

WHAT YOU NEED TO KNOW ABOUT YOUR MEDICARE ADVANTAGE PLAN.

2017 Medicare Part C Enrollment Guide

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

H0543-089

Service Area: California - Placer, Sacramento, Yolo counties

Plan Effective Date: January 1, 2017 through December 31, 2017

Discover a plan that **WORKS TO YOUR ADVANTAGE.**

When it comes to staying active, you can choose from many activities. And when it comes to helping you stay healthy, look to your plan. We believe you deserve more than just a health care plan. As a plan member, you'll have a local health team dedicated to helping you live a healthier life.

We want to:

- Help you get the care you may need when you need it
- Give you tools and resources to help you be in more control of your health
- Provide additional benefits and resources so you can spend your time and money on things that matter most to you

In this Enrollment Guide you will find:

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

Enroll in three simple steps.

- 1** Find the Enrollment Request Form in the “Ready to Enroll” section of this Enrollment Guide.
- 2** Fill out the form(s) completely — make sure you sign and date it.
- 3** Send your completed form(s) back before your enrollment period ends.

Take advantage of healthy extras.



**Predictable
Co-pays**



Vision Coverage



My Advocate



24/7 NurseLine

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

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Have questions? We can help. Call:



Toll-free 1-800-555-5757, TTY 711
8 a.m. - 8 p.m. local time, 7 days a
week. Se habla español.



Learn more online at
www.AARPMedicarePlans.com



Making Your Medicare PLAN CHOICE

Make sure this plan is a good fit by reviewing the basics.

You're enrolled in Original Medicare, what's next?

Original Medicare is provided by the government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything — you don't get coverage for prescription drugs or for routine vision, dental or hearing care. Depending on your needs, you may want to add on more coverage. When it comes to extra coverage, you have options.



Covers hospital stays



**Covers doctor
and outpatient visits**

Your options for more coverage:

OPTION 1

OR

OPTION 2

**Add one or both of the following
to Original Medicare:**

Medicare Supplement Insurance Offered by private companies



Covers some of the
costs not paid by Original
Medicare (Parts A and B)

Medicare Part D Offered by private companies



Part D covers
prescription drugs

Choose a Medicare Advantage plan:

Medicare Advantage (Part C) Offered by private companies



Part C combines
Part A (hospital) and
Part B (doctor)



Provides additional
benefits



Most plans cover
prescription drugs

Medicare Made Clear™ brought to you by **UnitedHealthcare®**



Making Your Medicare PLAN CHOICE

This is a Part C Health Maintenance Organization (HMO) plan.

Your plan is a Health Maintenance Organization (HMO) plan. That means you must receive care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and may refer you to a specialist.

Here's how your HMO plan works.



You must select a primary care provider (PCP).

This health plan requires you to select a PCP from the network who can help manage your care.



You will need to get a referral to see a specialist.

In most situations, your network PCP must give you a referral to see other providers in the network, such as specialists and hospitals.



There's an out-of-pocket spending limit each plan year.

Once you reach that limit, the plan pays 100% of the costs for covered services.

Stay in the network.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	No
Are emergency or urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all covered doctor or hospital services?	Plan co-pay or co-insurance applies.	In most cases, yes, you must pay the full cost for services.

Plan co-pay or co-insurance are for those with Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. As a member, you will receive a Provider Directory listing all network providers and facilities within your plan. You can also find a complete listing on our website or you can request a Provider Directory from Customer Service. Limitations, exclusions, and restrictions may apply.



Making Your Medicare PLAN CHOICE

Are you eligible for this plan?

You are eligible for a Medicare Advantage plan if:



You are enrolled in Original Medicare Parts A and B and live in the plan's service area

AND



You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A and B and continue to pay your Part B premium, you are eligible to enroll in this plan.

Helpful resources.

Medicare Made Clear™

An educational program developed by UnitedHealthcare to help the public better understand Medicare. Find out more at **MedicareMadeClear.com**.

Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, visit Medicare.gov or call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week.

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

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Plan INFORMATION

Do you know these terms?

Premium

The fixed amount you pay your health insurance or plan for Medicare coverage. You may pay your premium to Medicare, to a private insurance company or both, depending on your coverage. Most premiums are charged monthly.



