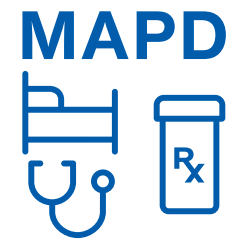


2019 ENROLLMENT GUIDE



Get familiar with your Medicare Advantage plan.

UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO)

R5342-005

Service area: New York

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.¹ 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.

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



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.UHC Medicare Solutions.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.


Original Medicare
Provided by the federal government

PART
A



Helps pay for hospital stays and inpatient care

PART
B



Helps pay for doctor visits and outpatient care

Your options for more coverage:


OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare:


Medicare Supplement Insurance Plan
Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan
Offered by private companies

**PART
D**




Helps pay for prescription drugs

Choose a Medicare Advantage plan:


Medicare Advantage Plan
Offered by private companies

**PART
C**




Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

**PART
D**



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Medicare Made Clear® brought to you by **UnitedHealthcare®**

4

This is a Medicare Advantage Part C Regional Preferred Provider Organization (RPPO) plan

Your plan is a Regional Preferred Provider Organization (RPPO) plan. With this plan, you have access to a local network of doctors and hospitals. Plus, you can see providers outside the network, as long as they participate in Medicare and accept the plan. You may pay a higher copay or coinsurance when you see an out-of-network provider.

Here’s how your RPPO plan works



Select a primary care provider (PCP) from the network.

It’s important to select a PCP from the network when you enroll in this plan. However, you are not limited to this PCP. You can visit any PCP in or out of 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.

You have flexibility in provider choice

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	Providers have the choice to accept the plan.
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.*	You may pay a higher copay or coinsurance.

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

Plan Information

Benefit Highlights

UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO)

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	\$46

Medical Benefits

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$50 copay
	Specialist: \$35 copay (no referral needed)	Specialist: \$75 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	\$360 copay per day: for days 1-4 \$0 copay per day for unlimited days after that	\$500 copay per day: for days 1-20 \$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	\$250 copay per day: days 1-40 \$0 copay per day: days 41-100
Outpatient surgery	\$295 copay Cost sharing for additional plan covered services will apply.	40% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	40% coinsurance
Home health care	\$0 copay	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance	40% coinsurance
Diagnostic tests and procedures (non-radiological)	20% coinsurance	40% coinsurance
Lab services	\$10 copay	\$10 copay
Outpatient x-rays	\$14 copay	\$21 copay
Ambulance	\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Emergency care	\$90 copay (worldwide)	

Medical Benefits

	In-Network	Out-of-Network
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 In-Network	\$10,000 combined In and Out-of-Network

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
Vision - routine eye exams	\$20 copay; 1 every year*	\$75 copay; 1 every year*
Dental – preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance for covered services (exam, cleaning, x-rays)*
Hearing - routine exam	\$10 copay; 1 per year*	\$75 copay; 1 per year*
Hearing aids	\$300 - \$370 copay for each hearing aid provided through hi HealthInnovations®, or \$400 - \$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.	Hearing aids ordered from hi HealthInnovations® are delivered through mail order, nationwide. Hearing aids ordered through providers other than EPIC Hearing Health Care or hi HealthInnovations® are not covered.
Fitness program through Renew Active™	Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
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	\$35 copay; 6 visits per year*	\$75 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	This provider must be used for the in-network and out-of-network benefit.

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$275 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	27% coinsurance	27% 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 **EstimateDrugCostsUHC.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 (Formulary) Tiers				
Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Preferred Generic	Generic	Preferred Brand	Non-preferred Drug	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 **EstimateDrugCostsUHC.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.



Dental coverage

This plan covers dental services that may include exams, cleanings, X-rays or other comprehensive services.



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.

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.

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.

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

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

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

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,

A map of the United States where states with blue borders and white interiors represent the 'PASS' program. These states include Washington, Oregon, California, Nevada, Idaho, Utah, Arizona, Texas, New Mexico, Colorado, Wyoming, Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Missouri, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine, and Alaska. States with solid blue interiors represent the 'NOT PASS' program. These states include Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Missouri, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine, and Alaska.

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, 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 All counties in the state of 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, 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.

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

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Supplemental Benefit

Routine Dental vs. Platinum Dental Rider

Additional coverage that may make you smile

As a UnitedHealthcare member, you have Routine Dental included in your plan. You also 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.

With Routine Dental you get:

- ✓ No deductible
- ✓ \$0 copay
- ✓ Freedom to see any dentist you choose¹
- ✓ 100% coverage for preventive and diagnostic services such as oral exams, X-rays and routine cleanings

For \$32 a month (in addition to any premium you pay for your Medicare Advantage plan), with the Platinum Dental Rider 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

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 a cost-comparison chart.

To find a network dentist in your area, go to www.UHC MedicareDentistSearch.com and 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.



Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Exams — Two procedures per plan year		
Periodic oral evaluation – established patient	\$0 50%	\$0 \$0
Limited oral evaluation – problem focused	\$0 50%	\$0 \$0
Comprehensive oral evaluation – new or established patient	\$0 50%	\$0 \$0
Bitewings — One set per plan year		
Bitewings – two radiographic images	\$0 50%	\$0 \$0
Bitewings – three radiographic images	Not covered	\$0 \$0
Bitewings – four radiographic images	\$0 50%	\$0 \$0
Intraoral X-rays (inside the mouth) — Frequency/Limitations vary		
Intraoral – complete series of radiographic images – one procedure every three years	\$0 50%	\$0 \$0
Intraoral – periapical first radiographic image – Unlimited per plan year	Not covered	\$0 \$0
Intraoral – periapical each additional radiographic image – Unlimited per plan year	Not covered	\$0 \$0
Intraoral – occlusal radiographic image – Unlimited per plan year	Not covered	\$0 \$0
Full Mouth or Panoramic X-rays — One procedure every three years		
Panoramic film	No Covered	\$0 \$0
Cleanings — Two procedures per plan year		
Prophylaxis – adult	\$0 50%	\$0 \$0
Prophylaxis – child	\$0 50%	\$0 \$0

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Fluoride — Two procedures per plan year		
Topical application of fluoride varnish	Not covered	\$0 \$0
Topical application of fluoride – excluding varnish	Not covered	\$0 \$0
Restorations (Fillings) – Amalgam and/or Composite — Unlimited per plan year		
Amalgam – one surface, primary or permanent	Not covered	20% 20%
Amalgam – two surfaces, primary or permanent	Not covered	20% 20%
Amalgam – three surfaces, primary or permanent	Not covered	20% 20%
Amalgam – four or more surfaces, primary or permanent	Not covered	20% 20%
Resin-based composite – one surface, anterior	Not covered	20% 20%
Resin-based composite – two surfaces, anterior	Not covered	20% 20%
Resin-based composite – three surfaces, anterior	Not covered	20% 20%
Resin-based composite – four or more surfaces or involving incisal angle (anterior)	Not covered	20% 20%
Resin-based composite – one surface, posterior	Not covered	20% 20%
Resin-based composite – two surfaces, posterior	Not covered	20% 20%
Resin-based composite – three surfaces, posterior	Not covered	20% 20%
Resin-based composite – four or more surfaces, posterior	Not covered	20% 20%
Inlays and Onlays — One procedure every five years		
Inlay – metallic – one surface	Not covered	50% 50%
Inlay – metallic – two surfaces	Not covered	50% 50%

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Inlay – metallic – three or more surfaces	Not covered	50% 50%
Inlay – metallic – two surfaces	Not covered	50% 50%
Inlay – metallic – three surfaces	Not covered	50% 50%
Inlay – metallic – four or more surfaces	Not covered	50% 50%
Inlay – porcelain/ceramic – one surface	Not covered	50% 50%
Inlay – porcelain/ceramic – two surfaces	Not covered	50% 50%
Inlay – porcelain/ceramic – three or more surfaces	Not covered	50% 50%
Onlay – porcelain/ceramic – two surfaces	Not covered	50% 50%
Onlay – porcelain/ceramic – three surfaces	Not covered	50% 50%
Onlay – porcelain/ceramic – four or more surfaces	Not covered	50% 50%
Crowns — One procedure every five years		
Crown – resin-based composite (indirect)	Not covered	50% 50%
Crown – porcelain/ceramic	Not covered	50% 50%
Crown – porcelain fused to high noble metal	Not covered	50% 50%
Crown – porcelain fused to predominantly base metal	Not covered	50% 50%
Crown – porcelain fused to noble metal	Not covered	50% 50%
Crown – full cast predominantly base metal	Not covered	50% 50%
Crown – full cast noble metal	Not covered	50% 50%

