

# PLAN INFORMATION

starts here.

## 2015 Plan Guide

**Milwaukee County**

**UnitedHealthcare® Group Medicare Advantage (PPO)**

Effective January 1, 2015 through December 31, 2015

Group: 13349



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Learn about the materials and follow-up communication you can expect after you become a member.

# Working with you to create a positive Medicare experience.

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Dear Milwaukee County Retiree and/or Medicare Eligible Dependent,

We are pleased that Milwaukee County has selected UnitedHealthcare® to provide this new health care option for all Medicare eligible retirees and their Medicare eligible dependents. At UnitedHealthcare we believe you deserve more than just a good insurance plan to help maintain your health. We want to work with you so you can live a healthier life.

We want to:

- Help you get access to the care you may need when you need it
- Give you tools and resources to be in control
- Try to help you find ways to save money, so you can spend less on health care and more on the things that matter most to you
- Be there for you whenever and wherever you need us

## What's in this book

In this book you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- What you can expect after you enroll



## Enrolling is easy.

You will be automatically enrolled in this plan unless you tell your employer that you aren't interested. If you do not want to be enrolled in this plan, follow your employer's instructions on what to do next.

Before deciding to opt out, ask your employer what it means for you if you decline this coverage. If UnitedHealthcare doesn't get a call prior to your plan's effective date, you will be automatically enrolled in this plan.

## We're with you every step of the way.

If you have any questions, please give us a call. Our Customer Service team has been specially trained on the details of your plan. They are happy to answer any questions you have.



Toll-Free **1-866-291-1237**, TTY **711**  
8 a.m. – 8 p.m. local time, 7 days a week

[www.UHCRetiree.com](http://www.UHCRetiree.com)

Learn more online







# More plan **INFORMATION**

Read all about your plan benefits, including services and support for your overall health and well-being.

# Benefit highlights

Milwaukee County 13349

Effective January 1, 2015 to December 31, 2015

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs	In-Network	Out-of-Network
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,400 each plan year	
Medical Benefits	In-Network	Out-of-Network
<b>Benefits covered by Original Medicare and your plan</b>		
Doctor's office visit	Primary Care Physician: \$10 copay Specialist: \$20 copay	Primary Care Physician: \$10 copay Specialist: \$20 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Summary of Benefits or Evidence of Coverage for additional information.	
Inpatient hospital care	\$500 copay per admission	\$500 copay per admission
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$75 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$75 copay per additional day up to 100 days
Outpatient surgery	\$250 copay	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$25 copay	\$25 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$25 copay	\$25 copay
Lab services	\$10 copay	\$10 copay
Outpatient x-rays	\$10 copay	\$10 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$25 copay	\$25 copay
Ambulance	\$100 copay	\$100 copay
Emergency care	\$65 copay (worldwide)	
Urgent care	\$35 copay	\$35 copay
<b>Additional benefits and programs not covered by Original Medicare</b>		
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Foot care - routine	\$20 copay (Up to 6 visits per plan year)*	\$20 copay (Up to 6 visits per plan year)*
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Vision - routine eye exams	\$20 copay (1 exam every 12 months)*	\$20 copay (1 exam every 12 months)*

Medical Benefits	In-Network	Out-of-Network
Fitness program through SilverSneakers® Fitness program	Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine <sup>SM</sup>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	

\*Benefits are combined in and out-of-network

Prescription Drugs	Your Cost	
Initial coverage stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	\$10 copay	\$25 copay
Tier 2: Preferred brand	\$30 copay	\$75 copay
Tier 3: Non-preferred brand	\$50 copay	\$125 copay
Tier 4: Specialty tier	\$50 copay	\$125 copay
Coverage gap stage	After your total drug costs reach \$2,960, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. When your total out-of-pocket costs reach \$2,000 you will not pay any copay or coinsurance	
Catastrophic coverage stage	You do not pay any copay or coinsurance.	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more 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.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change each plan year.

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# UnitedHealthcare® Group Medicare Advantage

Let's start with a quick look at how your plan works. Milwaukee County has chosen a UnitedHealthcare® Group Medicare Advantage (PPO) plan. What is a Group Medicare Advantage plan? The word "Group" means that this is a plan designed just for a plan sponsor, like yours. Only Medicare eligible retirees and their Medicare eligible dependents can enroll in this plan. You can't get it anywhere else.

"Medicare Advantage" is also known as Medicare Part C. Medicare Advantage plans are a part of Medicare that combine all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) into one convenient plan. Plus, your plan includes programs that go beyond Original Medicare Part A and Part B.



**Medicare Part A**  
Hospital



**Medicare Part B**  
Doctor and outpatient



**Medicare Part D**  
Prescription drugs



**Extra Programs**  
Beyond Original Medicare



### **Make sure you are signed up for Medicare.**

You must be enrolled in Medicare Part A and purchase Medicare Part B to be eligible to enroll in this plan.

- If you're not sure if you are enrolled in Medicare Part A, check with your local Social Security office
- You must continue paying your Medicare Part B premium to keep your coverage under this group-sponsored plan
  - If Milwaukee County currently reimburses you for your Part B premium, they will continue to do so
- If you stop your payments, you may be disenrolled from this plan

### **One drug plan at a time.**

This plan includes prescription drug coverage. You can only have prescription drug coverage under one plan. If you enroll in another stand-alone Medicare Part D plan or a medical plan that includes prescription drug coverage, you may be disenrolled from this plan.

**Remember:** If you drop your group-sponsored retiree health coverage, you may not be able to re-enroll. Limitations and restrictions vary by plan sponsor.



## Plan basics

### How your PPO plan works.

Your plan is a Preferred Provider Organization (PPO) plan. You can see providers out-of-network at the same cost as in-network providers, as long as they participate in Medicare and accept the plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Has the choice to accept plan (except for emergencies).
What is my co-pay or co-insurance?	Co-pays and co-insurance vary by service. <sup>1</sup>	
Do I need to choose a primary care provider (PCP)?	No	No
Do I need a referral to see a specialist?	No	No
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard co-pay or co-insurance for the service you receive. <sup>1</sup>	
Is there a limit on my total out-of-pocket spending for the year?	Yes	Yes

<sup>1</sup>Refer to the Summary of Benefits or Benefit Highlights for more information.



### We will handle the paperwork.

Keeping track of bills and payments can be overwhelming. We take care of the payments to doctors and hospitals, so you don't have to. There are no health questions to answer and you don't need a physical to enroll in this plan. Once you're a member, you can register online at [UHCRetiree.com](http://UHCRetiree.com) to view your account activity, plan details and so much more.



# How your prescription drug coverage works

## Prescription Drug Coverage

Your drug list covers thousands of brand name and generic prescription drugs. Review the plan drug list to make sure your prescription drugs are covered.

### The price you pay for a covered drug will depend on two factors:

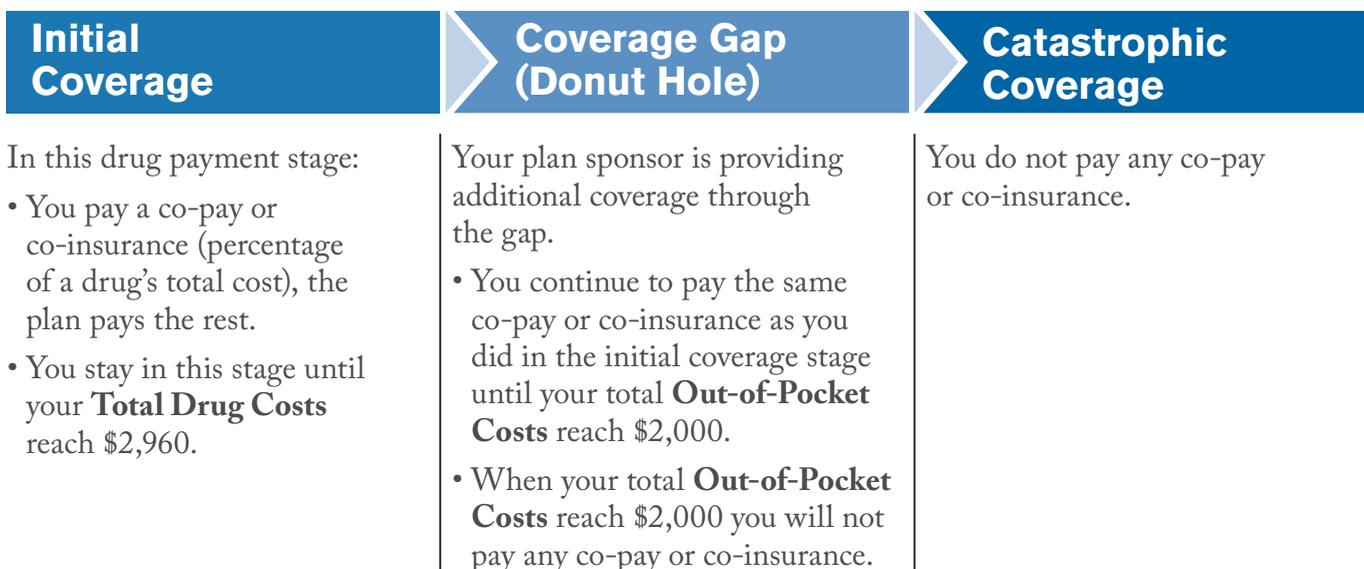
#### 1 The drug tier for your drug.

Each covered drug is assigned to a tier. Generally, the lower the tier, the less you pay.

Tier	Cost	Description
Tier 1	Low	Includes all generic prescription drugs.
Tier 2	↑ ↓	Includes many common brand name drugs.
Tier 3		Includes non-preferred brand name drugs.
Tier 4 (Specialty)	High	Includes unique or very high-cost drugs.

#### 2 Your drug payment stage.

Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the stage you're in.



**Annual deductible:** If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage. If you don't have a deductible, your coverage begins in the initial coverage stage.

**Total Drug Costs:** The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs. This does not include premiums.

**Out-of-Pocket Costs:** The amount you pay (or others pay on your behalf) for prescription drugs. This does not include premiums, or the amount the plan pays for prescription drugs.



