



**UnitedHealthcare**  
**Retiree Medical**  
**Senior Supplement Plan F**  
**Summary of Benefits**  
Underwritten by UnitedHealthcare Insurance Company



All covered amounts will vary depending on Medicare benefits for any particular year. Amounts listed on this summary are for Year 2018 benefits. Amounts may change for the Year 2019.

This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Once you are enrolled in the plan, you will receive a Welcome Kit which will include a Certificate and Schedule of Benefits. These documents will provide you with a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

If you would like to receive the Certificate and Schedule of Benefits before you enroll in the plan, please call Customer Service at the number located on the back of this booklet. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Covered Service	Medicare Pays	CountyChoice Silver Pays	You Pay
<b>Inpatient Hospital Services</b>			
Medicare Part A Hospital — semi-private room and board, general nursing and miscellaneous services and supplies.			
Days 1 – 60	All but \$1,340	\$1,340 (Medicare Part A Deductible)	\$0
Days 61 – 90	All but \$335 per day	\$335 per day	\$0
Days 91 – 150 (While using 60 lifetime reserve days)	All but \$670 per day	\$670 per day	\$0
Days 151 – 365 – lifetime additional reserve days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond 365 lifetime additional reserve days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care</b>			
You must meet Medicare's requirements, including having been in a Hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the Hospital.			
Days 1 – 20	All approved amounts	\$0	\$0
Days 21 – 100	All but \$167.50 per day	Up to \$167.50 per day	\$0
Days 101 and after	\$0	\$0	All costs

Covered Service	Medicare Pays	CountyChoice Silver Pays	You Pay
<b>Blood</b>			
First 3 pints Medicare Part A	\$0	100%	\$0
Additional amounts under Medicare Part A	100%	\$0	\$0
First 3 pints Medicare Part B	\$0	100%	\$0
Next \$183 of Medicare Approved Amounts under Medicare Part B	\$0	\$183 (Medicare Part B Deductible) <sup>1</sup>	\$0
Remainder of Medicare Approved Amounts under Medicare Part B	80%	20%	\$0
<b>Hospice Services</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	100% of balance	\$0
<b>Medical Services</b>			
Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.			
First \$183 of Medicare Approved Amounts	\$0	\$183 (Medicare Part B Deductible) <sup>1</sup>	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Outpatient Mental Illness – for most outpatient mental illness services	80%	20%	\$0
Medicare Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0
<b>Preventive Healthcare (Medicare Covered)</b>			
Periodic Health Screenings (please refer to your certificate)	100%	Balance (if applicable)	\$0

Covered Service	Medicare Pays	CountyChoice Silver Pays	You Pay
<b>Durable Medical Equipment</b>			
First \$183 of Medicare Approved Amounts	\$0	\$183 (Medicare Part B Deductible) <sup>1</sup>	\$0
Remainder of Medicare Approved Amounts	80% of approved amounts	20% of approved amounts	\$0
<b>Home Health Care</b>			
Skilled Care Services and Medical Supplies	All approved amounts	Balance (if applicable)	\$0
<b>Preventive Healthcare (not covered by Medicare)</b>			
Annual Routine Physical Exam	\$0	100%	\$0
<b>Foreign Travel</b>			
Medically Necessary Emergency Care services beginning during the first six months of each trip outside the United States. First \$250 each calendar year	\$0	\$0	\$250 Deductible
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and all amounts over the \$50,000 lifetime maximum

# Exclusions and Limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the Company to be a Medicare Eligible Expense, unless coverage for the expense or service is specifically provided by a Rider to the Policy.
- Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare.
- Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any Workers' Compensation law or similar law.
- Charges for self-inflicted injury or attempted suicide.
- Any treatment, confinement, services or supply provided by a government owned or operated facility.
- Any injury or sickness resulting from war or any act of war (declared or undeclared).
- Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel.
- Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.
- Blood and plasma except as stated above.
- Experimental or investigational treatment, procedures and items.
- Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used.

