

# 2018 PLAN GUIDE

What you need to know about your Medicare Advantage Plan.

## University of Arkansas System

UnitedHealthcare® Group Medicare Advantage (PPO)

**Effective:** January 1, 2018 through December 31, 2018

**Group Number:** 13551

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# ENJOY THE BENEFITS OF A UNITEDHEALTHCARE® MEDICARE ADVANTAGE PLAN

You can reach us online, anytime.

Learn more at [www.UHCRetiree.com](http://www.UHCRetiree.com)

Toll-free  
**1-800-533-2743**,  
TTY 711 8 a.m. - 8 p.m.  
local time, 7 days a week

Dear Retiree,

Your employer group or plan sponsor has selected UnitedHealthcare® to offer health care coverage for all eligible retirees. We believe you should have more than just a good insurance plan to help maintain your health and well-being. We want to work with you to help you live a healthier life.

## We want to:

- Help you get access to care when you need it
- Give you tools and resources to help you be in more control of your health
- Try to help you find ways to save money on health care, so you can spend more on what matters most to you

## 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
- Details on how to enroll
- What you can expect after you enroll

Your 2018 plan information will be available online. Go to the website above and click “Download your plan materials.” You will need your Group Number found on the front cover of this book to access your materials.

## Enrolling is easy.

- 1 Find the Enrollment Request Form(s) in the “Enrollment” section of this book.
- 2 Fill out completely — make sure you sign and date the form(s).
- 3 Return your completed form(s) in the enclosed envelope before your enrollment deadline.

## Take advantage of healthy extras.



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.



# Plan information

# Benefit Highlights

University of Arkansas System 13551  
Effective January 1, 2018 to December 31, 2018

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 medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$500 each plan year.	

## Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$25 copay Specialist: \$40 copay	Primary Care Provider: \$25 copay Specialist: \$40 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$450 copay per admission	\$450 copay per admission
Skilled nursing facility (SNF)	\$20 copay per day: days 1-28 \$0 copay per additional day up to 100 days	\$20 copay per day: days 1-28 \$0 copay per additional day up to 100 days
Outpatient surgery	\$200 copay	\$200 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	20% coinsurance	20% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance	20% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance
Ambulance	\$100 copay	\$100 copay
Emergency care	\$65 copay (worldwide)	
Urgently needed services	\$50 copay (worldwide)	\$50 copay (worldwide)
Annual medical out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year	

## Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Foot care - routine	\$40 copay (Up to 6 visits per plan year)*	\$40 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)*
Hearing aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*

	In-Network	Out-of-Network
Vision - routine eye exams	\$40 copay (1 exam every 12 months)*	\$40 copay (1 exam every 12 months)*
Fitness program through SilverSneakers® Fitness program	Stay active with a basic gym 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	
Virtual Doctor Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a> .	

\*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	\$15 copay	\$30 copay
Tier 2: Preferred brand	\$45 copay	\$90 copay
Tier 3: Non-preferred drug	\$80 copay	\$160 copay
Tier 4: Specialty tier	\$80 copay	\$160 copay
Coverage gap stage	After your total drug costs reach \$3,750, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay a \$3.35 copay for generic (including brand drugs treated as generic), a \$8.35 copay for brand name	

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 and 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 copayments/coinsurance may change each plan year.

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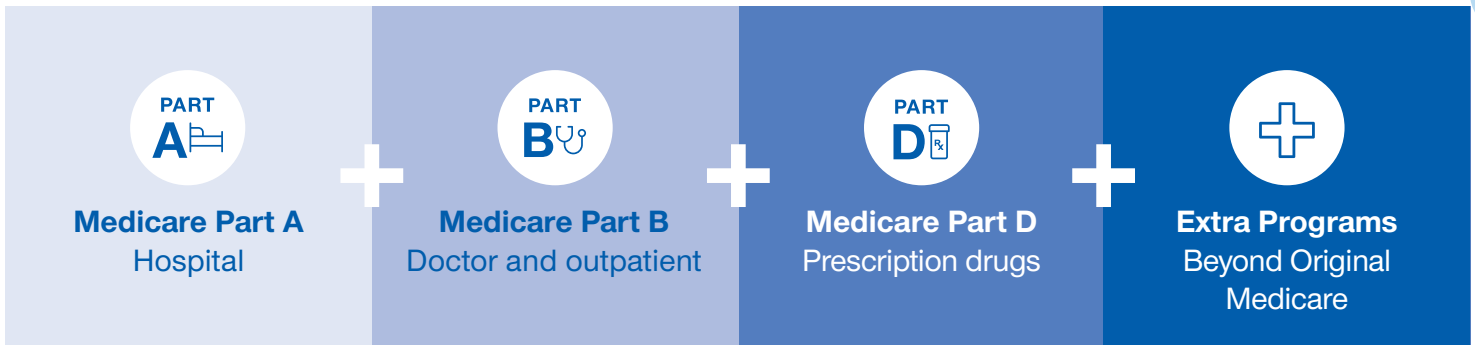




# UNITEDHEALTHCARE® GROUP MEDICARE ADVANTAGE (PPO)

Your employer group or plan sponsor has chosen a UnitedHealthcare® Group Medicare Advantage plan. The word “Group” means this is a plan designed just for an employer group or plan sponsor, like yours. Only eligible retirees of your employer group or plan sponsor can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



## Make sure you know what parts of Medicare you have.



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

- If you're not sure if you are enrolled in Medicare Part B, check with your local Social Security office. To find an office where you live, visit [www.ssa.gov/locator](http://www.ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- You must continue paying your Medicare Part B premium to keep your coverage under this group-sponsored plan. If you stop your payments, you may be disenrolled from this plan.



# HOW YOUR GROUP MEDICARE ADVANTAGE PLAN WORKS

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

## One plan at a time.

You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time. The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision. If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from this UnitedHealthcare® Group Medicare Advantage (PPO) plan. Any eligible family members may also be disenrolled from their group-sponsored coverage. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor or employer group.



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

## You can reach us online, anytime.

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

Toll-Free **1-800-533-2743**, TTY **711** ,  
8 a.m. - 8 p.m. local time, 7 days a week



## MEDICAL COVERAGE PLAN BASICS

### How your medical coverage works.

Your plan is a Preferred Provider Organization (PPO) plan. You have access to our national network of providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of Medicare.

	Network	Out-Of-Network
<b>Will the doctor or hospital accept my plan?</b>	Yes	Yes, as long as they accept the plan and have not opted out of Medicare. <sup>1</sup>
<b>What is my copay or coinsurance?</b>	Copays and coinsurance vary by service. <sup>2</sup>	
<b>Do I need to choose a primary care provider (PCP)?</b>	No, but recommended	No
<b>Do I need a referral to see a specialist?</b>	No	No
<b>Are emergency and urgently needed services covered?</b>	Yes	Yes
<b>Do I have to pay the full cost for all doctor or hospital services?</b>	You will pay your standard copay or coinsurance for the services you get. <sup>2</sup>	
<b>Is there a limit on how much I spend on medical services each year?</b>	Yes	Yes
<b>Are there any situations when a doctor will balance bill me?</b>	Under this plan you are protected from any balance billing when seeing physicians or health care providers who have not opted out of Medicare.	

<sup>1</sup>This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

<sup>2</sup>Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

### View your plan information online.



Once your plan is effective, create your secure online account at:

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

You'll be able to view benefit information and plan materials, look up your latest claim information, review your personal health record and access lifestyle and learning articles, recipes, educational videos and more.



# PRESCRIPTION DRUG COVERAGE PLAN BASICS

## How your prescription drug coverage works.

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check your plan's drug list to see if your drugs are covered.



### What pharmacies can I use?

You can choose from over 68,000 pharmacies across the United States, including national chain, regional and independent local retail pharmacies.



### What is a drug cost tier?

Drugs are divided into different cost tiers. In general, the higher the tier, the higher the cost of the drug.



