

# WHAT YOU NEED TO KNOW ABOUT YOUR PRESCRIPTION DRUG PLAN.

## 2017 Plan Guide

**OKLAHOMA HIGHER EDUCATION EMPLOYEE  
INSURANCE (LOW)**

**UnitedHealthcare® MedicareRx for Groups (PDP)**

**Effective:** January 1, 2017 through December 31, 2017

**Group Number:** 4026



# Table of Contents

Introduction..... 3



## Plan INFORMATION

Benefit Highlights..... 6  
Plan Information..... 7  
Summary of Benefits..... 14  
Required Information..... 21



## Drug LIST

Drug List..... 30



## What's NEXT

Here's What You Can Expect Next..... 40  
Statements of Understanding..... 43

---

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

# Enjoy the Benefits of a **UNITEDHEALTHCARE®** **PRESCRIPTION DRUG PLAN**

**We're just a  
phone call away.**  
**1-877-558-4749, TTY 711**  
8 a.m. - 8 p.m. local time, 7  
days a week

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

Dear Retiree,

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

## **We want to:**

- Give you tools and resources to help you be in more control of your health
- Try to help you find ways to save money, so you can spend more on the things that matter 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
- What you can expect after you enroll

Your 2017 plan information is also available online. You will need your Group Number found on the front cover of your booklet to access the website.

## **How to enroll.**

Your former employer or plan sponsor will provide additional information before you enroll in the plan.

## **Take advantage of healthy extras.**







# Plan **INFORMATION**

# Benefit Highlights

OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE (LOW) 04026  
 Effective January 1, 2017 to December 31, 2017

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

Prescription Drugs	Your Cost	
Annual prescription deductible	\$400	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred generic	25% of the cost	25% of the cost
Tier 2: Preferred brand (includes some generic)	25% of the cost	25% of the cost
Tier 3: Non-preferred drug (includes some generic)	25% of the cost	25% of the cost
Tier 4: Specialty tier	25% of the cost	25% of the cost
Coverage gap stage	After your total drug costs reach \$3,700, you pay 40% of the price (plus the dispensing fee) for brand name drugs and 51% of the price for generic drugs	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,950, you will pay a \$0 co-pay	

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

Formulary, pharmacy network, premium and/or co-payments/co-insurance may change each plan year.



# UnitedHealthcare® MEDICARE Rx FOR GROUPS (PDP)

Your employer group or plan sponsor has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan for your prescription drug coverage. The word “Group” means that this is a plan designed just for employer group or plan sponsors, like yours. Only eligible retirees of your employer group or plan sponsor can enroll in this plan. This plan is also known as a Medicare Part D plan.

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

The UnitedHealthcare® MedicareRx for Groups (PDP) plan could help you save time and money when it comes to your prescription drugs.

## When to enroll in a Medicare Part D plan:

- **You turn 65 or become Medicare eligible.** This is your initial enrollment period. It’s your first chance to enroll in Medicare Part D.
- **You need a Medicare Part D plan but never had one before.** Or, you want to change to a different group-sponsored plan. Enroll during your employer group or plan sponsor’s annual Open Enrollment Period.
- **You retire and move out of a different group-sponsored plan.** Or, you move out of the plan’s service area. These are examples of Special Election Periods and may happen for various reasons.

## Make sure you are signed up for Medicare.



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

- If you’re not sure if you are enrolled, check with your local Social Security office
- If you are enrolled in Part B, you need to continue to pay your Part B monthly premium to Social Security to keep your Part B coverage. If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage

## One drug plan at a time.

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

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



## Plan BASICS

Your employer group or plan sponsor has selected the UnitedHealthcare® MedicareRx for Groups plan for your Medicare Part D prescription drug coverage. Choosing the right prescription drug plan involves looking at the costs, benefits, access to pharmacies, covered prescription drugs and so much more.

### Here are some of the highlights of your new plan:

#### **Dedicated service.**

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

#### **Comprehensive drug list.**

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

#### **Over 67,000 pharmacies.**

UnitedHealthcare has over 67,000 national, regional and local chains, and includes thousands of independent neighborhood pharmacies in its network. Using a UnitedHealthcare network pharmacy can help make sure you are getting the lowest cost available through your plan.



<sup>1</sup>2015 Internal Report Data

### We're just a phone call away.

Toll-Free **1-877-558-4749**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

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





## Plan BASICS

### How your prescription drug coverage works.

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

### How it works.



#### What pharmacies can I use?

You can choose from over 67,000 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 levels or 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. Your exact cost may depend on what drug cost tier your prescription belongs to. Your cost may also change during the year based on the total cost of the drugs you have taken.<sup>1</sup>



#### Do I need to keep paying my Part B monthly premium?

If you are enrolled in Part B, you need to continue to pay your Part B monthly premium to Social Security to keep your Part B coverage. If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage.



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

No. Medicare only allows you to have one Medicare prescription drug plan at a time. If you enroll in another Medicare prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you may be disenrolled from this plan.

<sup>1</sup>To learn more about your coverage, please refer to your Benefit Highlights or your Summary of Benefits.



## 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 Part D-IRMAA.

---



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

Most people first become eligible for Medicare when they turn 65. This is your Initial Enrollment Period. It's your first chance to enroll in Medicare Part D. If, at any time after you first become eligible for Part D, there's a period of at least 63 days in a row when you don't have Part D or other creditable prescription drug coverage, a Late Enrollment Penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare provides. The Late Enrollment Penalty is an amount added to your monthly Medicare premium which you may have to pay. When you become a member, your employer group or plan sponsor will be asked to confirm that you have had continuous Part D plan 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).