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Other Restorative Services — Frequency/Limitations vary		
Re-cement or re-bond crown – unlimited per plan year	Not covered	50% 50%
Prefabricated stainless steel crown – primary tooth – one procedure every five years	Not covered	50% 50%
Prefabricated stainless steel crown – permanent tooth – one procedure every five years	Not covered	50% 50%
Protective restoration – Unlimited per plan year	Not covered	50% 50%
Core buildup, including any pins when required – unlimited per plan year	Not covered	50% 50%
Prefabricated post and core in addition to crown – unlimited per plan year	Not covered	50% 50%
Endodontic Therapy — One per tooth per lifetime		
Endodontic therapy, anterior tooth (excluding final restoration)	Not covered	50% 50%
Endodontic therapy, premolar tooth (excluding final restoration)	Not covered	50% 50%
Endodontic therapy, molar tooth (excluding final restoration)	Not covered	50% 50%
Scaling and Root Planing — Frequency/Limitations vary		
Periodontal scaling and root planing – four or more teeth per quadrant – one procedure every two years	Not covered	50% 50%
Periodontal scaling and root planing – one to three teeth per quadrant – one procedure every two years	Not covered	50% 50%

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit – one procedure every three years	Not covered	50% 50%
Periodontal maintenance – two procedures per plan year	Not covered	50% 50%
Complete Dentures (Including Routine Post-Delivery Care) – One procedure every five years		
Complete denture – maxillary	Not covered	50% 50%
Complete denture – mandibular	Not covered	50% 50%
Immediate denture – maxillary	Not covered	50% 50%
Immediate denture – mandibular	Not covered	50% 50%
Partial Dentures (Including Routine Post-Delivery Care) – Unlimited per plan year		
Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Not covered	50% 50%
Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Not covered	50% 50%
Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Not covered	50% 50%
Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Not covered	50% 50%

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Denture Adjustments — Two procedures per plan year		
Adjust complete denture – maxillary	Not covered	50% 50%
Adjust complete denture – mandibular	Not covered	50% 50%
Adjust partial denture – maxillary	Not covered	50% 50%
Adjust partial denture – mandibular	Not covered	50% 50%
Repair broken complete denture base, mandibular	Not covered	50% 50%
Repair broken complete denture base, maxillary	Not covered	50% 50%
Replace missing or broken teeth – complete denture (each tooth)	Not covered	50% 50%
Repair resin partial denture base, mandibular	Not covered	50% 50%
Repair resin partial denture base, maxillary	Not covered	50% 50%
Repair cast partial framework, mandibular	Not covered	50% 50%
Repair cast partial framework, maxillary	Not covered	50% 50%
Repair or replace broken clasp – per tooth	Not covered	50% 50%
Replace broken teeth – per tooth	Not covered	50% 50%
Add tooth to existing partial denture	Not covered	50% 50%
Add clasp to existing partial denture – per tooth	Not covered	50% 50%
Denture Reline Procedures — One procedure per plan year		
Reline complete maxillary denture (chairside)	Not covered	50% 50%
Reline complete mandibular denture (chairside)	Not covered	50% 50%

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Reline maxillary partial denture (chairside)	Not covered	50% 50%
Reline mandibular partial denture (chairside)	Not covered	50% 50%
Reline complete maxillary denture (laboratory)	Not covered	50% 50%
Reline complete mandibular denture (laboratory)	Not covered	50% 50%
Reline maxillary partial denture (laboratory)	Not covered	50% 50%
Reline mandibular partial denture (laboratory)	Not covered	50% 50%
Fixed Partial Denture Pontics — One procedure every five years		
Pontic – indirect resin based composite	Not covered	50% 50%
Pontic – cast high noble metal	Not covered	50% 50%
Pontic – cast predominantly base metal	Not covered	50% 50%
Pontic – cast noble metal	Not covered	50% 50%
Pontic – titanium	Not covered	50% 50%
Pontic – porcelain fused to high noble metal	Not covered	50% 50%
Pontic – porcelain fused to predominantly base metal	Not covered	50% 50%
Pontic – porcelain fused to noble metal	Not covered	50% 50%
Pontic – porcelain/ceramic	Not covered	50% 50%
Pontic – resin with high noble metal	Not covered	50% 50%
Pontic – resin with predominantly base metal	Not covered	50% 50%
Pontic – resin with noble metal	Not covered	50% 50%

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Extractions (Pulling Teeth) — Unlimited per plan year		
Extraction, coronal remnants – primary tooth	Not covered	50% 50%
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Not covered	50% 50%
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Not covered	50% 50%
Removal of residual tooth roots (cutting procedure)	Not covered	50% 50%
Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Not covered	50% 50%
Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Not covered	50% 50%
Pain Management — Unlimited per plan year		
Palliative (emergency) treatment of dental pain – minor procedure	Not covered	0% 0%
General Anesthesia — Unlimited per plan year		
Local anesthesia not in conjunction with operative or surgical procedures	Not covered	20% 20%
Local anesthesia in conjunction with operative or surgical procedures	Not covered	20% 20%
Evaluation for deep sedation or general anesthesia	Not covered	20% 20%
Deep sedation/general anesthesia – first 15 minutes	Not covered	20% 20%

Comparison of Routine Dental to the Platinum Dental Rider

	Routine Dental You pay In-Network² You pay Out-Of-Network³ No Deductible	Platinum You pay In-Network² You pay Out-Of-Network³ Deductible Does Not Apply
Deep sedation/general anesthesia – each subsequent 15 minute increment	Not covered	20% 20%
Inhalation of nitrous oxide/ anxiolysis analgesia	Not covered	20% 20%
Intravenous moderate (conscious) sedation/ anesthesia – first 15 minutes	Not covered	20% 20%
Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Not covered	20% 20%

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 at any time. However, services currently in progress must be completed by the same dentist.

²Copays may vary depending on service area.

³If the services of a dental lab are required for any procedure, the member is responsible for the full laboratory cost, not to exceed the actual amount billed by the lab.

UnitedHealthcare® Medicare

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

2019 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO)

R5342-005

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.



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



www.UHCMedicareSolutions.com



Our service area includes **New York**.

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.UHCMedicareSolutions.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.

UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO) is a Medicare Advantage RPPO 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.

UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to www.UHCMedicareSolutions.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.

UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	\$46	
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.	\$10,000 annually for Medicare-covered services you receive from any provider.
	<p>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.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>	

UnitedHealthcare® MedicareComplete Choice® Plan 3 (Regional PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$360 copay per day: for days 1-4 \$0 copay per day: for days 5 and beyond	\$500 copay per day: for days 1-20 \$0 copay per day: for days 21 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital		\$295 copay Cost sharing for additional plan covered services will apply.	40% coinsurance Cost sharing for additional plan covered services will apply.
Outpatient Hospital Observation Services		\$295 copay	40% coinsurance
Doctor Visits	Primary	\$10 copay	\$50 copay
	Specialists	\$35 copay	\$75 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
		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)	

Benefits		In-Network	Out-of-Network
		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) 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 in-network providers.	
	Routine physical	\$0 copay; 1 per year*	40% coinsurance; 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 Services		\$30 - \$40 copay	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	20% coinsurance	40% coinsurance
	Lab services	\$10 copay	\$10 copay
	Diagnostic tests and procedures	20% coinsurance	40% coinsurance
	Therapeutic Radiology	20% coinsurance	40% coinsurance
	Outpatient X-rays	\$14 copay per service	\$21 copay per service

Benefits		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$10 copay	\$75 copay
	Routine hearing exam	\$10 copay; 1 per year*	\$75 copay; 1 per year*
	Hearing aid	\$300 - \$370 copay for each hearing aid provided through hi HealthInnovations®, or \$400 - \$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.	Hearing aids ordered from hi HealthInnovations® are delivered through mail order, nationwide. Hearing aids ordered through providers other than EPIC Hearing Health Care or hi HealthInnovations® are not covered.
Routine Dental Services	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	
	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance for covered services (exam, cleaning, x-rays)*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$20 copay	\$75 copay
	Eyewear after cataract surgery	\$0 copay	40% coinsurance
	Routine eye exam	\$20 copay Up to 1 every year*	\$75 copay Up to 1 every year*

Benefits		In-Network	Out-of-Network
Mental Health	Inpatient visit	\$360 copay per day: for days 1-4 \$0 copay per day: for days 5-90	\$500 copay per day: for days 1-20 \$0 copay per day: for days 21-90
	Our plan covers 90 days for an inpatient hospital stay.		
	Outpatient group therapy visit	\$30 copay	\$35 copay
	Outpatient individual therapy visit	\$40 copay	\$45 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	\$250 copay per day: for days 1-40 \$0 copay per day: for days 41-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit		\$35 copay	\$75 copay
Ambulance		\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance	40% coinsurance
	Other Part B drugs	20% coinsurance	40% 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; \$275 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	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	27% coinsurance	27% coinsurance	27% coinsurance	27% 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: <ul style="list-style-type: none"> □ 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	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$20 copay	\$75 copay
Diabetes 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.	40% coinsurance
	Diabetes Self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts	20% coinsurance	40% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	40% coinsurance

Additional Benefits		In-Network	Out-of-Network
Fitness program through Renew Active™		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
Foot Care (podiatry services)	Foot exams and treatment	\$35 copay	\$75 copay
	Routine foot care	\$35 copay; for each visit up to 6 visits every year*	\$75 copay; for each visit up to 6 visits every year*
Home Health Care		\$0 copay	50% coinsurance
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 Therapy Visit		\$35 copay	\$75 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$30 copay	\$35 copay
	Outpatient individual therapy visit	\$40 copay	\$45 copay
Outpatient Surgery		\$295 copay	40% coinsurance
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 in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.	
Renal Dialysis		20% coinsurance	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.	