### What will I pay for my prescription drugs?

What you pay will depend on the coverage your employer group or plan sponsor has arranged and on what drug cost tier your prescription belongs to. Your cost may also change during the year based on the total cost of the prescriptions you have filled.<sup>1</sup>



### Can I have more than one prescription drug plan?

No. You can only have one Medicare Part D prescription drug plan at a time. If you enroll in another Medicare Part D prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you will be disenrolled from this plan.

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



# PRESCRIPTION DRUG COVERAGE PLAN BASICS



## What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.



## What is a Medicare Part D Late Enrollment Penalty (LEP)?

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

When you become a member, your employer group or plan sponsor will be asked to confirm that you have had continuous Medicare Part D coverage. If your employer group or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC), which you will get in your Welcome Packet.

## 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



## GETTING THE HEALTH CARE COVERAGE YOU MAY NEED



### Your care begins with your doctor.

With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network. Unlike many other 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 even help schedule that first appointment.

### Why use a UnitedHealthcare network doctor?

If you need to find a new doctor or specialist, consider a doctor in our network. We work closely with our network of doctors to give them access to resources and tools that can help them make better health care decisions on your behalf.



### Filling your prescriptions is convenient.

UnitedHealthcare has over 68,000 national, regional, local chains and independent neighborhood pharmacies in its network.



**OVER 68,000  
PHARMACIES<sup>1</sup>**

<sup>1</sup>2017 Internal Report Data

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



## ADDITIONAL SUPPORT AND PROGRAMS



### **Annual Wellness Visit and preventive services at \$0 copay.<sup>1</sup>**

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Together, you can identify the preventive screenings you may need, review your medications and talk about any health concerns. You may even get a reward for completing your Annual Wellness Visit.



### **You are never alone with NurseLine.**

Whether it's a question about a medication or a health concern in the middle of the night, with NurseLine, registered nurses answer your call 24 hours a day.



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

UnitedHealthcare offers special programs to help members who are living with chronic disease, like diabetes or heart disease. The patients get personal attention and their doctors get up-to-date information to help them make decisions.



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

UnitedHealthcare HouseCalls is an annual wellness program offered to you for no extra cost. The program sends an advanced practice clinician to your home. During the visit, they will review your medical history and current medications. You can also ask any health questions you may have. HouseCalls will then send a summary of your visit to your primary care provider so he/she has this additional information regarding your health. HouseCalls may not be available in all areas.



### **See a doctor using your computer, tablet or mobile phone.**

UnitedHealthcare's Virtual Doctor Visits lets you choose to see and speak to specific doctors using your computer or mobile device, like a tablet or smart phone. During a virtual doctor visit, you can ask questions, get a diagnosis and the doctor can even prescribe medication<sup>2</sup> that, if appropriate, can be sent to your pharmacy.

<sup>1</sup>If additional tests are required, there may be a copay or coinsurance.

<sup>2</sup>Doctors can't prescribe medications in all states.



## ADDITIONAL SUPPORT AND PROGRAMS



### **Make caring for a loved one easier.**

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning. Also included is an on-site evaluation by a Registered Nurse and a personal plan of care developed by a Geriatric Case Manager. You will also have access to our Caregiver Partners website so you can explore our library of articles, buy caregiver related products and services and share information among family members to help improve communication and decision-making.



### **And so much more to help you live a healthier life.**

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.





## TOOLS AND RESOURCES TO PUT YOU IN CONTROL

UnitedHealthcare strives to make it easier to make good health decisions by giving you the tools and resources you may need.



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

As a UnitedHealthcare member, you will have access to a safe, secure and personalized website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Review your personal health record
- Print a temporary member ID card and request a new one
- Search for network doctors
- Search for drugs and how much they cost under your plan
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



### Get active and have fun with SilverSneakers® Fitness.

Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more at 13,000+ fitness locations.\* SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness and include a range of options from using light hand weights to more intense circuit training.



### Go beyond the plan benefits to help live your best life.

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.<sup>1</sup> Renew, our member-only Health & Wellness Experience, includes inspiring lifestyle tips, learning activities, videos, recipes, interactive health tools, rewards and more, all designed to help you live your best life. Explore all that Renew has to offer by logging in to your member website.

\*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

<sup>1</sup> Renew by UnitedHealthcare is not available in all plans.

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Toll-Free **1-800-533-2743**, TTY **711**,  
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## WAYS TO SAVE ON YOUR PRESCRIPTION DRUGS

### **You may save on the medications you take regularly.**

If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have a question.

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

In addition to OptumRx® Home Delivery, most retail pharmacies offer 90-day supplies for some prescription drugs.

Check your UnitedHealthcare Pharmacy directory to see if a retail pharmacy offers 90-day supplies noted with a  symbol. An online pharmacy directory is available at [www.UHCRetiree.com](http://www.UHCRetiree.com)

To request a printed directory, call Customer Service toll-free at: **1-800-533-2743**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week

### **Ask your doctor about trial supplies.**

A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's 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 ask your doctor 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 employer group or 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 prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

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

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

### UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): University of Arkansas System  
Group Number: 13551

H2001-816

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



Toll-Free **1-800-533-2743**, TTY **711**  
**8 a.m. - 8 p.m. local time, 7 days a week**



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



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

# Summary of Benefits

**January 1, 2018 - December 31, 2018**

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.UHCRetiree.com](http://www.UHCRetiree.com) or you can call Customer Service with questions you may have. You get an EOC when you enroll in the plan.

## **About this plan.**

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed inside the cover, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

## **About providers and network pharmacies.**

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of Medicare. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to [www.UHCRetiree.com](http://www.UHCRetiree.com) to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

## UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
<b>Annual Medical Deductible</b>	\$500 per year for some in-network and out-of-network services.	
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>	

# UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$450 copay per admit	\$450 copay per admit
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital, Including Observation		\$200 copay	\$200 copay
Doctor Visits	Primary	\$25 copay	\$25 copay
	Specialists	\$40 copay	\$40 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	



Benefits		In-Network	Out-of-Network
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$65 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
<b>Urgently Needed Services</b>		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	20% coinsurance	20% coinsurance
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	20% coinsurance	20% coinsurance
	Therapeutic Radiology	20% coinsurance	20% coinsurance
	Outpatient x-rays	\$0 copay	\$0 copay

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$40 copay	\$40 copay
	Routine hearing exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
	Hearing Aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$40 copay	\$40 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$40 copay (1 exam every 12 months)*	\$40 copay (1 exam every 12 months)*
<b>Mental Health</b>	Inpatient visit	\$250 copay per admit	\$250 copay per admit
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit	\$25 copay	\$25 copay
	Outpatient individual therapy visit	\$25 copay	\$25 copay
<b>Skilled Nursing Facility (SNF)</b>		\$20 copay per day: days 1-28 \$0 copay per day: days 29-100	\$20 copay per day: days 1-28 \$0 copay per day: days 29-100
		Our plan covers up to 100 days in a SNF.	
<b>Physical Therapy and speech and language therapy visit</b>		20% coinsurance	20% coinsurance
<b>Ambulance</b>		\$100 copay	\$100 copay
<b>Routine Transportation</b>		Not covered	

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	20% coinsurance	20% coinsurance
	Other Part B drugs	20% coinsurance	20% coinsurance

## Prescription Drugs

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.

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.

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

<b>Stage 1: Annual Prescription Deductible</b>	Since you have no deductible, this payment stage doesn't apply.	
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>One-month supply</b>	<b>Three-month supply</b>
Tier 1: Generic	\$15 copay	\$30 copay
Tier 2: Preferred Brand	\$45 copay	\$90 copay
Tier 3: Non-Preferred Drugs	\$80 copay	\$160 copay
Tier 4: Specialty Tier	\$80 copay	\$160 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$3,750, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
<b>Stage 4: Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay \$3.35 copay for generic (including brand drugs treated as generic), and a \$8.35 copay for all other drugs.	