## 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



# How your prescription DRUG COVERAGE WORKS

## Prescription Drug Coverage

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

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

### The drug cost tier for your drug.

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

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

### Understanding Medicare drug payment stages.

Initial Coverage	Coverage Gap* (Donut Hole)	Catastrophic Coverage
<p>In this drug payment stage:</p> <ul style="list-style-type: none"> <li>You pay a co-pay or co-insurance (percentage of a drug's total cost) and the plan pays the rest</li> <li>You stay in this stage until your <b>total drug costs</b> reach \$3,700</li> </ul>	<p>After your <b>total drug costs</b> reach \$3,700:</p> <ul style="list-style-type: none"> <li>You pay:                             <ul style="list-style-type: none"> <li>– 40% of the cost of brand name drugs</li> <li>– 51% of the cost of generic drugs</li> </ul> </li> <li>You stay in this stage until your total <b>out-of-pocket costs</b> reach \$4,950</li> </ul>	<p>After your total <b>out-of-pocket costs</b> reach \$4,950:</p> <ul style="list-style-type: none"> <li>You pay a small co-pay or co-insurance amount</li> <li>You stay in this stage for the rest of the plan year</li> </ul>

**Total Drug Costs:** The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2017. This does not include premiums.

**Out-of-Pocket Costs:** The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2017. This does not include premiums.

Drug lists may be organized in tiers. Some plans may have a deductible for certain drug tiers and not others.



## Ways to **HELP YOU SAVE**

### **Find local pharmacies from our nationwide network with ease.**

You'll find participating pharmacies located in popular retailers and local drugstores. Your pharmacist and UnitedHealthcare work with you to make sure you're taking the right prescriptions at the right times.



### **Pharmacy Saver.™**

Pharmacy Saver is a cost-saving prescription drug program available to you as a plan member. UnitedHealthcare has worked with our network pharmacies to offer even lower prices on many common generic prescription drugs.<sup>1</sup>

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

## **The UnitedHealthcare Savings Promise**



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

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



To see a listing of drugs available through Pharmacy Saver or to find a participating pharmacy, visit **[UnitedPharmacySaver.com](https://www.unitedpharmasaver.com)**.



## More ways you could save **ON YOUR PRESCRIPTION DRUGS**


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

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

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

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

In addition to your home delivery pharmacy, most retail pharmacies offer 90-day supplies for some prescription drugs.

To find out if a retail pharmacy offers 90-day supplies, visit [www.UHCRetiree.com](http://www.UHCRetiree.com) to find pharmacies near you or call customer service toll-free at **1-877-558-4749**, TTY **711**, 8 a.m. to 8 p.m., local time 7 days a week to request a printed directory. Look for the  symbol to see if a retail pharmacy offers 90-day supplies.

### **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 co-pay or co-insurance and make sure the medication works for you before getting a full month supply.

### **Explore lower cost options.**

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

### **Have an annual medication review.**

Make an appointment to have an annual medication review with your doctor, 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.

## **We're just a phone call away.**

Toll-Free **1-877-558-4749**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

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



# 2017 Summary of BENEFITS

## UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP)


Group Name (Plan Sponsor): OKLAHOMA HIGHER EDUCATION EMPLOYEE  
INSURANCE (LOW)  
Group Number: 04026

S5921-802

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

This is a summary of drug coverages provided by UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) January 1, 2017 - December 31, 2017.

For more information, please contact Customer Service at:

 Toll-Free **1-877-558-4749**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

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



# Summary of Benefits

**January 1, 2017 - December 31, 2017**

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your drug costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at [www.UHCRetiree.com](http://www.UHCRetiree.com) to see the "Evidence of Coverage" or call customer service with any questions.

## About this plan.

UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) is a Medicare Prescription Drug Plan approved by Medicare.

To join UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed on 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).

## What's inside?

### Plan Premiums and Benefits

See plan costs including information about the monthly premium and plan deductible.

UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for these drugs or you may pay more than you pay at an in-network pharmacy.

You can search for a network pharmacy in the online directory at [www.UHCRetiree.com](http://www.UHCRetiree.com).

### Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at [www.UHCRetiree.com](http://www.UHCRetiree.com).

# UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP)

<b>Premiums and Benefits</b>	
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Annual Prescription Drug Deductible</b>	\$400 per year for Part D prescription drugs



## 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 co-pays 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.

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>	\$400	
<b>Stage 2: Initial Coverage</b> (After you pay your deductible, if applicable)	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	One-month supply	Three-month supply
<b>Tier 1:</b> Preferred Generic	25% of the cost	25% of the cost
<b>Tier 2:</b> Preferred Brand, (Includes some Generics)	25% of the cost	25% of the cost
<b>Tier 3:</b> Non-Preferred Drugs, (Includes some Generics)	25% of the cost	25% of the cost
<b>Tier 4:</b> Specialty Tier	25% of the cost	25% of the cost
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$3,700, you pay 40% of the negotiated price and a portion of the dispensing fee for brand name drugs and 51% of the price for generic drugs.	
<b>Stage 4: Catastrophic Coverage</b>	After your total out-of-pocket costs reach \$4,950, you will pay a \$0 co-pay.	

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

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

Premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

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 <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-558-4749.

## Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-558-4749. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-558-4749. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-558-4749。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-558-4749。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-558-4749. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-558-4749. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-558-4749 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-558-4749. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-558-4749번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-558-4749. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-558-4749. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-558-4749 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-558-4749. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-558-4749. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-558-4749. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-558-4749. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-558-4749 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



## 2017 Required INFORMATION

---

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

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

You are not required to use OptumRx 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, co-payments and restrictions may apply.

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

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

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

You must continue to pay your Medicare Part B premium.

## Non-Discrimination Notice

UnitedHealthcare Insurance Company, on behalf of itself and its affiliated companies, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages.

If you need these services, please call the Customer Service number at the front of this booklet, TTY 711.

If you believe that UnitedHealthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130  
UHC\_Civil\_Rights@uhc.com

You can file a grievance by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD).

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the Customer Service number at the front of this booklet.

**Español (Spanish)**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número de Servicio al Cliente que se encuentra en la portada de esta guía.

**繁體中文 (Chinese)**

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打本手冊封面的客戶服務部電話號碼。

**Tiếng Việt (Vietnamese)**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Vui lòng gọi số điện thoại của ban Dịch vụ Hội viên ghi phía trước tập sách này.

**한국어 (Korean)**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 있는 고객 서비스 전화번호로 문의하십시오.

**Tagalog (Tagalog – Filipino)**

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Pakitawagan ang numero ng Customer Service na nasa harap ng booklet na ito.

**Русский (Russian)**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Отдела по работе с клиентами, указанному на лицевой стороне данной брошюры.

