Tablet, 50mg Tablet),T4			
Verapamil HCI (120mg Tablet Immediate-	Vosevi (Tablet),T5			
Release, 40mg Tablet Immediate-Release,	Votrient (Tablet),T5			
80mg Tablet Immediate-Release),T2 Verapamil HCl ER (100mg Capsule Extended-	Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule),T5			
Release 24 Hour, 120mg Capsule Extended-	Vraylar (Capsule Therapy Pack),T4			
Release 24 Hour, 180mg Capsule Extended- Release 24 Hour, 200mg Capsule Extended-	Vyfemla (Tablet),T4			
Release 24 Hour, 240mg Capsule Extended-	Vylibra (Tablet),T4			
Release 24 Hour, 300mg Capsule Extended-Release 24 Hour),T3 Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release),T2 Verapamil HCl SR (Capsule Extended-Release 24 Hour),T3	Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable), T4			
Versacloz (Suspension),T5	W			
Verzenio (Tablet),T5	WYMZYA Fe (Tablet Chewable),T4			
Vesicare (Tablet),T3	Warfarin Sodium (Tablet),T1			
Vestura (Tablet),T4	Welchol (3.75gm Packet),T3			
Vibramycin (50mg/5ml Syrup),T4	X			
Victoza (Injection),T3	Xalkori (Capsule),T5			
Videx EC (125mg Capsule Delayed-	Xarelto (Tablet),T3			
Release),T4 Videx Pediatric (Oral Solution),T4	Xarelto Starter Pack (Tablet Therapy Pack),T3			
<u> </u>	Xatmep (Oral Solution),T4			
Vienva (Tablet),T4 Vigabatrin (Packet),T5	Xeljanz (Tablet),T5			
Viibryd (Tablet),T4	Xeljanz XR (Tablet Extended-Release 24			
Viibryd Starter Pack (Kit),T4	Hour),T5			
viibiyu staitei Fack (Kit), 14	Xgeva (Injection),T5			

Xifaxan (Tablet),T5	Zerbaxa (Injection),T4			
Xiidra (Ophthalmic Solution),T4	Zerit (1mg/ml Oral Solution),T4			
Xolair (Injection),T5	Zidovudine (100mg Capsule, 300mg Tablet,			
Xtampza ER (Capsule Extended-Release 12	50mg/5ml Syrup),T3			
Hour Abuse-Deterrent),T3	Zileuton ER (Tablet Extended-Release 12			
Xtandi (Capsule),T5	Hour),T5			
Xulane (Patch Weekly),T4	Ziprasidone HCI (Capsule),T3			
Xyrem (Oral Solution),T5	Zirgan (Gel),T4			
Υ	Zolinza (Capsule),T5			
YF-Vax (Injection),T3	Zolpidem Tartrate (10mg Tablet Immediate- — Release, 5mg Tablet Immediate-Release),T2			
Yuvafem (Tablet),T4	Zonisamide (Capsule),T2			
Z	Zorbtive (Injection),T5			
Zafirlukast (Tablet),T3	Zortress (Tablet),T5			
Zaleplon (Capsule),T3	Zostavax (Injection),T4			
Zarah (Tablet),T4	Zovia 1/35E (Tablet),T4			
Zarxio (Injection),T5	Zyclara Pump (Cream),T5			
Zejula (Capsule),T5	Zydelig (Tablet),T5			
Zelapar (Tablet Dispersible),T5	Zyflo (Tablet),T5			
Zelboraf (Tablet),T5	Zykadia (Capsule),T5			
Zemaira (Injection),T5	Zyprexa Relprevv (Injection),T4			
Zenchent (Tablet),T4	Zytiga (Tablet),T5			
Zenpep (Capsule Delayed-Release),T3				

Alternative Covered Drugs

Your plan has a long list of covered drugs, but it doesn't cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial list** of drugs that aren't covered and the alternative covered drug.

