

2016

Your Plan Explained

What you need to know about your plan.

MILWAUKEE COUNTY

UnitedHealthcare® MedicareRx for Groups (PDP)

Effective: January 1, 2016 through December 31, 2016

Group Number: 24317



Benefit highlights

MILWAUKEE COUNTY 24317

Effective January 1, 2016 to December 31, 2016

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.

Prescription Drugs	Your Cost	
Initial coverage stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy or Network Pharmacy (31-90 day retail 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 \$3,310, 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-approved Part D sponsor. 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. 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 co-payments/co-insurance may change each plan year.



UnitedHealthcare® MedicareRx for Groups (PDP)

Let's start with a description of your plan and how it works. Milwaukee County has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan. What is a MedicareRx for Groups plan? The word "Group" means that this is a plan designed just for plan sponsors, like yours. Only Medicare eligible retirees and their Medicare eligible dependents can enroll in this plan. You can't get it anywhere else. This plan is also known as a Medicare Part D plan.

Original Medicare (Parts A and B) helps pay for some of the costs of hospital stays and doctor visits, but it doesn't cover prescription drugs. Medicare Part D plans help with prescription drugs costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare.

The UnitedHealthcare® MedicareRx for Group (PDP) plan can provide peace of mind and could help you save time and money when it comes to your prescription drugs.

When to enroll in a Medicare Part D plan:

You turn 65 or become Medicare eligible. This is your initial enrollment period. It's your first chance to enroll in Medicare Part D.

You need a Medicare Part D plan but never had one before. Or, you want to change to a different group-sponsored plan. Enroll during your plan sponsor's annual Open Enrollment Period.

You retire and move out of a different group-sponsored plan. Or, you move out of the plan's service area. These are examples of Special Election Periods and may happen for various reasons.



Make sure you are signed up for Medicare.

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

- If you're not sure if you are enrolled, check with your local Social Security office
- If you have Part B 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

Milwaukee County has selected the UnitedHealthcare® MedicareRx for Groups plan for your Medicare Part D prescription drug coverage. Choosing the right prescription drug plan involves looking at the costs, benefits, access to pharmacies, covered prescription drugs and so much more. We want to help you get the most out of your dollar, so you can feel good about your plan.

Here are some of the highlights of your new plan:

Get dedicated service.

We're here for you. Our Customer Service team has been specially trained to know all the ins and outs of your plan.

Commonly used drugs.

The plan's drug list (formulary) includes all of the drugs covered by Medicare Part D in brand or generic form. Your plan may include additional drug coverage beyond what Medicare allows.

Visit our large network of pharmacies.

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.



Call us if you have any questions.



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



Learn more online at www.UHCRetiree.com

¹2015 Internal Report Data



Plan basics

How your prescription drug coverage works.

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. To check if your drugs are covered, please review your plan's drug list.

	How it works
What pharmacies can I use?	You can choose from over 65,000 pharmacies across the United States including national chain, regional and independent local retail pharmacies.
What will I pay for my prescription drugs?	What you pay will depend on the coverage your plan sponsor has arranged. Your exact cost may depend on what drug cost tier your prescription belongs to. Your cost may also change during the year based on the total cost of the drugs you have taken. To learn more about your coverage, please refer to your Benefit Highlights or your Summary of Benefits.
What is a tier?	Drugs are divided into different cost levels or tiers. In general, the higher the tier, the higher the cost of the drug.
Do I need to keep paying my Part B monthly premium?	Yes. Medicare requires that you continue to pay your Part B monthly premium (to Social Security). If you stop paying your monthly Part B premium, you may be disenrolled from your plan.
Can I have more than one prescription drug plan?	No. Medicare only allows you to have one Medicare prescription drug plan at a time. If you enroll in another Medicare prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you may be disenrolled from this plan.



Plan basics

	How it works
What is IRMAA?	<p>IRMAA stands for the Income-Related Monthly Adjustment Amount. If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is above a certain limit, you may pay a Part D income-related monthly adjustment amount (Part D-IRMAA) in addition to your monthly plan premium. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay Part D-IRMAA, based on your income.</p>
What is a Medicare Part D Late Enrollment Penalty (LEP)?	<p>You may pay a late enrollment penalty if, at any time after you first become eligible for Part D, there's a period of at least 63 days in a row when you didn't have Part D or other creditable prescription drug coverage. Creditable coverage means that the prescription drug coverage you have had is at least as good as or better than what Medicare provides. The late enrollment penalty is an amount added to your monthly Medicare premium which you may have to pay. When you become a member, your plan sponsor will be asked to attest or validate that you have had continuous Part D plan coverage. If your plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid the risk of paying a penalty in error. Once you become a member, more information will be available in your Evidence of Coverage (EOC).</p>



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 most 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.

Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage
<p>In this drug payment stage:</p> <ul style="list-style-type: none"> You pay a co-pay or co-insurance (percentage of a drug's total cost), the plan pays the rest You stay in this stage until your total drug costs reach \$2,960 	<p>Your plan sponsor is providing additional coverage through the gap.</p> <ul style="list-style-type: none"> You continue to pay the same co-pay or co-insurance as you did in the initial coverage stage until your total Out-of-Pocket Costs reach \$2,000. When your total Out-of-Pocket Costs reach \$2,000 you will not pay any co-pay or co-insurance. 	<p>You do not pay any co-pay or co-insurance.</p>

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 group plan or plan sponsor pays for prescription drugs.



Ways to help you save

Find local pharmacies from our nationwide network with ease.

Choose from more than 65,000 national, regional and local chains, as well as thousands of independent neighborhood pharmacies. Your pharmacist and UnitedHealthcare work with you to make sure you're taking the right prescriptions at the right times.



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.¹ With the Pharmacy Saver program, you can fill your prescriptions for as low as \$1.50 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.

¹Drugs 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 that could help you save


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

You could 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-day¹ 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.

Schedule some time to have an annual medication review with your doctor, to make sure you are only taking the drugs you need.

¹Your 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 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.



Toll-Free **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week



2016 Required INFORMATION

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. 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 or 100-day supply of your maintenance medications. 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 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

Premium and/or co-payments/co-insurance may change each plan year.

The Formulary and/or pharmacy network 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-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.



2016 DRUG LIST

This is an alphabetical partial list of Brand name and Generic drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type

Each drug is in one of four tiers, which is listed after the drug name.

- Each tier has a co-pay or co-insurance amount
- For a full description of the tiers, see the Summary of Benefits in this book

For more information or for a complete list of covered drugs, please call Customer Service. Our contact information is on the first page of this book.

This list was last updated August 1, 2015.

A

Acamprosate Calcium DR (Tablet Delayed-Release), T1
 Acetaminophen/Codeine (Tablet), T1
 Acetazolamide (Tablet), T1
 Acetazolamide ER (Capsule Extended-Release 12 Hour), T1
 Acyclovir (Tablet), T1
Adacel (Injection), T2
Adcirca (Tablet), T4
Advair Diskus (Aerosol Powder), T2
Advair HFA (Aerosol), T2
Aggrenox (Capsule Extended-Release 12 Hour), T3
Albenza (Tablet), T4
 Alcohol Prep Pads, T2
 Alendronate Sodium (Tablet), T1
 Alfuzosin HCl ER (Tablet Extended-Release 24 Hour), T1
 Allopurinol (Tablet), T1

Alprazolam (Tablet Immediate-Release), T1
 Amantadine HCl (100mg Capsule, 50mg/5ml Syrup, 100mg Tablet), T1
 Amiodarone HCl (Tablet), T1
Amitiza (Capsule), T2
 Amitriptyline HCl (Tablet), T1
 Amlodipine Besylate (Tablet), T1
 Amlodipine Besylate/ Benazepril HCl (Capsule), T1
 Ammonium Lactate (12% Cream, 12% Lotion), T1
 Amoxicillin (250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet), T1
 Amoxicillin/Clavulanate Potassium (Tablet Immediate-Release) (Generic Augmentin), T1

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), Amphetamine/
 Dextroamphetamine ER (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), T1
 Anagrelide HCl (Capsule), T1
 Anastrozole (Tablet), T1
Androderm (Patch 24 Hour), T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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**Androgel (Packet),
Androgel Pump (Gel), T2
Anoro Ellipta (Aerosol
Powder), T2**

Argatroban (Injection), T1

Atenolol (Tablet), T1
Atenolol/Chlorthalidone
(Tablet), T1

Atorvastatin Calcium
(Tablet), T1

Atovaquone/Proguanil HCl
(Tablet) (Generic
Malarone), T1

Atripla (Tablet), T4

**Atrovent HFA (Aerosol
Solution), T3**

Aubagio (Tablet), T4

Avastin (Injection), T4

Avonex (Injection), T4

Azathioprine (Tablet), T1

Azelastine HCl (0.05%
Ophthalmic Solution), T1

Azelastine HCl (0.1% Nasal
Solution), T1

Azelastine HCl (0.15% Nasal
Solution), T1

Azilect (Tablet), T2

Azithromycin (100mg/5ml
Suspension, 200mg/5ml
Suspension, 250mg Tablet,
500mg Tablet, 600mg
Tablet), T1