Additional Benefits		In-Network	Out-of-Network
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$20 copay	\$20 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 copay  We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra <sup>®</sup> 2, OneTouch UltraMini <sup>®</sup> , OneTouch Verio <sup>®</sup> , OneTouch Verio <sup>®</sup> IQ, OneTouch Verio <sup>®</sup> Flex, ACCU-CHEK <sup>®</sup> Nano SmartView, ACCU-CHEK <sup>®</sup> Aviva Plus, ACCU-CHEK <sup>®</sup> Guide, and ACCU-CHEK <sup>®</sup> Aviva Connect. Other brands are not covered by our plan.	\$0 copay  We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra <sup>®</sup> 2, OneTouch UltraMini <sup>®</sup> , OneTouch Verio <sup>®</sup> , OneTouch Verio <sup>®</sup> IQ, OneTouch Verio <sup>®</sup> Flex, ACCU-CHEK <sup>®</sup> Nano SmartView, ACCU-CHEK <sup>®</sup> Aviva Plus, ACCU-CHEK <sup>®</sup> Guide, and ACCU-CHEK <sup>®</sup> Aviva Connect. Other brands are not covered by our plan.
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	20% coinsurance

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Fitness program through SilverSneakers® Fitness program</b>		<p>\$0 membership fee.</p> <p>Monthly basic membership for SilverSneakers through network fitness centers.</p> <p>If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga.</p>	
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$40 copay	\$40 copay
	Routine foot care*	\$40 copay for each visit (Up to 6 visits per plan year)*	\$40 copay for each visit (Up to 6 visits per plan year)*
<b>Home Health Care</b>		20% coinsurance	20% coinsurance
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Occupational Therapy Visit</b>		20% coinsurance	20% coinsurance
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$25 copay	\$25 copay
	Outpatient individual therapy visit	\$25 copay	\$25 copay
<b>Outpatient surgery</b>		\$200 copay	\$200 copay
<b>Renal Dialysis</b>		20% coinsurance	20% coinsurance
<b>Virtual Doctor Visits</b>		Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a> .	

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

## Required Information

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

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

Benefits, premium and/or co-payments/co-insurance may change at the beginning of each plan year.

You must continue to pay your Medicare Part B premium.

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

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

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



## Required information

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

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

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.

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, copay 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 home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, 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, copayments and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change each plan year.





## Required information

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

You must continue to pay your Medicare Part B premium.

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

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

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

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

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

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

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

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

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

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

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

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

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

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

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

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

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

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

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

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

# NOTES

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# Drug list



# 2018 Drug list

This is a partial alphabetical list of prescription drugs covered by the plan. This is not a complete list of the drugs we cover. Please call Customer Service for more information or for a complete list of covered drugs. Our contact information is on the cover of this book.

- **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Each covered drug is in 1 of 4 cost-sharing tiers
- Drug tier description:
  - Tier 1: Preferred generic
  - Tier 2: Preferred brand
  - Tier 3: Non-preferred drug
  - Tier 4: Specialty tier
- Each tier has a copay or coinsurance amount
- For a description of the tiers, see the Summary of Benefits in this book
- Some drugs may have coverage rules or limits on the amount you can get

<b>PA Prior authorization</b>	The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used and covered correctly by Medicare for your medical condition. Certain drugs may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs) depending on how it is used. If you don't get prior approval, the plan may not cover the drug.
<b>QL Quantity limits</b>	The plan will cover only a certain amount of this drug for 1 copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
<b>ST Step therapy</b>	There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.
<b>B/D Medicare Part B or Part D</b>	Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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<b>HRM High-risk medication</b>	This drug is known as a high-risk medication (HRM) for Medicare members 65 and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.
<b>LA Limited access</b>	Drugs are considered “limited access” if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can’t be done at a network pharmacy.
<b>MED Morphine equivalent dose</b>	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for those individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

**A**

Acamprosate Calcium DR (Tablet Delayed-Release),T1  
 Acetaminophen/Codeine (Tablet),T1 - QL,MED  
 Acetazolamide (Tablet Immediate-Release),T1  
 Acetazolamide ER (Capsule Extended-Release 12 Hour),T1  
 Acyclovir (Tablet),T1  
**Adacel (Injection),T2**  
**Adcirca (Tablet),T4 - PA,QL**  
**Advair Diskus, Advair HFA (Aerosol),T2 - QL**  
**Aggrenox (Capsule Extended-Release 12 Hour),T3 - QL**  
**Albenza (Tablet),T4 - QL**  
 Alcohol Prep Pads,T2  
 Alendronate Sodium (Tablet),T1 - QL  
 Alfuzosin HCl ER (Tablet Extended-Release 24 Hour),T1  
 Allopurinol (Tablet),T1  
 Alprazolam (Tablet Immediate-Release),T1 - QL  
 Amantadine HCl (Capsule, Tablet, Syrup),T1  
 Amiodarone HCl (Tablet),T1  
**Amitiza (Capsule),T2 - QL**

Amitriptyline HCl (Tablet),T1 - PA,HRM  
 Amlodipine Besylate (Tablet),T1  
 Amlodipine Besylate/Benazepril HCl (Capsule),T1 - QL  
 Ammonium Lactate (12% Cream, 12% Lotion),T1  
 Amoxicillin (Capsule, Tablet),T1  
 Amphetamine/Dextroamphetamine (Capsule Extended-Release, Tablet Immediate-Release),T1 - QL  
 Anagrelide HCl (Capsule),T1  
 Anastrozole (Tablet),T1  
**AndroGel (1.62% Packet, 1.62% Pump),T2**  
**Androderm (Patch 24 Hour),T2 - QL**  
**Anoro Ellipta (Aerosol Powder),T2 - QL**  
**Apriso (Capsule Extended-Release 24 Hour),T2 - QL**  
**Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T4 - PA**  
**Aranesp Albumin Free (10mcg/0.4ml**