Talk with your doctor or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier			
Amiodarone HCL 100mg and 400mg tablet	Amiodarone 200mg Tablet - 1			
Armodafinil	Modafinil - 4 (PA Required)			
Butalbital/ Acetaminophen/Caffeine Capsule	Butalbital/Acetaminophen/Caffeine Tablet - 3 Butalbital/Aspirin/Caffeine Capsule - 3			
Carisoprodol	Cyclobenzaprine 5mg and 10mg - 2 Tizanidine Tablet - 2			
Cialis 2.5mg and 5mg (BPH only)	Tamsulosin – 1 Alfuzosin – 2 Doxazosin – 2 Rapaflo – 3			
Eszopiclone	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3			
Farxiga	Invokana – 3 Jardiance – 3			
Fluoxetine HCL tablets	Fluoxetine HCL Capsule - 2			
Glyburide	Glimepiride –1 Glipizide – 1			
Horizant	Gabapentin Capsule, Tablet - 2 Lyrica Immediate Release - 3			
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) - 1			
Methocarbamol	Cyclobenzaprine 5mg and 10mg - 2 Tizanidine Tablet - 2			
Movantik	Lactulose – 2 Amitiza – 3			
Novolin	Humulin – 3			
Novolog	Humalog – 3			
Proventil HFA	Proair HFA - 3			

Bold type = Brand name drug

Drugs not covered by the plan	Alternative covered drugs - Tier
Qvar	Arnuity – 3 Flovent – 3
Tirosint	Levothyroxine Tablet - 1
Tolterodine Tartrate Extended Release	Myrbetriq - 3 Oxybutynin Extended Release - 3 Vesicare - 3
Toviaz	Myrbetriq - 3 Oxybutynin Extended Release - 3 Vesicare - 3
Venlafaxine HCL Extended Release Tablets	Venlafaxine Extended Release Capsules - 2
Ventolin HFA	Proair HFA – 3
Xopenex HFA	Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3

Bold type = Brand name drug

Plain type = Generic drug

Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2018 and may be subject to change. Please refer to formulary materials for details on drug coverage.

The formulary may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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Ready to Enroll

How to enroll

You can enroll by phone, online, by mail or fax. Simply choose the way that is easiest for you and follow the directions below.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-723-6473**, **TTY 711** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face to face appointment with a licensed sales agent in your area.



Online

Go to **www.AARPMedicarePlans.com** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to: UnitedHealthcare 3315 Central AVE Hot Springs, AR 71913



By fax

Fill out the Enrollment Request Form and fax it to:

Fax: 1-501-262-7070

Enrollment Request Form Checkpoints

- Print your name exactly as it appears on your red, white and blue Medicare card
- Make sure you have chosen the plan type that works best for you
- Make sure your permanent address is correct
- Sign and date where indicated
- Verify your Date of Birth
- Verify your providers accept the plan you are choosing
- Provide the name of your primary care provider (PCP)

Scope of Appointment Confirmation Form

	that Licensed Sales Repr type of plan and product beneficiary. Please chec	resentatives ι s you are inte	ıse th	nis form to ensure ed in. A separate f	your appointmer orm should be us	at focuses only on the sed for each Medicare
שרשר הא	 ☐ Medicare Advantage Plans (Part C) and Cost Plans ☐ Stand-alone Medicare Prescription Drug Plan (Part D) ☐ Hospital Indemnity Products ☐ Medicare Supplement (Medigap) Plans 					
By signing this form, you agree to meet with a Licensed Sales Represent products checked above. The Licensed Sales Representative is either endedicare plan and may be paid based on your enrollment in a plan. The the federal government.					e is either employ	yed or contracted by a
	Signing this form does NOT affect you a Medicare plan or obligate you to enroconfidential.					
	Beneficiary or Auth	orized Rep	res	entative Signat	ture and Signa	ture Date:
	Signature of applicant/	member/aut	horiz	zed representativ	e To	oday's Date
					N.	MM/DD/YYYY
	If you are the authorized	representativ	e, pl	ease sign above a	and print clearly a	nd legibly below:
	Name (First_Last)			Relationship to Beneficiary		
	To be completed by	/ Licensed	Sale	es Representa	tive (please print	clearly and legibly)
	Licensed Sales Representative Name (First_Last)		Lice	ensed Sales Repre	esentative Phone	Licensed Sales Representative ID
	Beneficiary Name (First_Last)		Beneficiary Phone			Date Appointment will be Completed
	Beneficiary Address					
	Initial Method of Contact	Plan(s) the L	icens	sed Sales Represe	ntative will Repres	sent During the Meeting
	Licensed Sales Representative Signate					

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plans — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Other Related Products

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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2019 Enrollment Request Form

Please contact the plan if you need this information in another language or an accessible format (Braille).