Azopt (Suspension), T2

B

Baclofen (Tablet), T1

Balsalazide Disodium
(Capsule), T1

Belsomra (Tablet), T2

Benazepril HCl (Tablet), T1

Benazepril HCl/
Hydrochlorothiazide
(Tablet), T1

Benicar (Tablet), T2

Benicar HCT (Tablet), T2

Benlysta (Injection), T4

Benzotropine Mesylate
(Tablet), T1

Betaseron (Injection), T4

Bethanechol Chloride
(Tablet), T1

Bicalutamide (Tablet), T1

Bisoprolol Fumarate
(Tablet), T1

Bisoprolol Fumarate/
Hydrochlorothiazide
(Tablet), T1

**Brimonidine Tartrate
(0.15% Ophthalmic
Solution), T1**

Brimonidine Tartrate (0.2%
Ophthalmic Solution), T1

Brintellix (Tablet), T3

Budesonide (3mg Capsule
Extended-Release 24
Hour), T1

Bumetanide (Tablet), T1

Buprenorphine HCl (Tablet
Sublingual), T1

Bupropion HCl (100mg
Tablet Immediate-Release,
75mg Tablet Immediate-
Release), Bupropion HCl SR
(100mg Tablet Extended-
Release 12 Hour, 150mg
Tablet Extended-Release 12
Hour, 200mg Tablet
Extended-Release 12 Hour),
Bupropion HCl XL (150mg
Tablet Extended-Release 24
Hour, 300mg Tablet
Extended-Release 24
Hour), T1

Buspironone HCl (Tablet), T1

Butrans (Patch Weekly), T2

Bydureon (Injection), T2

Byetta (Injection), T3

Bystolic (Tablet), T2

C

Cabergoline (Tablet), T1

Calcitriol (Capsule), T1

Calcium Acetate
(Capsule), T1

Captopril (Tablet), T1

Captopril/Hydrochlorothiazide
(Tablet), T1

Carafate (Suspension), T3

Carbaglu (Tablet), T4

Carbamazepine (100mg/5ml
Suspension, 200mg Tablet,
100mg Tablet Chewable),
Carbamazepine ER (100mg
Capsule Extended-Release
12 Hour, 200mg Capsule
Extended-Release 12 Hour,
300mg Capsule Extended-
Release 12 Hour, 200mg
Tablet Extended-Release 12
Hour, 400mg Tablet
Extended-Release 12
Hour), T1

Carbidopa (25mg Tablet), T1

Carbidopa/Levodopa
(10mg-100mg Tablet
Immediate-Release,
25mg-100mg Tablet
Immediate-Release,
25mg-250mg Tablet
Immediate-Release),
Carbidopa/Levodopa ER
(25mg-100mg Tablet
Extended-Release,
50mg-200mg Tablet
Extended-Release),
Carbidopa/Levodopa ODT
(10mg-100mg Tablet
Dispersible, 25mg-100mg
Tablet Dispersible,
25mg-250mg Tablet
Dispersible), T1

Carboplatin (Injection), T1

Carvedilol (Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Cayston (Inhalation Solution), T4

Cefdinir (300mg Capsule, 125mg/5ml Suspension, 250mg/5ml Suspension), T1
Cefuroxime Axetil (Tablet), T1
Celecoxib (Capsule), T1
Cephalexin (250mg Capsule, 500mg Capsule, 750mg Capsule, 125mg/5ml Suspension, 250mg/5ml Suspension), T1

Chantix (Tablet), T3

Chlorhexidine Gluconate Oral Rinse (Solution), T1
Chlorthalidone (Tablet), T1
Cilostazol (Tablet), T1
Cimetidine (Oral Solution, Tablet), T1

Cinryze (Injection), T4

Ciprodex (Otic Suspension), T2

Ciprofloxacin HCl (Tablet Immediate-Release), T1
Citalopram Hydrobromide (Tablet), T1
Clindamycin HCl (Capsule Immediate-Release, Oral Solution), T1
Clonazepam (Tablet Immediate-Release), T1
Clonazepam ODT (Tablet Dispersible), T1
Clonidine HCl (Tablet Immediate-Release), T1
Clopidogrel (Tablet), T1
Clozapine (Tablet Immediate-Release), T1

Clozapine ODT (Tablet Dispersible), T1

Colchicine (0.6mg Tablet) (Generic Colcrys), T2

Combigan (Ophthalmic Solution), T2

Combivent Respimat (Aerosol Solution), T2

Comtan (Tablet), T3

Copaxone (Injection), T4

Creon (Capsule Delayed-Release), T2

Crestor (Tablet), T2

Cromolyn Sodium (Ophthalmic Solution), T1

Cyclophosphamide (Capsule), T3

Cyproheptadine HCl (4mg Tablet), T1

D

Daliresp (Tablet), T3

Dapsone (Tablet), T2
Desmopressin Acetate (Tablet), T1

Dextroamphetamine Sulfate (Tablet Immediate-Release), Dextroamphetamine Sulfate ER (Capsule Extended-Release), T1

Dextrose 5%/NaCl (Injection), T1

Diazepam (1mg/ml Oral Solution), T1
Diazepam (Tablet Immediate-Release), Diazepam Intensol (5mg/ml Concentrate), T1
Diclofenac Potassium (Tablet), T1
Diclofenac Sodium DR (25mg Tablet Delayed-Release, 50mg Tablet Delayed-Release, 75mg Tablet Delayed-Release),
Diclofenac Sodium ER (100mg Tablet Extended-Release 24 Hour), T1
Dicyclomine HCl (10mg Capsule, 20mg Tablet), T1