**Bold type = Brand name drug**

Plain type = Generic drug

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

**Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection),T3 - PA**

**Argatroban (125mg/125ml-0.9% Injection),T1 - B/D,PA**

Argatroban (250mg/2.5ml Injection),T1 - B/D,PA

**Arnuity Ellipta (Aerosol Powder),T2 - QL**

Atenolol (Tablet),T1

Atomoxetine (Capsule),T1 - QL

Atorvastatin Calcium (Tablet),T1 - QL

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

**Atripla (Tablet),T4 - QL**

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

**Aubagio (Tablet),T4 - QL**

**Auryxia (Tablet),T4**

**Avastin (Injection),T4 - PA**

**Avonex (Injection),T4**

Azathioprine (Tablet),T1 - B/D,PA

Azelastine HCl (0.05% Ophthalmic Solution),T1

Azelastine HCl (0.1% Nasal Solution),T1 - QL

Azelastine HCl (0.15% Nasal Solution),T1

Azithromycin (Oral Suspension, Tablet Immediate-Release),T1

**Azopt (Suspension),T2**

## B

**BRIVIACT (Tablet),T4 - QL**

Baclofen (Tablet),T1

Balsalazide Disodium (Capsule),T1

**Belsomra (Tablet),T2 - QL**

Benazepril HCl (Tablet),T1 - QL

Benazepril HCl/Hydrochlorothiazide (Tablet),T1 - QL

**Benicar (Tablet),T3 - QL**

**Benicar HCT (Tablet),T3 - QL**

**Benlysta (Injection),T4 - PA**

Benzotropine Mesylate (Tablet),T1 - PA,HRM

**Betaseron (Injection),T4**

Bethanechol Chloride (Tablet),T1

**Bevespi Aerosphere (Aerosol),T2 - QL**

Bicalutamide (Tablet),T1

Bisoprolol Fumarate (Tablet),T1

Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T1 - QL

**Breo Ellipta (Aerosol Powder),T2 - QL**

**Brilinta (Tablet),T2 - QL**

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

Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

Budesonide (Capsule Delayed-Release),T1

Bumetanide (Tablet),T1

Buprenorphine HCl (Tablet Sublingual),T1 - QL

Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet),T1

Buspirone HCl (Tablet),T1

**Butrans (Patch Weekly),T2 - QL,MED**

**Bydureon Injection (Pen, Vial),T2 - QL**

**Byetta (Injection),T3 - QL**

**Bystolic (Tablet),T2 - QL**

## C

Cabergoline (Tablet),T1

Calcitriol (Capsule),T1 - B/D,PA

Calcium Acetate (Capsule),T1

Captopril (Tablet),T1 - QL

**Carafate (Suspension),T3**

**Carbaglu (Tablet),T4 - LA**

Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T1

Carbidopa/Levodopa, Carbidopa/Levodopa ER, Carbidopa/Levodopa ODT (Tablet),T1

**Carbidopa/Levodopa/Entacapone (Tablet),T1**

Carboplatin (Injection),T1

Carvedilol (Tablet),T1

**Cayston (Inhalation Solution),T4 - PA,LA**

Cefuroxime Axetil (Tablet),T1

Celecoxib (Capsule),T1 - QL

Cephalexin (Capsule, Oral Suspension),T1

**Chantix (Tablet),T2**

Chlorhexidine Gluconate (Solution),T1

Chlorthalidone (Tablet),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

Cilostazol (Tablet),T1  
 Cimetidine (Tablet, Oral Solution),T1  
**Cinryze (Injection),T4 - PA,LA**  
**Ciprodex (Otic Suspension),T2**  
 Ciprofloxacin HCl (Tablet Immediate-Release),T1  
 Citalopram HBr (Tablet),T1  
 Clarithromycin (Tablet),T1  
**Climara Pro (Patch Weekly),T3 - PA,HRM**  
 Clonazepam, Clonazepam ODT (Tablet),T1 - QL  
 Clonidine HCl (Tablet Immediate-Release),T1  
 Clopidogrel (75mg Tablet),T1 - QL  
 Clozapine (Tablet Immediate-Release),T1  
 Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible),T1 - QL  
**Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible),T1 - QL**  
**Colchicine (Tablet, Capsule),T2 - QL**  
**Combigan (Ophthalmic Solution),T2**  
**Combivent Respimat (Aerosol Solution),T2**  
**Comtan (Tablet),T3**  
**Copaxone (Injection),T4**  
**Cosentyx (Injection),T4 - PA**  
**Cosentyx Sensoready Pen (Injection),T4 - PA**  
**Creon (Capsule Delayed-Release),T2**  
**Crestor (Tablet),T3 - QL**  
**Crixivan (Capsule),T2 - QL**  
**Cyclophosphamide (Capsule),T3 - B/D,PA**

## D

**Daliresp (Tablet),T3 - PA,QL**  
 Dapsone (Tablet),T1  
 Desmopressin Acetate (Tablet),T1  
**Dexilant (Capsule Delayed-Release),T3 - QL**  
**Dextrose 5%/NaCl (Injection),T1**  
 Diazepam (1mg/ml Oral Solution),T1  
 Diazepam (Tablet, Intensol 5mg/ml Concentrate),T1 - QL  
 Diclofenac Tablet , Diclofenac DR Tablet, Diclofenac ER Tablet,T1  
 Dicyclomine HCl (10mg Capsule, 20mg Tablet),T1 - HRM

**Bold type = Brand name drug**

Digoxin (125mcg Tablet),T1 - QL,HRM  
 Digoxin (250mcg Tablet),T1 - PA,HRM  
 Dihydroergotamine Mesylate (Injection),T1  
 Diltiazem CD (Capsule Extended-Release 24 Hour),T1  
 Diltiazem HCl (Tablet Immediate-Release),T1  
 Diltiazem HCl ER (Capsule Extended-Release),T1  
 Diphenoxylate/Atropine (Tablet),T1 - PA,HRM  
 Disulfiram (Tablet),T1  
 Divalproex Capsule, Divalproex DR Tablet, Divalproex ER Tablet,T1  
 Donepezil, Donepezil ODT (Tablet),T1 - QL  
 Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T1  
 Doxazosin Mesylate (Tablet),T1  
 Doxycycline Hyclate (Capsule),T1  
 Dronabinol (Capsule),T1 - PA,QL  
 Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release),T1 - QL  
**Durezol (Emulsion),T2**  
**Dymista (Suspension),T3**

## E

**Edarbi (Tablet),T3 - QL**  
**Edarbyclor (Tablet),T3 - QL**  
**Eliquis (Tablet),T2 - QL**  
**Elmiron (Capsule),T3**  
**Embeda (Capsule Extended-Release),T2 - QL,MED**  
 Enalapril Maleate (Tablet),T1 - QL  
 Enalapril Maleate/Hydrochlorothiazide (Tablet),T1 - QL  
**Enbrel (Injection),T4 - PA**  
 Entacapone (Tablet),T1  
 Entecavir (Tablet),T1  
**Epclusa (Tablet),T4 - PA,QL**  
 Eplerenone (Tablet),T1  
**Epzicom (Tablet),T4 - QL**  
**Equetro (Capsule Extended-Release 12 Hour),T3**  
 Escitalopram Oxalate (Tablet),T1

Plain type = Generic drug

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

Estradiol (Tablet) (Generic Estrace),T1 - PA,HRM  
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution),T1

Etoposide (Injection),T1

**Exjade (Tablet Soluble),T4 - PA**

## F

Famotidine (Tablet),T1

**Fareston (Tablet),T4**

**Farxiga (Tablet),T3 - QL,ST**

Fenofibrate (Tablet),T1

Fentanyl (Patch 72 Hour),T1 - QL,MED

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

**Firazyr (Injection),T4 - PA,QL**

**Flovent Diskus, Flovent HFA (Aerosol),T2 - QL**

Fluconazole (Tablet),T1

Fluocinolone Acetonide (Otic Oil),T1

Fluphenazine HCl (Tablet),T1

Fluticasone Propionate (Suspension),T1

**Fosrenol (Packet, Tablet Chewable),T4**

Furosemide (Tablet),T1

**Fuzeon (Injection),T4 - QL**

**Fycompa (Tablet),T3**

## G

Gabapentin (Capsule, Tablet),T1

**Gammagard Liquid (Injection),T4 - PA**

Gemfibrozil (Tablet),T1

**Genotropin (12mg Injection, 5mg Injection),T4 - PA**

**Genotropin Miniquick (0.2mg Injection),T3 - PA**

**Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T4 - PA**

Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution),T1

**Gilenya (Capsule),T4 - QL**

Glimepiride (Tablet),T1 - QL

Glipizide, Glipizide ER (Tablet),T1 - QL

**GlucaGen HypoKit (Injection),T3**

**Glucagon Emergency Kit (Injection),T2**

**Guanidine HCl (Tablet),T2**

## H

Haloperidol (Tablet),T1

**Harvoni (Tablet),T4 - PA,QL**

**Humalog (Injection),T2**

**Humalog Mix (Injection),T2**

**Humira (Injection),T4 - PA**

**Humulin 70/30 (Injection),T2**

**Humulin N (Injection),T2**

**Humulin R (Injection),T2**

Hydralazine HCl (Tablet),T1

Hydrochlorothiazide (Capsule, Tablet),T1

Hydrocodone/Acetaminophen (Tablet),T1 - QL,MED

Hydromorphone HCl (Tablet Immediate-Release),T1 - QL,MED

Hydroxychloroquine Sulfate (Tablet),T1

Hydroxyurea (Capsule),T1

Hydroxyzine HCl (Syrup),T1 - PA,HRM

**Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T2 - QL,MED**

## I

Ibandronate Sodium (Tablet),T1 - QL

Ibuprofen (Tablet, 100mg/5ml Suspension),T1

**Ilevro (Suspension),T2**

Imatinib Mesylate (Tablet),T1 - PA,QL

Imiquimod (Cream),T1

**Incruse Ellipta (Aerosol Powder),T2 - QL**

Insulin Syringes, Needles,T2

**Intence (100mg Tablet, 200mg Tablet),T4 - QL**

**Intron A (Injection),T4 - PA**

**Invanz (Injection),T3**

**Invokamet, Invokamet XR (Tablet),T2 - QL**

**Invokana (Tablet),T2 - QL**

Ipratropium Bromide (0.02% Inhalation Solution),T1 - B/D,PA

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T1  
 Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution),T1 - B/D,PA  
 Irbesartan (Tablet),T1 - QL  
 Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL  
**Isentress (400mg Tablet),T4 - QL**  
 Isoniazid (Tablet),T1  
 Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet),T1  
 Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet),T1  
 Ivermectin (Tablet),T1