☐ AARP MedicareComplete (HMO) H3379-040 - AC

This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

Do you want to buy any optional supplemental benefits (riders)?

Please select the optional benefits you want to add to your plan. See the Summary of Benefits to learn about the extra costs for these benefits.

Choose one:

☐ Dental Platinum Rider

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□ Mr. □ Mrs. □ Ms.	Last Name		First Name			Middle Initial	
Birth Date MM-DD-YYYY		Sex □ Male □ Female					
Daytime Phone Number () -			Mobile Phone Number () -				
Permane	ent Residence Street Add	dress (P.O. E	Box is	not allowed	d)		
City		County			State	ZIP	Code
Mailing A	Address (Only if it's diffe	erent from a	bove.	You can gi	ve a P.O. Bo	ox.)	
City		County			State	ZIP	Code
City Email Ad	ldress	County			State	ZIP	Code
	ldress	County			State	ZIP	Code
	ldress	County			State	ZIP	Code
	Idress	County			State	ZIP	Code
	Idress	County			State	ZIP	Code

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To select paperless delivery complete and sign the application and provide your email address.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (Explanation of Benefits, Annual Notice of Changes, and other wellness information) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

Check here to or	pt out of p	paperless delivery.
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☐ Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time. We will only use your email address if you change delivery preference or if we have other information to share with you.

Information	about you	r Medicare.
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F	Please take	out vour rec	l white	and hlue	Medicare	card to	complete this	section
г	iease lake	out vour rec	ı. wiile	and blue	ivieuicare	Caru to	complete mis	Section

☐ Fill out this information as it appears on Name (as it appears on your Medicare card): your Medicare card.

-OR-

☐ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Medicare Number:_	

Sex:

Is Entitled to **Effective Date**

Hospital (Part A) _____ MM-DD-YYYYY

Medical (Part B)

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. You can also pay from your bank account through Electronic Funds Transfer (EFT), online or by mail.

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it.

If you don't choose an option, we'll send a bill each month to your mailing address.

☐ I want to pay from my Social Security or Railroad Retirement Board (RRB) chec	ck.
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I get monthly benefits from: ☐ Social Security ☐ RRB

Enrolle	e Name .		
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	Enrollee Name	
LEAK HEKE	 □ I want to pay by mail. We'll send a bill to your mailing address each reyou signed up for e-delivery. If you want to pay by credit card. After you become a member, you can call us to he or Mastercard. Until then, we'll send you a bill each 	ave your monthly payment charged to your Visa
	☐ I want to pay online. Visit www.AARPMedicarePlans.com to make a	payment directly from a bank account.
	Signature	Date MM-DD-YYYY
	Bank Account Number	
	Bank Routing Number	
	Account Holder Name:	
	Account Type □ Checking □ Savings	
LEAK HEKE	will pay the funds from my checking or saving The charges may include up to \$200 of curre premium amount. If I choose to stop paying of	MHealthcare Insurance Company w York for New York residents) (UHIC). My bank gs account on or about the fifth of each month. nt retroactive charges plus the monthly
	·	nent effective date up to the point withholding rove your request for automatic deduction or

	If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D Social Security (SS) will send you a letter and ask you how you want to pay it:)-IRMAA)	
	 ☐ You can pay it from your SS check ☐ Medicare can bill you ☐ The Pailward Patients of Page 14 (PPP) and bill you 		
11	☐ The Railroad Retirement Board (RRB) can bill you		
Ľ L	Please DO NOT pay the plan the Part D-IRMAA at this time.		
	Need help with your prescription drug costs? If you have a limited income, you may be able to get Extra Help with your prescription of your qualify, Medicare could pay for 75% or more of your costs, including month drug premiums, annual deductibles, and coinsurance. Additionally, you won't hat gap or late enrollment penalty. Many people are eligible for these savings and delif you qualify for Extra Help with your Medicare prescription drug coverage costs pay all or part of your plan premium. If Medicare pays only part of your premium, for the amount that Medicare doesn't cover.	nly prescription ve a coverago on't even kno , Medicare w	on e ow it. ill
	For more information about this Extra Help, contact your local Social Security off Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also a Help online at www.socialsecurity.gov/prescriptionhelp.	-	
	A few questions to help us manage your plan.		
	1. Would you prefer plan information in another language or an accessible for	mat?□ Yes □	□No
	Please check what you'd like: Spanish Other		
11	If you don't see the language or format you want, please call us toll-free at 1-844711 during 8 a.m 8 p.m. local time, 7 days a week. Or visit www.AARPMedical online help.		
ער בהבה אר בהבה	2. Do you have end stage renal disease?	☐ Yes □] No
	If you have had a successful kidney transplant and/or you don't need regular dia please attach a note or records from your doctor showing you have had a succe transplant or you don't need dialysis; otherwise, we may need to contact you to information.	ssful kidney	
	If "yes," are you currently a member of a health care company?	□ Yes □] No
	Name of Company Member Number		
	3. Are you enrolled in your State Medicaid program? If yes, please give us your Medicaid number:	□ Yes □] No