Co-pay

The fixed amount you pay at the time you receive a covered service. For example, you might pay \$20 when you visit the doctor or \$12 when you fill a prescription.

**You Pay a
Fixed Amount**

**Your Plan
Pays the Rest**



Out-of-pocket Maximum

The maximum amount you could pay during a policy period (usually a year) for Medicare-covered medical services. This amount does not include your monthly premium payments or the cost of extra services beyond Original Medicare.

If you reach your out-of-pocket maximum, then your plan pays 100% of the allowed amount of covered services for the rest of the policy period.



**Once You
Pay Your
Maximum...**

**...Your
Plan Pays
the Rest**

Medicare Made Clear™ brought to you by UnitedHealthcare®

Benefit Highlights

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

This is a short description of 2017 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

Monthly plan premium	\$92
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Medical Benefits

Doctor's office visit	Primary Care Provider: \$10 co-pay Specialist: \$15 co-pay (referral needed)
Preventive services	\$0 co-pay
Inpatient hospital care	\$150 co-pay per day: days 1-3 \$0 co-pay per day after that
Skilled nursing facility (SNF)	\$0 co-pay per day: days 1-100
Outpatient surgery	\$75 co-pay
Diabetes monitoring supplies	\$0 co-pay
Home health care	\$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	20% of the cost
Diagnostic tests and procedures (non-radiological)	20% of the cost
Lab services	\$10 co-pay
Outpatient x-rays	\$14 co-pay
Ambulance	\$250 co-pay
Emergency care	\$75 co-pay (worldwide)
Urgently needed services	\$15 - \$40 co-pay (\$75 co-pay for worldwide coverage)
Annual out-of-pocket maximum *	\$4,900

*The most you may pay in a year for medical care covered by the plan.

Benefits and Services Beyond Original Medicare

Routine physical	\$0 co-pay; 1 per year
Vision - routine eye exams	\$15 co-pay; 1 every year
Foot care - routine	\$15 co-pay; 6 visits per year
Hearing - routine exam	\$10 co-pay; 1 per year
Hearing aids	\$330 - \$380 co-pay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$200 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	\$2 co-pay	\$0 co-pay
Tier 2: Generic Drugs	\$8 co-pay	\$0 co-pay
Tier 3: Preferred Brand Drugs	\$45 co-pay	\$125 co-pay
Tier 4: Non-Preferred Drugs	\$95 co-pay	\$275 co-pay
Tier 5: Specialty Tier Drugs	29% of the cost	29% of the cost
Coverage gap stage	After your total drug costs reach \$3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,950, you will pay the greater of \$3.30 co-pay for generic (including brand drugs treated as generic), \$8.25 co-pay for all other drugs, or 5% of the cost	

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply.



Your drug plan **COVERAGE AND COSTS**

Make sure your drugs are covered.

Find out if your prescription drugs are covered by checking the Drug List in this Enrollment Guide or the online Formulary (drug list) at **AARPMedicarePlans.com**.

Know how much your drugs will cost.

The cost of your drug depends on two things: what tier the drug is covered in and where you are within the drug payment stages.



Understanding drug tiers.

Many plans group covered drugs together by cost. These groupings are called tiers. Generally, the lower the tier, the less you'll have to pay.

Formulary (Drug List) Tiers				
Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Tier

Note: There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.



Your Part D prescription drug costs.

With Medicare Part D prescription drug coverage, the amount you pay for prescriptions may change over the year. Here's why:

- Part D plans have four coverage stages: annual deductible, initial coverage stage, coverage gap stage, and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people stay in the initial coverage stage for the whole plan year. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The coverage cycle starts over again on January 1 each plan year.



Once you're a member, you can easily track how close you are getting to the coverage gap by logging into your account online.



Your drug plan COVERAGE AND COSTS

Explore ways to save money.

✓ Try OptumRx® Mail Service Pharmacy.

You could pay a \$0 co-pay for a 90-day supply of Tier 1 and 2 medications by using home delivery from OptumRx, our preferred mail service pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Register online at www.OptumRx.com to order new prescriptions, request refills and more.

✓ Spend less at select pharmacies.