## J

**Janumet, Janumet XR (Tablet),T2 - QL**  
**Januvia (Tablet),T2 - QL**  
**Jardiance (Tablet),T2 - QL**  
**Jentadueto, Jentadueto XR (Tablet),T3 - QL**

## K

**Kalydeco (Packet),T4 - PA,QL**  
**Kazano (Tablet),T3 - QL,ST**  
 Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet),T1  
 Ketorolac Tromethamine (Ophthalmic Solution),T1  
**Klor-Con 10, Klor-Con 8 (Tablet),T1**  
 Klor-Con M20 (Tablet Extended-Release),T1  
**Kombiglyze XR (Tablet Extended-Release 24 Hour),T2 - QL**  
**Korlym (Tablet),T4 - PA,QL**

## L

Lactulose (Oral Solution),T1  
 Lamivudine (Tablet),T1  
 Lamotrigine (Tablet Immediate-Release),T1  
**Lantus Injection (SoloStar, Vial),T2**  
**Lastacraft (Ophthalmic Solution),T2**  
 Latanoprost (Ophthalmic Solution),T1  
**Latuda (Tablet),T4 - QL**  
 Leflunomide (Tablet),T1  
**Letairis (Tablet),T4 - PA,QL,LA**

Letrozole (Tablet),T1  
 Leucovorin Calcium (Tablet),T1  
**Leukeran (Tablet),T3**  
**Levemir Injection (FlexTouch, Vial),T2**  
 Levetiracetam (Tablet Immediate-Release),T1  
 Levocarnitine (Tablet),T1  
 Levocetirizine Dihydrochloride (Tablet),T1 - QL  
 Levofloxacin (Tablet),T1  
 Levothyroxine Sodium (Tablet),T1

**Lialda (Tablet Delayed-Release),T2 - QL**

Lidocaine (Ointment),T1  
 Lidocaine HCl (Gel),T1  
 Lidocaine Viscous (Solution),T1  
 Lidocaine/Prilocaine (Cream),T1  
 Lindane (Shampoo),T1  
**Linzess (Capsule),T2 - QL**  
 Liothyronine Sodium (Tablet),T1  
 Lisinopril (Tablet),T1 - QL  
 Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL

Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T1  
 Loperamide HCl (Capsule),T1  
 Lorazepam (Tablet, Intensol 2mg/ml Concentrate),T1 - QL  
 Losartan Potassium (Tablet),T1 - QL  
 Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL

**Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension),T3**

Lovastatin (Tablet Immediate-Release),T1 - QL  
**Lumigan (Ophthalmic Solution),T2**

**Lupron Depot, Lupron Depot-PED (Injection),T4 - PA**

**Lyrica (Capsule),T2 - QL**

**Lysodren (Tablet),T4**

## M

Meclizine HCl (12.5mg Tablet),T1 - PA,HRM  
 Medroxyprogesterone Acetate (Tablet),T1  
 Meloxicam (Tablet),T1  
 Memantine HCl (Tablet),T1 - PA,QL

**Bold type = Brand name drug**

Plain type = Generic drug

**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

Mercaptopurine (Tablet),T1  
Meropenem (Injection),T1  
Metformin HCl (Tablet Immediate-Release),T1 - QL  
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL  
Methadone HCl (Tablet, Oral Solution),T1 - QL,MED  
Methazolamide (Tablet),T1  
Methimazole (Tablet),T1  
Methotrexate (Tablet),T1  
Methscopolamine Bromide (Tablet),T1  
Methyldopa (Tablet),T1 - PA,HRM  
Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin),T1 - QL  
Metoclopramide HCl (Tablet),T1  
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour),T1  
Metoprolol Tartrate (Tablet Immediate-Release),T1  
Metronidazole (Tablet),T1  
Migergot (Suppository),T4  
Minocycline HCl (Capsule),T1  
Minoxidil (Tablet),T1  
Mirtazapine, Mirtazapine ODT (Tablet),T1  
Misoprostol (Tablet),T1  
Modafinil (Tablet),T1 - PA,QL  
Montelukast Sodium (Tablet, Tablet Chewable, Packet),T1 - QL  
Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin),T1 - QL,MED  
**Multaq (Tablet),T2 - QL**  
**Myrbetriq (Tablet Extended-Release 24 Hour),T2**

## N

Nadolol (Tablet),T1  
Naltrexone HCl (Tablet),T1  
**Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml**

**Oral Solution),T3 - PA,QL**  
**Namenda XR (Capsule Extended-Release 24 Hour),T2 - PA,QL**  
Naproxen (Tablet Immediate-Release),T1  
**Nasonex (Suspension),T3**  
**Nesina (Tablet),T3 - QL,ST**  
**Nevanac (Suspension),T2**  
Niacin ER (Tablet Extended-Release),T1  
**Nicotrol Inhaler,T3**  
Nitrofurantoin Capsules (Macrocrystals, Monohydrate),T1  
**Nitrostat (Tablet Sublingual),T3**  
Norethindrone Acetate (5mg Tablet),T1  
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution),T1 - PA,HRM  
**Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution),T3 - QL**  
**Nucynta ER (Tablet Extended-Release 12 Hour),T2 - QL,MED**  
**Nuedexta (Capsule),T3 - PA**  
**Nutropin AQ (Injection),T4 - PA**  
**Nuvigil (Tablet),T3 - PA,QL**  
Nystatin (Cream, Ointment, Powder, Suspension, Tablet),T1

## O

Olanzapine (Tablet Immediate-Release),T1 - QL  
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza),T1 - QL  
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T1 - QL  
Omeprazole (20mg Capsule Delayed-Release),T1  
Ondansetron, Ondansetron ODT (Tablet),T1 - B/D,PA  
**Onglyza (Tablet),T2 - QL**  
**Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent),T3 - QL,MED**  
**Opsumit (Tablet),T4 - PA,LA**  
**Orenitram (0.125mg Tablet Extended-Release),T3 - PA,QL**  
**Orenitram (0.25mg Tablet Extended-Release,**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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**1mg Tablet Extended-Release),T4 - PA,QL**  
**Orenitram (2.5mg Tablet Extended-Release),T4 - PA**  
**Oseni (Tablet),T3 - QL,ST**  
Oxcarbazepine (Tablet),T1  
**OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent),T2 - QL,MED**  
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour),T1 - QL  
Oxycodone HCl (Tablet Immediate-Release),T1 - QL,MED  
Oxycodone/Acetaminophen (Tablet),T1 - QL,MED

## P

Pantoprazole Sodium (Tablet Delayed-Release),T1 - QL  
**Pazeo (Ophthalmic Solution),T2**  
**Pegasys (Injection),T4 - PA**  
Penicillin V Potassium (Tablet),T1  
**Perforomist (Nebulized Solution),T3 - B/D,PA,QL**  
Permethrin (Cream),T1  
Phenytoin Sodium Extended (Capsule),T1  
**Phoslyra (Oral Solution),T2**  
Pilocarpine HCl (Tablet),T1  
Pioglitazone HCl (Tablet),T1 - QL  
Polyethylene Glycol 3350 Powder (Generic MiraLAX),T1  
**Pomalyst (Capsule),T4 - PA,QL**  
Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release),T1  
Potassium Citrate ER (Tablet Extended-Release),T1  
**Pradaxa (Capsule),T3 - QL**  
Pramipexole Dihydrochloride (Tablet Immediate-Release),T1  
Pravastatin Sodium (Tablet),T1 - QL  
Prazosin HCl (Capsule),T1  
**Prednisolone Acetate (Suspension),T1**  
Prednisone (Tablet, 5mg/5ml Oral Solution),T1  
**Premarin (Vaginal Cream),T2**

**Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet),T4 - QL**  
**ProAir HFA, ProAir RespiClick (Aerosol),T2**  
**Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T3 - PA**  
**Procrit (20000unit/ml Injection, 40000unit/ml Injection),T4 - PA**  
Proctosol HC (Cream),T1  
Progesterone (Capsule),T1  
**Prolensa (Ophthalmic Solution),T3**  
Promethazine HCl (Tablet),T1 - PA,HRM  
Propranolol HCl (Tablet Immediate-Release),T1  
Propranolol HCl ER (Capsule Extended-Release 24 Hour),T1  
Propylthiouracil (Tablet),T1  
**Pulmicort Flexhaler (Aerosol Powder),T3 - QL,ST**  
Pyridostigmine Bromide (Tablet),T1

## Q

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

## R

Raloxifene HCl (Tablet),T1 - QL  
Ramipril (Capsule),T1 - QL  
**Ranexa (Tablet Extended-Release 12 Hour),T2 - QL**  
Ranitidine HCl (Tablet),T1  
**Rapaflo (Capsule),T2 - QL**  
Rasagiline Mesylate (Tablet),T1  
**Rebif (Injection),T4**  
**Renagel (Tablet),T2 - ST**  
**Renvela (Tablet, Packet),T2**  
**Restasis (Emulsion),T2 - QL**  
**Revlimid (Capsule),T4 - PA,QL,LA**  
**Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet),T4 - QL**  
Rifabutin (Capsule),T1

**Bold type = Brand name drug**

Plain type = Generic drug



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Rifampin (Capsule),T1  
Riluzole (Tablet),T1  
Rimantadine HCl (Tablet),T1  
Risperidone (Tablet Immediate-Release),T1  
**Rituxan (Injection),T4 - PA**  
Rivastigmine Tartrate (Capsule),T1 - QL  
Rizatriptan, Rizatriptan ODT (Tablet),T1 - QL  
Ropinirole HCl (Tablet Immediate-Release),T1  
Rosuvastatin Calcium (Tablet),T1 - QL  
**Rozerem (Tablet),T3 - QL**

## S

**Santyl (Ointment),T3**  
**Saphris (Tablet Sublingual),T3 - QL**  
**Savella (Tablet),T2**  
Selegiline HCl (5mg Capsule, 5mg Tablet),T1  
**Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T4 - QL**  
**Sensipar (30mg Tablet),T2 - QL**  
**Sensipar (60mg Tablet, 90mg Tablet),T4 - QL**  
**Serevent Diskus (Aerosol Powder),T2 - QL**  
Sertraline HCl (Tablet),T1  
Sildenafil (20mg Tablet),T1 - PA,QL  
**Silver Sulfadiazine (Cream),T1**  
**Simbrinza (Suspension),T2**  
Simvastatin (Tablet),T1 - QL  
Sodium Polystyrene Sulfonate (Suspension),T1  
Sotalol HCl, Sotalol HCl AF (Tablet),T1  
**Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL**  
Spironolactone (Tablet),T1  
**Sprycel (Tablet),T4 - PA,QL**  
**Stiolto Respimat (Aerosol Solution),T2 - QL**  
**Suboxone (Film),T3 - QL**  
Sucralfate (Tablet),T1  
Sulfamethoxazole/Trimethoprim DS (Tablet),T1  
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T1  
Sumatriptan Succinate (Tablet),T1 - QL  
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T2

Suprax (100mg/5ml Suspension, 200mg/5ml Suspension),T3

**Suprax (400mg Capsule),T2**  
**Suprax (500mg/5ml Suspension),T3**  
**Symbicort (Aerosol),T2 - QL**  
**SymlinPen (Injection),T4 - PA**  
**Synjardy, Synjardy XR (Tablet),T2 - QL**  
**Synthroid (Tablet),T2**

## T

**Tamiflu (Capsule, Suspension),T3 - QL**  
Tamoxifen Citrate (Tablet),T1  
Tamsulosin HCl (Capsule),T1  
**Targretin (1% Gel, 75mg Capsule),T4 - PA**  
**Tasigna (Capsule),T4 - PA,QL**  
**Tecfidera (Capsule Delayed-Release),T4 - QL**  
Telmisartan (Tablet),T1 - QL  
Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL  
Terazosin HCl (Capsule),T1  
Testosterone Cypionate (Injection),T1  
Theophylline (Oral Solution),T1  
Theophylline CR, Theophylline ER (Tablet),T1  
**Thymoglobulin (Injection),T4**  
**Timolol Maleate Ophthalmic Gel Forming (Solution),T1**  
**Tivicay (25mg Tablet, 50mg Tablet),T4 - QL**  
Tizanidine HCl (Tablet),T1  
Tobramycin Sulfate (Ophthalmic Solution),T1  
Tobramycin/Dexamethasone (Ophthalmic Suspension),T1  
Topiramate (Tablet Immediate-Release),T1  
Topotecan HCl (Injection),T1  
**Toujeo SoloStar (Injection),T2**  
**Tradjenta (Tablet),T3 - QL**  
Tramadol HCl (Tablet Immediate-Release),T1 - QL,MED  
Tramadol HCl/Acetaminophen (Tablet),T1 - QL,MED  
Tranexamic Acid (1000mg/10ml Injection, 650mg Tablet),T1  
**Transderm-Scop (Patch 72 Hour),T3 - PA,HRM**  
**Travatan Z (Ophthalmic Solution),T2**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Trazodone HCl (Tablet),T1  
Tretinoin (Capsule),T1  
Triamcinolone Acetonide (Cream, Ointment),T1  
Triamterene/Hydrochlorothiazide (Capsule, Tablet),T1

**Tribenzor (Tablet),T3 - QL**

Trihexyphenidyl HCl (Elixir),T1 - PA,HRM

**Trintellix (Tablet),T3 - QL**

**Trulicity (Injection),T2 - QL**

**Truvada (Tablet),T4 - QL**

**U**

**Uloric (Tablet),T2 - ST**

Ursodiol (Tablet, Capsule),T1

**V**

Valacyclovir HCl (Tablet),T1 - QL

Valganciclovir (Tablet),T1 - QL

Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T1

Valsartan (Tablet),T1 - QL

Valsartan/Hydrochlorothiazide (Tablet),T1 - QL

**Vascepa (Capsule),T3**

**Velphoro (Tablet Chewable),T4**

Verapamil HCl (Tablet Immediate-Release),T1

Verapamil HCl ER (Tablet Extended-Release),T1

**Versacloz (Suspension),T4**

**Vesicare (Tablet),T2 - QL**

**Victoza (Injection),T2 - QL**

**Viibryd (Tablet),T3 - QL**

**Vimpat (Tablet),T3 - QL**

**Viread (Powder, Tablet),T4 - QL**

**Vyvanse (Capsule),T3**

**W**

Warfarin Sodium (Tablet),T1

**Welchol (3.75gm Packet, 625mg Tablet),T2**

**X**

**Xarelto (Tablet),T2 - QL**

**Xigduo XR (Tablet Extended-Release 24 Hour),T3 - QL,ST**

**Xolair (Injection),T4 - PA**

**Z**

Zafirlukast (Tablet),T1 - QL

Zaleplon (Capsule),T1 - PA,QL,HRM

**Zenpep (Capsule Delayed-Release),T2**

**Zepatier (Tablet),T4 - PA,QL**

**Zetia (Tablet),T3 - QL**

**Zirgan (Gel),T3**

Zolpidem Tartrate (Tablet Immediate-Release),T1 - PA,QL,HRM

Zonisamide (Capsule),T1

**Zostavax (Injection),T2 - PA**

**Zytiga (Tablet),T4 - PA,QL**

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

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# Additional drug coverage

## Bonus Drug List

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

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

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amounts you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently from payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call 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 on 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. If you have questions about drug coverage, please call Customer Service using the information on the cover 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>Anesthetics - drugs for numbing</b>		
Lidocaine Cream 3%	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>Dry, Itchy Scalp</b>		
Sulfacetamide Sodium	1	
Sulfacetamide Sodium w/Sulfur	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	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone	1	
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Erectile Dysfunction</b>		
<b>Cialis</b>	3	Maximum of 6 tablets per month