A few notes about your costs.

Enrollee Name _

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4. Do you live in a nursing hor	me or a long-term o	care facility?		☐ Yes ☐ N		
If yes, please give us informa	tion on the long-ter	m care facility:				
Name						
Address		City	State	ZIP Code		
Phone Number ()	-	Date You Moved	There MM-	-DD-YYYY		
5. Do you have health insuran	5. Do you have health insurance with an employer or union right now?					
If yes, you could lose that plan how joining this plan could at or union's website, or read an contact, your benefits admini- help.	ffect your current pl ny information sent	an. You may also to you. If there is r	want to check no information	your employer on whom to		
6. Do you or your spouse work?						
Do you or your spouse have (Examples: Other employer of Auto Liability, or Veterans be If yes, please complete the for Name of Health Insurance Complete Com	group coverage, LTI nefits) bllowing:					
Subscriber Name		(Group Numbe	r		
Member Number		Effective Dates (i	f applicable)	I-DD-YYYY		
7. Do you have other insurance (Examples: Other private insurance) programs.) If yes, what is it? Name of Other Insurance	_		_	☐ Yes ☐ Noenefits, or stat		
Member Number	Group Number		Date Plan Star			
Enrollee Name Y0066_180613_072818 Appro	ved		AANY19	9HM4307572_0		

	or PCP Full Name	Phone Number () -
Provider/	PCP Number:	•	nber exactly as it appears ne Provider Directory. It wil n't include dashes.)
Are you r	ow seeing or have you rece	ently seen this doctor?	☐ Yes ☐ No
Please re	ead and sign.		
	ng this form, I agree to th	ne following:	
Medica I need to one, un I can or of anoth other plan. I may ha and kee "Credita pay a L" I unders need to prescrip	re Supplement plan. It keep my Medicare Parts are sess Medicaid or someone by be in one Medicare health plan or an. It prescription drug coverage ave to pay a late enrollment ap creditable prescription dable" means the coverage is EP, the plan will tell me. It is that I am joining the plan do so during the Open Enroltion drug coverage between	A and B. I must keep paying my Felse pays for it. th plan or Prescription Drug plan Prescription Drug plan and I join Prescription Drug plan and I join e now or if I get it from somewher the penalty (LEP). This would only have say good as a Medicare prescription for the entire calendar year. If rollment Period for Medicare Advance of October 15 and December 7. The eave the plan at other times.	Part B premium if I have at a time. If I'm a member this plan, I will lose the re else later, I will tell the appen if I didn't sign up for for Medicare. It is plan. If I need to f I want to change plans, I'antage AND Medicare
 This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border. I will receive information on how to get an Evidence of Coverage. (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well 			
as the p	lan's terms and conditions the EOC. If a service isn't I	is. The plan will cover services it ap listed in the EOC or approved by t with how the plan covers my care,	pproves, as well as service the plan, Medicare and th