**العربية (Arabic)**

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال على رقم خدمة العملاء في مقدمة هذا الكتيب.

**Kreyòl Ayisyen (French Creole)**

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl la ki devan tiliv sa a.

**Français (French)**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le service clientèle au numéro figurant au début de ce guide.

**Polski (Polish)**

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić pod numer działu obsługi klienta podany na okładce tej broszury.

**Português (Portuguese)**

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número de telefone do Serviço ao Cliente na frente deste folheto

**Italiano (Italian)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero del Servizio alla clientela indicato all'inizio di questo libretto.

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie den Kundendienst unter der Telefonnummer auf der Vorderseite dieser Broschüre an.

**日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。本冊子の表紙に記載されているカスタマーサービスの電話番号にお電話ください。

**فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. لطفاً با شماره تلفن خدمات اعضا بر روی جلد این کتابچه تماس بگیرید.

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया इस पुस्तिका के आवरण पर दिए गए ग्राहक सेवा नंबर पर कॉल करें।

**Հայերեն (Armenian)**

Ու՛ՇՄԱՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Խնդրվում է զանգահարել Հաճախորդի սպասարկման համարով, որը գտնվում է այս գրքուկի ճակատին:

**ગુજરાતી (Gujarati)**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. મહેરબાની કરી આ પુસ્તિકાના આગળના ભાગમાં આપેલ કસ્ટમર સર્વિસ નંબર ઉપર કોલ કરો.

**Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Thov hu rau Chaw Pab Qhua tus xov tooj ntawm nplooj npog phau ntawv no.

**اُردُو (Urdu)**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ برائے کرم اس کتابچہ کے پہلے صفحہ پر موجود گاہک سروس نمبر پر کال کریں۔

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ងាយមិនគិតល្មម គឺអាចមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសេវាអតិថិជន ទៅទាញមុខនៃក្នុងសៀវភៅនេះ។



**ਪੰਜਾਬੀ (Punjabi)**

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਪੁਸਤਿਕਾ ਦੇ ਅਗਲੇ ਹਿੱਸੇ ਵਿੱਚ ਦਿੱਤੇ ਗਏ ਗਾਹਕ ਸੇਵਾ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

**বাংলা (Bengali)**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। অনুগ্রহ করে এই পুস্তিকার সামনে দেওয়া গ্রাহক সেবা বা কাষ্টমার সার্ভিস নম্বরে কল করুন।

**יידיש(Yiddish)**

טפארעמפאנגע: אויב איר טעד אידיש, זענט איר פארהאנגען פאר א יידישן שפראך הילף און עוועווערען פון אן אפצאל. ביטע טראקטירן אונדזערע סווערעס און אונדזערע סווערעס פון דעם ביכער.

**አማርኛ (Amharic)**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። እባክዎ በዚህ በተለይ ፊት ለፊት ላይ ያለውን የደንበኞች አገልግሎት ቁጥር ይደውሉ።

**ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โปรดโทรศัพท์ถึงหมายเลขศูนย์บริการลูกค้า ซึ่งอยู่ที่ด้านหน้าของสมุดเล่มนี้

**Oroomiffa (Oromo)**

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Maaloo fuula barruulee kana irraa karaa lakkoofsa bilbilaa Tajaajila Maamiltootaatiin bilbili.

**Ilokano (Ilocano)**

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti numero ti Customer Service ayan iti sango na daytoy nga booklet.

**ພາສາລາວ (Lao)**

ໂປດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໃດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໃບຫາເບີບໍລິການລູກຄ້າ ທີ່ຢູ່ດ້ານໜ້າຂອງປຶ້ມຄູ່ມືນີ້

**Shqip (Albanian)**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutemi merrni në telefon numrin e shërbimit për klientin (Customer Service) në kapakun e kësaj brochure.

**Srpsko-hrvatski (Serbo-Croatian)**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike sa naslovne strane ove knjižice.

**Українська (Ukrainian)**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером телефону Відділу по роботі з клієнтами, вказаному на лицьовій стороні цієї брошури.

**नेपाली (Nepali)**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । कृपया यो पुस्तिकाको अगाडि उल्लेख गरिएको ग्राहक सेवा (Customer Service) मा कल गर्नुहोस्।

**Nederlands (Dutch)**

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Gelieve het telefoonnummer van de Consumentenservice die op de voorkant van dit boekje geschreven staat op te bellen.

**unD (Karen)**

ဟ်သုဉ်ဟ်သး-နမ့ၢ်ကတိၤ ကညိၣ် ကျိၣ်အယိၣ်, နမၤန့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢ်ဘျုးလၢ်စ့ၤ နီတမံၤဘျုးသ့န့ၣ် လီၤ. ဝံသးစ့ၤကိးဘျုးတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤလၢပုၤသ့တၢ်တဖၣ်အဂီၢ်အလိၣ်တဲစီနီၢ်ဂံၢ်လၢအအိၣ်လၢလံာ်ဒုးသ့ညါတၢ်တဘျုးအံၤအဲၣ်ညါန့ၣ်တ က့ၢ်.

**Gagana fa'a Sāmoa (Samoan)**

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totoi, mo oe, Faamolemole telefoni le numera a le Customer Service o loo i luma o lenei tama'itusi.

**Kajin Majōl (Marshallese)**

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāān. Kwon kallōk nōmba in telpon in Jipañ ñan Ri Wia eo ej jeje imaan buk in.

**Română (Romanian)**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Vă rugăm să sunați la numărul Serviciului Clienți de pe partea din față a acestei broșuri.

**Foosun Chuuk (Trukese)**

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kosemochen kokori ewe nampan Customer Service (Pekin Aninisin Aramas) mei pachanong nepoputan ei pwuk.

**Tonga (Tongan)**

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Kataki o tā ki he fika ae vaha kihe kau kasitomaa 'oku tuku atu ihe tohi ni.

**Bisaya (Bisayan)**

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Palihog kog tawag sa customer service nga numero sa atubangan aning booklet.

**Ikirundi (Bantu – Kirundi)**

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Wohamagara ku numero y' ubudandaji iri imbere kuri kano gatabo.