Digoxin (125mcg Tablet), T1
Digoxin (250mcg Tablet), T1
Dihydroergotamine Mesylate (Injection), T1

Diltiazem HCl (Tablet Immediate-Release), Diltiazem HCl ER (240mg Capsule Extended-Release, 300mg Capsule Extended-Release) (Generic Cardizem CD), (360mg Capsule Extended-Release) (Generic Tiazac), T1

Diphenoxylate/Atropine (Tablet), T1

Disulfiram (Tablet), T1
Divalproex Sodium (125mg Capsule Sprinkle), Divalproex Sodium DR (125mg Tablet Delayed-Release, 250mg Tablet Delayed-Release, 500mg Tablet Delayed-Release), Divalproex Sodium ER (250mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour), T1

Donepezil HCl (10mg Tablet Immediate-Release, 23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Donepezil HCl ODT (10mg Tablet Dispersible, 5mg Tablet Dispersible), T1

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T1

Doxazosin Mesylate (Tablet), T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate), T1
Doxycycline Hyclate (Capsule Immediate-Release), T1
Dronabinol (Capsule), T1
Duloxetine HCl (Capsule Delayed-Release), T1
Durezol (Emulsion), T2
Dymista (Suspension), T3

E

Edarbi (Tablet), T3
Edarbyclor (Tablet), T3
Eliquis (Tablet), T2
Elmiron (Capsule), T3
Enalapril Maleate (Tablet), T1
Enalapril Maleate/
Hydrochlorothiazide (Tablet), T1
Enbrel (Injection), T4
Entacapone (Tablet), T1
Entecavir (Tablet), T1
EpiPen (Injection), T2
Eplerenone (Tablet), T1
Epzicom (Tablet), T4
Equetro (Capsule Extended-Release 12 Hour), T3
Erythromycin (Ophthalmic Ointment), T1
Erythromycin Base (Tablet), T1
Escitalopram Oxalate (Tablet), T1
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace), T1
Eszopiclone (Tablet), T1
Ethambutol HCl (Tablet), T1

Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution), T1
Etoposide (Injection), T1
Exjade (Tablet Soluble), T4

F

Famotidine (Tablet), T1
Fareston (Tablet), T4
Farxiga (Tablet), T3
Fenofibrate (Tablet), T1
Fentanyl (Patch 72 Hour), T1
Finasteride (5mg Tablet) (Generic Proscar), T1
Firazyr (Injection), T4
Flecainide Acetate (Tablet), T1
Flovent Diskus (Aerosol Powder), T2
Flovent HFA (Aerosol), T2
Fluconazole (Tablet), T1
Fluocinolone Acetonide (Otic Oil), T1
Fluphenazine HCl (Tablet), T1
Fluticasone Propionate (Suspension), T1
Furosemide (Tablet), T1
Fuzeon (Injection), T4

G

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet), T1
Gammagard Liquid (Injection), T4
Gemfibrozil (Tablet), T1
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution), T1
Gilenya (Capsule), T4
Gleevec (Tablet), T4
Glimepiride (Tablet), T1

Glipizide (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Glipizide ER (10mg Tablet Extended-Release 24 Hour, 2.5mg Tablet Extended-Release 24 Hour, 5mg Tablet Extended-Release 24 Hour), T1
Glipizide/Metformin HCl (Tablet), T1
Glucagen Hypokit (Injection), T3
Glucagon Emergency Kit (Injection), T2

H

Haloperidol (Tablet), T1
Harvoni (Tablet), T4
Humalog Kwikpen (100unit/ml Injection), Humalog Mix 50/50 Kwikpen, Humalog Mix 75/25 Kwikpen, Humalog Mix 50/50 Vial, Humalog Mix 75/25 Vial, Humalog Vial (Injection), T2
Humira (Injection), T4
Humulin 70/30 Kwikpen, Humulin N Kwikpen, Humulin 70/30 Vial, Humulin N Vial, Humulin R Vial (Injection), Humulin R U-500 Vial (Concentrated Injection), T2
Hydralazine HCl (Tablet), T1
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Hydrocodone/
Acetaminophen
(10mg-325mg Tablet,
2.5mg-325mg Tablet,
5mg-325mg Tablet,
7.5mg-325mg Tablet), T1
Hydromorphone HCl (Tablet
Immediate-Release), T1
Hydroxychloroquine Sulfate
(Tablet), T1
Hydroxyurea (Capsule), T1
Hydroxyzine HCl (10mg/5ml
Oral Solution), T1