You could save on common prescription drugs by using one of the pharmacies in our Pharmacy Saver program. The locations listed below are just some of the participating pharmacies. Visit pharmacysaver.com to find a location near you.







✓ Consider generic drugs.

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at AARPMedicarePlans.com to determine your potential savings.

✓ Use lower-tier drugs.

Prescription drugs are grouped into five tiers. If your drug is in a higher, more expensive tier, ask your doctor if there is a lower-tier drug that could work for you.

✓ Get Extra Help.

If you have a limited income, you may be able to get Extra Help with your Medicare prescription drug plan premiums, deductibles and co-pays. To find out if you qualify, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. to 7 p.m., Monday through Friday.

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Benefits and services beyond **ORIGINAL MEDICARE**

Get all the benefits of Original Medicare – and more.

With this plan, you get additional benefits and services designed to help you live a healthier life — most at little or no additional cost. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a full range of services dedicated to your health and wellness.

Below are short descriptions about some of the 2017 plan benefits and services. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits.



Vision coverage

Protect your eyesight and health with routine eye exams. This plan offers one routine eye exam every year.

Co-pays and network restrictions may apply.



Hearing coverage

Don't let hearing loss affect your life. Your plan includes the following hearing coverage:

- A routine hearing exam every year
- Hearing aids provided by the hi HealthInnovations™ mail order program

Co-pays and network restrictions may apply.



My Advocate

You may be able to get help paying for your medical costs, prescriptions, utility bills and more. My Advocate acts on behalf of your plan to help determine if you're eligible to apply for government or other community assistance programs.



Benefits and services beyond **ORIGINAL MEDICARE**



NurseLineSM

Whether you have questions about a medication or have a health concern in the middle of the night, with NurseLineSM a nurse is only a phone call away. A registered nurse can answer questions like:

- Should I go to the emergency room or urgent care?
- How do I find a doctor or specialist?

Learn more about these extra services and benefits.



For more information, call 1-800-555-5757, TTY 711 8 a.m. to 8 p.m. local time,
7 days a week.

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



Platinum Dental Rider SUPPLEMENTAL BENEFIT

Additional coverage that may make you smile.

As a UnitedHealthcare member, you have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can purchase the rider anytime during the year. Simply call the number on the back of your member ID card to tell us you'd like to enroll in the Platinum Dental Rider. You may start using the benefit on the first day of the month after the rider is purchased.

For \$36 a month

(in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), you'll get:

- ✓ 100% coverage (deductible does not apply) for preventive and diagnostic services such as oral exams, X-rays and routine cleanings
- ✓ 80% coverage for the most common dental procedures, including fillings and filling restoration
- ✓ 50% coverage for major services such as dentures, crowns, root canals and oral surgery
- ✓ \$100 annual deductible (the amount you pay before the plan kicks in)
- ✓ \$1,000 yearly maximum (the total amount the plan will pay for covered services in the calendar year)
- ✓ Freedom to see any dentist you choose¹
- ✓ Nationwide coverage

With the Platinum Dental Rider, you'll enjoy 100% coverage for preventive care and up to 80% coverage for common procedures. See the back of this page for coverage details and benefit guidelines.



For more information, to find a network dentist or to enroll, call the number on the back of your member ID card.

¹You can see any dentist. However, you'll get greater savings from a network dentist. When you see an out-of-network dentist, the plan pays according to a maximum allowable fee schedule; you pay the rest. For your convenience, you can change dentists as long as you complete any dental service currently in progress.