**Kiswahili (Swahili)**

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Tafadhali piga nambari ya Huduma kwa Wateja iliyoko mbele ya kijitabu hiki.

**Bahasa Indonesia (Indonesian)**

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Silakan menghubungi nomor Layanan Pelanggan di halaman muka buklet ini.

**Türkçe (Turkish)**

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. Lütfen bu kitapçığın ön tarafında yer alan Müşteri Hizmetleri numarasını arayınız.

**كوردی (Kurdish)**

ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆرای، بۆ تۆ بەردەستە. تکایە پەیوەندی بکە بە ژمارە تەلەفۆنی بەخۆرای ئەندامان کە لە سەرەتای ئەم نامیلکەیدا هاتوو.

**తెలుగు (Teluga)**

శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. ఈ చిరుపొత్తం ముందు వద్ద ఉండే కస్టమర్ సేవా సంఖ్యకు దయచేసి కాల్చేయండి.

**Thuɔŋjaŋ (Nilotic – Dinka)**

PID KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ̄ kuka lëu yök abac ke cïn wënh cuatë piny. Cɔl namba de kɔc yenë ke yööc eny keek tɔ̄ tueŋ nə yë buŋë kɔu.

**Norsk (Norwegian)**

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring kundeservicenummeret på fremsiden av dette heftet.

**Català (Catalan)**

ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al número de servei al client que es troba a la primera pàgina d'aquest fullet.

**λληνικά (Greek)**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Παρακαλείστε να καλέσετε τον αριθμό Εξυπηρέτησης Πελατών στο μπροστινό μέρος αυτού του φυλλαδίου.

**Igbo asusu (Ibo)**

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na Biko kpoṣ nomba ndi ntuzi aka di n'ihu ntakiri akwukwo a.

**èdè Yorùbá (Yoruba)**

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. Jowo pe sori nomba ero ibanisoro ti lse awon Onibààrà to wa niwájú iwé pélébé yi.

**Lokaiahn Pohnpei (Pohnpeian)**

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Menlau, eker delepwohn nempe en Papah Towehkan me ntingdi ni pali keieun kisin pwuhk wet.





**Drug  
LIST**



# 2017 DRUG LIST

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

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type
- Each covered drug is in one of four cost-sharing tiers. The tier number is listed after the drug name
- Each tier has a co-pay or co-insurance amount
- For a description of the tiers, see the Summary of Benefits in this book

This list was last updated August 1, 2016. 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.

## A

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

Amantadine HCl (100mg Capsule, 100mg Tablet), T2  
 Amantadine HCl (50mg/5ml Syrup), T1  
 Amiodarone HCl (200mg Tablet), T1  
**Amitiza (Capsule), T2**  
 Amitriptyline HCl (Tablet), T3  
 Amlodipine Besylate (Tablet), T1  
 Amlodipine Besylate/  
 Benazepril HCl (Capsule), T1  
 Ammonium Lactate (12% Cream, 12% Lotion), T2  
 Amoxicillin (Capsule, Tablet), T1  
 Amphetamine/  
 Dextroamphetamine (Tablet Immediate-Release), T2  
 Amphetamine/  
 Dextroamphetamine ER (Capsule Extended-Release 24 Hour), T3  
 Anagrelide HCl (Capsule), T1  
 Anastrozole (Tablet), T1  
**AndroGel (Packet, Pump), T2**

**Androderm (Patch 24 Hour), T2**  
**Anoro Ellipta (Aerosol Powder), T2**  
**Apriso (Capsule Extended-Release 24 Hour), T2**  
**Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection), T4**  
**Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection), T3**  
**Argatroban (125mg/125ml-0.9% Injection), T4**  
 Argatroban (250mg/2.5ml Injection), T4  
**Arnuity Ellipta (Aerosol Powder), T2**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066\_160616\_092405

Atenolol (Tablet), T1  
Atorvastatin Calcium (Tablet), T1  
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone), T2  
**Atripla (Tablet), T4**  
**Atrovent HFA (Aerosol Solution), T3**  
**Aubagio (Tablet), T4**  
**Avastin (Injection), T4**  
**Avonex (Injection), T4**  
Azathioprine (Tablet), T1  
Azelastine HCl (0.05% Ophthalmic Solution), T3  
Azelastine HCl (0.1% Nasal Solution), T2  
Azelastine HCl (0.15% Nasal Solution), T2

**Azilect (Tablet), T2**  
Azithromycin (Oral Suspension, Tablet Immediate-Release), T1  
**Azopt (Suspension), T2**

## B

Baclofen (Tablet), T1  
Balsalazide Disodium (Capsule), T3  
**Belsomra (Tablet), T2**  
Benazepril HCl (Tablet), T1  
Benazepril HCl/ Hydrochlorothiazide (Tablet), T1  
**Benicar (Tablet), T2**  
**Benicar HCT (Tablet), T2**  
**Benlysta (Injection), T4**  
Benzotropine Mesylate (Tablet), T2  
**Betaseron (Injection), T4**  
Bethanechol Chloride (Tablet), T1  
Bicalutamide (Tablet), T1

Bisoprolol Fumarate (Tablet), T2  
Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet), T2

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

**Brimonidine Tartrate (0.15% Ophthalmic Solution), T3**

Brimonidine Tartrate (0.2% Ophthalmic Solution), T1  
Budesonide (Capsule Delayed-Release), T3  
Bumetanide (Tablet), T1  
Buprenorphine HCl (Tablet Sublingual), T3  
Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet), T1

Buspironone HCl (Tablet), T1  
**Butrans (Patch Weekly), T2**  
**Bydureon (Injection), T2**  
**Byetta (Injection), T3**  
**Bystolic (Tablet), T2**

## C

Cabergoline (Tablet), T2  
Calcitriol (Capsule), T1  
Calcium Acetate (Capsule), T2  
Captopril (Tablet), T1  
**Carafate (Suspension), T3**  
**Carbaglu (Tablet), T4**  
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release), T2  
Carbidopa/Levodopa (Tablet Immediate-Release), T1  
Carbidopa/Levodopa ER (Tablet Extended-Release), T1

Carbidopa/Levodopa ODT (Tablet Dispersible), T1  
Carboplatin (Injection), T2  
Carvedilol (Tablet Immediate-Release), T1