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

Drug	Tier	Quantity Limits
<b>Edex</b>	3	Maximum of 6 cartridges per month
<b>Levitra</b>	3	Maximum of 6 tablets per month
<b>Viagra</b>	3	Maximum of 6 tablets per month
<b>Sexual Desire Disorder</b>		
<b>Addyi</b>	3	
<b>Urinary Tract Infection</b>		
<b>Urogesic Blue</b>	3	
Ustell	1	
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Menopausal Symptoms</b>		
<b>Osphena</b>	3	
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
Cyanocobalamin Injection (Vitamin B12)	1	
<b>Folgard Rx</b>	3	
Folic Acid 1mg (Rx only)	1	
<b>Galzin</b>	3	
<b>Mephyton</b>	3	
<b>Nephrocaps</b>	3	
<b>NephPlex Rx</b>	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	

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

Drug	Tier	Quantity Limits
Potassium Bicarbonate Effervescent Tablet	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	
Hydrocodone Polst/Chlorpheniramine ER 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

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

Benefits and/or copayments/coinsurance may change each plan/benefit year.

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

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

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**What's  
next**



# HERE'S WHAT YOU CAN EXPECT NEXT

## UnitedHealthcare® will process your enrollment.

This chart shows you what we'll be sending and how we'll be contacting you in the coming months.

Material Name	Description	Delivery Method
<b>Member ID Card</b>	Watch for your UnitedHealthcare Member ID card in the mail.	
<b>Welcome Packet</b>	Once you're enrolled in the plan, you will get a Welcome Packet to review.	
<b>Website Access</b>	After your coverage effective date, you can register online at the website listed below to get access to all your plan information.	
<b>Health Assessment</b>	Soon after your enrollment we'll give you a call. Medicare requires us to call you and ask you to complete a short health survey.	

**Start using your plan on your effective date.** Remember to use your member ID card.

## We're here for you.

When you call, be sure to let the Customer Service advocate know that you are calling about a group-sponsored plan. In addition, it will be helpful to have:



**Your group number on the front of this book**



**Names and addresses for doctors, and clinics and the name and address of your pharmacy**



**Medicare claim number and Medicare effective date — you can find this on your red, white and blue Medicare card**



**If you're calling about drug coverage, please have a list of your current prescriptions and dosages ready**

## You can reach us online, anytime.

Learn more at [www.UHCRetiree.com](http://www.UHCRetiree.com)

Toll-Free **1-800-533-2743**, TTY **711**,  
8 a.m. - 8 p.m. local time, 7 days a week



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# ENROLLMENT INSTRUCTIONS


UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage Plan. UnitedHealthcare® RxSupplement™ is an Outpatient Prescription Drug Plan that works together with your Medicare Advantage plan.

Please complete BOTH of the Enrollment Request Forms on the next page using the instructions provided here. You can also enroll right over the phone by giving us a call at the number listed below.

<b>Plan Information</b>	<p>Please confirm the Plan Sponsor and Group Number match what is listed on the front cover of this booklet. If the information is incorrect or missing, please provide the correct information.</p> <hr/> <p>Include the date you expect your coverage to begin.</p> <hr/> <p>Write in the name of the Primary Care Physician (PCP) you have selected. The provider number can be found under the provider's name at <b>www.UHCRetiree.com</b> or by calling us at the number below.</p>
<b>Applicant Information</b>	<p>You must complete a separate form for each person enrolling in this plan.</p> <hr/> <p>Please write your name exactly as it appears on your red, white and blue Medicare card. This is how it will appear on your member ID card.</p> <hr/> <p>Attach a copy of your Original Medicare card or your Letter of Verification from Social Security or the Railroad Retirement Board, if possible.</p>
<b>Medical Information</b>	<p>Please complete the questions about End-Stage Renal Disease (ESRD)</p>
<b>Sign and Date the Enrollment Request Form</b>	<p>In order to process this form, <b>you must sign the form where indicated.</b></p> <hr/> <p>If someone helped you complete this form, that person must also sign this form and indicate his/her relationship to you. If you are receiving assistance from a sales agent, broker, or other individual employed by or contracted with our plan, he/she may be paid a commission based on your enrollment in the plan.</p> <hr/> <p>If your authorized representative helped you complete this form, he/she must sign the form and submit a copy of the court order or Durable Power of Attorney that allows him/her to act on your behalf, if requested by the plan.</p>
<b>Return the Enrollment Request Form</b>	<p>Return the completed forms in the enclosed envelope and send to:          UnitedHealthcare          P.O. Box 29650          Hot Springs, AR 71903-9973</p> <hr/> <p><b>Incomplete information may delay your enrollment.</b></p>

## Questions? Call Customer Service:

 Learn more online at **www.UHCRetiree.com**

 Toll-Free **1-877-714-0178**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week

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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.

UnitedHealthcare RxSupplement is not a Medicare Part D prescription drug plan. This is an employer group retiree prescription drug plan. UnitedHealthcare RxSupplement group retiree prescription drug plans are underwritten by UnitedHealthcare Insurance Company or, in New York, UnitedHealthcare Insurance Company of New York. These are private insurance companies not connected with or endorsed by the U.S. Government or the federal Medicare program. RxSupplement plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.





## 2018 Enrollment Request Form

To enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan, please provide the following:

**I prefer to receive materials in the following language:**

- Spanish
- Chinese (Spoken  Cantonese  Mandarin)
- Other \_\_\_\_\_

Please contact us Toll-Free at **1-877-714-0178**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week if you need information in another format such as large print.

### 1. Plan information

Plan Sponsor:

Group Number:

GPS Employer ID:

GPS Branch Number:

**Effective Date Requested:** **MM/DD/YYYY**  
(i.e., your proposed effective date, or on what day your coverage should begin)

Plan Sponsor use **ONLY**: Please date stamp this document to indicate when you received the completed and signed form.

Contracting Medical Group/Primary Care Physician (PCP) Name

Contracting Medical Group/Doctor Number

Are you currently a patient of this doctor?  Yes  No

### 2. Applicant information – as it appears on your Medicare card

(Please use black or blue ink.)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
---	-----------	------------	----------------

Birth Date <b>MM/DD/YYYY</b>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone Number ( ) -
---------------------------------	---	--------------------------------

Permanent Residence Street Address (**P.O. Box not allowed**)

City	State	ZIP Code	County
------	-------	----------	--------

Mailing Address (only if different from your Permanent Street Address) (P.O. Box allowed for mailing only)

City	State	ZIP Code
------	-------	----------

Email Address

Emergency Contact

Contact Telephone Number ( ) -	Contact Relationship to You
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### 3. Please provide your Medicare insurance information

Use your red, white and blue Medicare card to complete this section – or – attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan. An incorrect or incomplete Medicare Claim number may cause a delay or denial of coverage.

Medicare Claim Number

Part A (Hospital) Effective Date **MM/DD/YYYY**

Part B (Medical) Effective Date **MM/DD/YYYY**

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\_\_\_\_\_  
Last Name      First Name      Medicare Claim Number

**Please read and answer these important questions.**

Are you a resident in a long-term care facility, such as a nursing home?  Yes  No

If “yes,” Name of Institution \_\_\_\_\_

Address of Institution \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Telephone Number of Institution (      )      -      Date of Admission **MM/DD/YYYY**

**4. Medical information**

**Do you have End-Stage Renal Disease (ESRD)?**  Yes  No

If “yes”, how long have you been on Medicare for ESRD?      Start Date **MM/DD/YYYY**  
End Date **MM/DD/YYYY**

If you answered “yes” to this question and you don’t need regular dialysis anymore or have had a successful kidney transplant, please attach a note or records from your doctor showing you don’t need dialysis or have had a successful kidney transplant.

If “yes”, are you currently a member of UnitedHealthcare?  Yes  No

If “yes”, what is your UnitedHealthcare member ID number?