**This Plan Summary is a highlight of benefits only and is not all inclusive of the Plan's benefits, services, or Exclusions and Limitations.**



## Extra programs add up to better health



hi  
HealthInnovations™

### Hearing aids.

With hi HealthInnovations™ you can get a discount on hearing aids.\*<sup>1</sup> Each hearing aid is custom programmed for your unique hearing needs. To learn more, call toll-free **1-855-523-9355**, TTY **711**, 9 a.m. to 5 p.m. CT, Monday through Friday. Or visit **[www.hiHealthInnovations.com/medicare](http://www.hiHealthInnovations.com/medicare)**.



NurseLine<sup>SM</sup>

### Speak to a nurse 24/7.

Whether you have questions about a medication or have a health concern in the middle of the night, with NurseLine<sup>SM</sup> a registered nurse is only a phone call away.<sup>2</sup> Call toll-free **1-877-365-7949**, TTY **711**, 24 hours a day, 7 days a week.



Solutions  
for Caregivers

### Solutions for Caregivers.

Make caring for a family member, friend or neighbor a little easier with resources and support tailored to your needs.<sup>1,3</sup> To learn more, visit **[www.liveandworkwell.com](http://www.liveandworkwell.com)** and use access code: caregiver or call toll-free **1-866-896-1895**, TTY **711**, 24 hours a day, 7 days a week.



SilverSneakers®

### SilverSneakers® Fitness Program.

Work out when, where and how you want at no additional cost with SilverSneakers.<sup>4</sup> As one of your benefits, you get a basic fitness membership, access to SilverSneakers group exercise classes and a SilverSneakers Steps® Kit for those who do not live close to a gym. There are more than 13,000 participating locations nationwide. Find a fitness location at **[www.silversneakers.com](http://www.silversneakers.com)** or call toll-free **1-888-423-4632**, TTY **711**, 8 a.m. to 8 p.m. ET, Monday through Friday.

\* The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.

We're with you every step of the way.



Toll-Free **1-800-851-3802**, TTY **711**, 8 a.m. – 8 p.m. local time, Monday – Friday  
You can also find the number on the back of your member ID card.



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

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<sup>1</sup> These services may be available with your plan. Review your enrollment kit to confirm what is available.

<sup>2</sup> This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

<sup>3</sup> 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.

<sup>4</sup> Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Healthways, SilverSneakers and SilverSneakers Steps are registered trademarks of Healthways, Inc. and/or its subsidiaries. © 2015 Healthways, Inc. All rights reserved.

UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.





**UnitedHealthcare**  
**Retiree Prescription Drug**  
**Summary of Benefits**





# 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® MedicareRx<sup>SM</sup> for Groups (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

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).

## **Use network pharmacies.**

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 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 pharmacy using the online directory. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

## 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.

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	\$5 copay	\$10 copay
Tier 2: Preferred Brand	\$25 copay	\$50 copay
Tier 3: Non-Preferred Drugs	\$60 copay	\$120 copay
Tier 4: Specialty Tier	33% coinsurance	33% coinsurance
<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 the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs.</li> </ul>	

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

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.

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



# UNITEDHEALTHCARE MedicareRx<sup>SM</sup> FOR GROUPS (PDP)

Your employer group or plan sponsor has selected a UnitedHealthcare MedicareRx<sup>SM</sup> for Groups (PDP) plan for your prescription drug coverage. 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. 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 drug costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare.<sup>®</sup>

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

## 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. 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.
- 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.

## 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 have never had one before.** Or, you want to change to a different group-sponsored plan. Enroll during the annual Open Enrollment Period for your employer group or plan sponsor.
- **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 that may happen for various reasons.



# HOW YOUR PRESCRIPTION DRUG COVERAGE WORKS

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 generic prescription drugs.
Tier 2		Includes many common brand name drugs.
Tier 3		Includes non-preferred brand name drugs.
Tier 4 (Specialty)	High	Includes unique or very high-cost drugs.