**Cayston (Inhalation Solution), T4**

Cefuroxime Axetil (Tablet), T1  
Celecoxib (Capsule), T3  
Cephalexin (Capsule, Oral Suspension), T1

**Chantix (Tablet), T2**

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

**Cinryze (Injection), T4**  
**Ciprodex (Otic Suspension), T2**

Ciprofloxacin HCl (Tablet Immediate-Release), T1  
Citalopram HBr (Tablet), T1  
Clarithromycin (Tablet), T2  
Clonazepam (Tablet Immediate-Release), T1  
Clonazepam ODT (Tablet Dispersible), T3  
Clonidine HCl (Tablet Immediate-Release), T1  
Clopidogrel (75mg Tablet), T1  
Clozapine (Tablet Immediate-Release), T2  
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible), T2  
**Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible), T2**  
**Colchicine (0.6mg Tablet) (Generic Colcrys), T2**

**Bold type = Brand name drug**

Plain type = Generic drug



**Combigan (Ophthalmic Solution), T2**

**Combivent Respimat (Aerosol Solution), T2**

**Comtan (Tablet), T3**

**Copaxone (Injection), T4**

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

**Crestor (Tablet), T2**

**Cyclophosphamide (Capsule), T3**

## D

**Daklinza (Tablet), T4**

**Daliresp (Tablet), T3**

Dapsone (Tablet), T2

Desmopressin Acetate (Tablet), T2

**Dexilant (Capsule Delayed-Release), T3**

**Dextrose 5%/NaCl (Injection), T2**

Diazepam (1mg/ml Oral Solution), T1

Diazepam (Tablet), T1

Diazepam Intensol (5mg/ml Concentrate), T1

Diclofenac Potassium (Tablet Immediate-Release), T1

Diclofenac Sodium DR (Tablet Delayed-Release), T1

Diclofenac Sodium ER (Tablet Extended-Release 24 Hour), T1

Dicyclomine HCl (10mg Capsule, 20mg Tablet), T1

Digoxin (125mcg Tablet), T3

Digoxin (250mcg Tablet), T3

Dihydroergotamine Mesylate (Injection), T4

Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD), T1

Diltiazem HCl (Tablet Immediate-Release), T1

Diltiazem HCl ER (120mg Capsule Extended-Release, 300mg Capsule Extended-Release) (Generic Cardizem CD), (180mg Capsule Extended-Release, 360mg Capsule Extended-Release, 420mg Capsule Extended-Release 24 Hour) (Generic Tiazac), T1

Diphenoxylate/Atropine (Tablet), T3

Disulfiram (Tablet), T3

Divalproex Sodium (Capsule Sprinkle), Divalproex Sodium DR (Tablet), Divalproex Sodium ER (Tablet), T1

Donepezil HCl, Donepezil HCl ODT (Tablet), T1

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T1

Doxazosin Mesylate (Tablet), T1

Doxycycline Hyclate (Capsule Immediate-Release), T2

Dronabinol (Capsule), T3

Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release), T2

**Durezol (Emulsion), T2**

**Dymista (Suspension), T3**

## E

**Edarbi (Tablet), T3**

**Edarbyclor (Tablet), T3**

**Eliquis (Tablet), T2**

**Elmiron (Capsule), T3**

**Embeda (Capsule Extended-Release), T2**

Enalapril Maleate (Tablet), T1

Enalapril Maleate/Hydrochlorothiazide (Tablet), T1

**Enbrel (Injection), T4**

Entacapone (Tablet), T3

Entecavir (Tablet), T4

**EpiPen (Injection), T2**

Eplerenone (Tablet), T2

**Epzicom (Tablet), T4**

**Equetro (Capsule Extended-Release 12 Hour), T3**

Escitalopram Oxalate (Tablet), T1

Estradiol Tablet (Generic Estrace), T3

Eszopiclone (Tablet), T3

Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution), T2

Etoposide (Injection), T2

**Exjade (Tablet Soluble), T4**

## F

Famotidine (Tablet), T1

**Fareston (Tablet), T4**

**Farxiga (Tablet), T3**

Fenofibrate (145mg Tablet, 48mg Tablet) (Generic Tricor), T2

Fenofibrate (160mg Tablet, 54mg Tablet) (Generic Lofibra), T1

Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour), T3

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

**Firazyr (Injection), T4**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



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

Fluconazole (Tablet), T1  
Fluocinolone Acetonide (Otic Oil), T3  
Fluphenazine HCl (Tablet), T1  
Fluticasone Propionate (Suspension), T1  
Furosemide (Tablet), T1  
**Fuzeon (Injection), T4**  
**Fycompa (Tablet), T3**

**G**

Gabapentin (Capsule, Tablet), T1  
**Gammagard Liquid (Injection), T4**  
Gemfibrozil (Tablet), T1  
**Genotropin (12mg Injection, 5mg Injection), T4**  
**Genotropin Miniquick (0.2mg Injection), T3**  
**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**  
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution), T1  
**Gilenya (Capsule), T4**  
**Gleevec (Tablet), T4**  
Glimepiride (Tablet), T1  
Glipizide, Glipizide ER (Tablet), T1  
**GlucaGen HypoKit (Injection), T3**  
**Glucagon Emergency Kit (Injection), T2**

**Guanidine HCl (Tablet), T2**

**H**

Haloperidol (Tablet), T1  
**Harvoni (Tablet), T4**  
**Humalog Injection (Cartridge, Pen, Vial), T2**  
**Humira (Injection), T4**  
**Humulin Injection (Pen, Vial), T2**  
Hydralazine HCl (Tablet), T1  
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1  
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T2  
Hydromorphone HCl (Tablet Immediate-Release), T1  
Hydroxychloroquine Sulfate (Tablet), T1  
Hydroxyurea (Capsule), T1  
Hydroxyzine HCl (10mg/5ml Syrup), T3

**I**

Ibandronate Sodium (Tablet), T2  
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet), T1  
**Ilevro (Suspension), T2**  
Imiquimod (Cream), T3  
**Incruse Ellipta (Aerosol Powder), T2**  
Insulin Syringes, Needles, T2  
**Intelence (Tablet), T4**  
**Invanz (Injection), T3**  
**Invokamet (Tablet), T2**  
**Invokana (Tablet), T2**