# Getting the health care you may need



## Your care begins with your doctor.

With this plan, you have the flexibility to see doctors that are both inside and outside the UnitedHealthcare network. Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network. With your UnitedHealthcare Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

### Finding a doctor is easy.

If you need help finding a doctor or a specialist, just give us a call. We can help you find a doctor based on your needs. We can even help schedule that first appointment.

### Why use a UnitedHealthcare network doctor?

If you need to find a new doctor or specialist, we hope you will consider a UnitedHealthcare doctor. We work closely with our network of doctors to give them access to resources and tools that can help them.



## Filling your prescriptions is convenient.

UnitedHealthcare has over 65,000 national, regional and local chains, as well as thousands of independent neighborhood pharmacies in its network. Using a UnitedHealthcare network pharmacy can help make sure you are getting the lowest cost available through your plan.



## We can help you find doctors in your area.



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8 a.m. – 8 p.m. local time, 7 days a week

[www.UHCRetiree.com](http://www.UHCRetiree.com)

Learn more online





# Getting the health care you may need

## Care continues with additional support and programs.

At UnitedHealthcare, we want to make it easier for you and your doctor to take care of your health. Here are just a few of the ways we help.



### Annual Wellness Visit and preventive services at \$0 co-pay.

One of the best ways to stay on top of your health is with an Annual Wellness Visit with your doctor. Identify the preventive screening you need, review all your medications and talk to your doctor about any health concerns.



### Special programs for people with chronic or complex health needs.

UnitedHealthcare offers special programs to doctors to help their patients who are living with chronic disease, like diabetes or heart disease. These programs can be very helpful for both patients and doctors. The patients get personal attention and the doctor gets up-to-date information to help them make decisions.



### Enjoy a convenient clinical visit in the comfort of your own home.

Our health care practitioners may offer an annual visit for qualified members in their homes. They will review your health history and medications, perform a physical evaluation, identify health risks and provide education information. There is no co-pay if you qualify for a HouseCalls visit. In addition, the results of the HouseCalls visit are sent to the member's doctor.



### You are never alone with NurseLine<sup>SM</sup>

Doctor's office not open? Whether it's a question about a medication or a health concern in the middle of the night, with NurseLine<sup>SM</sup> registered nurses answer your call 24 hours a day.



## Tools and resources to put you in control

Good health care decisions can help you to live healthier and may help lower your health care costs. It's no secret that health care has gotten more complicated. UnitedHealthcare strives to make it easier by giving you the tools and resources you need to help make good health decisions for you.



### **Valuable information is just a few clicks away.**

As a UnitedHealthcare member, you will have access to a safe, secure and personalized website that gives you access 24 hours a day to many valuable programs and information. Once you register, you can:

- Look up your latest claim information
- Review your personal health record
- Search for doctors
- Search for drugs and how much they cost under your plan
- Check out the latest discounts and coupon offers on health-related items
- Learn more about wellness topics and sign up for healthy challenges that are based on your interests and goals



### **Take control of your fitness with SilverSneakers.®**

Stay active with the SilverSneakers® Fitness Program. SilverSneakers members receive a basic fitness membership and access to more than 11,000 participating locations. Don't live near a fitness center? SilverSneakers Steps is a personalized fitness program for members who can't get to a SilverSneakers location. Once enrolled in Steps, you may select one of four programs that best fits your needs — general fitness, strength, walking or yoga. The Steps wellness tools can help you get fit at home or on the go.



### **The importance of a living will.**

By completing a living will or advanced directive, you control how you want to be cared for when you are not able to make decisions for yourself. We encourage all our members to have advanced directives in place. If you want to learn more, give us a call. Another good resource is Aging With Dignity. They have created a very simple easy to use document called 5 Wishes. To learn more go to [www.AgingWithDignity.org](http://www.AgingWithDignity.org).

# Ways to help you save

One of the advantages of having your health care coverage through UnitedHealthcare is our size and experience. As one of the largest and oldest providers of Medicare Advantage plans in the country, we bring you savings that are exclusive to UnitedHealthcare.



**Pharmacy Saver.™** Save on the cost of generic prescription drugs. Many, but not all, of the pharmacies in UnitedHealthcare’s national pharmacy network participate in a special program that could help you save more on your prescription drugs. This program is called the Pharmacy Saver™ program.<sup>1</sup> With the Pharmacy Saver program, you can fill your prescriptions for as low as \$2 at participating pharmacies located in grocery, discount and drug stores where you already shop.

Best of all, Pharmacy Saver is easy. No additional enrollment is necessary. Simply take your qualifying prescription to a participating pharmacy, show your UnitedHealthcare member ID card and they can help you switch.

**Here are just some of the national and local retailers with pharmacies that participate in the Pharmacy Saver program:**



**Note:** Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

<sup>1</sup>Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.



To see a listing of drugs available through Pharmacy Saver or to find a participating pharmacy, visit **UnitedPharmacySaver.com**.



## More ways you could save on your prescription drugs

You could save money on prescription drugs with exclusive member pricing at pharmacies in your local grocery, drug and discount stores.

### Save on the medications you take regularly.

If you prefer the convenience of mail order, you could save time and money on your maintenance medications with our mail service pharmacy. You will have access to licensed pharmacists and, in addition, you can receive automatic refill reminders with OptumRx Mail Service Pharmacy.

### Get a 90-day<sup>1</sup> supply at retail pharmacies.

In addition to your Mail Service Pharmacy, most retail pharmacies offer 90-day supplies for some prescription drugs.

To find out if a retail pharmacy offers 90-day supplies, you can check your UnitedHealthcare pharmacy directory and look for the  symbol.

### Ask your doctor about trial supplies.

Before you get a prescription for a one-month supply, ask your doctor about a trial supply. A trial supply allows you to fill a prescription for less than 30 days. This way you can pay a reduced co-pay or co-insurance and make sure the medication works for you before getting a full month supply.

### Explore lower cost options.

Each covered drug in your drug list is assigned to a tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to talk to your doctor to see if there's a lower-tier drug you could take instead.

### Have an annual medication review.

Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.

<sup>1</sup>Your plan sponsor may provide coverage beyond 90 days. Please refer to the Benefit Highlights or Summary of Benefits for more information.



### The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your costs down for prescription drugs. As a member of our Medicare Advantage prescription drug plans, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan co-pay, the pharmacy's retail price or our contracted price with the pharmacy.

### Call Medicare to see if you qualify for Extra Help.

If you have a limited income, you may be able to get Extra Help from Medicare. If you qualify, Medicare could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying and you can re-apply every year.



**1-800-633-4227, TTY 1-877-486-2048**

24 hours a day, 7 days a week



## Here's what you can expect next

# 1

### **UnitedHealthcare will process your enrollment.**

Remember to let Milwaukee County know your plan selection. Once your plan election has been processed, UnitedHealthcare will confirm your eligibility. And if there are any questions or we need additional information, we will be in touch.

# 2

### **You will receive your member ID card.**

You will want to put this in your wallet to start using it as soon as your plan is effective. You will not need to use your red, white and blue Medicare card so be sure to put that somewhere safe.

# 3

### **Review your Welcome Guide.**

Once you're enrolled in the plan, you will receive a Welcome Guide that gives you more information on how your benefits work and how to get the most out of your plan.

# 4

### **Start using your plan.**

And remember to use your member ID card.

# 5

### **Once you are a member, register online at the website listed below.**

Get easy, convenient access to all your plan information.

### **Give us a call if you have any questions.**

We are always ready to help you but it helps us if you have some information handy when you call. Be sure to let the Customer Service representative know that you are calling about a group-sponsored plan. In addition, it is helpful to have:

- Your group number on the front of this book.
- Your Medicare claim number and Medicare effective date. You can find this on your red, white and blue Medicare card.
- Names and addresses for doctors, hospitals, specialists and pharmacy.
- List of current prescription drugs and dosages.
- Current health conditions and treatments.

### **We're with you every step of the way.**



Toll-Free **1-866-291-1237**, TTY **711**  
8 a.m. – 8 p.m. local time, 7 days a week

[www.UHCRetiree.com](http://www.UHCRetiree.com)

Learn more online







# 2015 Summary of BENEFITS

## **UnitedHealthcare® Group Medicare Advantage (PPO)**

Group Name (Plan Sponsor): Milwaukee County  
Group Number: 13349  
H2001-816



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# Section 1 – Introduction to Summary of Benefits

## Your Health Care Coverage

This plan is offered through your Plan Sponsor.

You may be able to join or leave a plan only at certain times designated by your Plan Sponsor. If you choose to enroll in a Medicare health plan or Medicare Prescription Drug plan that is not offered by your Plan Sponsor, you may lose the option to enroll in a plan offered by your Plan Sponsor in the future. You could also lose coverage for other Plan Sponsor retirement benefits you may currently have. Once enrolled in our plan, if you choose to end your membership outside of your Plan Sponsor's open enrollment period, re-enrollment in any plan your Plan Sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

It is important to understand your Plan Sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other benefits before submitting a request to enroll in a plan not offered by your Plan Sponsor, or a request to end your membership in our plan.

For more information please call UnitedHealthcare® Group Medicare Advantage (PPO) at the number listed below.

If you want information about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://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.

## Sections in this booklet

- Things to Know About UnitedHealthcare® Group Medicare Advantage (PPO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-866-291-1237.

## Things to Know About UnitedHealthcare® Group Medicare Advantage (PPO)

### Hours of Operation

You can call us 8 a.m. to 8 p.m. local time, Monday - Friday

### UnitedHealthcare® Group Medicare Advantage (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-866-291-1237.
- If you are not a member of this plan, call toll-free 1-866-291-1237.
- Our website: [www.UHCRetiree.com](http://www.UHCRetiree.com)

## Who can join?

To join UnitedHealthcare® Group Medicare Advantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

## Which doctors, hospitals, and pharmacies can I use?

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (in-network or out-of-network) that participates in Medicare at no additional cost to you. Your copays or coinsurance will be the same.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website [www.UHCRetiree.com](http://www.UHCRetiree.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.UHCRetiree.com](http://www.UHCRetiree.com).
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of four “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your Plan Sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. Once you are enrolled in this plan, you will receive a separate document called the “Certificate of Coverage” with more information about this supplemental drug coverage.

## Section 2 - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare for details.

### Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

**How much is the monthly premium?** Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

**How much is the deductible?** This plan does not have a deductible.

**Is there any limit on how much I will pay for my covered services?** Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

- \$2,400 for services you receive from in-network providers.
- \$2,400 for services you receive from any provider.