## Your Medicare drug payment stages.

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

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 copay or coinsurance (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 \$3,750</li></ul>	<p>Your plan provides additional coverage through the gap.</p> <ul style="list-style-type: none"><li>You continue to pay the same copay or coinsurance as you did in the initial coverage stage</li><li>You stay in this stage until your total <b>out-of-pocket costs</b> reach \$5,000</li></ul>	<p>After your total <b>out-of-pocket costs</b> reach \$5,000:</p> <ul style="list-style-type: none"><li>You pay a small copay or coinsurance 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 2018. 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 2018. This does not include premiums.

# Benefit Highlights

Plan F with Rx Option 1

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.

## Prescription Drugs

Initial Coverage Stage	Your Cost	
	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	\$5 copay	\$10 copay
Tier 2: Preferred brand	\$25 copay	\$50 copay
Tier 3: Non-preferred drug	\$60 copay	\$120 copay
Tier 4: Specialty tier	33% coinsurance	33% coinsurance
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 the greater of \$3.35 copay for generic (including brand drugs treated as generic), \$8.35 copay for all drugs, or 5% coinsurance	

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Formulary, pharmacy network, premium and/or copayments/coinsurance may change each plan year.



## PRESCRIPTION DRUG COVERAGE PLAN BASICS

Your employer group or plan sponsor has selected the UnitedHealthcare MedicareRx<sup>SM</sup> for Groups plan as an option for your Medicare Part D prescription drug coverage.

### 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.

#### **Filling your prescriptions is convenient.**

There are more than 68,000 national, regional, local chains and independent neighborhood pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy can help make sure you are getting the lowest cost available through your plan.



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

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

### **You can reach us online, anytime.**

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

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



# 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 the complete drug list online or the partial drug list in this book to see if your drugs are covered.



### What pharmacies can I use?

You can choose from over 68,000 national, regional, local chains and independent neighborhood 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 prescriptions you have filled.<sup>1</sup>



**EASY ACCESS  
TO PHARMACIES  
NATIONWIDE**

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



## WAYS TO SAVE ON YOUR PRESCRIPTION DRUGS

### **You could 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: **1-877-558-4749**, 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 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 ask your doctor 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.

## 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.



## 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, 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.

Premium and/or copayments/coinsurance 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.



# **UnitedHealthcare**

## **Retiree Prescription 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

<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**  
**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 (100mg Capsule, 100mg Tablet, 50mg/5ml 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),T1 - QL  
 Anagrelide HCl (Capsule),T1  
 Anastrozole (Tablet),T1  
**AndroGel (Packet, 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**

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Plain type = Generic drug

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**Aranesp Albumin Free (10mcg/0.4ml 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

Buspironone 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

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.**

Chlorthalidone (Tablet),T1  
 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 (Tablet Immediate-Release),T1 - QL  
 Clonazepam ODT (Tablet Dispersible),T1 - QL  
 Clonidine HCl (Tablet Immediate-Release),T1  
 Clopidogrel (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  
 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**

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

Escitalopram Oxalate (Tablet),T1  
Estradiol Tablet (Generic Estrace),T1 - PA,HRM  
Eszopiclone (Tablet),T1 - PA,QL,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**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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