Ipratropium Bromide (0.02% Inhalation Solution), T1  
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution), T1  
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution), T1  
Irbesartan (Tablet), T1  
Irbesartan/Hydrochlorothiazide (Tablet), T1  
**Isentress (Tablet), T4**  
Isoniazid (Tablet), T1  
Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet), T1  
Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet), T1  
Ivermectin (Tablet), T2

**J**

**Janumet (Tablet Immediate-Release), T2**  
**Janumet XR (Tablet Extended-Release 24 Hour), T2**  
**Januvia (Tablet), T2**  
**Jardiance (Tablet), T2**  
**Jentadueto (Tablet), T3**

**K**

**Kalydeco (Packet), T4**  
**Kazano (Tablet), T3**  
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet), T1  
Ketorolac Tromethamine (Ophthalmic Solution), T2  
**Klor-Con 10 (Tablet Extended-Release), T2**  
**Klor-Con 8 (Tablet Extended-Release), T2**

**Bold type = Brand name drug**

Plain type = Generic drug

Klor-Con M20 (Tablet  
Extended-Release), T1

**Kombiglyze XR (Tablet  
Extended-Release 24  
Hour), T2**

**Korlym (Tablet), T4**

## L

Lactulose (Oral Solution), T1

Lamivudine (Tablet), T2

Lamotrigine (Tablet  
Immediate-Release), T1

**Lantus Injection (SoloStar,  
Vial), T2**

**Lastacraft (Ophthalmic  
Solution), T2**

Latanoprost (Ophthalmic  
Solution), T1

**Latuda (Tablet), T4**

Leflunomide (Tablet), T1

Letrozole (Tablet), T1

Leucovorin Calcium  
(Tablet), T2

**Leukeran (Tablet), T2**

**Levemir Injection  
(FlexTouch, Vial), T2**

Levetiracetam (Tablet  
Immediate-Release), T1

Levocarnitine (Tablet), T2

Levocetirizine Dihydrochloride  
(Tablet), T1

Levofloxacin (Tablet), T1

Levothyroxine Sodium  
(Tablet), T1

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

Lidocaine (Ointment), T3

Lidocaine HCl (Gel), T1

Lidocaine Viscous  
(Solution), T1

Lidocaine/Prilocaine  
(Cream), T2

Lindane (1% Lotion, 1%  
Shampoo), T3

**Linzess (Capsule), T2**

Liothyronine Sodium  
(Tablet), T1

Lisinopril (Tablet), T1

Lisinopril/Hydrochlorothiazide  
(Tablet), T1

Lithium Carbonate (Capsule  
Immediate-Release, Tablet  
Immediate-Release), T1

Lithium Carbonate ER (Tablet  
Extended-Release), T1

Loperamide HCl  
(Capsule), T1

Lorazepam (Tablet), T1

Lorazepam Intensol (2mg/ml  
Concentrate), T1

Losartan Potassium  
(Tablet), T1

Losartan Potassium/  
Hydrochlorothiazide  
(Tablet), T1

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

Lovastatin (Tablet Immediate-  
Release), T1

**Lumigan (Ophthalmic  
Solution), T2**

**Lupron Depot  
(Injection), T4**

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

**Lyrica (Capsule), T2**

**Lysodren (Tablet), T2**

## M

Meclizine HCl (Tablet), T1

Medroxyprogesterone  
Acetate (Tablet), T1

Meloxicam (Tablet), T1

Memantine HCl (Tablet), T1

Mercaptopurine (Tablet), T2

Meropenem (Injection), T2

Metformin HCl (Tablet  
Immediate-Release), T1

Metformin HCl ER (1000mg  
Tablet Extended-Release 24  
Hour) (Generic Fortamet), T3

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

Methadone HCl (Oral  
Solution, Tablet), T2

Methazolamide (Tablet), T3

Methimazole (Tablet), T1

Methotrexate (Tablet), T1

Methscopolamine Bromide  
(Tablet), T3

Methyldopa (Tablet), T3

Methylphenidate HCl (Tablet  
Immediate-Release)  
(Generic Ritalin), T2

Metoclopramide HCl  
(Tablet), T1

Metoprolol Succinate ER  
(Tablet Extended-Release  
24 Hour), T1

Metoprolol Tartrate (100mg  
Tablet Immediate-Release,  
25mg Tablet Immediate-  
Release, 50mg Tablet  
Immediate-Release), T1

Metronidazole (Tablet  
Immediate-Release), T1

Migergot (Suppository), T4

Minocycline HCl (Capsule  
Immediate-Release), T1

Minoxidil (Tablet), T1

Mirtazapine, Mirtazapine ODT  
(Tablet), T1

Misoprostol (Tablet), T2

Modafinil (Tablet), T3

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Morphine Sulfate ER (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), T3

Morphine Sulfate ER (15mg Tablet Extended-Release, 30mg Tablet Extended-Release) (Generic MS Contin), T2

**Multaq (Tablet), T2**

**Myrbetriq (Tablet Extended-Release 24 Hour), T2**

## N

Nadolol (Tablet), T3

Naltrexone HCl (Tablet), T2

**Namenda (Oral Solution, Tablet Immediate-Release), T3**

**Namenda XR (Capsule Extended-Release 24 Hour), T2**

Naproxen (Tablet Immediate-Release), T1

**Nasonex (Suspension), T3**

**Nesina (Tablet), T3**

**Nevanac (Suspension), T2**

Niacin ER (Tablet Extended-Release), T3

**Nicotrol Inhaler, T3**

Nitrofurantoin Macrocrystals (25mg Capsule, 50mg Capsule) (Generic Macrochantin), T3

Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid), T3

**Nitrostat (Tablet Sublingual), T2**

Norethindrone Acetate (Tablet), T1

Nortriptyline HCl (Capsule, Oral Solution), T1

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

**Nucynta ER (Tablet Extended-Release 12 Hour), T2**

**Nuedexta (Capsule), T3**

**Nutropin AQ (Injection), T4**

**Nuvigil (Tablet), T3**

Nystatin (Cream, Ointment, Powder, Suspension, Tablet), T1

## O

Olanzapine (Tablet Immediate-Release), T1

Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza), T3

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

Omeprazole (20mg Capsule Delayed-Release), T1

Ondansetron HCl, Ondansetron ODT (Tablet), T1

**Onglyza (Tablet), T2**

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

**Opsumit (Tablet), T4**

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

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

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

**Oseni (Tablet), T3**

Oxcarbazepine (Tablet), T2

**OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent), T2**

Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour), T2

Oxycodone HCl (Tablet Immediate-Release), T1

Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T2

## P

Pantoprazole Sodium (Tablet Delayed-Release), T1

**Pataday (Ophthalmic Solution), T2**

**Pazeo (Ophthalmic Solution), T2**

**Pegasys (Injection), T4**

Penicillin V Potassium (Tablet), T1

**Perforomist (Nebulized Solution), T3**

Permethrin (Cream), T2

Phenytoin Sodium Extended (Capsule), T1

Pilocarpine HCl (Tablet), T3

Pioglitazone HCl (Tablet), T1

Polyethylene Glycol 3350 Powder (Generic MiraLAX), T1

**Pomalyst (Capsule), T4**

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

**Bold type = Brand name drug**

Plain type = Generic drug

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

Potassium Citrate ER (Tablet  
Extended-Release), T2

**Pradaxa (Capsule), T3**

Pramipexole Dihydrochloride  
(Tablet Immediate-  
Release), T2

Pravastatin Sodium  
(Tablet), T1

Prazosin HCl (Capsule), T1

**Prednisolone Acetate  
(Ophthalmic  
Suspension), T2**

Prednisone (5mg/5ml Oral  
Solution, Tablet), T1

**Premarin (Vaginal  
Cream), T2**

**Prezista (100mg/ml  
Suspension, 150mg  
Tablet, 600mg Tablet,  
800mg Tablet), T4**

**Pristiq (Tablet Extended-  
Release 24 Hour), T3**

**ProAir HFA (Aerosol  
Solution), T2**

**ProAir RespiClick (Aerosol  
Powder), T2**

**Procrit (10000unit/ml  
Injection, 2000unit/ml  
Injection, 3000unit/ml  
Injection, 4000unit/ml  
Injection), T3**

**Procrit (20000unit/ml  
Injection, 40000unit/ml  
Injection), T4**

Proctosol HC (Cream), T1

Progesterone (Capsule), T1

**Prolensa (Ophthalmic  
Solution), T3**

Promethazine HCl (Tablet), T3

Propranolol HCl (Tablet  
Immediate-Release), T1

Propranolol HCl ER (Capsule  
Extended-Release 24  
Hour), T1

Propylthiouracil (Tablet), T1

**Pulmicort Flexhaler  
(Aerosol Powder), T3**

Pyridostigmine Bromide  
(Tablet), T3

## Q

Quetiapine Fumarate (Tablet  
Immediate-Release), T1

Quinapril HCl (Tablet), T1

Quinapril/Hydrochlorothiazide  
(Tablet), T1

## R

Raloxifene HCl (Tablet), T2

Ramipril (Capsule), T1

**Ranexa (Tablet Extended-  
Release 12 Hour), T2**

Ranitidine HCl (Tablet), T1

**Rapaflo (Capsule), T2**

**Rebif (Injection), T4**

**Renagel (Tablet), T2**

**Renvela (Tablet), T2**

**Restasis (Emulsion), T2**

**Revlimid (Capsule), T4**

**Reyataz (150mg Capsule,  
200mg Capsule, 300mg  
Capsule, 50mg  
Packet), T4**

Rifabutin (Capsule), T3

Rifampin (Capsule), T2

Riluzole (Tablet), T2

Rimantadine HCl (Tablet), T3

Risperidone (Tablet  
Immediate-Release), T1

**Rituxan (Injection), T4**

Rivastigmine Tartrate  
(Capsule Immediate-  
Release), T2

Rizatriptan Benzoate,  
Rizatriptan ODT (Tablet), T2

Ropinirole HCl (Tablet  
Immediate-Release), T1

Rosuvastatin Calcium  
(Tablet), T2

**Rozerem (Tablet), T3**

## S

**Santyl (Ointment), T3**

**Saphris (Tablet  
Sublingual), T3**

**Savella (Tablet), T2**

Selegiline HCl (5mg Capsule,  
5mg Tablet), T2

**Selzentry (Tablet), T4**

**Sensipar (30mg Tablet), T2**

**Sensipar (60mg Tablet,  
90mg Tablet), T4**

**Serevent Diskus (Aerosol  
Powder), T2**

**Seroquel XR (Tablet  
Extended-Release 24  
Hour), T2**

Sertraline HCl (Tablet), T1

Sildenafil (20mg Tablet)  
(Generic Revatio), T2

**Silver Sulfadiazine  
(Cream), T2**

**Simbrinza (Suspension), T2**

Simvastatin (Tablet), T1

Sodium Polystyrene Sulfonate  
(Suspension), T2

Sotalol HCl, Sotalol HCl AF  
(Tablet), T1

**Sovaldi (Tablet), T4**

**Spiriva HandiHaler  
(Capsule), T2**

**Spiriva Respimat (Aerosol  
Solution), T2**

Spironolactone (Tablet), T1

**Sprycel (Tablet), T4**

**Stiolto Respimat (Aerosol  
Solution), T2**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

**Strattera (Capsule), T3**  
**Suboxone (Film), T3**  
 Sucralfate (Tablet), T1  
 Sulfamethoxazole/  
 Trimethoprim DS  
 (Tablet), T1  
 Sulfasalazine (500mg Tablet  
 Delayed-Release, 500mg  
 Tablet Immediate-  
 Release), T1  
 Sumatriptan Succinate  
 (Tablet), T1  
 Suprax (100mg Tablet  
 Chewable, 200mg Tablet  
 Chewable), T2  
 Suprax (100mg/5ml  
 Suspension), T3  
 Suprax (200mg/5ml  
 Suspension), T4  
**Suprax (400mg Capsule,  
 500mg/5ml  
 Suspension), T2**  
**Symbicort (Aerosol), T2**  
**SymlinPen 120, SymlinPen  
 60 (Injection), T4**  
**Synjardy (Tablet), T2**  
**Synthroid (Tablet), T2**