Your limit for services received from in-network and out-of-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

**Is there a limit on how much the plan will pay?** No. There are no limits on how much our plan will pay.

### Covered Medical and Hospital Benefits

#### Outpatient Care and Services

**Ambulance**

- In-network: \$100 copay
- Out-of-network: \$100 copay

**Chiropractic Care**

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):

- In-network: \$20 copay
- Out-of-network: \$20 copay

**Dental Services**

Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):

- In-network: \$20 copay
- Out-of-network: \$20 copay

**Diabetes Supplies and Services**

Diabetes monitoring supplies:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Diabetes self-management training:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Therapeutic shoes or inserts:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

**Diagnostic Tests, Lab and Radiology Services, and X-Rays**

Diagnostic radiology services (such as MRIs, CT scans):

- In-network: \$25 copay
- Out-of-network: \$25 copay

Diagnostic tests and procedures:

- In-network: 10% of the cost
- Out-of-network: 10% of the cost

Lab services:

- In-network: \$10 copay
- Out-of-network: \$10 copay

Outpatient x-rays:

- In-network: \$10 copay
- Out-of-network: \$10 copay

Therapeutic radiology services (such as radiation treatment for cancer):

- In-network: \$25 copay
- Out-of-network: \$25 copay

**Doctor's Office Visits**

Primary care physician visit:

- In-network: \$10 copay
- Out-of-network: \$10 copay

Specialist visit:

- In-network: \$20 copay
- Out-of-network: \$20 copay

**Durable Medical Equipment**

(wheelchairs, oxygen, etc.)

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

**Emergency Care**

- \$65 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

**Foot Care**

(podiatry services)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:

- In-network: \$20 copay
- Out-of-network: \$20 copay

**Additional benefit not covered by Original Medicare**

Routine foot care (for up to 6 visits every year):

- In-network: \$20 copay for each visit
- Out-of-network: \$20 copay for each visit

	Benefit is combined in and out-of-network.
<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues:</p> <ul style="list-style-type: none"> <li>● In-network: \$20 copay</li> <li>● Out-of-network: \$20 copay</li> </ul> <p><b>Additional benefit not covered by Original Medicare</b></p> <p>Routine hearing exam (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>● In-network: You pay nothing for each visit</li> <li>● Out-of-network: You pay nothing for each visit</li> </ul> <p>Benefit is combined in and out-of-network</p>
<b>Home Health Care</b>	<ul style="list-style-type: none"> <li>● In-network: You pay nothing</li> <li>● Out-of-network: You pay nothing</li> </ul>
<b>Mental Health Care</b>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital.</p> <ul style="list-style-type: none"> <li>● In-network: <ul style="list-style-type: none"> <li>○ \$500 copay per stay, up to 190 days</li> </ul> </li> <li>● Out-of-network: <ul style="list-style-type: none"> <li>○ \$500 copay per stay, up to 190 days</li> </ul> </li> </ul> <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> <li>● In-network: \$10 copay</li> <li>● Out-of-network: \$10 copay</li> </ul> <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> <li>● In-network: \$20 copay</li> <li>● Out-of-network: \$20 copay</li> </ul>
<b>Outpatient Rehabilitation</b>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <ul style="list-style-type: none"> <li>● In-network: \$25 copay</li> <li>● Out-of-network: \$25 copay</li> </ul> <p>Occupational therapy visit:</p> <ul style="list-style-type: none"> <li>● In-network: \$25 copay</li> <li>● Out-of-network: \$25 copay</li> </ul> <p>Physical therapy and speech and language therapy visit:</p> <ul style="list-style-type: none"> <li>● In-network: \$25 copay</li> <li>● Out-of-network: \$25 copay</li> </ul>
<b>Outpatient Substance Abuse</b>	<p>Group therapy visit:</p> <ul style="list-style-type: none"> <li>● In-network: \$10 copay</li> <li>● Out-of-network: \$10 copay</li> </ul> <p>Individual therapy visit:</p> <ul style="list-style-type: none"> <li>● In-network: \$20 copay</li> <li>● Out-of-network: \$20 copay</li> </ul>
<b>Outpatient</b>	Ambulatory surgical center:

<b>Surgery</b>	<ul style="list-style-type: none"> <li>● In-network: \$250 copay</li> <li>● Out-of-network: \$250 copay</li> </ul> <p>Outpatient hospital:</p> <ul style="list-style-type: none"> <li>● In-network: \$250 copay</li> <li>● Out-of-network: \$250 copay</li> </ul>
<b>Prosthetic Devices</b> (braces, artificial limbs, etc.)	<p>Prosthetic devices:</p> <ul style="list-style-type: none"> <li>● In-network: 20% of the cost</li> <li>● Out-of-network: 20% of the cost</li> </ul> <p>Related medical supplies:</p> <ul style="list-style-type: none"> <li>● In-network: 20% of the cost</li> <li>● Out-of-network: 20% of the cost</li> </ul>
<b>Renal Dialysis</b>	<ul style="list-style-type: none"> <li>● In-network: 20% of the cost</li> <li>● Out-of-network: 20% of the cost</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>● \$35 copay</li> </ul> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> <li>● In-network: \$0-\$20 copay, depending on the service</li> <li>● Out-of-network: \$0-\$20 copay, depending on the service</li> </ul> <p>Eyeglasses or contact lenses after cataract surgery:</p> <ul style="list-style-type: none"> <li>● In-network: You pay nothing</li> <li>● Out-of-network: You pay nothing</li> </ul> <p><b>Additional benefit not covered by Original Medicare</b></p> <p>Routine eye exam (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>● In-network: \$20 copay</li> <li>● Out-of-network: \$20 copay</li> </ul> <p>Benefit is combined in and out-of-network.</p>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>● In-network: You pay nothing</li> <li>● Out-of-network: You pay nothing</li> </ul> <p>Our plan covers many preventive services, including but not limited to:</p> <ul style="list-style-type: none"> <li>● Abdominal aortic aneurysm screening</li> <li>● Alcohol misuse counseling</li> <li>● Bone mass measurement</li> <li>● Breast cancer screening (mammogram)</li> <li>● Cardiovascular disease (behavioral therapy)</li> <li>● Cardiovascular screenings</li> <li>● Cervical and vaginal cancer screening</li> <li>● Colonoscopy</li> <li>● Colorectal cancer screenings</li> <li>● Depression screening</li> <li>● Diabetes screenings</li> </ul>

- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening 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)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

**Additional benefit not covered by Original Medicare**

Fitness program:

\$0 membership fee.

SilverSneakers® Fitness program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.

SilverSneakers® Steps at Home program is available for members living 15 miles away or more from a SilverSneakers fitness center. Member may select one of four kits that best fit their lifestyle and fitness level - general fitness, strength, walking or yoga.

**Additional benefit not covered by Original Medicare**

Nurseline<sup>SM</sup>:

You may call the Nurseline, 24 hours a day, 7 days a week and speak to a registered nurse (RN) about your medical concerns and questions.

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<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
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**Inpatient Care**

<b>Inpatient Hospital Care</b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>● In-network: <ul style="list-style-type: none"> <li>○ \$500 copay per stay</li> </ul> </li> <li>● Out-of-network: <ul style="list-style-type: none"> <li>○ \$500 copay per stay</li> </ul> </li> </ul>
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<b>Inpatient Mental Health Care</b>	For inpatient mental health care, see the “Mental Health Care” section of this booklet.
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<b>Skilled Nursing Facility (SNF)</b>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>● In-network: <ul style="list-style-type: none"> <li>○ You pay nothing per day for days 1 through 20</li> <li>○ \$75 copay per day for days 21 through 100</li> </ul> </li> <li>● Out-of-network:</li> </ul>
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- You pay nothing per day for days 1 through 20
- \$75 copay per day for days 21 through 100

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### Prescription Drug Benefits

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- How much do I pay?**
- For Part B drugs such as chemotherapy drugs:
- In-network: 20% of the cost
  - Out-of-network: 20% of the cost
- Other Part B drugs:
- In-network: 20% of the cost
  - Out-of-network: 20% of the cost
- 

Our plan covers Part D prescription drugs and the following charts below further explain your cost sharing.

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- Initial Coverage** You pay the following until total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

**Standard Retail Cost-Sharing**

Tier	One-month supply
Tier 1 (Generic)	\$10 copay
Tier 2 (Preferred Brand)	\$30 copay
Tier 3 (Non-Preferred Brand)	\$50 copay
Tier 4 (Specialty Tier)	\$50 copay

**Standard Mail Order Cost-Sharing**

Tier	Three-month supply
Tier 1 (Generic)	\$25 copay
Tier 2 (Preferred Brand)	\$75 copay
Tier 3 (Non-Preferred Brand)	\$125 copay
Tier 4 (Specialty Tier)	\$125 copay

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

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**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.

After you enter the coverage gap, we will continue to pay our share of the cost of your drugs and you pay your share of the cost. When your total out-of-pocket costs reach \$2,000 you will not pay any copay or coinsurance. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

**Standard Retail Cost-Sharing**

<b>Tier</b>	<b>Drugs covered</b>	<b>One-month supply</b>
Tier 1 (Generic)	All	\$10 copay
Tier 2 (Preferred Brand)	All	\$30 copay
Tier 3 (Non-Preferred Brand)	All	\$50 copay
Tier 4 (Specialty Tier)	All	\$50 copay

**Standard Mail Order Cost-Sharing**

<b>Tier</b>	<b>Drugs Covered</b>	<b>Three-month supply</b>
Tier 1 (Generic)	All	\$25 copay
Tier 2 (Preferred Brand)	All	\$75 copay
Tier 3 (Non-Preferred Brand)	All	\$125 copay
Tier 4 (Specialty Tier)	All	\$125 copay

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**Catastrophic Coverage**

You do not pay any copay or coinsurance.

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**Non-Formulary (drugs not covered under Medicare Part D)**

Your Plan Sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see the Additional Drug Coverage list for more information.

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**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-291-1237. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-291-1237. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-291-1237. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-291-1237. Ta usługa jest bezpłatna.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-291-1237 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-291-1237にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

For more information, please contact Customer Service at:



**Toll-Free 1-866-291-1237, TTY 711**

8 a.m. to 8 p.m. local time, 7 days a week

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### **A UnitedHealthcare® Medicare Solution**

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.