Platinum Dental Rider SUPPLEMENTAL BENEFIT

Platinum Dental Rider Covered Services²

Covered Services	In-Network Plan Pays ³	Out-of-Network Plan Pays ⁴	Deductible Applies	Benefit Guidelines
Using an Out-Of-Network Dentist If the plan you select offers out-of-network benefits, your out-of-pocket costs may be higher if you choose an out-of-network dentist instead of one who is in the network. The plan pays according to a maximum allowable fee schedule and you will pay any fees beyond that amount in addition to the amounts listed below.				
Preventive and Diagnostic Dental Services				
Periodic Oral Examinations	100%	100%	No	Two per 12 months
Dental Prophylaxis (cleanings)	100%	100%	No	Two per 12 months
Bitewing X-rays	100%	100%	No	Up to once per 12-month period
Complete Series or Panorex X-rays	100%	100%	No	Up to one time per 36-month period
Basic Dental Services (Minor Restorative)				
Amalgam Restorations (fillings)	80%	80%	Yes	One restoration allowed per surface every three years
Composite Resin Restorations (fillings)	80%	80%	Yes	One restoration allowed per surface every three years
Major Dental Services (Endodontics, Periodontics and Oral Surgery)				
Root Canal Treatment	50%	50%	Yes	Once per tooth per lifetime
Root Planing	50%	50%	Yes	Once per 24 months per quadrant
Periodontal Surgery	50%	50%	Yes	Once every 36 months per site

²Certain limitations and exclusions apply. Please contact Customer Service for additional information.

³Percentage of benefits is based on the discounted fee negotiated with the participating network dentist.

⁴The plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.



Platinum Dental Rider SUPPLEMENTAL BENEFIT

Covered Services	In-Network Plan Pays ³	Out-of-Network Plan Pays ⁴	Deductible Applies	Benefit Guidelines
Major Dental Services (Endodontics, Periodontics and Oral Surgery) – Continued				
Periodontal Maintenance	50%	50%	Yes	Up to one time per 6 month period
Simple Extraction	50%	50%	Yes	
Surgical Extraction Including Impacted Wisdom Teeth	50%	50%	Yes	
General Anesthesia	50%	50%	Yes	When clinically necessary
Palliative Treatment (relief of pain)	100%	100%	Yes	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit
Crowns	50%	50%	Yes	Once every five years
Fixed Bridges	50%	50%	Yes	Once every five years (alternate benefits for partial denture may be applied)
Full Dentures	50%	50%	Yes	Once every five years; no allowance for overdentures or customized dentures
Inlays and Onlays	50%	50%	Yes	Once every five years
Partial Dentures	50%	50%	Yes	Once every five years; no allowance for precision or semiprecision attachments

³Percentage of benefits is based on the discounted fee negotiated with the participating network dentist.

⁴The plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.



Platinum Dental Rider SUPPLEMENTAL BENEFIT

Covered Services	In-Network Plan Pays ³	Out-of-Network Plan Pays ⁴	Deductible Applies	Benefit Guidelines
Recement Bridges, Crowns, Inlays	80%	80%	Yes	Once every six months per restoration

Major Dental Services (Endodontics, Periodontics and Oral Surgery) – Continued

Relining Dentures	50%	50%	Yes	Once every year after the six-month period following initial insertion
Repairs to Full/Partial Dentures, Bridges	50%	50%	Yes	For repairs or adjustments done after 12 months following initial insertion

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

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2017 Summary of BENEFITS

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

H0543-089

Our service area includes the following counties in:

California: Placer, Sacramento, Yolo.

This is a summary of drug coverages and health services provided by AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO) January 1st, 2017 - December 31st, 2017.

For more information, please contact Customer Service at:



Toll-Free 1-800-555-5757, TTY 711

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



www.AARPMedicarePlans.com

AARP® | MedicareComplete®
insured through **UnitedHealthcare**

Summary of Benefits

January 1st, 2017 - December 31st, 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 health care 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.AARPMedicarePlans.com to see the "Evidence of Coverage" or call customer service with any questions.

About this plan.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed on the cover, and be a United States citizen or lawfully present in the United States.

What's inside?

Plan Premiums, Annual Deductibles, and Benefits

See plan costs including the monthly plan premium, deductible and maximum out-of-pocket limit.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can search for a network provider and pharmacy in the online directories at www.AARPMedicarePlans.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.AARPMedicarePlans.com.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	\$92
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$4,900 annually for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO)

Benefits		In-Network
Inpatient Hospital Coverage¹		\$150 co-pay per day: for days 1-3 \$0 co-pay per day: for days 4 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor Visits	Primary	\$10 co-pay
	Specialists ¹	\$15 co-pay
Preventive Care	Medicare-covered	\$0 co-pay
	Routine physical	\$0 co-pay; 1 per year
Emergency Care		\$75 co-pay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Emergency co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.
Urgently Needed Services		\$15 - \$40 co-pay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	20% of the cost
	Lab services ¹	\$10 co-pay
	Diagnostic tests and procedures ¹	20% of the cost
	Therapeutic Radiology ¹	20% of the cost
	Outpatient X-rays ¹	\$14 co-pay per service