Additional Benefits	In-Network	Out-of-Network
Virtual Doctor Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.amwell.com .	This provider must be used for the in-network and out-of-network benefit.

*Benefits are combined in and out-of-network

Optional Supplemental Benefits

Premiums and Benefits		In-Network
Dental Platinum Rider	Premium	Additional \$32.00 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.

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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 Active™ 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 UnitedHealthcare. UnitedHealthcare does not endorse and is not responsible for the services or information provided by this program. Availability of the Renew Active™ 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.
- ✓ 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.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

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	1-800-711-6088, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCMedicareSolutions.com
Hearing Aids	EPIC Hearing Health Care/hi HealthInnovations®	EPIC Hearing Health Care 1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com hi HealthInnovations® 1-855-523-9355, TTY 711 9 a.m. – 5 p.m. CT, Monday - Friday www.hihealthinnovations.com You may choose to order hearing aids either through EPIC Hearing Health Care or through hi HealthInnovations®.
Vision Care	Plan network providers in your service area	1-800-711-6088, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCMedicareSolutions.com
Dental Services	UnitedHealthcare Dental	1-800-711-6088, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a provider go to: www.UHCMedicareDentistSearch.com
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Fitness Membership	Renew Active™	1-800-711-6088, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myrenewactive.com

Benefit Type	Vendor Name	Contact Information
Virtual Visits	Amwell	1-800-711-6088, 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 - R5342

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.

★★★★½
3.5 stars

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

Health Plan Services: ★★★★★½
3.5 stars

Drug Plan Services: ★★★★★
4 stars

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 800-711-6088 (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).

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. 이 책자 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.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**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 jíik'eh, bee ná'ahóót'i'. T'áá shqódi díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodiilnih.

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.

NOTES

[illegible]



Drug List

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.

- ☐ **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

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

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

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

Bold type = Brand name drug

Plain type = Generic drug

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Bold type = Brand name drug

Plain type = Generic drug

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

T1 = Tier 1

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T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Bold type = Brand name drug

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Ciprodex (Otic Suspension),T3

Ciprofloxacin (Oral Suspension),T4

Ciprofloxacin ER (Tablet Extended-Release 24 Hour),T3

Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release),T2

Ciprofloxacin HCl (100mg Tablet Immediate-Release),T3

Ciprofloxacin I.V. in D5W (Injection),T4

Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet),T1

Citalopram HBr (10mg/5ml Oral Solution),T3

Claravis (Capsule),T4

Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension),T4

Clarithromycin (250mg Tablet, 500mg Tablet),T3

Clarithromycin ER (Tablet Extended-Release 24 Hour),T3

Climara Pro (Patch Weekly),T4

Clindamycin HCl (Capsule Immediate-Release),T2

Clindamycin Palmitate HCl (Oral Solution),T2

Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab),T3

Clindamycin Phosphate (2% Cream),T3

Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection),T4

Clindamycin Phosphate in D5W (Injection),T4

Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin),T4

Clobetasol Propionate (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.05% Shampoo),T4

Clobetasol Propionate (0.05% External Solution),T3

Clobetasol Propionate E (Cream),T4

Clomipramine HCl (Capsule),T4

Clonazepam (Tablet Immediate-Release),T2

Clonazepam ODT (Tablet Dispersible),T4

Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release),T1

Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly),T4

Clonidine HCl ER (Tablet Extended-Release 12 Hour),T4

Clopidogrel (75mg Tablet),T2

Clorazepate Dipotassium (Tablet),T2

Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge),T2

Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream),T3

Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion),T4

Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T3

Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible),T3

Clozapine ODT (200mg Tablet Dispersible),T5

Coartem (Tablet),T4

Codeine Sulfate (Tablet),T3

Colchicine (0.6mg Capsule) (Generic Mitigare),T3

Colchicine (0.6mg Tablet) (Generic Colcrys),T3

Colcrys (Tablet),T3

Colesevelam HCl (Tablet),T3

Colestipol HCl (1gm Tablet),T3

Colestipol HCl (5gm Packet),T4

Colistimethate Sodium (Injection),T4

Colocort (Enema),T4

Coly-Mycin S (Suspension),T4**Combigan (Ophthalmic Solution),T3****Combivent Respimat (Aerosol Solution),T3****Cometriq (Kit),T5**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Complera (Tablet),T5

Compro (Suppository),T4

Constulose (Oral Solution),T2

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

Cuprimine (Capsule),T5

Cuvposa (Oral Solution),T4

Cyclafem (Tablet),T4

Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet),T2

Cyclobenzaprine HCl (7.5mg Tablet),T4

Cyclophosphamide (Capsule),T4

Cycloset (Tablet),T4

Cyclosporine (Capsule),T3

Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution),T3

Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet),T4

Cystadane (Powder),T5

Cystagon (Capsule),T4

Cystaran (Ophthalmic Solution),T5

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DARAPRIM (Tablet),T5

Daklinza (Tablet),T5

Daliresp (Tablet),T4

Dalvance (Injection),T5

Danazol (Capsule),T4

Dantrolene Sodium (Capsule),T4

Dapsone (Tablet),T3

Daptacel (Injection),T3

Daptomycin (Injection),T5

Deblitane (Tablet),T3

Delyla (Tablet),T4

Demeclocycline HCl (Tablet),T4

Demser (Capsule),T5

Denavir (Cream),T5

Depen Titratabs (Tablet),T5

Depo-Estradiol (Injection),T4

Depo-Provera (Injection),T4

Descovy (Tablet),T5

Desipramine HCl (Tablet),T3

Desmopressin Acetate (0.01% Nasal Spray Solution),T4

Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet),T3

Desogestrel/Ethinyl Estradiol (Tablet),T4

Desonide (0.05% Ointment),T4

Desoximetasone (0.05% Cream, 0.25% Cream),T4

Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq),T4

Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir),T2

Dexamethasone Intensol (1mg/ml Concentrate),T2

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Dexamethasone Sodium Phosphate (Ophthalmic Solution),T2	Solution),T2
Dexilant (Capsule Delayed-Release),T4	Dicyclomine HCl (Tablet),T2
Dexmethylphenidate HCl (Tablet Immediate-Release),T3	Didanosine (Capsule Delayed-Release),T3
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour),T4	Dificid (Tablet),T5
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet),T4	Diflunisal (Tablet),T3
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour),T4	Digitek (Tablet),T2
Dextrose 10% (Injection),T4	Digox (Tablet),T2
Dextrose 10%/NaCl 0.2% (Injection),T4	Digoxin (0.05mg/ml Oral Solution),T3
Dextrose 10%/NaCl 0.45% (Injection),T4	Digoxin (125mcg Tablet, 250mcg Tablet),T2
Dextrose 2.5%/NaCl 0.45% (Injection),T4	Dihydroergotamine Mesylate (Nasal Solution),T5
Dextrose 5% (Injection),T4	Dilantin (Capsule),T3
Dextrose 5%/NaCl 0.2% (Injection),T4	Dilantin INFATABS (Tablet Chewable),T3
Dextrose 5%/NaCl 0.225% (Injection),T4	Dilt-XR (Capsule Extended-Release 24 Hour),T2
Dextrose 5%/NaCl 0.33% (Injection),T4	Diltiazem HCl (Tablet Immediate-Release),T2
Dextrose 5%/NaCl 0.45% (Injection),T4	Diltiazem HCl ER (Capsule Extended-Release),T2
Dextrose 5%/NaCl 0.9% (Injection),T4	Dipentum (Capsule),T5
Diastat AcuDial (Gel),T4	Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid),T4
Diastat Pediatric (Gel),T4	Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection),T3
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet),T2	Disulfiram (Tablet),T3
Diazepam (1mg/ml Oral Solution),T2	Diuril (Suspension),T4
Diazepam Intensol (5mg/ml Concentrate),T2	Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2
Diclofenac Potassium (Tablet),T2	Divalproex Sodium DR (Tablet Delayed-Release),T2
Diclofenac Sodium (0.1% Ophthalmic Solution),T2	Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T2
Diclofenac Sodium (1% Gel),T3	Dofetilide (Capsule),T4
Diclofenac Sodium (3% Gel),T4	Donepezil HCl (Tablet),T1
Diclofenac Sodium DR (Tablet Delayed-Release),T2	Donepezil HCl ODT (Tablet Dispersible),T2
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour),T2	Doripenem (Injection),T3
Dicloxacillin Sodium (Capsule),T2	Dorzolamide HCl (Ophthalmic Solution),T2
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral	Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T2
	Doxazosin Mesylate (Tablet),T2
	Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg

T1 = Tier 1

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

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

T1 = Tier 1

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Fenofibric Acid (105mg Tablet),T3

Fenofibric Acid (35mg Tablet),T3

Fenofibric Acid DR (Capsule Delayed-Release),T3

Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour),T4

Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle),T5

Feriprox (100mg/ml Oral Solution, 500mg Tablet),T5

Fetzima (Capsule Extended-Release 24 Hour),T4

Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack),T4

Finacea (15% Foam, 15% Gel),T4

Finasteride (5mg Tablet) (Generic Proscar),T1

Firazyr (Injection),T5

Firmagon (120mg Injection),T5

Firmagon (80mg Injection),T4

Flarex (Suspension),T4

Flebogamma DIF (Injection),T5

Flecainide Acetate (Tablet),T2

Flector (Patch),T4

Flovent Diskus (Aerosol Powder),T3

Flovent HFA (Aerosol),T3

Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension),T2

Fluconazole in NaCl (Injection),T4

Flucytosine (Capsule),T5

Fludrocortisone Acetate (Tablet),T2

Flunisolide (Nasal Solution),T1

Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment),T4

Fluocinolone Acetonide (0.01% Otic Oil),T4

Fluocinolone Acetonide Scalp (Oil),T4

Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment),T3

Fluocinonide Emulsified Base (Cream),T3

Fluorometholone (Ophthalmic Suspension),T3

Fluorouracil (0.5% Cream),T5

Fluorouracil (2% External Solution, 5% External Solution),T3

Fluorouracil (5% Cream),T4

Fluoxetine DR (Capsule Delayed-Release),T4

Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution),T2

Fluphenazine Decanoate (Injection),T4

Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet),T2

Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection),T4

Fluphenazine HCl (5mg/ml Concentrate),T3

Flurbiprofen (Tablet),T2

Flurbiprofen Sodium (Ophthalmic Solution),T2

Flutamide (Capsule),T3

Fluticasone Propionate (0.005% Ointment, 0.05% Cream),T3

Fluticasone Propionate (50mcg/act Suspension),T2

Fluticasone Propionate/Salmeterol (Aerosol Powder),T3

Fluvastatin (Capsule Immediate-Release),T2

Fluvoxamine Maleate (Tablet),T3

Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection),T5

Fondaparinux Sodium (2.5mg/0.5ml Injection),T4

Forteo (Injection),T5

Fosamprenavir Calcium (Tablet),T5

Fosinopril Sodium (Tablet),T1

Fosinopril Sodium/Hydrochlorothiazide (Tablet),T1

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FreAmine HBC 6.9% (Injection),T4
Furosemide (10mg/ml Injection),T4
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution),T2
Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet),T1
Fuzeon (Injection),T5
Fyavolv (Tablet),T4
Fycoppa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet),T4
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Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet),T2
Gabapentin (250mg/5ml Oral Solution),T3
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution),T4
Galantamine HBr ER (Capsule Extended-Release 24 Hour),T4
Gammagard Liquid (Injection),T5
Gammagard S/D IGA Less Than 1 mcg/ml (Injection),T5
Gammaked (Injection),T5
Gammaplex (Injection),T5
Gamunex-C (Injection),T5
Gardasil 9 (Injection),T3
Gatifloxacin (Ophthalmic Solution),T3
Gattex (Injection),T5
Gauze (Non-medicated 2X2),T3
GaviLyte-C (Oral Solution),T2
GaviLyte-G (Oral Solution),T2
GaviLyte-N/Flavor Pack (Oral Solution),T1
Gemfibrozil (Tablet),T2
Generlac (Oral Solution),T2
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution),T3
Genotropin (12mg Injection, 5mg Injection),T5

Genotropin Miniquick (0.2mg Injection),T4
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T5
Gentak (Ophthalmic Ointment),T2
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution),T2
Gentamicin Sulfate (40mg/ml Injection),T4
Gentamicin Sulfate/0.9% Sodium Chloride (Injection),T4
Genvoya (Tablet),T5
Geodon (20mg Injection),T4
Gianvi (Tablet),T4
Gilenya (Capsule),T5
Gilotrif (Tablet),T5
Glassia (Injection),T5
Glatiramer Acetate (Solution Prefilled Syringe),T5
Glatopa (Injection),T5
Gleostine (100mg Capsule, 40mg Capsule),T4
Gleostine (10mg Capsule),T3
Glimepiride (Tablet),T1
Glipizide (Tablet Immediate-Release),T1
Glipizide ER (Tablet Extended-Release 24 Hour),T1
Glipizide/Metformin HCl (Tablet),T1
GlucaGen HypoKit (Injection),T4
Glucagon Emergency Kit (Injection),T3
Glyxambi (Tablet),T3
Granisetron HCl (Tablet),T4
Granix (Injection),T5
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet),T4
Griseofulvin Ultramicrosize (Tablet),T4
Guanfacine ER (Tablet Extended-Release 24 Hour),T4
Guanidine HCl (Tablet),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Bold type = Brand name drug

Plain type = Generic drug

Hydroxychloroquine Sulfate (Tablet),T2	Intron A (Injection),T5
Hydroxyurea (Capsule),T2	Introvale (Tablet),T4
Hydroxyzine HCl (10mg/5ml Syrup),T3	Invanz (Injection),T5
Hydroxyzine HCl (Tablet),T3	Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection),T5
Hydroxyzine Pamoate (Capsule),T3	Invega Sustenna (39mg/0.25ml Injection),T4
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T3	Invega Trinza (Injection),T5
I	Invirase (200mg Capsule, 500mg Tablet),T5
IPOL Inactivated IPV (Injection),T3	Invokamet (Tablet),T3
Ibandronate Sodium (Tablet),T3	Invokamet XR (Tablet Extended-Release 24 Hour),T3
Ibrance (Capsule),T5	Invokana (Tablet),T3
Ibu (Tablet),T2	Ionosol-MB/Dextrose 5% (Injection),T4
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet),T2	Ipratropium Bromide (0.02% Inhalation Solution),T2
Iclusig (Tablet),T5	Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T2
Idhifa (Tablet),T5	Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution),T1
Ilevro (Suspension),T3	Irbesartan (Tablet),T1
Imatinib Mesylate (Tablet),T5	Irbesartan/Hydrochlorothiazide (Tablet),T1
Imbruvica (140mg Capsule, 70mg Capsule),T5	Iressa (Tablet),T5
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet),T5	Isentress (100mg Packet, 25mg Tablet Chewable),T3
Imipenem/Cilastatin (Injection),T4	Isentress (100mg Tablet Chewable, 400mg Tablet),T5
Imipramine HCl (Tablet),T4	Isentress HD (Tablet),T5
Imipramine Pamoate (Capsule),T4	Isibloom (Tablet),T4
Imiquimod (Cream),T4	Isolyte-P/Dextrose 5% (Injection),T4
Imovax Rabies (H.D.C.V.) (Injection),T3	Isolyte-S (Injection),T4
Increlex (Injection),T5	Isoniazid (100mg Tablet, 300mg Tablet),T2
Incruse Ellipta (Aerosol Powder),T3	Isoniazid (50mg/5ml Syrup),T4
Indapamide (Tablet),T2	Isosorbide Dinitrate (Tablet Immediate-Release),T2
Indomethacin (25mg Capsule, 50mg Capsule),T2	Isosorbide Dinitrate ER (Tablet Extended-Release),T2
Infanrix (Injection),T3	Isosorbide Mononitrate (Tablet Immediate-
Inlyta (Tablet),T5	
Insulin Syringes, Needles,T3	
Intelence (100mg Tablet, 200mg Tablet),T5	
Intelence (25mg Tablet),T4	
Intralipid (Injection),T4	