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## 2015 Required INFORMATION

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### Your plan may contain one or more of the following:

**NurseLine<sup>SM</sup> 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. The service is not an insurance program and may be discontinued at any time.

Consult a health care professional before beginning any exercise program. UnitedHealthcare does not endorse and is not responsible for the services or information provided by this program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. SilverSneakers<sup>®</sup> is a registered trademark of Healthways, Inc. © 2014 Healthways, Inc.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan's Preferred Mail Service Pharmacy. Prescription orders sent directly to OptumRx from your doctor must have your approval before OptumRx can send your medications. This includes new prescriptions and prescription refills. OptumRx will contact you, by phone, to get your approval. At that time you may also tell OptumRx to automatically fill any future prescriptions they receive directly from your doctor(s) for up to one year. If OptumRx is unable to reach you for approval your prescription will not be sent to you. Refunds may be available for prescriptions you did not approve and did not want. You may request a refund or cancel your approval by calling OptumRx at 1-888-279-1828, (TTY 711), 24 hours, 7 days a week. New prescriptions should arrive within ten business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change each plan/benefit year.

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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. Enrollment in the plan depends on the plan's contract renewal with Medicare.



# Drug LIST

This list is the first place to check to see if your drug is covered. If you don't see your drug listed, it may still be covered. Simply call the Customer Service number listed on the first page of this booklet and we'll help you find out.



# 2015 DRUG LIST

This is an alphabetical partial list of drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs in plain type
  - Generic drugs are approved by the Food and Drug Administration (FDA) as having the same ingredients as brand name drugs
  - Generic drugs usually cost less than brand name drugs

Each drug is in one of four tiers.

- In most cases, the lower the tier, the less you pay
- See the Summary of Benefits for the amount you will pay in each tier

For more information or for a complete list of covered drugs, please call Customer Service or visit our website, which is shown on the Introduction page of this book.

This list is effective as of August 1, 2014 and may change at any time.

<b>A</b>		
<b>Abilify (Injection), T3</b>	<b>Actemra (162mg/0.9ml Injection, 200mg/10ml Injection), T4</b>	Albuterol Sulfate ER, T1
<b>Abilify (Oral Solution, Tablet), T4</b>	<b>Acthar HP, T4</b>	Alcohol Preps (Pad), T2
<b>Abilify Discmelt, T4</b>	<b>Actonel, T2</b>	Alendronate Sodium, T1
<b>Abilify Maintena (300mg Injection), T4</b>	Acyclovir (Capsule, Suspension, Tablet), T1	Alfuzosin HCl ER, T1
<b>Abstral, T4</b>	Acyclovir (Ointment), T1	Allopurinol (Tablet), T1
Acamprosate Calcium DR, T1	Acyclovir Sodium (500mg Injection), T1	<b>Alphagan P, T2</b>
Acarbose, T1	<b>Adcirca, T4</b>	Alprazolam (Immediate-Release Tablet), T1
Acetaminophen/Codeine, T1	<b>Advair Diskus, T2</b>	Alprazolam ER, T1
Acetazolamide (Tablet), T1	<b>Advair HFA, T2</b>	Alprazolam Intensol (Oral Solution), T1
Acetazolamide ER, T1	<b>Aggrenox, T2</b>	Alprazolam ODT, T1
Acetazolamide Sodium (Injection), T1	Albuterol Sulfate (Nebulization Solution), T1	Amantadine HCl (Capsule, Syrup, Tablet), T1
Acetic Acid (Otic Solution), T1	Albuterol Sulfate (Syrup, Tablet), T1	Amiloride HCl, T1
		Amiloride/ Hydrochlorothiazide, T1

**Bold Type = Brand Name Drug**    Plain type = Generic drug  
**T1 = Tier 1**      **T2 = Tier 2**      **T3 = Tier 3**      **T4 = Tier 4**

Amiodarone HCl (50mg/ml Injection, 200mg Tablet, 400mg Tablet), T1  
**Amitiza, T2**  
 Amitriptyline HCl (Tablet), T1  
 Amlodipine Besylate (Tablet), T1  
 Amlodipine Besylate/ Atorvastatin Calcium, T1  
 Amlodipine Besylate/ Benazepril HCl, T1  
 Amoxicillin, T1  
 Amoxicillin/Potassium Clavulanate, T1  
 Amoxicillin/Potassium Clavulanate ER, T1  
 Amphetamine/ Dextroamphetamine, T1  
 Anastrozole (Tablet), T1  
**Androderm, T2**  
**Androgel (50mg/5gm Gel), T2**  
**Androgel Pump (1.62% Gel), T2**  
**Anoro Ellipta, T2**  
**Antara, T2**  
**Apidra, T2**  
**Apidra SoloStar, T2**  
**Apriso, T2**  
**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), T4**

**Aranesp Albumin Free (25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection), T3**  
**Arcapta Neohaler, T3**  
**Argatroban (100mg/ml Injection, 125mg/125ml-0.9% Injection), T1**  
**Asmanex, T3**  
**Astepro, T3**  
**Atelvia, T3**  
 Atenolol (Tablet), T1  
 Atenolol/Chlorthalidone (100mg-25mg Tablet), T1  
 Atenolol/Chlorthalidone (50mg-25mg Tablet), T1  
 Atorvastatin Calcium, T1  
 Atovaquone, T1  
 Atovaquone/Proguanil HCl (250mg-100mg Tablet), T1  
**Atripla, T4**  
**Atrovent, T3**  
**Atrovent HFA, T3**  
**Aubagio, T4**  
**Avastin (100mg/4ml Injection), T4**  
**Avodart, T2**  
**Avonex, T4**  
 Azathioprine (Tablet), T1  
 Azelastine HCl (137mcg/ Spray Nasal Solution), T1  
 Azelastine HCl (Ophthalmic Solution), T1  
**Azilect, T2**

Azithromycin (500mg Injection, Suspension Reconstituted, Tablet), T1  
**Azopt, T2**  
**Azor, T2**

## B

Baclofen (Tablet), T1  
 Balsalazide Disodium, T1  
**Baraclude, T4**  
 Benazepril HCl (Tablet), T1  
 Benazepril HCl/ Hydrochlorothiazide, T1  
**Benicar, T2**  
**Benicar HCT, T2**  
 Benzotropine Mesylate, T1  
**Besivance, T2**  
**Betaseron, T4**  
 Bethanechol Chloride (Tablet), T1  
**BiDil, T2**  
 Bicalutamide, T1  
**Biltricide, T2**  
**Binosto, T3**  
 Bisoprolol Fumarate, T1  
 Bisoprolol Fumarate/ Hydrochlorothiazide (10mg-6.25mg Tablet), T1  
 Bisoprolol Fumarate/ Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet), T1  
**Boostrix, T2**  
**Breo Ellipta, T2**  
**Brilinta, T2**  
**Brimonidine Tartrate (0.15% Ophthalmic Solution), T1**

**Bold Type = Brand Name Drug** Plain type = Generic drug  
 T1 = Tier 1      T2 = Tier 2      T3 = Tier 3      T4 = Tier 4

Brimonidine Tartrate (0.2% Ophthalmic Solution), T1  
 Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension), T1  
 Budesonide (Capsule Extended Release 24 Hour), T1  
 Bumetanide, T1  
 Bupropion HCl (Tablet), T1  
 Bupropion HCl SR, T1  
 Bupropion HCl XL, T1  
 Buspirone HCl (Tablet), T1  
 Butalbital/Acetaminophen, T1  
 Butalbital/Acetaminophen/Caffeine, T1  
 Butalbital/Acetaminophen/Caffeine/Codeine, T1  
 Butalbital/Aspirin/Caffeine, T1  
**Butrans, T2**  
**Byetta, T2**  
**Bystolic, T2**

## C

Cabergoline, T1  
 Calcitriol (Capsule, Injection, Oral Solution), T1  
 Candesartan Cilexetil, T1  
 Candesartan Cilexetil/Hydrochlorothiazide, T1  
 Captopril (Tablet), T1  
 Captopril/Hydrochlorothiazide, T1  
**Carafate, T3**  
**Carbaglu, T4**  
 Carbamazepine (Suspension, Tablet, Tablet Chewable), T1  
 Carbamazepine ER, T1  
 Carbidopa (Tablet), T1  
 Carbidopa/Levodopa, T1

Carbidopa/Levodopa ER, T1  
 Carbidopa/Levodopa ODT, T1  
 Carboplatin (150mg/15ml Injection), T1  
 Carisoprodol (350mg Tablet), T1  
 Carisoprodol/Aspirin, T1  
 Carisoprodol/Aspirin/Codeine, T1  
 Carvedilol (Immediate-Release Tablet), T1  
 Cefdinir, T1  
 Cefuroxime Axetil (Tablet), T1  
 Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection), T1  
**Celebrex, T3**  
 Cephalixin, T1  
**Chantix (0.5mg Tablet, 1mg Tablet), T3**  
**Chantix Starting Month Pak, T3**  
 Chlorhexidine Gluconate Oral Rinse, T1  
 Chlorthalidone (25mg Tablet, 50mg Tablet), T1  
 Cilostazol, T1  
**Cimzia, T4**  
**Cinryze, T4**  
 Ciprofloxacin (400mg/40ml Injection), T1  
 Ciprofloxacin ER, T1  
 Ciprofloxacin HCl (Ophthalmic Solution, Tablet), T1  
 Ciprofloxacin I.V. in D5W (200mg/100ml-5% Injection), T1  
 Citalopram Hydrobromide, T1

Clindamycin HCl (Capsule), T1  
 Clindamycin Palmitate HCl, T1  
 Clindamycin Phosphate (150mg/ml Injection), T1  
 Clindamycin Phosphate (Cream, External Solution, Foam, Gel, Lotion, Swab), T1  
 Clindamycin Phosphate in D5W, T1  
 Clobetasol Propionate (External Solution, Foam, Gel, Lotion, Ointment, Shampoo), T1  
 Clobetasol Propionate E, T1  
**Clobex (Liquid, Shampoo), T3**  
**Clobex (Lotion), T4**  
 Clonazepam (Tablet), T1  
 Clonazepam ODT, T1  
 Clonidine HCl (Patch Weekly, Tablet), T1  
 Clonidine HCl ER, T1  
 Clopidogrel, T1  
 Clotrimazole/Betamethasone Dipropionate, T1  
 Clozapine, T1  
**Clozaril, T3**  
**Codeine Sulfate (Tablet), T1**  
**Colcrys, T2**  
**Combigan, T2**  
**Combivent Respimat, T2**  
**Copaxone, T4**  
**Coumadin (Injection), T3**  
**Coumadin (Tablet), T2**  
**Creon, T2**  
**Crestor, T2**  
**Crixivan, T2**