Benefits		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$10 co-pay
	Routine hearing exam	\$10 co-pay; 1 per year
	Hearing aid	\$330-\$380 co-pay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)
Dental Services		Additional dental benefits available with a separate premium. Please see optional benefits section below for details.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$15 co-pay
	Eyewear after cataract surgery ¹	\$0 co-pay
	Routine eye exam	\$15 co-pay Up to 1 every year
Mental Health Care	Inpatient visit ¹	\$150 co-pay per day: for days 1-3 \$0 co-pay per day: for days 4-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$30 co-pay
	Outpatient individual therapy visit ¹	\$40 co-pay
Skilled Nursing Facility (SNF) ¹		\$0 co-pay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.

Benefits		In-Network
Rehabilitation Services	Occupational therapy visit ¹	\$15 co-pay
	Physical therapy and speech and language therapy visit ¹	\$15 co-pay
Ambulance		\$250 co-pay
Routine Transportation		Not covered
Foot Care (podiatry services)	Foot exams and treatment ¹	\$15 co-pay
	Routine foot care	\$15 co-pay; for each visit up to 6 visits every year
Medical Equipment / Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% of the cost
	Prosthetics (e.g., braces, artificial limbs)	20% of the cost
Wellness Programs		Not covered
Medicare Part B Drugs	Chemotherapy drugs	20% of the cost
	Other Part B drugs	20% of the cost

Prescription Drugs

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

Stage 1: Annual Prescription Deductible	\$0 per year for Tier 1 and Tier 2; \$200 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$2 co-pay	\$6 co-pay	\$0 co-pay	\$6 co-pay
Tier 2: Generic Drugs	\$8 co-pay	\$24 co-pay	\$0 co-pay	\$24 co-pay
Tier 3: Preferred Brand Drugs	\$45 co-pay	\$135 co-pay	\$125 co-pay	\$135 co-pay
Tier 4: Non-Preferred Drugs	\$95 co-pay	\$285 co-pay	\$275 co-pay	\$285 co-pay
Tier 5: Specialty Tier Drugs	29% of the cost	29% of the cost	29% of the cost	29% of the cost
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of: • 5% of the cost, or • \$3.30 co-pay for generic (including brand drugs treated as generic) and a \$8.25 co-pay for all other drugs.			

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	\$15 co-pay
Diabetes Management	Diabetes monitoring supplies	\$0 co-pay
	Diabetes Self-management training ¹	\$0 co-pay
	Therapeutic shoes or inserts	20% of the cost
Home Health Care¹		\$0 co-pay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLineSM		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Outpatient Surgery¹		\$75 co-pay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$30 co-pay
	Outpatient individual therapy visit ¹	\$40 co-pay
Renal Dialysis¹		20% of the cost

Services with a 1 may require a referral from your doctor.

Optional Supplemental Benefits

Premiums and Benefits		In-Network
Dental Platinum Rider	Premium	Additional \$36 per month
	Description	The Dental Platinum Rider includes preventive and comprehensive dental benefits.

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

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

Benefits, premium and/or co-payments/co-insurance may change 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 1-877-889-6358, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company. \$0 co-pay is applicable for tier 1 and tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll.

AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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 1-800-555-5757.

This information is available for free in other languages. Please call our customer service number at 1-800-555-5757, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-800-555-5757, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5757 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-555-5757 (TTY : 711)。

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 1-800-555-5757. 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 1-800-555-5757. 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 1-800-555-5757。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1-800-555-5757。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-555-5757. 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 1-800-555-5757. 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 1-800-555-5757 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 1-800-555-5757. 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 1-800-555-5757번으로 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 1-800-555-5757. 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 1-800-555-008-1. 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 1-800-555-5757 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 1-800-555-5757. 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 1-800-555-5757. 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 1-800-555-5757. 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 1-800-555-5757. 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、1-800-555-5757 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。

Vendor Information

Before contacting any of the providers below you must be fully enrolled in AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO).