T1 = Tier 1

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T5 = Tier 5

Release),T2	KCI 0.15%/D5W/NaCl 0.9% (Injection),T4
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour),T2	KCI 0.3%/D5W/NaCl 0.45% (Injection),T4
Isotonic Gentamicin (Injection),T4	KCI 0.3%/D5W/NaCl 0.9% (Injection),T4
Isotretinoin (Capsule),T4	Kaitlib Fe (Tablet Chewable),T4
Itraconazole (Capsule),T4	Kaletra (100mg-25mg Tablet),T4
Ivermectin (Tablet),T3	Kaletra (200mg-50mg Tablet),T5
Ixiaro (Injection),T3	Kalydeco (150mg Tablet, 50mg Packet, 75mg 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, 200mg Tablet),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 Solution),T3
Januvia (Tablet),T3	Kimidess (Tablet),T4
Jardiance (Tablet),T3	Kineret (Injection),T5
Jentadueto (Tablet),T4	Kinrix (Injection),T3
Jentadueto XR (Tablet Extended-Release 24 Hour),T4	Kionex (Suspension),T3
Jinteli (Tablet),T4	Kisqali (Tablet),T5
Jolivet (Tablet),T3	Kisqali Femara 200 Dose (Tablet Therapy Pack),T5
Jublia (External Solution),T4	Kisqali Femara 400 Dose (Tablet Therapy Pack),T5
Juleber (Tablet),T4	Kisqali Femara 600 Dose (Tablet Therapy Pack),T5
Juluca (Tablet),T5	Klor-Con (Packet),T3
Junel 1.5/30 (Tablet),T4	Klor-Con 10 (Tablet Extended-Release),T3
Junel 1/20 (Tablet),T4	Klor-Con 8 (Tablet Extended-Release),T3
Junel Fe 1.5/30 (Tablet),T4	Klor-Con M10 (Tablet Extended-Release),T2
Junel Fe 1/20 (Tablet),T4	Klor-Con M15 (Tablet Extended-Release),T2
Junel Fe 24 (Tablet),T4	Klor-Con M20 (Tablet Extended-Release),T2
Juxtapid (Capsule),T5	Klor-Con Sprinkle (Capsule Extended-Release),T3
K	Kombiglyze XR (Tablet Extended-Release 24 Hour),T3
KCI 0.075%/D5W/NaCl 0.45% (Injection),T4	Korlym (Tablet),T5
KCI 0.15%/D5W/NaCl 0.2% (Injection),T4	
KCI 0.15%/D5W/NaCl 0.45% (Injection),T4	

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Kurvelo (Tablet),T4	Lessina (Tablet),T4
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble),T5	Letrozole (Tablet),T2
Kynamro (Injection),T5	Leucovorin Calcium (10mg Tablet, 15mg Tablet, 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 HCl (Tablet),T2	Levemir FlexTouch (Injection),T3
Lacrisert (Insert),T4	Levemir Vial (Injection),T3
Lactulose (Oral Solution),T2	Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution),T2
Lamivudine (100mg Tablet),T3	Levetiracetam ER (Tablet Extended-Release 24 Hour),T3
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet),T3	Levobunolol HCl (Ophthalmic Solution),T2
Lamivudine/Zidovudine (Tablet),T4	Levocarnitine (1gm/10ml Oral Solution),T3
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release),T2	Levocarnitine (330mg Tablet),T3
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable),T3	Levocetirizine Dihydrochloride (5mg Tablet),T1
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet),T4	Levofloxacin (0.5% Ophthalmic Solution),T3
Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release),T3	Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet),T1
Lanthanum Carbonate (Tablet Chewable),T5	Levofloxacin (25mg/ml Injection, 25mg/ml Oral 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 (90mcg-20mcg Tablet),T4
Lastacraft (Ophthalmic Solution),T3	Levonorgestrel/Ethinyl Estradiol (0.15mg-30mcg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.1-0.02mg/0.01mg Tablet, 0.15mg-0.03mg/0.01mg Tablet, 0.15mg-0.02mg/0.025mg/0.03mg/0.01mg Tablet),T4
Latanoprost (Ophthalmic Solution),T1	Levora 0.15/30-28 (Tablet),T4
Latuda (Tablet),T5	Levorphanol Tartrate (Tablet),T5
Layolis Fe (Tablet Chewable),T4	
Leena (Tablet),T4	
Leflunomide (Tablet),T2	
Lenvima (Capsule Therapy Pack),T5	

T1 = Tier 1

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

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

T1 = Tier 1

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Microgestin 1.5/30 (Tablet),T4
Microgestin 1/20 (Tablet),T4
Microgestin Fe (Tablet),T4
Microgestin Fe 1.5/30 (Tablet),T4
Midodrine HCl (Tablet),T3
Migergot (Suppository),T5
Miglitol (Tablet),T4
Miglustat (Capsule),T5
Mili (Tablet),T4
Minitran (Patch 24 Hour),T2
Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule),T2
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release),T4
Minoxidil (Tablet),T2
Mirtazapine (Tablet),T2
Mirtazapine ODT (Tablet Dispersible),T2
Mirvaso (Gel),T4
Misoprostol (Tablet),T3
Modafinil (Tablet),T4
Moexipril HCl (Tablet),T1
Moexipril/Hydrochlorothiazide (Tablet),T1
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment),T3
Mometasone Furoate (50mcg/act Suspension),T4
MonoNessa (Tablet),T4
Montelukast Sodium (10mg Tablet),T1
Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable),T2
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution),T3
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection),T4
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-

Release),T3
Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection),T4
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin),T3
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin),T4
Moxeza (Ophthalmic Solution),T4
Moxifloxacin HCl/Sodium HCl (Injection),T4
Moxifloxacin HCl (Ophthalmic Solution),T4
Moxifloxacin HCl (Tablet),T3
Multaq (Tablet),T3
Mupirocin (2% Cream),T4
Mupirocin (2% Ointment),T2
Myalept (Injection),T5
Mycamine (Injection),T5
Mycophenolate Mofetil (200mg/ml Suspension),T5
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet),T3
Mycophenolic Acid DR (Tablet Delayed-Release),T4
Myrbetriq (Tablet Extended-Release 24 Hour),T3
N
Nabumetone (Tablet),T4
Nadolol (Tablet),T4
Nadolol/Bendroflumethiazide (Tablet),T3
Nafcillin Sodium (10gm Injection, 1gm Injection),T4
Naftifine HCl (1% Cream),T4
Naftifine HCl (2% Cream),T4
Naftin (1% Gel, 2% Gel),T4
Naloxone HCl (Injection),T3
Naltrexone HCl (Tablet),T3
Namzaric (Therapy Pack, Capsule Extended-

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Plain type = Generic drug

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

T1 = Tier 1

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

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Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension),T3	Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release),T1
Osphena (Tablet),T4	Paricalcitol (Capsule),T4
Otezla (Tablet Therapy Pack, 30mg Tablet),T5	Paromomycin Sulfate (Capsule),T4
Oxacillin Sodium (Injection),T4	Paroxetine HCl (Tablet Immediate-Release),T2
Oxandrolone (10mg Tablet),T4	Paser (Packet),T4
Oxandrolone (2.5mg Tablet),T3	Paxil (10mg/5ml Suspension),T4
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet),T3	Pazeo (Ophthalmic Solution),T3
Oxcarbazepine (300mg/5ml Suspension),T4	Pediarix (Injection),T3
Oxiconazole Nitrate (Cream),T4	Pedvax HIB (Injection),T3
Oxistat (1% Lotion),T4	Peganone (Tablet),T4
Oxsoralen Ultra (Capsule),T5	Pegasys (Injection),T5
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup),T2	Pegasys ProClick (Injection),T5
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour),T3	Penicillin G Potassium (Injection),T4
Oxycodone HCl (100mg/5ml Concentrate),T4	Penicillin G Procaine (Injection),T4
Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T2	Penicillin G Sodium (Injection),T4
Oxycodone HCl (5mg/5ml Oral Solution),T3	Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet),T2
Oxycodone/Acetaminophen (Tablet),T3	Pentam 300 (Injection),T4
Oxycodone/Aspirin (Tablet),T3	Pentasa (Capsule Extended-Release),T4
Oxycodone/Ibuprofen (Tablet),T3	Pentoxifylline ER (Tablet Extended-Release),T2
P	Perforomist (Nebulized Solution),T4
PEG 3350/Electrolytes (Oral Solution),T3	Perindopril Erbumine (Tablet),T1
PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY),T3	Periogard (Solution),T2
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY),T3	Permethrin (Cream),T3
Pacerone (200mg Tablet),T1	Perphenazine (Tablet),T4
Paliperidone ER (Tablet Extended-Release 24 Hour),T4	Phenadoz (Suppository),T4
Panretin (Gel),T5	Phenelzine Sulfate (Tablet),T3
	Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir),T2
	Phenoxybenzamine HCl (Capsule),T5
	Phenytek (Capsule),T2
	Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable),T2
	Phenytoin Sodium Extended (Capsule),T2