Cromolyn Sodium (Concentrate), T1  
 Cromolyn Sodium (Nebulization Solution), T1  
 Cromolyn Sodium (Ophthalmic Solution), T1  
 Cyclobenzaprine HCl (Tablet), T1  
 Cyclophosphamide (Tablet), T1  
**Cymbalta, T3**

**D**

**Daliresp, T3**  
 Danazol (Capsule), T1  
 Dapsone (Tablet), T2  
 Desmopressin Acetate (Injection, Nasal Solution, Tablet), T1  
**Dexilant, T3**  
 Dextroamphetamine Sulfate (Tablet), T1  
 Dextroamphetamine Sulfate ER, T1  
 Dextrose 10% Flex Container, T1  
**Dextrose 10%/NaCl 0.2%, T1**  
**Dextrose 10%/NaCl 0.45%, T1**  
**Dextrose 2.5%/NaCl 0.45%, T1**  
 Dextrose 5%, T1  
**Dextrose 5%/NaCl 0.2%, T1**  
**Dextrose 5%/NaCl 0.225%, T1**  
**Dextrose 5%/NaCl 0.33%, T1**

**Dextrose 5%/NaCl 0.45%, T1**  
**Dextrose 5%/NaCl 0.9%, T1**  
**Dextrose 5%/Potassium Chloride 0.15%, T1**  
**Diamox, T3**  
 Diazepam (Gel), T1  
 Diazepam (Oral Solution), T1  
 Diazepam (Tablet), T1  
 Diazepam Intensol (Oral Solution), T1  
 Diclofenac Potassium, T1  
 Diclofenac Sodium (Gel), T1  
 Diclofenac Sodium (Ophthalmic Solution), T1  
 Diclofenac Sodium DR, T1  
 Diclofenac Sodium ER, T1  
 Dicyclomine HCl (Oral Dosage Forms), T1  
 Digoxin (125mcg Tablet), T1  
 Digoxin (250mcg Tablet), T1  
 Digoxin (Injection), T1  
**Digoxin (Oral Solution), T3**  
 Dihydroergotamine Mesylate (Injection), T1  
 Dilantin (Capsule), T2  
**Dilantin (Suspension), T2**  
 Dilantin Infatabs, T2  
 Diltiazem CD (120mg Capsule Extended Release 24 Hour, 240mg Capsule Extended Release 24 Hour), T1  
 Diltiazem HCl (100mg Injection, 50mg/10ml Injection, Tablet), T1

Diltiazem HCl ER (Capsule Extended Release 12 Hour, 180mg Capsule Extended Release 24 Hour, 300mg Capsule Extended Release 24 Hour, 360mg Capsule Extended Release 24 Hour, 420mg Capsule Extended Release 24 Hour), T1  
**Diovan, T2**  
**Diovan HCT, T3**  
 Diphenoxylate/Atropine, T1  
 Divalproex Sodium, T1  
 Divalproex Sodium DR, T1  
 Divalproex Sodium ER, T1  
 Donepezil HCl, T1  
 Dorzolamide HCl, T1  
 Dorzolamide HCl/Timolol Maleate, T1  
 Doxazosin Mesylate, T1  
 Doxycycline, T1  
 Doxycycline Hyclate (Capsule, Tablet), T1  
 Doxycycline Hyclate DR, T1  
 Doxycycline Monohydrate (150mg Tablet, 50mg Tablet, 75mg Tablet), T1  
 Dronabinol, T1  
**Dulera, T3**  
 Duloxetine HCl (Capsule Delayed Release Particles), T1  
**Durezol, T2**  
**Dymista, T2**

<p><b>Bold Type = Brand Name Drug</b>    Plain type = Generic drug  <b>T1 = Tier 1</b>      <b>T2 = Tier 2</b>      <b>T3 = Tier 3</b>      <b>T4 = Tier 4</b></p>
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**E**

**Edarbi, T3**  
**Edarbyclor, T3**  
**Effient, T2**  
**Eliquis, T2**  
**Elmiron, T3**  
 Enalapril Maleate (Tablet), T1  
 Enalapril Maleate/  
 Hydrochlorothiazide, T1  
**Enbrel, T4**  
 Entacapone, T1  
**EpiPen, T2**  
 Eplerenone, T1  
 Eprosartan Mesylate, T1  
**Epzicom, T4**  
 Erythromycin (External  
 Solution, Gel, Ointment), T1  
 Erythromycin Base, T1  
 Erythromycin Ethylsuccinate  
 (Tablet), T1  
 Escitalopram Oxalate, T1  
 Estrace (Cream), T3  
 Estrace (Tablet), T3  
 Estradiol (Generic  
 Estrace), T1  
 Estradiol Valerate  
 (Injection), T1  
 Ethambutol HCl (Tablet), T1  
 Ethosuximide (Capsule, Oral  
 Solution), T1  
 Etoposide (500mg/25ml  
 Injection), T1  
**Evista, T2**  
**Exalgo, T2**  
**Exelon (Capsule), T3**  
**Exelon (Patch 24 Hour), T3**  
**Exjade, T4**  
**Extavia, T4**

**F**

Famotidine (20mg/2ml  
 Injection, Suspension  
 Reconstituted, 20mg  
 Tablet, 40mg Tablet), T1  
 Famotidine Premixed, T1  
**Faslodex, T4**  
 Fenofibrate (130mg Capsule,  
 43mg Capsule, Tablet), T1  
 Fenofibrate Micronized, T1  
 Fenofibric Acid DR (Generic  
 Trilipix), T1  
 Fentanyl (Patch), T1  
 Fentanyl Citrate Oral  
 Transmucosal, T1  
**Finacea, T2**  
 Finasteride (5mg Tablet), T1  
**Firazyr, T4**  
**Flovent Diskus, T2**  
**Flovent HFA, T2**  
 Fluconazole (Suspension  
 Reconstituted, Tablet), T1  
 Fluconazole in Dextrose  
 (56mg/ml-400mg/200ml  
 Injection), T1  
 Fludrocortisone Acetate  
 (Tablet), T1  
 Flunisolide, T1  
 Fluocinolone Acetonide  
 (Cream, External Solution,  
 Ointment), T1  
 Fluocinolone Acetonide  
 (Oil), T1  
 Fluocinolone Acetonide Body  
 Oil, T1  
 Fluoxetine DR, T1  
**Fluoxetine HCl (60mg  
 Tablet), T1**  
 Fluoxetine HCl (Capsule,  
 Oral Solution, 10mg Tablet,  
 20mg Tablet), T1

Fluphenazine Decanoate  
 (Injection), T1  
 Fluphenazine HCl, T1  
 Fluticasone Propionate  
 (Cream, Lotion,  
 Ointment), T1  
 Fluticasone Propionate  
 (Suspension), T1  
 Fluvastatin (Immediate-  
 Release Capsule), T1  
**Foradil Aerolizer, T2**  
**Forfivo XL, T2**  
 Fosinopril Sodium, T1  
 Fosinopril Sodium/  
 Hydrochlorothiazide, T1  
**Fragmin (10000unit/ml  
 Injection, 12500unit/0.5ml  
 Injection, 15000unit/0.6ml  
 Injection, 18000unt/  
 0.72ml Injection,  
 25000unit/ml Injection,  
 7500unit/0.3ml  
 Injection), T4**  
**Fragmin (2500unit/0.2ml  
 Injection, 5000unit/0.2ml  
 Injection), T3**  
 Furosemide (Injection), T1  
 Furosemide (Oral Solution,  
 Tablet), T1  
**Fuzeon, T4**

**G**

Gabapentin (Capsule, Oral  
 Solution, Tablet), T1  
**Gammagard Liquid, T4**  
 Gauze Pads, T2  
 GaviLyte-C, T1  
 GaviLyte-G, T1  
 GaviLyte-N/Flavor Pack, T1  
**Gelnique (10% Gel), T2**  
**Gelnique (3% Gel), T2**  
 Gemfibrozil (Tablet), T1

Gentamicin Sulfate (Cream, Injection, Ointment, Ophthalmic Solution), T1  
 Gentamicin Sulfate/NaCl (0.9mg/ml-0.9% Injection, 1.4mg/ml-0.9% Injection, 1.6mg/ml-0.9% Injection, 1mg/ml-0.9% Injection), T1

**Gilenya, T4**

**Gleevec, T4**

Glimepiride, T1

Glipizide (Immediate-Release Tablet), T1

Glipizide ER, T1

Glipizide/Metformin HCl, T1

**Glucagen HypoKit, T3**

**Glucagon Emergency Kit, T2**

Glyburide, T1

Glyburide Micronized, T1

Glyburide/Metformin HCl, T1

**Guanidine HCl, T3**

**H**

Haloperidol (Concentrate, Tablet), T1

Haloperidol Decanoate (Injection), T1

Haloperidol Lactate (Injection), T1

**Humalog (Vial), T2**

**Humalog KwikPen (25unit/ml-75unit/ml Injection, 50unit/ml-50unit/ml Injection), T2**

Humira, T4

Humira Starter Kit, T4

Humulin (Vial), T2

**Humulin Pen, T2**

Hydralazine HCl, T1

Hydrochlorothiazide (Capsule, Tablet), T1

Hydrocodone/Acetaminophen (Oral Solution, 300mg-10mg Tablet, 300mg-5mg Tablet, 300mg-7.5mg Tablet, 325mg-10mg Tablet, 325mg-5mg Tablet, 325mg-7.5mg Tablet), T1