TEAR HERE	services or out-of-area dialysis services. If I he this plan provides refunds for all medically not lif I currently have Medicare Supplement Insumy agent, must cancel. I will cancel after my plan. My plan will give my information to Medicare payment and health care operations. This medicare uses the information to understand may need my information when they help pare information for research and other purposes will be followed. If I get help from a sales agent, broker or sor may pay that person for this help. The information on this form is correct, to the	ecessary covered bene urance (Medigap), I will new plan tells me I've and other plans when ay include my prescrip d how my care was har by for my care. Medical a. All federal laws and ru	efits. cancel it in writing. I, not been accepted into the needed for treatment, tion drug information. Indled or billed. Other plans are may also give my cules protecting my privacy eract with the plan, the plan
! !	information on this form that I know is not true		e. i understand that ii i put
! ! !	When I sign below, it means that I have read a	nd understand the info	ormation on this form.
	If I sign as an authorized representative, it means show written proof (Power of attorney, guardians understand that I will need to submit written proof behalf of the member beyond this application. At have received your UnitedHealthcare member ID on the back of your UnitedHealthcare member ID file. Signature of Applicant/Member/Authorized Received Power ID and the proof of the	hip, etc.) of this right if of of this right, to the pla iter this application has card, please call Custo card to update your a	Medicare asks for it. I an, if I wish to take action on been approved and you omer Service at the number
ERE	If you are the authorized representative information below.	e, please sign abov	e and complete the
TEAR HE	*NOT A SALES AGENT Last Name	First Name	
;	Address		
! ! !	City	State	ZIP Code
 	Phone Number () –	Relationship to App	olicant
! ! ! ! ! ! !	Enrollee Name		AANY19HM4307572 001

		Page 8 of 9			
	For licensed sales representative/agency use only. □ New Member				
	Employer Group ID Branch ID				
		Receipt Date			
ERE	, , , , , , , , , , , , , , , , , , , ,	osed Effective Date			
TEAR HERE	Licensed Sales Representative Phone Number () -				
ΤĘ	Where did this application originate? □ National Retail/Mall Program □ Community Meeting □ Appoi □ Member Meeting □ Local Event Outreach □ Walma	ntment □ Other art Program			
	How was this application submitted? ☐ Mail ☐ Fax ☐ Online	е			
	□ AEP □ SEP (Chronic) □ IEP (MA-PD enrollees eligible for 2nd IEP) □ OEPI □ IEP (MA-PD enrollees) □ SEP (Partial Dual Eligible) □ ICEP (MA enrollees) □ SEP (Full Dual Eligible) □ SEP (Dual Eligible) □ OEP (Jan1 - Mar 31) □ OEPNEW □ SEP (SEP Reason) □ SEP Eligibility Date MM-DD-YYYY Licensed Sales Representative Signature (required) MM-DD-YYYY				
Ш	Please mail or fax this completed form to:				
TEAR HERE	UnitedHealthcare 3315 Central AVE Hot Springs, AR 71913				
	Fax: 1-501-262-7070				

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意:如果您說中文,您可以免費獲得語言援助服務。請致電 1-855-814-6894 (聽力語言殘障服務專線 TTY: 711).

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Plan Recap

We want to make sure you know what to expect with the new plan you've chose	sen
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Fill out this plan recap with your Licensed Sales Representative (if applicable). It will take you through some plan details to help you better understand your new plan.

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i PLAN INFORMATION Here are some details about your new plan.

• • • • • • • • • • • • • • • • • • • •	Medicare Advantage plan Medicare Part D plan Medicare Supplement Insurance (Medigap) plan	
The name of my new plan is:		
My plan type is a (circle one):	HMO HMO-POS LPPO RPPO PFFS	
My plan type: ☐ Requires re	eferrals Does not require referrals	
My plan will provide: ☐ all m ☐ all m	y Medicare health coverage y Medicare prescription drug coverage	
I have purchased rider(s) as p	part of my plan: ☐ Yes ☐ No ☐ N/A	
Proposed effective date: M N	I/DD/YYYY	
-	this plan before my coverage starts by calling Customer Service at	
	area, which is: ce area for more than 6 months in a row, I will need to choose a new plan.	
Circle the correct answer:		
	Medicare Advantage plan and a stand-alone Medicare Part D plan at exception: Medicare Advantage Private Fee-for-Service plans that do coverage.)	
S PREMIUM INFORM	MATION What you need to know about paying your monthly plan premium.	
remain enrolled in Medicare F	onthly premium that I must pay to stay in this plan. In addition, I must Part A and Part B and must continue to pay my Medicare Part B another third party pays it for me.	
If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.		

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NETWORK INFORMATION Understanding your network is important.