Do you or your spouse work?  Yes  No

If “no”, what was your retirement date? **MM/DD/YYYY**

**Your answer to the following questions will not keep you from being enrolled in this plan:**

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other **prescription drug coverage** in addition to our plan?  Yes  No

If “yes”, please list your other coverage and your identification (ID) number for this coverage

Name of Other Coverage \_\_\_\_\_

ID Number for Coverage: \_\_\_\_\_ Group Number for Coverage \_\_\_\_\_

Do you have any **health insurance** other than Medicare, such as private insurance, Worker’s Compensation, VA benefits or other employer coverage?  Yes  No

Name of health insurance \_\_\_\_\_

Group Number \_\_\_\_\_ Group Number for Coverage \_\_\_\_\_

**5. ATTENTION – please sign and date**

I understand that my signature on this Enrollment Request Form means that I have read and understood the contents of this Enrollment Request Form, including the Statements of Understanding, and that the information provided by me is accurate and complete. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

**This Enrollment Request Form must be signed, dated and received prior to your desired effective date. Upon receipt, the plan will process the form according to Medicare guidelines.**

**Applicant Signature** (or signature of authorized representative, please complete box below)

**Today’s Date**  
**MM/DD/YYYY**

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Last Name First Name Medicare Claim Number

**Authorized representative information:**

If you are the authorized representative of the applicant, you must provide the following information and sign below.

If signed by an authorized representative of the applicant, this signature certifies that:

- (1) this person is authorized under State law to complete this enrollment and
- (2) documentation of this authority is available upon request by Medicare.

Last Name		First Name	
Address			
City		State	ZIP Code
Telephone Number ( ) -		Relationship to Applicant	
<b>Signature</b>		<b>Today's Date</b> MM/DD/YYYY	

**6. If someone assisted you in completing this form, please have that person complete the information below**

<b>Signature</b> (of individual who assisted in completing this form)		<b>Today's Date</b> MM/DD/YYYY
<input type="checkbox"/> Plan Representative, check here if you signed above and assisted in completing this form.	<b>Relationship to Applicant</b>	

**Sales Representative/Broker, please provide your signature and complete the information below:**

Licensed Sales Representative/Broker Signature		<b>Today's Date</b> MM/DD/YYYY
Licensed Sales Representative/Broker Name (Please Print)		
Agent/Broker ID Number	Referring Broker ID Number	

**7. For office use only**

Agent Name		
Agent Number		NIPR Number
Effective Date MM/DD/YYYY	Group Number	PBP Number
<input type="checkbox"/> SEP <input type="checkbox"/> Employer Group SEP <input type="checkbox"/> ICEP/IEP <input type="checkbox"/> AEP (type) _____		

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# Outpatient Prescription Drug Plan Enrollment Form

(Please Print)

Underwritten by  
UnitedHealthcare Insurance Company

## Required Information

Employer/Former Employer Name:	
Employer ID #:	Employer Subsidy Group #:
Employer Billing #:	

**Please complete the entire form. Incomplete information can delay the enrollment process. (Please Print – If you need more room for your answers to any questions, please use a separate sheet of paper.)**

Date of Retiree's Retirement <b>MM / DD / YYYY</b>	Source of Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Newly Eligible <input type="checkbox"/> Special Enrollment
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### 1. Personal Information

Applicant Last Name	Applicant First Name	MI	Suffix
---------------------	----------------------	----	--------

Date of Birth <b>MM / DD / YYYY</b>	Marital Status of Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	<input type="checkbox"/> Male <input type="checkbox"/> Female
--	---	--

Name of Retiree	Relation to Retiree: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
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Medicare Claim #	Part A Effective Date <b>MM / DD / YYYY</b>	Part B Effective Date <b>MM / DD / YYYY</b>	Part D Effective Date <b>MM / DD / YYYY</b>
------------------	--	--	--

Permanent Residence Street Address (P.O. Box is not allowed)

City	State	Zip
------	-------	-----

E-mail Address

Home Telephone # ( )	Alternate Telephone # ( )
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In the future, would you be willing to receive materials through electronic means?  Yes  No

If you are currently a resident of an institution (e.g., skilled nursing facility, rehabilitation hospital, etc.), please provide the requested information on the next three lines. Providing this information will not affect your eligibility to enroll.

Institution Name	Date of Admission <b>MM / DD / YYYY</b>	Telephone # ( )
------------------	--	--------------------

Address

City	State	Zip
------	-------	-----

Doctor's Name	Doctor's Telephone # ( )
---------------	-----------------------------

TEAR HERE

TEAR HERE

What's next

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Applicant Last Name

Applicant First Name

MI

Medicare Claim #

**2. Benefit Coordination / Other Insurance Carrier Information**

1. Do you have other health insurance?  Yes  No If Yes, complete Section 1a. – 1e. below.

2. Are you permanently disabled?  Yes  No If Yes, complete the following:

2a. Date disability began: **MM / DD / YYYY**

3. Do you have a disability affecting your ability to communicate or read?  Yes  No

If you have special needs, this document may be available in other formats or languages upon request. Please contact us at **1-877-714-0178**, TTY users should call **711**. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week.

Do you work or plan to work?  Yes  No

1a. Name	1b. Insurance Company Name	1c. Policy #	1d. Effective Date	1e. Other Employer Name and Address
			<b>MM / DD / YYYY</b>	
			<b>MM / DD / YYYY</b>	

**FOR OFFICE USE ONLY**

Retiree

Yes  No

Spouse or child

Yes  No

Group # \_\_\_\_\_

Plan Code \_\_\_\_\_

Verification \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initial \_\_\_\_\_

**FOR EMPLOYER USE ONLY**

Enrollee is eligible for retiree coverage

Effective Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initial \_\_\_\_\_

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What's next

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TEAR HERE

Applicant Last Name

Applicant First Name

MI

Medicare Claim #

**3. Terms and Conditions**

I am requesting enrollment under the UnitedHealthcare Insurance Company (“UnitedHealthcare”) Group Retiree Policy. By signing this Enrollment Form, I agree to and understand the following:

1. All coverage is subject to the terms and conditions of the UnitedHealthcare Group Policy.
2. UnitedHealthcare or its designee shall have access and use of my medical records for purposes of utilization review surveys, processing of claims, financial audit or other purposes reasonably related to the performance of this Enrollment Form.
3. Any material omission or intentional misrepresentation in answering the questions on this Enrollment Form may result in the denial of benefits and the termination of my coverage.
4. Coverage shall not begin until acceptance of this Enrollment Form by UnitedHealthcare. Acceptance will not occur until after UnitedHealthcare validates Medicare coverage and eligibility for coverage under the group retiree plan. Upon acceptance of this Enrollment Form, UnitedHealthcare shall be bound by the terms of my UnitedHealthcare Group Policy and the Amendments thereto (if applicable).
5. My current prescription drug coverage under Part D is provided by a UnitedHealthcare plan. I understand that if my coverage under the Part D plan ends, this coverage will also end.
6. All statements and descriptions in this enrollment form are deemed to be representations and not warranties.

I certify that I have read the Terms and Conditions printed on this Enrollment Form and that I accept them and will abide by them. I further certify that the information provided in the Enrollment Form is true and complete to the best of my knowledge and belief.

Print Name of Applicant:

Signature of Applicant or Authorized Representative:

Today’s Date:

MM / DD / YYYY



**Authorized Representative Information**

If you are the authorized representative (Responsible Party, Power of Attorney, Family Member, etc.), you must sign above and provide the following information:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship to Enrollee \_\_\_\_\_

TEAR HERE

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# Statements of UNDERSTANDING

**By enrolling 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 continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party.



**I can only have one Medicare Advantage or Prescription Drug plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.



**If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.**

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 get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.



**The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.



**I will get a Plan Details book that includes an Evidence of Coverage (EOC).**

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.



**My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

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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Questions? We're here to help.



**1-800-533-2743, TTY 711**  
8 a.m. - 8 p.m. local time, 7 days a week



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

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