Hydroxychloroquine Sulfate (Tablet), T1

Hydroxyurea (Capsule), T1

Hydroxyzine HCl (Injection), T1

Hydroxyzine HCl (Oral Solution, Tablet), T1

Hydroxyzine Pamoate (Capsule), T1

**I**

Ibandronate Sodium (Injection), T1

Ibandronate Sodium (Tablet), T1

Ibuprofen (Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet), T1

**Ilevro, T2**

Imiquimod (Cream), T1

Insulin Syringes, Needles, T2

**Intelence (100mg Tablet, 200mg Tablet), T4**

**Intelence (25mg Tablet), T3**

Invanz, T3

Ipratropium Bromide (Inhalation Solution), T1

Ipratropium Bromide (Nasal Solution), T1

Ipratropium Bromide/Albuterol Sulfate, T1

Irbesartan, T1

Irbesartan/Hydrochlorothiazide, T1

**Isentress (25mg Tablet Chewable), T2**

**Isentress (Tablet, 100mg Tablet Chewable), T4**

Isosorbide Dinitrate, T1

Isosorbide Dinitrate ER, T1

Isosorbide Mononitrate, T1

Isosorbide Mononitrate ER, T1

Isotonic Gentamicin (0.8mg/ml-0.9% Injection, 1.2mg/ml-0.9% Injection), T1

**J**

Jantoven, T1

**Janumet, T2**

**Janumet XR, T2**

**Januvia, T2**

**Jentaducto, T3**

Jinteli, T1

**K**

**KCl 0.075%/D5W/NaCl 0.45%, T1**

KCl 0.15%/D5W/LR, T1

**KCl 0.15%/D5W/NaCl 0.2%, T1**

**KCl 0.15%/D5W/NaCl 0.225%, T1**

**Bold Type = Brand Name Drug** Plain type = Generic drug  
**T1 = Tier 1**      **T2 = Tier 2**      **T3 = Tier 3**      **T4 = Tier 4**

**KCl 0.15%/D5W/NaCl 0.9%, T1**  
**KCl 0.3%/D5W/NaCl 0.45%, T1**  
KCl 0.3%/D5W/NaCl 0.9%, T1  
**Kazano, T3**  
Ketoconazole (Cream, Shampoo, Tablet), T1  
**Kineret, T4**  
Kionex (Powder), T1  
**Klor-Con 10, T1**  
**Klor-Con 8, T1**  
Klor-Con M15, T1  
Klor-Con M20, T1  
**Kombiglyze XR, T2**  
**Korlym, T4**  
**Kuvan (Tablet Soluble), T4**

## L

Labetalol HCl (Injection, Tablet), T1  
Lactated Ringers Dextrose 5% Viaflex, T1  
Lactulose, T1  
Lamivudine (100mg Tablet), T1  
Lamivudine (150mg Tablet, 300mg Tablet), T1  
Lamotrigine (Tablet, Tablet Chewable), T1  
Lamotrigine ER, T1  
Lansoprazole (Capsule Delayed Release), T1  
**Lantus, T2**  
**Lantus SoloStar, T2**  
**Lastacft, T2**  
Latanoprost, T1  
**Latuda, T3**  
Leflunomide (Tablet), T1  
**Letairis, T4**

Letrozole (Tablet), T1  
Leucovorin Calcium (100mg Injection, 350mg Injection, Tablet), T1  
**Leukeran, T2**  
**Levemir, T2**  
**Levemir FlexPen, T2**  
Levetiracetam (500mg/5ml Injection, Oral Solution, Tablet), T1  
Levetiracetam ER, T1  
Levocarnitine (Injection, Oral Solution, Tablet), T1  
Levocetirizine Dihydrochloride (Oral Solution, Tablet), T1  
Levofloxacin (Injection, Ophthalmic Solution, Oral Solution, Tablet), T1  
Levofloxacin in D5W (5%-500mg/100ml Injection), T1  
**Levothyroxine Sodium (100mcg Injection), T1**  
Levothyroxine Sodium (Tablet), T1  
**Levoxy, T1**  
**Lialda, T2**  
Lidocaine (Ointment), T1  
Lidocaine (Patch), T1  
Lidocaine 2% Viscous Solution, T1  
Lidocaine HCl (0.5% Injection, 1% Injection), T1  
Lidocaine HCl (External Solution), T1  
Lidocaine HCl (Gel), T1  
Lidocaine/Prilocaine (Cream), T1  
**Lidoderm, T2**  
Lindane, T1

**Linzess, T2**  
Liothyronine Sodium (Injection, Tablet), T1  
Lisinopril (Tablet), T1  
Lisinopril/  
Hydrochlorothiazide, T1  
Lithium Carbonate (Capsule, Tablet), T1  
Lithium Carbonate ER, T1  
**Lithium Citrate, T1**  
**Livalo, T3**  
**Lo Loestrin Fe, T3**  
**Lo Minastrin Fe, T3**  
Lorazepam (Tablet), T1  
Lorazepam Intensol (Oral Solution), T1  
Losartan Potassium, T1  
Losartan Potassium/  
Hydrochlorothiazide, T1  
**Lotemax, T3**  
Lovastatin, T1  
**Lovaza, T3**  
**Lumigan (0.01% Ophthalmic Solution), T2**  
**Lupron Depot, T4**  
**Lupron Depot-PED (11.25mg Injection, 15mg Injection), T4**  
**Lyrica, T2**  
**Lysodren, T4**  
**Lysteda, T3**

## M

Meclizine HCl (Tablet), T1  
Medroxyprogesterone Acetate (Injection, Tablet), T1  
**Megace ES, T4**  
**Megace Oral, T3**  
Meloxicam (Suspension, Tablet), T1

Mercaptopurine (Tablet), T1  
Meropenem (500mg  
Injection), T1

**Mestinon, T3**

**Mestinon Timespan, T3**

Metformin HCl (Tablet), T1  
Metformin HCl ER 1000mg  
Tablet Extended Release  
24 Hour (Generic  
Fortamet), T1

Metformin HCl ER 500mg,  
750mg Tablet Extended  
Release 24 Hour (Generic  
Glucophage XR), T1

**Methadone HCl  
(Injection), T1**

Methadone HCl (Oral  
Solution, Tablet), T1

Methimazole (Tablet), T1

Methocarbamol (Tablet), T1

Methotrexate (Tablet), T1

Methotrexate Sodium (1gm  
Injection, 1gm/40ml  
Injection), T1

Methscopolamine Bromide  
(Tablet), T1

Methylphenidate HCl (Oral  
Solution, Tablet), T1

Methylphenidate HCl CD  
(10mg Capsule Extended  
Release, 50mg Capsule  
Extended Release, 60mg  
Capsule Extended  
Release), T1

Methylphenidate HCl ER, T1

Methylprednisolone  
(Tablet), T1

Methylprednisolone Acetate  
(Injection), T1

Methylprednisolone Dose  
Pack, T1

Methylprednisolone Sodium  
Succinate (125mg  
Injection, 40mg  
Injection), T1

Metoclopramide HCl  
(Injection, Oral Solution,  
Tablet), T1

Metolazone, T1

Metoprolol Succinate ER, T1

Metoprolol Tartrate (Injection,  
Tablet), T1

Metronidazole (Capsule,  
Cream, Gel, Lotion,  
Tablet), T1

Metronidazole Vaginal, T1

**Metronidazole in NaCl  
0.79%, T1**

Midodrine HCl, T1

Migergot, T1

Minocycline HCl (Capsule,  
Tablet), T1

Minocycline HCl ER, T1

Minoxidil (Tablet), T1

Mirtazapine, T1

Mirtazapine ODT (30mg  
Tablet Dispersible, 45mg  
Tablet Dispersible), T1

Misoprostol (Tablet), T1

Modafinil, T1

Moexipril HCl, T1

Moexipril/  
Hydrochlorothiazide, T1

Montelukast Sodium (Packet,  
Tablet, Tablet  
Chewable), T1

Morphine Sulfate (10mg/5ml  
Oral Solution, 20mg/5ml  
Oral Solution), T1

**Morphine Sulfate (20mg/  
ml Oral Solution,  
Tablet), T1**

**Morphine Sulfate (2mg/ml  
Injection, 4mg/ml  
Injection), T1**

Morphine Sulfate ER, T1

**Multaq, T2**

Mupirocin (Cream,  
Ointment), T1

**Mycobutin, T3**

**Myrbetriq, T2**

**N**

Naloxone HCl (1mg/ml  
Injection), T1

Naltrexone HCl (Tablet), T1

**Namenda (Oral  
Solution), T2**

**Namenda XR, T2**

**Namenda XR Titration  
Pack, T2**

Naproxen (Suspension,  
Tablet), T1

Naproxen DR, T1

Naproxen Sodium (275mg  
Tablet, 550mg Tablet), T1

Nateglinide, T1

**Nesina, T3**

**Nevanac, T2**

**Nexium, T2**

**Nexium I.V., T3**

**Bold Type = Brand Name Drug** Plain type = Generic drug  
**T1 = Tier 1**      **T2 = Tier 2**      **T3 = Tier 3**      **T4 = Tier 4**

Niacin ER (Tablet Extended Release), T1  
**Nicotrol Inhaler, T3**  
**Nicotrol NS, T3**  
 Nifedical XL, T1  
 Nifedipine (Capsule), T1  
 Nifedipine ER, T1  
 Nitrofurantoin (Suspension), T1  
 Nitrofurantoin Macrocrystals (50mg Capsule), T1  
 Nitrofurantoin Monohydrate, T1  
**Nitrostat, T2**  
 Nizatidine, T1  
 Nortriptyline HCl (Capsule, Oral Solution), T1  
**Norvir, T3**  
**Novolin (Vial), T2**  
**Novolog (Vial), T2**  
**Novolog FlexPen (30unit/ml-70unit/ml Injection), T2**  
**Novolog PenFill, T2**  
**Nucynta, T3**  
**Nucynta ER, T2**  
**Nuedexta, T3**  
 Nystatin (Cream, Ointment, 100000unit/gm Powder, Suspension, Tablet), T1  
 Nystatin/Triamcinolone, T1

## O

Ofloxacin, T1  
 Olanzapine (Injection), T1  
 Olanzapine (Tablet), T1  
 Olanzapine ODT, T1  
 Omeprazole (10mg Capsule Delayed Release, 20mg Capsule Delayed Release), T1