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Phoslyra (Oral Solution),T3

Phospholine Iodide (Ophthalmic Solution),T4

Picato (Gel),T3

Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution),T3

Pilocarpine HCl (5mg Tablet, 7.5mg Tablet),T4

Pimozide (Tablet),T4

Pimtreea (Tablet),T4

Pindolol (Tablet),T3

Pioglitazone HCl (Tablet),T1

Pioglitazone HCl/Glimepiride (Tablet),T1

Pioglitazone HCl/Metformin HCl (Tablet),T1

Piperacillin/Tazobactam (Injection),T4

Pirmella 1/35 (Tablet),T4

Piroxicam (Capsule),T3

Plasma-Lyte A (Injection),T4

Plasma-Lyte-148 (Injection),T4

Plenamine (Injection),T4

Podofilox (External Solution),T3

Polyethylene Glycol 3350 Powder (Generic MiraLAX),T2

Polymyxin B Sulfate (Injection),T4

Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution),T2

Pomalyst (Capsule),T5

Portia-28 (Tablet),T4

Potassium Chloride (10% Oral Solution, 20% Oral Solution),T3

Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection),T4

Potassium Chloride (2meq/ml Injection),T4

Potassium Chloride CR (Tablet Extended-Release),T2

Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release),T3

Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release),T2

Potassium Chloride/Dextrose (Injection),T4

Potassium Chloride/Dextrose/Lactated Ringers (Injection),T4

Potassium Chloride/Dextrose/Sodium Chloride (Injection),T4

Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection),T4

Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection),T4

Potassium Citrate ER (Tablet Extended-Release),T3

Pradaxa (Capsule),T4

Praluent (Injection),T5

Pramipexole Dihydrochloride (Tablet Immediate-Release),T2

Prasugrel (Tablet),T3

Pravastatin Sodium (Tablet),T1

Prazosin HCl (Capsule),T2

Pred Mild (Suspension),T4

Pred-G (Suspension),T4

Pred-G S.O.P. (Ointment),T4

Prednicarbate (0.1% Cream, 0.1% Ointment),T4

Prednisolone (15mg/5ml Oral Solution),T2

Prednisolone Acetate (Ophthalmic Suspension),T3

Prednisolone Sodium Phosphate (1% Ophthalmic Solution),T2

Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution),T4

Prednisolone Sodium Phosphate (25mg/5ml Oral Solution, 5mg/5ml Oral Solution),T2

Prednisone (10mg Tablet Therapy Pack, 5mg 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, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet),T4	Prolastin-C (Injection),T5
Premarin (Vaginal Cream),T3	Prolensa (Ophthalmic Solution),T4
Premasol (Injection),T4	Prolia (Injection),T4
Premphase (Tablet),T4	Promacta (Tablet),T5
Prempro (Tablet),T4	Promethazine HCl (12.5mg Suppository, 25mg Suppository),T4
Prevalite (Packet),T4	Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup),T3
Previfem (Tablet),T4	Promethegan (25mg Suppository),T4
Prezcobix (Tablet),T5	Propafenone HCl (Tablet),T2
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet),T5	Propafenone HCl ER (Capsule Extended-Release 12 Hour),T4
Prezista (150mg Tablet, 75mg Tablet),T4	Proparacaine HCl (Ophthalmic Solution),T2
Priftin (Tablet),T4	Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution),T2
Prilosec (Packet),T4	Propranolol HCl (Tablet Immediate-Release),T2
Primaquine Phosphate (Tablet),T4	Propranolol HCl ER (Capsule Extended-Release 24 Hour),T2
Primidone (Tablet),T2	Propranolol/Hydrochlorothiazide (Tablet),T2
Privigen (Injection),T5	Propylthiouracil (Tablet),T2
ProAir HFA (Aerosol Solution),T3	Prosol (Injection),T4
ProAir RespiClick (Aerosol Powder),T3	Protriptyline HCl (Tablet),T4
ProQuad (Injection),T3	Prudoxin (Cream),T4
Probenecid (Tablet),T2	Pulmozyme (Inhalation Solution),T5
Probenecid/Colchicine (Tablet),T2	Purixan (Suspension),T5
Procalamine (Injection),T4	Pyrazinamide (Tablet),T4
Prochlorperazine (Suppository),T4	Pyridostigmine Bromide (Tablet Immediate-Release),T3
Prochlorperazine Maleate (Tablet),T2	Pyridostigmine Bromide ER (Tablet Extended-Release),T4
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T4	Q
Procrit (20000unit/ml Injection, 40000unit/ml Injection),T5	
Procto-Med HC (Cream),T2	Quadracel (Injection),T3
Procto-Pak (Cream),T2	Quasense (Tablet),T4
Proctosol HC (Cream),T2	Quetiapine Fumarate (Tablet Immediate-Release),T2
Proctozone-HC (Cream),T2	

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Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour),T3

Quinapril HCl (Tablet),T1

Quinapril/Hydrochlorothiazide (Tablet),T1

Quinidine Gluconate CR (Tablet Extended-Release),T4

Quinidine Sulfate (Tablet),T2

Quinine Sulfate (Capsule),T4

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Rabavert (Injection),T3

Rabeprazole Sodium (Tablet Delayed-Release),T3

Raloxifene HCl (Tablet),T3

Ramipril (Capsule),T1

Ranexa (Tablet Extended-Release 12 Hour),T3

Ranitidine HCl (150mg Tablet, 300mg Tablet),T2

Ranitidine HCl (75mg/5ml Syrup),T4

Rapaflo (4mg Capsule, 8mg Capsule),T3

Rapamune (1mg/ml Oral Solution),T5

Rasagiline Mesylate (Tablet),T4

Ravicti (Liquid),T5

Rayaldee (Capsule Extended-Release),T5

Rebif (Injection),T5

Rebif Rebidose (Injection),T5

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 HCl (Tablet),T4

Repatha (Injection),T5

Repatha Pushtronex System (Injection),T5

Repatha SureClick (Injection),T5

Rescriptor (Tablet),T4

Restasis (Emulsion),T3

Revlimid (Capsule),T5

Rexulti (Tablet),T5

Reyataz (50mg Packet),T5

Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet),T3

Ribavirin (200mg Tablet),T3

Ridaura (Capsule),T5

Rifabutin (Capsule),T4

Rifampin (150mg Capsule, 300mg Capsule),T3

Rifampin (600mg Injection),T4

Rifater (Tablet),T4

Riluzole (Tablet),T3

Rimantadine HCl (Tablet),T4

Riomet (Oral Solution),T4

Risedronate Sodium (Tablet Immediate-Release),T3

Risperdal Consta (12.5mg Injection, 25mg Injection),T4

Risperdal Consta (37.5mg Injection, 50mg Injection),T5

Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet),T2

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 HCl (Tablet Immediate-Release),T2

Rosuvastatin Calcium (Tablet),T1

RotaTeq (Oral Solution),T3

Rotarix (Suspension),T3

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Roweepra (Tablet),T2	Signifor (Injection),T5
Roweepra XR (Tablet Extended-Release 24 Hour),T3	Sildenafil (20mg Tablet) (Generic Revatio),T3
Rozerem (Tablet),T4	Silver Sulfadiazine (Cream),T3
Rubraca (Tablet),T5	Simbrinza (Suspension),T3
Ruconest (Injection),T5	Simponi (Injection),T5
Rydapt (Capsule),T5	Simvastatin (Tablet),T1
S	Sirolimus (Tablet),T4
SPS (Suspension),T3	Sirturo (Tablet),T5
SSD (Cream),T3	Sodium Chloride 0.9% (Irrigation Solution),T3
Sabril (500mg Tablet),T5	Sodium Chloride (0.9% Injection),T4
Saizen (Injection),T5	Sodium Chloride (2.5meq/ml Injection),T4
Samsca (Tablet),T5	Sodium Chloride (3% Injection, 5% Injection),T4
Sancuso (Patch),T5	Sodium Chloride 0.45% (Injection),T4
Sandimmune (100mg/ml Oral Solution),T4	Sodium Fluoride (Tablet),T2
Santyl (Ointment),T4	Sodium Lactate (Injection),T4
Saphris (Tablet Sublingual),T5	Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet),T5
Savella (Tablet),T3	Sodium Polystyrene Sulfonate (Powder),T3
Savella Titration Pack,T3	Sodium Sulfacetamide (Ophthalmic Solution),T2
Scopolamine (Patch 72 Hour),T4	Soliqua 100/33 (Injection),T3
Selegiline HCl (5mg Capsule, 5mg Tablet),T3	Soltamox (Oral Solution),T5
Selenium Sulfide (Lotion),T2	Somatuline Depot (Injection),T5
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution),T5	Somavert (Injection),T5
Selzentry (25mg Tablet),T3	Sotalol HCl (AF) (Tablet),T2
Sensipar (Tablet),T5	Sotalol HCl (Tablet),T2
Serevent Diskus (Aerosol Powder),T3	Sovaldi (Tablet),T5
Serostim (Injection),T5	Spiriva HandiHaler (Capsule),T3
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet),T1	Spiriva Respimat (Aerosol Solution),T3
Sertraline HCl (20mg/ml Concentrate),T4	Spironolactone (Tablet),T2
Setlakin (Tablet),T4	Spironolactone/Hydrochlorothiazide (Tablet),T2
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet),T5	Sporanox (10mg/ml Oral Solution),T5
Sevelamer Carbonate (800mg Tablet),T4	Sprintec 28 (Tablet),T4
Sharobel (Tablet),T3	Spritam (Tablet Disintegrating Soluble),T4
Shingrix (Injection),T3	Sprycel (Tablet),T5
	Sronyx (Tablet),T4
	Stalevo 100 (Tablet),T5