I

Ibandronate Sodium
(Tablet), T1
Ibuprofen (100mg/5ml
Suspension, 400mg Tablet,
600mg Tablet, 800mg
Tablet), T1
Ilevro (Suspension), T2
Imiquimod (Cream), T1
Insulin Syringes, Needles, T2
**Intelligence (100mg Tablet,
200mg Tablet), T4**
Invanz (Injection), T3
Invokamet (Tablet), T2
Invokana (Tablet), T2
Ipratropium Bromide (0.02%
Inhalation Solution), T1
Ipratropium Bromide (0.03%
Nasal Solution, 0.06% Nasal
Solution), T1
Ipratropium Bromide/
Albuterol Sulfate (Inhalation
Solution), T1
Irbesartan (Tablet), T1
Irbesartan/
Hydrochlorothiazide
(Tablet), T1
Isentress (Tablet), T4
Isoniazid (Tablet), T1

Isosorbide Dinitrate (10mg
Tablet Immediate-Release,
20mg Tablet Immediate-
Release, 30mg Tablet
Immediate-Release, 5mg
Tablet Immediate-Release),
Isosorbide Dinitrate ER
(40mg Tablet Extended-
Release), T1
Isosorbide Mononitrate
(10mg Tablet Immediate-
Release, 20mg Tablet
Immediate-Release),
Isosorbide Mononitrate ER
(120mg Tablet Extended-
Release 24 Hour, 30mg
Tablet Extended-Release 24
Hour, 60mg Tablet
Extended-Release 24
Hour), T1
Ivermectin (Tablet), T1

J

**Janumet (50mg-1000mg
Tablet Immediate-Release,
50mg-500mg Tablet
Immediate-Release),
Janumet XR
(100mg-1000mg Tablet
Extended-Release 24
Hour, 50mg-1000mg
Tablet Extended-Release
24 Hour, 50mg-500mg
Tablet Extended-Release
24 Hour), T2**
Januvia (Tablet), T2
Jardiance (Tablet), T2
Jentaduo (Tablet), T3

K

Kalydeco (Packet), T4
Kazano (Tablet), T3
Ketoconazole (2% Cream, 2%
Shampoo, 200mg
Tablet), T1

Ketorolac Tromethamine
(Ophthalmic Solution), T1
Kionex (Powder), T1
**Klor-Con 8 (Tablet
Extended-Release), Klor-
Con 10 (Tablet Extended-
Release), T1**
Klor-Con M20 (Tablet
Extended-Release), T1
**Kombiglyze XR (Tablet
Extended-Release 24
Hour), T2**
Korlym (Tablet), T4

L

Labetalol HCl (Tablet), T1
Lactulose (Oral Solution), T1
Lamivudine (Tablet), T1
Lamotrigine (Tablet
Chewable, Tablet
Immediate-Release,
Lamotrigine ODT (Tablet
Dispersible), T1
**Lantus Solostar (Injection),
Lantus Vial (Injection), T2**
**Lastacaft (Ophthalmic
Solution), T2**
Latanoprost (Ophthalmic
Solution), T1
Latuda (Tablet), T4
Leflunomide (Tablet), T1
Letrozole (Tablet), T1
Leucovorin Calcium
(Tablet), T1
Leukeran (Tablet), T2
**Levemir FlexTouch
(Injection), Levemir Vial
(Injection), T2**
Levetiracetam (Tablet
Immediate-Release), T1
Levocarnitine (Tablet), T1
Levocetirizine Dihydrochloride
(Tablet), T1
Levofloxacin (Tablet), T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Levothyroxine Sodium (Tablet), T1
Lialda (Tablet Delayed-Release), T2
 Lidocaine (Gel, Ointment, 2% Viscous Solution), T1
 Lidocaine/Prilocaine (Cream), T1
 Lindane (1% Lotion, 1% Shampoo), T1
Linzess (Capsule), T2
 Liothyronine Sodium (Tablet), T1
 Lisinopril (Tablet), T1
 Lisinopril/Hydrochlorothiazide (Tablet), T1
 Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release), Lithium Carbonate ER (300mg Tablet Extended-Release, 450mg Tablet Extended-Release), T1
 Loperamide HCl (Capsule), T1
 Lorazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release), Lorazepam Intensol (2mg/ml Concentrate), T1
 Losartan Potassium (Tablet), T1
 Losartan Potassium/Hydrochlorothiazide (Tablet), T1
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension), T3
 Lovastatin (Tablet), T1

Lumigan (Ophthalmic Solution), T2
Lupron Depot (Injection), Lupron Depot-PED (Injection), T4
Lyrica (Capsule), T2
Lysodren (Tablet), T4

M

Medroxyprogesterone Acetate (Tablet), T1
 Meloxicam (Tablet), T1
 Mercaptopurine (Tablet), T1
 Meropenem (Injection), T1
 Metformin HCl (1000mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 850mg Tablet Immediate-Release), Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR), Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet), T1
 Methadone HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution, 10mg Tablet, 5mg Tablet), T1
 Methimazole (Tablet), T1
 Methotrexate (Tablet), T1
 Methscopolamine Bromide (Tablet), T1
 Methyldopa (Tablet), T1
 Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin), T1
 Methylprednisolone Dose Pack (Tablet), T1
 Metoclopramide HCl (Tablet), T1
 Metolazone (Tablet), T1