Omeprazole (40mg Capsule Delayed Release), T1  
 Ondansetron HCl (4mg/2ml Injection), T1  
 Ondansetron HCl (Oral Solution, Tablet), T1  
 Ondansetron ODT, T1  
**Onglyza, T2**  
**Opana (10mg Tablet), T4**  
**Opana (5mg Tablet), T3**  
**Opana ER (Crush Resistant), T2**  
**Opsumit, T4**  
**Oracea, T3**  
**Orencia, T4**  
**Oseni, T3**  
 Oxybutynin Chloride, T1  
 Oxybutynin Chloride ER, T1  
 Oxycodone HCl (Capsule, Concentrate, Tablet), T1  
**Oxycodone HCl (Oral Solution), T1**  
 Oxycodone/Acetaminophen, T1  
 Oxycodone/Aspirin, T1  
 Oxycodone/Ibuprofen, T1  
**Oxycontin, T2**  
**Oxytrol, T2**

## P

Pacerone (100mg Tablet, 400mg Tablet), T3  
 Pacerone (200mg Tablet), T1  
 Pantoprazole Sodium, T1  
 Paroxetine HCl, T1  
 Paroxetine HCl ER, T1  
**Pataday, T2**  
**Patanase, T2**  
**Patanol, T2**  
**Pegasys, T4**

**Pegasys ProClick (135mcg/0.5ml Injection), T4**  
 Penicillin G Potassium (5mu Injection), T1  
**Penicillin G Potassium in Iso-Osmotic Dextrose (40000unit/ml Injection, 60000unit/ml Injection), T2**  
 Penicillin G Procaine, T1  
 Penicillin G Sodium, T1  
 Penicillin V Potassium, T1  
**Pentasa, T3**  
**Perforomist, T3**  
 Perindopril Erbumine, T1  
 Permethrin (Cream), T1  
 Phenelzine Sulfate (Tablet), T1  
 Phenytoin (Suspension, Tablet Chewable), T1  
 Phenytoin Sodium (Injection), T1  
 Phenytoin Sodium Extended (Capsule), T1  
**Phoslyra, T2**  
 Pilocarpine HCl (Tablet), T1  
 Pioglitazone HCl, T1  
 Pioglitazone HCl/Glimepiride, T1  
 Pioglitazone HCl/Metformin HCl, T1  
 Polyethylene Glycol 3350 (Powder), T1  
**Pomalyst, T4**  
 Potassium Chloride (10meq/100ml Injection, 2meq/ml Injection, 40meq/100ml Injection), T1

**Potassium Chloride (20meq/100ml Injection), T1**  
**Potassium Chloride 0.15% D5W/NaCl 0.45%, T1**  
**Potassium Chloride 0.15%/D5W/NaCl 0.33%, T1**  
 Potassium Chloride 0.15%/NaCl 0.45% Viaflex, T1  
**Potassium Chloride 0.15%/NaCl 0.9%, T1**  
**Potassium Chloride 0.22%/D5W/NaCl 0.45%, T1**  
 Potassium Chloride 0.3%/D5W, T1  
**Potassium Chloride 0.3%/NaCl 0.9%, T1**  
 Potassium Chloride ER (Capsule Extended Release, 10meq Tablet Extended Release, 20meq Tablet Extended Release), T1  
 Potassium Citrate (1080mg Tablet Extended Release), T1  
**Potassium Citrate (540mg Tablet Extended Release), T1**  
**Potiga, T4**  
**Pradaxa, T2**  
 Pramipexole Dihydrochloride (Immediate-Release Tablet), T1  
 Pravastatin Sodium, T1  
 Prazosin HCl, T1  
 Prednisone (Oral Solution, Tablet), T1

Prednisone Intensol (Oral Solution), T1  
**Premarin (Injection, Tablet), T3**  
**Premarin (Vaginal Cream), T2**  
**Premphase, T3**  
**Prempro, T3**  
 Prenatabs OBN, T1  
 Primidone (Tablet), T1  
**Pristiq, T3**  
**Proair HFA, T2**  
 Prochlorperazine, T1  
 Prochlorperazine Edisylate (Injection), T1  
 Prochlorperazine Maleate (Tablet), T1  
**Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection), T3**  
**Procrit (20000unit/ml Injection, 40000unit/ml Injection), T4**  
 Procto-Pak, T1  
**Proglycem, T4**  
**Prolensa, T3**  
 Promethazine HCl (Injection, Suppository, Syrup, Tablet), T1  
 Promethazine VC Plain, T1  
 Propranolol HCl (Injection, Oral Solution, Tablet), T1  
 Propranolol HCl ER, T1  
 Propylthiouracil (Tablet), T1

**Pulmicort (0.25mg/2ml Suspension, 0.5mg/2ml Suspension), T3**  
**Pulmicort (1mg/2ml Suspension), T4**  
**Pulmicort Flexhaler, T2**

**Q**

**QVAR, T2**  
 Quetiapine Fumarate, T1  
 Quinapril HCl, T1  
 Quinapril/  
 Hydrochlorothiazide, T1

**R**

Raloxifene Hydrochloride, T1  
 Ramipril, T1  
**Ranexa, T2**  
 Ranitidine HCl (Capsule, 150mg/6ml Injection, Syrup, 150mg Tablet, 300mg Tablet), T1  
**Rapaflo, T2**  
**Rebif, T4**  
**Rebif Titration Pack, T4**  
**Renvela, T4**  
 Repaglinide, T1  
**Restasis, T2**  
**Revlimid, T4**  
 Ribavirin (Capsule, Tablet), T1  
 Rifampin (Capsule, Injection), T1  
 Riluzole, T1  
 Rimantadine HCl, T1  
 Risperidone, T1  
 Risperidone ODT, T1  
**Rituxan, T4**

<b>Bold Type = Brand Name Drug</b>	Plain type = Generic drug
<b>T1 = Tier 1</b>	<b>T2 = Tier 2</b>
<b>T3 = Tier 3</b>	<b>T4 = Tier 4</b>

Rizatriptan Benzoate, T1  
Rizatriptan Benzoate  
ODT, T1  
Ropinirole ER, T1  
Ropinirole HCl (Immediate-  
Release), T1  
**Rozerem, T3**

## S

**Sancuso, T4**  
**Santyl, T3**  
**Saphris (10mg Tablet  
Sublingual), T4**  
**Saphris (5mg Tablet  
Sublingual), T3**  
**Savella, T2**  
**Savella Titration Pack, T2**  
Selegiline HCl (Capsule,  
Tablet), T1  
**Selzentry, T4**  
**Sensipar (30mg Tablet), T2**  
**Sensipar (60mg Tablet,  
90mg Tablet), T4**  
**Serevent Diskus, T2**  
**Seroquel (100mg Tablet,  
25mg Tablet, 50mg  
Tablet), T3**  
**Seroquel (200mg Tablet,  
300mg Tablet, 400mg  
Tablet), T4**  
**Seroquel XR, T2**  
Sertraline HCl (Concentrate,  
Tablet), T1  
**Silver Sulfadiazine  
(Cream), T1**  
**Simbrinza, T2**  
**Simponi (50mg/0.5ml  
Injection), T4**  
**Simponi Aria, T4**  
Simvastatin (Tablet), T1  
Sodium Fluoride (1mg  
Tablet), T1

Sotalol HCl (160mg Tablet,  
240mg Tablet, 80mg  
Tablet), T1  
Sotalol HCl (AF) (120mg  
Tablet), T1  
**Spiriva Handihaler, T2**  
Spironolactone (Tablet), T1  
**Sprycel, T4**  
**Stelara, T4**  
**Strattera, T3**  
**Stribild, T4**  
**Stromectol, T2**  
**Suboxone, T3**  
Sucralfate (Tablet), T1  
Sulfamethoxazole/  
Trimethoprim, T1  
Sulfamethoxazole/  
Trimethoprim DS, T1  
Sulfasalazine (Tablet), T1  
Sulfazine EC, T1  
Sumatriptan Succinate (6mg/  
0.5ml Injection, Tablet), T1  
Suprax (100mg/5ml  
Suspension Reconstituted,  
200mg/5ml Suspension  
Reconstituted, Tablet,  
Tablet Chewable), T2  
**Suprax (Capsule, 500mg/  
5ml Suspension  
Reconstituted), T2**  
**Suprep Bowel Prep, T2**  
**Symbicort, T2**  
**SymlinPen 120, T4**  
**SymlinPen 60, T3**  
**Synthroid, T2**

## T

**Tamiflu, T2**  
Tamoxifen Citrate (Tablet), T1  
Tamsulosin HCl, T1  
**Tarceva, T4**

**Targretin, T4**  
**Tasigna, T4**  
**Tecfidera, T4**  
**Tecfidera Starter Pack, T4**  
Telmisartan, T1  
Telmisartan/Amlodipine, T1  
Temazepam, T1  
Terazosin HCl, T1  
Testosterone Cypionate  
(Injection), T1  
Testosterone Enanthate  
(Injection), T1  
Theophylline (Oral  
Solution), T1  
Theophylline CR (100mg  
Tablet Extended Release  
12 Hour, 200mg Tablet  
Extended Release 12  
Hour), T1  
Theophylline ER (300mg  
Tablet Extended Release  
12 Hour, 450mg Tablet  
Extended Release 12 Hour,  
Tablet Extended Release  
24 Hour), T1  
**Thymoglobulin, T4**  
**Timolol Maleate (Gel  
Forming Solution), T1**  
Timolol Maleate (Ophthalmic  
Solution), T1  
Timolol Maleate (Tablet), T1  
Tizanidine HCl (Capsule,  
Tablet), T1  
**Tobradex (0.1%-0.3%  
Suspension), T3**  
**Tobradex (Ointment), T2**  
**Tobradex ST (0.05%-0.3%  
Suspension), T3**  
Topiramate (Capsule  
Sprinkle, Tablet), T1