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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 Hour),T3
Sucralfate (Tablet),T2	Synribo (Injection),T5
Sulfacetamide Sodium (Ophthalmic Ointment),T2	Synthroid (Tablet),T3
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution),T2	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 Tablet, 50mg Tablet),T2	Tamoxifen Citrate (Tablet),T2
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection),T4	Tamsulosin HCl (Capsule),T1
Sumatriptan Succinate (6mg/0.5ml Injection),T4	Tarceva (Tablet),T5
Sumatriptan Succinate Refill (Injection),T4	Targretin (1% Gel),T5
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T3	Tarina Fe 1/20 (Tablet),T4
Suprax (400mg Capsule, 500mg/5ml Suspension),T3	Tasigna (Capsule),T5
Suprep Bowel Prep Kit (Oral Solution),T3	Tazarotene (Cream),T4
	Tazicef (Injection),T4
	Tazorac (0.05% Cream, 0.1% Gel),T4
	Tazorac (0.05% Gel),T5
	Taztia XT (Capsule Extended-Release 24 Hour),T2

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Trecator (Tablet),T4
Trelegy Ellipta (Aerosol Powder),T3
Trelstar Mixject (Injection),T5
Tresiba FlexTouch (Injection),T3
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream),T4
Tretinoin (10mg Capsule),T5
Tretinoin Microsphere (Gel),T4
Trexall (Tablet),T4
Trezix (Capsule),T4
Tri-Legest Fe (Tablet),T4
Tri-Lo-Estarylla (Tablet),T4
Tri-Lo-Sprintec (Tablet),T4
Tri-Mili (Tablet),T4
Tri-Previfem (Tablet),T4
Tri-Sprintec (Tablet),T4
Tri-Vylibra (Tablet),T4
TriLyte (Oral Solution),T1
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment),T2
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion),T3
Triamcinolone Acetonide (55mcg/act Aerosol),T4
Triamcinolone Acetonide Dental Paste (Paste),T3
Triamterene/Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 25mg-37.5mg Capsule),T2
Triderm (Cream),T2
Trientine HCl (Capsule),T5
Trifluoperazine HCl (Tablet),T3
Trifluridine (Ophthalmic Solution),T3
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet),T2
Trimethoprim (Tablet),T2
Trimipramine Maleate (Capsule),T4
Trinessa (Tablet),T4
Trintellix (Tablet),T4

Bold type = Brand name drug

Triumeq (Tablet),T5
Trivora-28 (Tablet),T4
Trophamine (10% Injection),T4
Trulicity (Injection),T3
Trumenba (Injection),T3
Truvada (Tablet),T5
Twinrix (Injection),T3
Tybost (Tablet),T4
Tykerb (Tablet),T5
Tymlos (Injection),T5
Typhim Vi (Injection),T3
U
Uloric (Tablet),T3
Unithroid (Tablet),T3
Ursodiol (250mg Tablet, 500mg Tablet),T4
Ursodiol (300mg Capsule),T3
V
VAQTA (Injection),T3
VP-PNV-DHA (Capsule),T2
Valacyclovir HCl (Tablet),T3
Valchlor (Gel),T5
Valganciclovir (Tablet),T5
Valganciclovir Hydrochloride (Oral Solution),T5
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T2
Valsartan (Tablet),T1
Valsartan/Hydrochlorothiazide (Tablet),T1
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule),T4
Vandazole (Gel),T3
Varivax (Injection),T3
Varizig (Injection),T3
Vascepa (Capsule),T4
Velivet (Tablet),T4
Velphoro (Tablet Chewable),T5

Plain type = Generic drug

Vemlidy (Tablet),T5	Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution),T4
Venclexta (100mg Tablet, 50mg Tablet),T5	Viracept (Tablet),T5
Venclexta (10mg Tablet),T3	Viramune (50mg/5ml Suspension),T5
Venclexta Starting Pack (Tablet Therapy Pack),T5	Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder),T5
Venlafaxine HCl (Tablet Immediate-Release),T3	Vivitrol (Injection),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 HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release),T2	Vosevi (Tablet),T5
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour),T3	Votrient (Tablet),T5
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release),T2	Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule),T5
Verapamil HCl SR (Capsule Extended-Release 24 Hour),T3	Vraylar (Capsule Therapy Pack),T4
Versacloz (Suspension),T5	Vyfemla (Tablet),T4
Verzenio (Tablet),T5	Vylibra (Tablet),T4
Vesicare (Tablet),T3	Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable),T4
Vestura (Tablet),T4	
Vibramycin (50mg/5ml Syrup),T4	W
Victoza (Injection),T3	WYMZYA Fe (Tablet Chewable),T4
Videx EC (125mg Capsule Delayed-Release),T4	Warfarin Sodium (Tablet),T1
Videx Pediatric (Oral Solution),T4	Welchol (3.75gm Packet),T3
Vienna (Tablet),T4	
Vigabatrin (Packet),T5	X
Viibryd (Tablet),T4	Xalkori (Capsule),T5
Viibryd Starter Pack (Kit),T4	Xarelto (Tablet),T3
	Xarelto Starter Pack (Tablet Therapy Pack),T3
	Xatmep (Oral Solution),T4
	Xeljanz (Tablet),T5
	Xeljanz XR (Tablet Extended-Release 24 Hour),T5
	Xgeva (Injection),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Xifaxan (Tablet),T5
Xiidra (Ophthalmic Solution),T4
Xolair (Injection),T5
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent),T3
Xtandi (Capsule),T5
Xulane (Patch Weekly),T4
Xyrem (Oral Solution),T5
Y
YF-Vax (Injection),T3
Yuvaferm (Tablet),T4
Z
Zafirlukast (Tablet),T3
Zaleplon (Capsule),T3
Zarah (Tablet),T4
Zarxio (Injection),T5
Zejula (Capsule),T5
Zelapar (Tablet Dispersible),T5
Zelboraf (Tablet),T5
Zemaira (Injection),T5
Zenchent (Tablet),T4
Zenpep (Capsule Delayed-Release),T3

Zerbaxa (Injection),T4
Zerit (1mg/ml Oral Solution),T4
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup),T3
Zileuton ER (Tablet Extended-Release 12 Hour),T5
Ziprasidone HCl (Capsule),T3
Zirgan (Gel),T4
Zolinza (Capsule),T5
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T2
Zonisamide (Capsule),T2
Zorbtive (Injection),T5
Zortress (Tablet),T5
Zostavax (Injection),T4
Zovia 1/35E (Tablet),T4
Zyclara Pump (Cream),T5
Zydelig (Tablet),T5
Zyflo (Tablet),T5
Zykadia (Capsule),T5
Zyprexa Relprevv (Injection),T4
Zytiga (Tablet),T5

Bold type = Brand name drug

Plain type = Generic drug

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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 Plain type = Generic 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.UHCMedicareSolutions.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	✓ Sign and date where indicated
✓ Make sure you have chosen the plan type that works best for you	✓ Verify your Date of Birth
✓ Make sure your permanent address is correct	✓ Verify your providers accept the plan you are choosing
	✓ Provide the name of your primary care provider (PCP)

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative:**

- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Dental-Vision-Hearing Products
- ☐ 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 Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative	Today's Date
	MM / DD / YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to Beneficiary
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To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone - - - - -	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone - - - - -	Date Appointment will be Completed MM / DD / YYYY

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
---------------------------	---

Licensed Sales Representative Signature

Agent: Fax completed form to 1-866-994-9659

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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).