Metoprolol Succinate ER (Tablet Extended-Release 24 Hour), T1
 Metoprolol Tartrate (Tablet Immediate-Release), T1
 Metronidazole (Tablet Immediate-Release), T1
 Midodrine HCl (Tablet), T1
 Migergot (Suppository), T1
 Minocycline HCl (Capsule Immediate-Release), T1
 Minoxidil (Tablet), T1
 Mirtazapine (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 45mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release), Mirtazapine ODT (15mg Tablet Dispersible, 30mg Tablet Dispersible, 45mg Tablet Dispersible), T1
 Modafinil (Tablet), T1
 Montelukast Sodium (4mg Packet, 10mg Tablet, 4mg Tablet Chewable, 5mg Tablet Chewable), T1
 Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin), T1
Multaq (Tablet), T2
 Mupirocin (Ointment), T1
Myrbetriq (Tablet Extended-Release 24 Hour), T2

N

Naltrexone HCl (Tablet), T1
Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T3
Namenda (10mg/5ml Oral Solution), Namenda XR (Capsule Extended-Release 24 Hour), T2

Bold type = Brand name drug

Plain type = Generic drug

Naproxen (Tablet Immediate-Release), T1

Nasonex (Suspension), T3

Neomycin/Polymyxin/
Hydrocortisone (Otic
Solution, Otic
Suspension), T1

Nesina (Tablet), T3

Nevanac (Suspension), T2

Niacin ER (Tablet Extended-Release), T1

Nicotrol Inhaler, T3

Nitrofurantoin Macrocrystals
(50mg Capsule) (Generic
Macrochantin), T1

Nitrofurantoin Monohydrate
(100mg Capsule) (Generic
Macrobid), T1

**Nitrostat (Tablet
Sublingual), T2**

Norethindrone Acetate
(Tablet), T1

Nortriptyline HCl (10mg
Capsule, 25mg Capsule,
50mg Capsule, 75mg
Capsule, 10mg/5ml Oral
Solution), T1

**Norvir (100mg Capsule,
80mg/ml Oral Solution,
100mg Tablet), T3**

Nuedexta (Capsule), T3

Nutropin AQ (Injection), T4

Nuvigil (Tablet), T3

Nystatin (Cream, Ointment,
Oral Suspension, Topical
Powder), T1

Nystop (Powder), T1

O

Olanzapine (Tablet
Immediate-Release), T1

Omega-3-Acid Ethyl Esters
(Capsule) (Generic
Lovaza), T1

Omeprazole (10mg Capsule
Delayed-Release, 40mg
Capsule Delayed-
Release), T1

Omeprazole (20mg Capsule
Delayed-Release), T1

Ondansetron (24mg Tablet
Immediate-Release, 4mg
Tablet Immediate-Release,
8mg Tablet Immediate-
Release), Ondansetron ODT
(4mg Tablet Dispersible,
8mg Tablet Dispersible), T1

Onglyza (Tablet), T2

**Opana ER (Crush Resistant)
(Tablet Extended-Release
12 Hour Abuse-
Deterrent), T2**

Opsumit (Tablet), T4

**Orenitram (0.125mg Tablet
Extended-Release), T3**

**Orenitram (0.25mg Tablet
Extended-Release, 1mg
Tablet Extended-
Release), T4**

**Orenitram (2.5mg Tablet
Extended-Release), T4**

Oseni (Tablet), T3

Oxcarbazepine (Tablet), T1

Oxybutynin Chloride (5mg/
5ml Syrup, 5mg Tablet), T1

Oxybutynin Chloride ER
(Tablet Extended-Release
24 Hour), T1

Oxycodone HCl (Tablet
Immediate-Release), T1

Oxycodone/Acetaminophen
(10mg-325mg Tablet,
2.5mg-325mg Tablet,
5mg-325mg Tablet,
7.5mg-325mg Tablet), T1

P

Pantoprazole Sodium (Tablet
Delayed-Release), T1

**Pataday (Ophthalmic
Solution), T2**

Pegasys (Injection), T4

Penicillin V Potassium
(Tablet), T1

**Perforomist (Nebulized
Solution), T3**

Periogard (Solution), T1

Permethrin (Cream), T1

Phenytoin Sodium Extended
(Capsule), T1

Pilocarpine HCl (Tablet), T1

Pioglitazone HCl (Tablet), T1

Pioglitazone HCl/Glimepiride
(Tablet), T1

Pioglitazone HCl/Metformin
HCl (Tablet), T1

Polyethylene Glycol 3350
(Powder) (Generic
Miralax), T1

Pomalyst (Capsule), T4

Potassium Chloride ER
(10meq Capsule Extended-
Release, 8meq Capsule
Extended-Release, 10meq
Tablet Extended-Release,
20meq Tablet Extended-
Release, 8meq Tablet
Extended-Release), T1