Provider Name	Provider type (PCP/Specialist)	Network (Yes/No)	Referral (Yes/No)	
Circle the correct answers: I need to get my oppositions. I may have to pay the full cost for an But if I need emergency care, urgent care, or continuous	y care I get from n	etwork / out-of-ne	etwork providers.	
PRESCRIPTION DRUG COVERA	GE Know what is o	covered by your pre	scription drug plan.	
Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)	
I have the option to access my plan documents	s euch as Evolanat	ion of Ronofits (FC	R) plactronically	
☐ I have opted to access documents electronic	•	ion of Benefits (Ex	Jb), electroffically.	
☐ I have not opted to access documents elect future to activate this option.	•	ne, but can contac	t the plan in the	
☐ I have provided an email address to provide important information.	the plan with vario	ous ways to reach	me regarding	
\square I do not have an email address; should I get one in the future I can provide it to the plan to provide other ways to reach me with important information.				
Contact your Licensed Sales Rep	resentative.			
If I have questions about my plan, I will call I	my Licensed Sales	Representative, _	at	
44.4				

¹My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, and the pharmacy I use (retail/mail-order), and if I have Extra Help.

²For medications that have limitations, I may need to contact the plan before I can fill my prescription. Y0066_180625_112210 Accepted UHEX19HM4305540_000

2019 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment, and you receive your UnitedHealthcare® member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant 1: Name	Applicant 2 (if applicable): Name
Application Date MM / DD / YYYY	Application Date MM / DD / YYYYY
Proposed Effective Date MM / DD / YYYYY	Proposed Effective Date MM / DD / YYYYY
Plan Name	Plan Name
Plan Type	Plan Type
Health Plan/PBP No.	Health Plan/PBP No.
Enrollment Tracking No. (if applicable)	Enrollment Tracking No. (if applicable)
Call your Licensed Sales Representative questions:	if you have any RxBIN: 610097
Licensed Sales Representative Name and ID Nur	mber Rx PCN: 9999
	RxGRP: COS
Licensed Sales Representative Phone No.	

We're here to help. If you have additional questions you can call Customer Service toll-free at 1-844-723-6473, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You should not have a Medicare supplement insurance plan (also called Medigap) with a Medicare Advantage plan. Once Medicare confirms your enrollment you should cancel your Medicare supplement plan by contacting the insurer.

ARP MedicareComplete UnitedHealthcare

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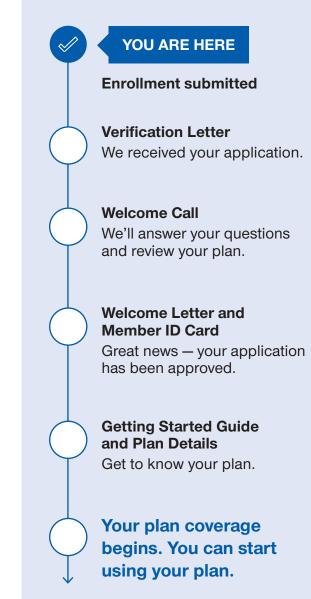
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Here's What You Can Expect Next

We want to help you take advantage of everything your plan has to offer. Keep this page and track your progress as you go. We'll be here to help every step of the way.



Get ready to use your plan

Once your coverage begins, there are things you can do to get the most out of your plan. We'll contact you to help you:



Schedule your annual physical and wellness visit. Preventive care is an important step to living a healthier life. Call to schedule your visit soon after your plan coverage begins.



Take advantage of a UnitedHealthcare® HouseCalls visit. A yearly in-home preventive care visit with a health care practitioner is also included in your plan. Learn more at **UHCHouseCalls.com**.



Complete your Health Assessment. Once your coverage begins, answering a few simple questions by phone or mail will help us connect you to programs and services.



Learn about and sign up for prescription home delivery. Once your coverage begins, sign up and save by having your 3-month supply of medication conveniently mailed to your home.

Thank you for choosing UnitedHealthcare®

When you receive your UnitedHealthcare member ID card you can use it to register online at myAARPMedicare.com. After you register you can find providers or pharmacies in your area, view plan documents and review your drug list (Formulary). If you have any questions, you can call the Customer Service number on the back of your member ID card.

Questions? We're here to help.



For additional information, please contact the plan or your Licensed Sales Representative.



1-844-723-6473, TTY **711** 8 a.m. - 8 p.m. local time, 7 days a week



Learn more online at www.AARPMedicarePlans.com