☐ **UnitedHealthcare Medicare Complete Choice Plan 3 (Regional PPO) R5342-005 - UM3**

This is a Regional Preferred Provider Organization (RPPO) plan. It has a network of doctors, specialists, hospitals and other providers you can use. In some cases, you may get covered services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

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**

Information about you. (Please type or print in black or blue ink)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
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Birth Date MM-DD-YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Daytime Phone Number () -	Mobile Phone Number () -
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Permanent Residence Street Address (**P.O. Box is not allowed**)

City	County	State	ZIP Code
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Mailing Address (**Only if it's different from above. You can give a P.O. Box.**)

City	County	State	ZIP Code
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Email Address

Enrollee Name _____

Agent Name / ID No. _____

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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 opt out of paperless delivery.

- ☐ 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 your Medicare.

Please take out your red, white and blue Medicare card to complete this section.

- ☐ Fill out this information as it appears on your Medicare card.
- OR-
- ☐ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.
- Name (as it appears on your Medicare card):

- Medicare Number: _____
- Sex: _____
- Is Entitled to _____ Effective Date _____
- Hospital (Part A) _____ MM-DD-YYYY
- Medical (Part B) _____ MM-DD-YYYY
- 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.

This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

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) check.**

I get monthly benefits from: ☐ Social Security ☐ RRB

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We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or there is a delay in setup, we will send you a paper bill for your monthly premiums.

☐ **I want to pay directly from a bank account.**

- ☐ Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- ☐ Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month. The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

Account Type ☐ **Checking** ☐ **Savings**

Account Holder Name: _____

Bank Routing Number

Bank Account Number

Signature _____ **Date** **MM-DD-YYYY**

☐ **I want to pay online.**

Visit www.UHCMedicareSolutions.com to make a payment directly from a bank account.

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month or you will receive an email notification if you signed up for e-delivery.

If you want to pay by credit card.

After you become a member, you can call us to have your monthly payment charged to your Visa or Mastercard. Until then, we'll send you a bill each month.

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A few notes about your costs.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)

Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you

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 drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn't cover.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra 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 format? ☐ Yes ☐ No

Please check what you'd like: ☐ Spanish ☐ Other _____

If you don't see the language or format you want, please call us toll-free at 1-844-723-6473, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.UHCMedicareSolutions.com for online help.

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 dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis; otherwise, we may need to contact you to obtain additional information.

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? ☐ Yes ☐ No

If yes, please give us your Medicaid number: _____

Enrollee Name _____

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4. Do you live in a nursing home or a long-term care facility?

☐ Yes ☐ No

If yes, please give us information on the long-term care facility:

Name			
Address	City	State	ZIP Code
Phone Number () -		Date You Moved There MM-DD-YYYY	

5. Do you have health insurance with an employer or union right now?

☐ Yes ☐ No

If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union's website, or read any information sent to you. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

6. Do you or your spouse work?

☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company	
Subscriber Name	Group Number
Member Number	Effective Dates (if applicable) MM-DD-YYYY - MM-DD-YYYY

7. Do you have other insurance that will cover your prescription drugs?

☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

Name of Other Insurance		
Member Number	Group Number	Date Plan Started MM-DD-YYYY

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8. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the Provider Directory.

Provider or PCP Full Name	Phone Number () -
Provider/PCP Number: [][][][][][][][][][][][][][][]	(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)
Are you now seeing or have you recently seen this doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please read and sign.

By completing this form, I agree to the following:

- ☐ This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- ☐ I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- ☐ If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- ☐ I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- ☐ 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 plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- ☐ I understand that beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services

Enrollee Name _____
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or out-of-area dialysis services. If I happen to pay full price for any network or out-of-network services received, this plan provides refunds for all medically necessary covered benefits.

- ☐ If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- ☐ My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- ☐ If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- ☐ The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

When I sign below, it means that I have read and understand the information on this form.

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and you have received your UnitedHealthcare member ID card, please call Customer Service at the number on the back of your UnitedHealthcare member ID card to update your authorization information on file.

Signature of Applicant/Member/Authorized Representative Today's Date **MM-DD-YYYY**

If you are the authorized representative, please sign above and complete the information below.

***NOT A SALES AGENT**

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number () -		Relationship to Applicant	

Enrollee Name _____
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For licensed sales representative/agency use only.

- ☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

12 digit grid

Branch ID

6 digit grid

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM-DD-YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM-DD-YYYY

Licensed Sales Representative Phone Number ()

-

Where did this application originate?

- ☐ National Retail/Mall Program ☐ Community Meeting ☐ Appointment ☐ Other
☐ Member Meeting ☐ Local Event Outreach ☐ Walmart Program

How was this application submitted?

- ☐ Mail ☐ Fax ☐ Online

Agent must complete

- ☐ 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

Please mail or fax this completed form to:

UnitedHealthcare
3315 Central AVE
Hot Springs, AR 71913

Fax: 1-501-262-7070

Enrollee Name

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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 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 chosen.

✓ 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.

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

My new plan is (circle one): 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 referrals ☐ Does not require referrals

My plan will provide: ☐ all my Medicare health coverage
☐ all my Medicare prescription drug coverage

I have purchased rider(s) as part of my plan: ☐ Yes ☐ No ☐ N/A

Proposed effective date: MM / DD / YYYY

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is: _____.

If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer:

I **should / should not** have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

\$ PREMIUM INFORMATION What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or 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 answer: If I get my care from out-of-network providers, I may pay **less / more** of the cost. I should call before my appointment to make sure the provider will accept and bill my plan.



PRESCRIPTION DRUG COVERAGE Know what is covered by your prescription drug plan.

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)

- I have the option to access my plan documents, such as Explanation of Benefits (EOB), electronically.
- ☐ I have opted to access documents electronically.
 - ☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
 - ☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.
 - ☐ 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 Representative.

If I have questions about my plan, I will call my Licensed Sales Representative, _____ at _____ or Customer Service at _____.

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.
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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.

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Applicant 1:

Name

Application Date

MM / DD / YYYY

Proposed Effective Date

MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

MM / DD / YYYY

Proposed Effective Date

MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □

RxBIN: 610097

Rx PCN: 9999

RxGRP: COS

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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.



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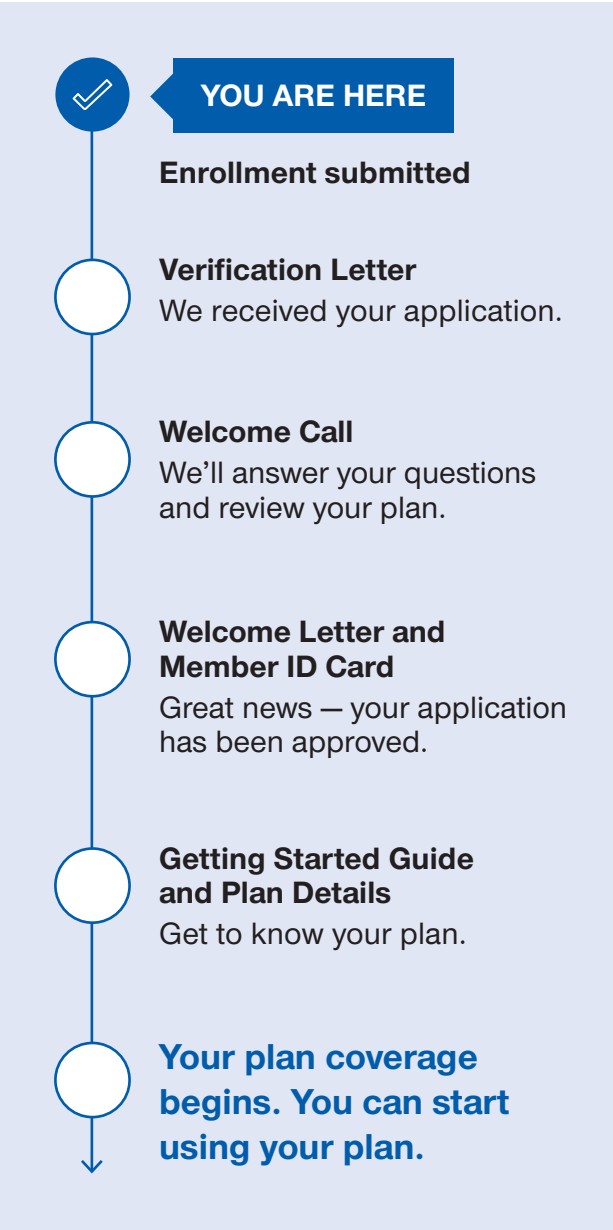
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Here's What You Can Expect Next

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.

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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 us

When you receive your member ID card you can use it to register online at **myUHC Medicare.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.UHCMedicareSolutions.com