## T

**Tamiflu (30mg Capsule,  
 45mg Capsule, 75mg  
 Capsule, 6mg/ml  
 Suspension), T3**  
 Tamoxifen Citrate (Tablet), T1  
 Tamsulosin HCl (Capsule), T1  
**Targretin (75mg Capsule,  
 1% Gel), T4**  
**Tasigna (Capsule), T4**  
**Tecfidera (Capsule Delayed-  
 Release), T4**  
 Telmisartan (Tablet), T1  
 Telmisartan/  
 Hydrochlorothiazide  
 (Tablet), T1

Temazepam (Capsule), T2  
 Terazosin HCl (Capsule), T1  
 Testosterone Cypionate  
 (Injection), T2  
 Theophylline (Oral Solution),  
 Theophylline CR (Tablet),  
 Theophylline ER (Tablet), T1

**Thymoglobulin  
 (Injection), T4**

**Timolol Maleate Ophthalmic  
 Gel Forming (Solution), T2**

**Tivicay (Tablet), T4**

Tizanidine HCl (Tablet), T1  
 Tobramycin Sulfate  
 (Ophthalmic Solution), T1  
 Tobramycin/Dexamethasone  
 (Ophthalmic  
 Suspension), T2

Topiramate (Tablet  
 Immediate-Release), T1  
 Topotecan HCl (Injection), T4

**Toujeo SoloStar  
 (Injection), T2**

**Tradjenta (Tablet), T3**

Tramadol HCl (Tablet  
 Immediate-Release), T1  
 Tramadol HCl/  
 Acetaminophen (Tablet), T1  
 Tranexamic Acid (1000mg/  
 10ml Injection), T2  
 Tranexamic Acid (650mg  
 Tablet), T3

**Transderm-Scop (Patch 72  
 Hour), T3**

**Travatan Z (Ophthalmic  
 Solution), T2**

Trazodone HCl (Tablet), T1  
 Tretinoin (Capsule), T4  
 Triamcinolone Acetonide  
 (Cream, Ointment), T2  
 Triamterene/  
 Hydrochlorothiazide  
 (Capsule, Tablet), T1

**Tribenzor (Tablet), T2**

Trihexyphenidyl HCl  
 (Elixir), T3

**Trintellix (Tablet), T3**

**Trulicity (Injection), T2**

**Truvada (Tablet), T4**

## U

**Uloric (Tablet), T2**

Ursodiol (Capsule, Tablet), T3

## V

Valacyclovir HCl (Tablet), T2

Valganciclovir (Tablet), T4

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

Valsartan (Tablet), T1

Valsartan/  
 Hydrochlorothiazide  
 (Tablet), T1

Verapamil HCl (Tablet  
 Immediate-Release), T1

Verapamil HCl ER (Tablet  
 Extended-Release), T1

**Versacloz (Suspension), T4**

**Vesicare (Tablet), T2**

**Victoza (Injection), T2**

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

**Voltaren (Gel), T2**

**Vytorin (Tablet), T3**

**Vyvance (Capsule), T3**

## W

Warfarin Sodium (Tablet), T1

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

## X

**Xarelto (Tablet), T2**

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

**Xolair (Injection), T4**

**Bold type = Brand name drug**

Plain type = Generic drug

**Z**

Zafirlukast (Tablet), T2

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

**Zepatier (Tablet), T4**

**Zetia (Tablet), T2**

**Zirgan (Gel), T3**

Zolpidem Tartrate (Tablet Immediate-Release), T3

Zonisamide (Capsule), T1

**Zostavax (Injection), T3**

**Zytiga (Tablet), T4**

---

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

OVEX17Un3860008\_000





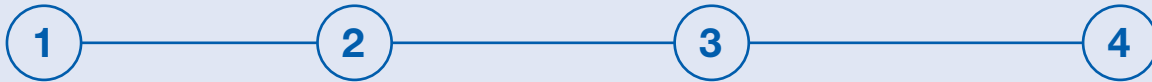
# What's **NEXT**



# HERE'S WHAT YOU CAN EXPECT NEXT

UnitedHealthcare® will process your enrollment.

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



**1**  
You will receive your member ID card.

Keep your red, white and blue Medicare card somewhere safe.

**2**  
Review your Welcome Packet.

Once you're enrolled in the plan, you will receive a Welcome Packet.

**3**  
After your effective date, register online at the website listed below.





Get easy, convenient access to all your plan information.

**4**  
Start using your plan on your effective date.

And remember to use your member ID card.

## We're here for you.

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

-  **Your group number on the front of this book**
-  **Medicare claim number and Medicare effective date — you can find this on your red, white and blue Medicare card**
-  **Name and address of your pharmacy**
-  **Please have a list of current prescriptions and dosages ready**

## We're just a phone call away.

Toll-Free **1-877-558-4749**, TTY **711** 8 a.m. - 8 p.m.  
local time, 7 days a week

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



---

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





# Statements of UNDERSTANDING

**By enrolling in this plan, I agree to the following:**



**UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A or Part B, and I must continue to pay my Medicare Part B premium if not paid for by Medicaid or a third party.



**I can only be in one Prescription Drug Plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- If I have prescription drug coverage or if I get it from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.



**I may have to pay a late enrollment penalty for Medicare's prescription drug coverage.**

This applies if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare, or if I leave this plan and don't have or get other prescription drug coverage. If I have a late enrollment penalty, I will get a letter making me aware of the penalty and what the next steps are.



**UnitedHealthcare MedicareRx for Groups is available in all U.S. states and territories and the District of Columbia.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.



**I will get a Welcome Guide that includes an Evidence of Coverage (EOC).**

- The EOC will have more information about the drug coverage offered by the plan, as well as the terms and conditions.
- I have the right to appeal plan decisions about payment or services if I disagree.



**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-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Y0066\_160702\_003437A

UHEX17PD3880490\_001 SPRJ26648



















## Questions? We're here to help.



**1-877-558-4749, TTY 711**

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



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



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