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

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**

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M	N
Meclizine HCl (Tablet),T1 - PA,HRM	Nadolol (Tablet),T1
Medroxyprogesterone Acetate (Tablet),T1	Naltrexone HCl (Tablet),T1
Meloxicam (Tablet),T1	<b>Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml Oral Solution),T3 - PA,QL</b>
Memantine HCl (Tablet),T1 - PA,QL	<b>Namenda XR (Capsule Extended-Release 24 Hour),T2 - PA,QL</b>
Mercaptopurine (Tablet),T1	Naproxen (Tablet Immediate-Release),T1
Meropenem (Injection),T1	<b>Nasonex (Suspension),T3</b>
Metformin HCl (Tablet Immediate-Release),T1 - QL	<b>Nesina (Tablet),T3 - QL,ST</b>
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL	<b>Nevanac (Suspension),T2</b>
Methadone HCl (Tablet, Oral Solution),T1 - QL,MED	Niacin ER (Tablet Extended-Release),T1
Methazolamide (Tablet),T1	<b>Nicotrol Inhaler,T3</b>
Methimazole (Tablet),T1	Nitrofurantoin Capsules (Macrocrystals, Monohydrate),T1
Methotrexate (Tablet),T1	Nitrofurantoin Monohydrate (100mg Capsule),T1
Methscopolamine Bromide (Tablet),T1	<b>Nitrostat (Tablet Sublingual),T3</b>
Methyl dopa (Tablet),T1 - PA,HRM	Norethindrone Acetate (5mg Tablet),T1
Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin),T1 - QL	Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution),T1 - PA,HRM
Metoclopramide HCl (Tablet),T1	<b>Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution),T3 - QL</b>
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour),T1	<b>Nucynta ER (Tablet Extended-Release 12 Hour),T2 - QL,MED</b>
Metoprolol Tartrate (Tablet Immediate-Release),T1	<b>Nuedexta (Capsule),T3 - PA</b>
Metronidazole (Tablet),T1	<b>Nutropin AQ (Injection),T4 - PA</b>
Migergot (Suppository),T4	<b>Nuvigil (Tablet),T3 - PA,QL</b>
Minocycline HCl (Capsule),T1	Nystatin (Cream, Ointment, Powder, Suspension, Tablet),T1
Minoxidil (Tablet),T1	<b>O</b>
Mirtazapine, Mirtazapine ODT (Tablet),T1	Olanzapine (Tablet Immediate-Release),T1 - QL
Misoprostol (Tablet),T1	Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza),T1 - QL
Modafinil (Tablet),T1 - PA,QL	Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T1 - QL
Montelukast Sodium (Tablet, Tablet Chewable, Packet),T1 - QL	Omeprazole (20mg Capsule Delayed-Release),T1
Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin),T1 - QL,MED	Ondansetron, Ondansetron ODT (Tablet),T1 - B/D,PA
<b>Multaq (Tablet),T2 - QL</b>	<b>Onglyza (Tablet),T2 - QL</b>
<b>Myrbetriq (Tablet Extended-Release 24 Hour),T2</b>	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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**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, 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),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**

**ProAir RespiClick (Aerosol Powder),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**

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**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  
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  
**Targetin (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  
Temazepam (Capsule),T1 - QL,HRM  
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**

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.**

**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**

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**

**Viiibryd (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

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



# **UnitedHealthcare**

# **Enrollment Form**





# UnitedHealthcare

Prior Employer: \_\_\_\_\_

**Retiree Name on Medicare Card (all information below is required to process enrollment form)**

Social Security Number		Date of Retirement	Effective Date of UHC Coverage		
Phone Number		Cell Phone Number	E-Mail Address		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Last Name	First Name	MI	
Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Medicare Plan Effective Dates:		If you have received your new Medicare Card, use the Member Beneficiary Identifier (MBI). If not, use the HIC number.			
<input type="checkbox"/> Part A Effective Date:					
<input type="checkbox"/> Part B Effective Date:					
<input type="checkbox"/> Part D Effective Date:					
Identify your Primary Care Physician:		Are you a current End Stage Renal Diagnosed Medicare Covered Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> Supplemental Medicare Plan F Medical and (Retiree must elect both coverages)
<input type="checkbox"/> Part D Prescription Drug Coverage (Retiree must elect both coverages)

Please select above to confirm your acceptance of both coverages.

NOTE: You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable. Providers must be licensed and eligible to receive payment under the federal Medicare program. Please provide a copy of your Medicare card with enrollment application.

I hereby request the coverage indicated, provided that I am or become eligible, and certify that the above information is correct.	
_____	_____
Retiree Signature	Date

**Please return to:**  
**Texas Association of Counties**  
**Health & Employee Benefits Pool**  
**PO Box 2131**  
**Austin, TX 78768**

**Benefits will be effective first of the month after application is received.**