Topotecan HCl (4mg Injection), T1  
 Torsemide (20mg/2ml Injection, Tablet), T1  
**Toviaz, T2**  
**Tracleer, T4**  
**Tradjenta, T3**  
 Tramadol HCl (Immediate-Release Tablet), T1  
 Tramadol HCl ER 100mg, 200mg Tablet Extended Release 24 Hour (Generic Ultram ER), T1  
 Tramadol HCl ER 300mg Tablet Extended Release 24 Hour (Generic Ryzolt), T1  
 Tramadol HCl/  
 Acetaminophen, T1  
 Trandolapril, T1  
 Tranexamic Acid (Injection, Tablet), T1  
 Tranylcypromine Sulfate, T1  
**Travatan Z, T2**  
 Trazodone HCl (Tablet), T1  
 Tretinoin (Capsule), T1  
 Tretinoin (Cream, Gel), T1  
 TriLyte, T1  
 Triamcinolone Acetonide (Cream, Lotion, Ointment), T1  
 Triamcinolone Acetonide (Inhaler), T1  
 Triamcinolone in Orabase, T1

Triamterene/  
 Hydrochlorothiazide, T1  
**Tribenzor, T2**  
 Trihexyphenidyl HCl, T1  
**Truvada, T4**

**U**

**Uloric, T2**  
 Ursodiol (Capsule, Tablet), T1

**V**

**Vagifem, T3**  
 Valacyclovir HCl (Tablet), T1  
**Valcyte, T4**  
 Valsartan/  
 Hydrochlorothiazide, T1  
**Vascepa, T3**  
**Velphoro, T3**  
 Venlafaxine HCl, T1  
 Venlafaxine HCl ER (Capsule Extended Release 24 Hour), T1  
**Venlafaxine HCl ER (Tablet Extended Release 24 Hour), T1**  
**Ventolin HFA, T3**  
 Verapamil HCl (Injection, Tablet), T1  
 Verapamil HCl ER, T1  
**Verapamil HCl SR (360mg Capsule Extended Release 24 Hour), T1**  
**Vesicare, T2**  
**Victoza, T2**

**Vigamox, T2**  
**Virazole, T4**  
**Vivelle-Dot, T3**  
**Voltaren, T2**  
**Voltaren-XR, T3**  
**Vytorin, T3**  
**Vyvanse, T3**

**W**

Warfarin Sodium, T1  
**Welchol, T2**

**X**

**Xarelto, T2**  
**Xeljanz, T4**  
**Xolair, T4**  
**Xyrem, T2**

**Z**

Zafirlukast, T1  
**Zenpep, T2**  
**Zetia, T2**  
**Zetonna, T3**  
**Zirgan, T3**  
 Zolpidem Tartrate, T1  
 Zolpidem Tartrate ER, T1  
 Zonisamide, T1  
**Zostavax, T3**  
**Zubsolv, T3**  
**Zyclara, T2**  
**Zyclara Pump (2.5% Cream), T2**  
**Zytiga, T4**

**Bold Type = Brand Name Drug** Plain type = Generic drug  
**T1 = Tier 1**      **T2 = Tier 2**      **T3 = Tier 3**      **T4 = Tier 4**



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# Additional drug coverage

## Bonus Drug List

Your plan sponsor (employer, union or trust) offers a bonus drug list. The prescription drugs in this list are covered in addition to the drugs in the plan’s formulary (drug list).

These additional covered drugs **are not part of the Part D plan<sup>1</sup> and do not apply to your Medicare Part D true out-of-pocket costs.** However, these costs will apply to your maximum out-of-pocket (MOOP) costs.

The cost tier for each prescription drug is shown in the list.

Although you pay the same co-pay or co-insurance for these drugs as shown in your Summary of Benefits and Evidence of Coverage, the amounts you pay for these additional prescription drugs **do not apply to your Medicare Part D out-of-pocket costs.**

Because coverage for the prescription drugs in the bonus drug list is in addition to your Part D drug coverage, the appeals and grievance process is different. For information on the appeals and grievance process for prescription drugs in the bonus drug list, please contact Customer Service using the information on the first page of this book.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs in this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. For a complete list, please contact Customer Service using the information on the first page of this book.

Drug	Tier	Quantity Limits
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Choline & Magnesium Salicylates	1	
Salsalate	1	
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	
<b>Cardiovascular agents</b>		
Nitroglycerin CR Capsule	1	

**Bold type = Brand name drug** Plain type = Generic drug

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Drug	Tier	Quantity Limits
<b>Central nervous system agents - anxiolytics, sedatives, hypnotics</b>		
<b>Weight Loss</b>		
Phentermine	1	Maximum of 1 per day
<b>Dermatological agents - drugs to treat skin conditions</b>		
<b>Promiseb</b>	3	
Sulfacetamide Sodium	1	
<b>Dry Skin</b>		
Urea 40% Cream	1	
<b>Fungal Infections</b>		
<b>Alcortin A</b>	3	
<b>Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions</b>		
<b>Irritable Bowel</b>		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
<b>Levbid</b>	3	
<b>Irritable Bowel or Ulcers</b>		
<b>Donnatal</b>	3	
<b>Hemorrhoids</b>		
<b>Analpram-HC</b>	3	
Hydrocortisone Acetate Suppository	1	
Hydrocortisone Rectal Cream 2.5%	1	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone	1	
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Erectile Dysfunction</b>		

**Bold type = Brand name drug** Plain type = Generic drug

<b>Drug</b>	<b>Tier</b>	<b>Quantity Limits</b>
<b>Cialis (10 mg, 20 mg)</b>	3	Maximum of 6 tablets per 30 days
<b>Edex</b>	3	Maximum of 6 cartridges per 30 days
<b>Levitra</b>	3	Maximum of 6 tablets per 30 days
<b>Viagra</b>	3	Maximum of 6 tablets per 30 days
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
Cyanocobalamin (Vitamin B12) Injection	1	
<b>Folgard Rx</b>	3	
Folic Acid (Rx only)	1	
<b>Mephyton</b>	3	
<b>Nephrocaps</b>	3	
<b>NephPlex Rx</b>	3	
Rena-Vite	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
Zinc Sulfate	1	
<b>Potassium Supplement</b>		
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Potassium Chloride (Oral Liquid, Powder Packet)	1	
<b>Ophthalmic agents - drugs to treat eye conditions</b>		
Atropine Sulfate Ophthalmic Solution	1	

**Bold type = Brand name drug** Plain type = Generic drug

Drug	Tier	Quantity Limits
Phenylephrine HCl Ophthalmic Solution	1	
<b>Otic agents - drugs to treat ear conditions</b>		
<b>Ear Pain</b>		
Antipyrine/Benzocaine Otic Solution	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate	1	
Bromed DM Syrup	1	
Cheratussin AC	1	
Hydrocodone Polyst/Chlorphen CR Susp (generic for Tussionex)	1	
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

**Bold type = Brand name drug** Plain type = Generic drug

<sup>1</sup> For information on the appeals and grievance process for these drugs, please contact Customer Service using the information on the first page of this book.

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### A UnitedHealthcare® Medicare Solution

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, co-payments, and restrictions may apply.

Benefits, formulary, pharmacy network, provider network, and/or co-payments/co-insurance may change from time to time during each plan year.

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# Welcome **ABOARD**

We're excited to welcome you to our plan.  
And we want to make it easy for you to join.  
Important information about your enrollment  
is in this section.





# Statements of **UNDERSTANDING**

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## **By electing enrollment in this plan, I agree to the following:**

This is a Medicare Advantage plan and has a contract with the Federal government. This is not a Medicare Supplement plan. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium and, if applicable, Part A premiums, if not otherwise paid for by Medicaid or another third party. I understand I can be in only one Medicare Advantage or Prescription Drug plan at a time. My enrollment in this plan will automatically end my enrollment in another Medicare health plan. If I have prescription drug coverage, or if I get prescription drug coverage from somewhere other than this plan, I will inform you.

Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

If I choose to disenroll from this plan, which is sponsored by my former employer, union or trust group (Plan Sponsor), I will be automatically transferred to Original Medicare. Also, if I choose to enroll in a different Medicare Advantage plan not offered by my Plan Sponsor, I will be automatically disenrolled from this plan provided through my Plan Sponsor.

This plan covers a specific service area. If I plan to move out of the area, I will call my Plan Sponsor or this plan to disenroll and get help finding a new plan in my area. I may not be covered under Medicare while out of the country, with the exception of limited coverage near the U.S. border. However, under this plan, when I am outside of the United States I am covered for emergency or urgently needed care. I have the right to appeal plan decisions about payment or services if I do not agree.

Upon enrollment, I will receive a Welcome Guide that includes an Evidence of Coverage document. The Evidence of Coverage will have more information about services covered by this plan, as well as the terms and conditions. If a service is not listed in the Evidence of Coverage, it will not be paid for by Medicare or this plan without authorization.

My information, including my prescription drug event data, will be released to Medicare and other plans, only as necessary, for treatment, payment and healthcare operations. Medicare may also release my information for research and other purposes which follow all applicable Federal statutes and regulations.

If I do not have prescription drug coverage, I may have to pay a late enrollment penalty for Medicare's prescription drug coverage. This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I have a late enrollment penalty from Medicare, I will receive a letter making me aware of the penalty and what the next steps are.

### **For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only**

I understand that beginning on the date my UnitedHealthcare Group Medicare Advantage (HMO) coverage begins; I must get all of my health care from UnitedHealthcare Group Medicare Advantage (HMO), except for emergency or urgently needed services or out-of-area dialysis services.



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# What to expect **AFTER YOU ENROLL**

## **We're excited to have you as a member.**

To help you use your plan benefits, we'll provide ongoing support throughout the year. We'll reach out to you by phone, mail and email with tips, reminders and information about any updates to your plan. Each communication is designed to give you the right information at the right time.

When you receive a mailing from us, look for the image below. One step will be highlighted, showing where you are in the member experience. The goal is to make sure you stay informed.

## **Here's what you can do right now:**

- Schedule your annual wellness visit. It's a great opportunity to sit down with your doctor and discuss a plan for your health and wellness

### **1 WELCOME ABOARD**

#### **When you enroll, you will get:**

- A Plan Guide
- A letter confirming your enrollment that includes your member ID card

### **2 GETTING STARTED**

#### **To help you understand and use your benefits, you will get:**

- A Welcome Guide
- A call to ask you a few questions about your health and wellness

### **3 STAYING IN TOUCH**

#### **Throughout the year you will get regular updates:**

- Explanation of Benefits statements
- An Annual Notice of Changes
- Information to help you live a healthier life and get the most out of your plan

## **Questions? We're always here to help.**

Simply call the Customer Service number listed on the first page of this booklet.

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