Potassium Citrate ER (Tablet
Extended-Release), T1

Potiga (Tablet), T4

Pradaxa (Capsule), T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Pramipexole Dihydrochloride (Tablet Immediate-Release), T1
 Pravastatin Sodium (Tablet), T1
 Prazosin HCl (Capsule), T1
Prednisolone Acetate (Suspension), T1
 Prednisone (5mg/5ml Oral Solution, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet), Prednisone Intensol (5mg/ml Concentrate), T1
Premarin (Vaginal Cream), T2
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet), T4
Pristiq (Tablet Extended-Release 24 Hour), T3
ProAir HFA (Aerosol Solution), ProAir RespiClick (Aerosol Powder), T2
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection), T3
Procrit (20000unit/ml Injection, 40000unit/ml Injection), T4
 Proctosol HC (Cream), T1
 Proctozone-HC (Cream), T1
 Progesterone (Capsule), T1
Prolensa (Ophthalmic Solution), T3
 Promethazine HCl (Tablet), T1

Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release), Propranolol HCl ER (120mg Capsule Extended-Release 24 Hour, 160mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour), T1
 Propylthiouracil (Tablet), T1
Pulmicort Flexhaler (Aerosol Powder), T3
 Pyridostigmine Bromide (Tablet), T1

Q

Quetiapine Fumarate (Tablet Immediate-Release), T1
 Quinapril HCl (Tablet), T1
 Quinapril/Hydrochlorothiazide (Tablet), T1

R

Raloxifene HCl (Tablet), T1
 Ramipril (Capsule), T1
Ranexa (Tablet Extended-Release 12 Hour), T2
 Ranitidine HCl (Tablet), T1
Rapaflo (Capsule), T2
Rebif (Injection), T4
Renagel (Tablet), T2
Renvela (800mg Tablet), T2
Restasis (Emulsion), T2
Revlimid (Capsule), T4
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet), T4

Ribavirin (200mg Capsule, 200mg Tablet), T1
 Rifabutin (Capsule), T1
 Rifampin (Capsule), T1
 Riluzole (Tablet), T1
 Rimantadine HCl (Tablet), T1
 Risperidone (Tablet), T1
Rituxan (Injection), T4
 Rivastigmine Tartrate (Capsule Immediate-Release), T1
 Rizatriptan Benzoate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Rizatriptan Benzoate ODT (10mg Tablet Dispersible, 5mg Tablet Dispersible), T1
 Ropinirole HCl (Tablet Immediate-Release), T1
Rozerem (Tablet), T3

S

Santyl (Ointment), T3
Saphris (Tablet Sublingual), T3
Savella (Tablet), T2
 Selegiline HCl (5mg Capsule, 5mg Tablet), T1
Selzentry (Tablet), T4
Sensipar (30mg Tablet), T2
Sensipar (60mg Tablet, 90mg Tablet), T4
Serevent Diskus (Aerosol Powder), T2
Seroquel XR (Tablet Extended-Release 24 Hour), T2
 Sertraline HCl (Tablet), T1
 Sildenafil (Tablet), T1
 Silver Sulfadiazine (Cream), T1
 Simvastatin (Tablet), T1
 Sodium Fluoride (Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Sodium Polystyrene Sulfonate (Suspension), T1
 Sotalol HCl (Tablet), Sotalol HCl AF (Tablet), T1
Sovaldi (Tablet), T4
Spiriva Handihaler (18mcg Capsule), Spiriva Respimat (2.5mcg/ACT Aerosol Solution), T2
 Spironolactone (Tablet), T1
Strattera (Capsule), T3
Suboxone (Film), T3
 Sucralfate (Tablet), T1
 Sulfamethoxazole/Trimethoprim (Tablet), Sulfamethoxazole/Trimethoprim DS (Tablet), T1
 Sulfasalazine (Tablet Immediate-Release), T1
 Sulfazine EC (Tablet Delayed-Release), T1
 Sumatriptan Succinate (Tablet), T1
 Suprax (100mg/5ml Suspension, 200mg/5ml Suspension, 100mg Tablet Chewable, 200mg Tablet Chewable), T2
Suprax (400mg Capsule, 500mg/5ml Suspension), T2
Symbicort (Aerosol), T2
Symlinpen 120 (Injection), T4
Symlinpen 60 (Injection), T3
Synthroid (Tablet), T2

T

Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension), T3
 Tamoxifen Citrate (Tablet), T1
 Tamsulosin HCl (Capsule), T1
Tarceva (Tablet), T4
Targretin (75mg Capsule, 1% Gel), T4
Tasigna (Capsule), T4
Tecfidera (Capsule Delayed-Release), T4
 Telmisartan (Tablet), T1
 Telmisartan/Hydrochlorothiazide (Tablet), T1
 Temazepam (Capsule), T1
 Terazosin HCl (Capsule), T1
 Terbinafine HCl (Tablet), T1
 Testosterone Cypionate (Injection), T1
 Theophylline (80mg/15ml Oral Solution), Theophylline CR (100mg Tablet Extended-Release, 200mg Tablet Extended-Release), Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour), T1
Thymoglobulin (Injection), T4
 Timolol Maleate (Ophthalmic Solution), T1
Tivicay (Tablet), T4
 Tizanidine HCl (Tablet), T1
 Tobramycin Sulfate (Ophthalmic Solution), T1

Tobramycin/Dexamethasone (Ophthalmic Suspension), T1
 Topiramate (Tablet Immediate-Release), T1
 Topotecan HCl (Injection), T1
 Torsemide (Tablet), T1
Tracleer (Tablet), T4
Tradjenta (Tablet), T3
 Tramadol HCl (Tablet Immediate-Release), T1
 Tramadol HCl/Acetaminophen (Tablet), T1
 Tranexamic Acid (100mg/ml Injection, 650mg Tablet), T1
Transderm-Scop (Patch 72 Hour), T3
Travatan Z (Ophthalmic Solution), T2
 Trazodone HCl (Tablet), T1
 Tretinoin (Capsule), T1
 Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment), T1
 Triamcinolone in Orabase (Paste), T1
 Triamterene/Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet), T1
Tribenzor (Tablet), T2
 Trihexyphenidyl HCl (Elixir), T1
Trulicity (Injection), T2
Truvada (Tablet), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

U**Uloric (Tablet), T2**

Ursodiol (300mg Capsule,
250mg Tablet, 500mg
Tablet), T1

V

Valacyclovir HCl (Tablet), T1
Valganciclovir (Tablet), T1
Valsartan (Tablet), T1
Valsartan/
Hydrochlorothiazide
(Tablet), T1

Verapamil HCl (120mg Tablet
Immediate-Release, 40mg
Tablet Immediate-Release,
80mg Tablet Immediate-
Release), Verapamil HCl ER
(120mg Tablet Extended-
Release, 180mg Tablet
Extended-Release, 240mg
Tablet Extended-
Release), T1

Versacloz (Suspension), T4**Vesicare (Tablet), T2****Victoza (Injection), T2****Virazole (Inhalation
Solution), T4****Viread (40mg/gm Powder,
150mg Tablet, 200mg
Tablet, 250mg Tablet,
300mg Tablet), T4****Voltaren (Gel), T3****Vytorin (Tablet), T3****Vyvanse (Capsule), T3****W**

Warfarin Sodium (Tablet), T1

**Welchol (3.75gm Packet,
625mg Tablet), T2****X****Xarelto (Tablet), T2****Xolair (Injection), T4****Z**

Zafirlukast (Tablet), T1

**Zenpep (Capsule Delayed-
Release), T2****Zetia (Tablet), T2****Zirgan (Gel), T3**

Zolpidem Tartrate (Tablet
Immediate-Release), T1

Zonisamide (Capsule), T1

Zostavax (Injection), T3**Zytiga (Tablet), T4**

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

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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).

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**. However, these costs will apply to your annual drug out-of-pocket maximum.

Coverage for the prescription drugs in the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file an appeal or grievance for drugs in the bonus drug list. If you have questions, please contact Customer Service using the information on the cover 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 cover of this book.

Drug	Tier	Quantity Limits
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Choline & Magnesium Salicylates	1	
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anesthetics - drugs for numbing		
Lidocaine Cream 3%	1	
Central nervous system agents - anxiolytics, sedatives, hypnotics		
Weight Loss		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Phentermine	1	Maximum of 1 per day
Dermatological agents - drugs to treat skin conditions		
Sulfacetamide Sodium	1	
Dry Skin		
Urea 40% Cream	1	
Fungal Infections		
Alcortin A	3	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Irritable Bowel		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	
Irritable Bowel or Ulcers		
Donnatal	3	
Hemorrhoids		
Analpram-HC	3	
Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Cialis (10 mg, 20 mg)	3	Maximum of 6 tablets per 30 days
Edex	3	Maximum of 6 cartridges per 30 days
Levitra	3	Maximum of 6 tablets per 30 days
Viagra	3	Maximum of 6 tablets per 30 days
Urinary Tract Infection		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Urogesic Blue	3	
Ustell	1	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Cyanocobalamin (Vitamin B12) Injection	1	
Folgard Rx	3	
Folic Acid (Rx only)	1	
Mephyton	3	
Nephrocaps	3	
NephPlex Rx	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
Zinc Sulfate	1	
Potassium Supplement		
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Otic agents - drugs to treat ear conditions		
Ear Pain		
Antipyrine/Benzocaine Otic Solution	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate	1	
Bromfed DM Syrup	1	
Cheratussin AC	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
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

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.

Formulary, pharmacy network, premium and/or co-payments/co-insurance may change from time to time during each plan year. You will receive notice when necessary.

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

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Give us a call if you have any questions:



1-866-291-1237, TTY 711

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



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