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Hearing Aids	hi HealthInnovations™	1-855-523-9355, TTY 711 9 a.m. - 5 p.m. Central Standard Time, Monday - Friday www.hihealthinnovations.com
Vision Care	UnitedHealthcare Vision®	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
NurseLine	NurseLine SM	1-877-365-7949, TTY 711 24 hours a day, 7 days a week

UnitedHealthcare - H0543

2017 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2017, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★★
4.5 stars

We received the following Summary Star Rating for UnitedHealthcare's health/drug plan services:

Health Plan Services:

★★★★★
4 stars

Drug Plan Services:

★★★★★
5 stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8 a.m. to 8 p.m. local time, at 800-555-5757 (toll-free) or 711 (TTY).

Current members please call 800-950-9355 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711).



2017 Required INFORMATION

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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

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

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

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

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 1-877-266-4832, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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 a 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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

Your Plan may contain one or more of the following:



2017 Required INFORMATION

NurseLineSM

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.

SilverSneakers[®]

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries. © 2016 Healthways, Inc. All rights reserved.

Optum Fitness Advantage

Participation in this program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Availability of the Optum[®] Fitness Advantage program varies by plan/market. Refer to your Evidence of Coverage for more details.

Non-Discrimination Notice

UnitedHealthcare Insurance Company, on behalf of itself and its affiliated companies, does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

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

If you need help with your complaint, please call the customer service number at the front of this booklet, TTY 711.

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

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

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

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

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

We provide free language services.

We provide free services to help you communicate with us. Such as, letters in others languages or large print. Or, you can ask for an interpreter. To ask for help, please call the customer service number at the front of this booklet, TTY 711.

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।

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.

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ សូមទូរស័ព្ទទៅលេខសេវាអតិថិជន នៅខាងមុខនៃកូនសៀវភៅនេះ។

Ilokano (Ilocano)

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

Diné Bizaad (Navajo)

Díí baa akó nínízhin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, T'áá shqodí díí ninaaltsoos wólta'i bidáahgi Na'iilnihi Biká'ana'áwo'i bich'í' béesh bee hane'i biká'ígíí bee hólne' dooleel.

NOTES

[illegible]



What is a drug list?

Medicare Part D Drug List

The drug list is a list of prescription drugs covered by an insurance plan:

- Many plans have a drug list, where drugs are divided into groups called “tiers”
- In general, the lower the tier, the lower the cost to you
- Generic drugs typically fall into Tier 1 or Tier 2

Drug List Tiers

Tier 1	\$
Tier 2	\$\$
Tier 3	\$\$\$
Tier 4	\$\$\$\$
Tier 5	\$\$\$\$\$

Medicare Made Clear™ brought to you by UnitedHealthcare®



2017 DRUG LIST

This is a comprehensive 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 five cost-sharing tiers. The tier number is listed after the drug name
- Your plan may have an annual prescription deductible
- For more cost-sharing and deductible information, see the Summary of Benefits in this book

Some drugs may need Prior Authorization, Step Therapy or other requirements. To find out if your drug has added coverage needs, please contact us.

This list was last updated August 1, 2016. Call or visit us online for the most up-to-date comprehensive drug list. Our contact information is on the second page of this book.

#	Acetazolamide ER (Capsule Extended-Release 12 Hour), T4	Adapalene (0.1% Cream, 0.1% Gel), T4
8-MOP (Capsule), T4		Adcirca (Tablet), T5
A	Acetazolamide Sodium (Injection), T4	Adefovir Dipivoxil (Tablet), T5
A-Hydrocort (Injection), T4	Acetic Acid (Otic Solution), T2	Adempas (Tablet), T5
Abacavir (Tablet), T4	Acetylcysteine (Inhalation Solution), T2	Adrucil (Injection), T4
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet), T5	Acitretin (Capsule), T4	Advair Diskus (Aerosol Powder), T3
Abelcet (Injection), T5	ActHIB (Injection), T3	Advair HFA (Aerosol), T3
Abilify Maintena (Injection), T5	Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection, 80mg/4ml Injection), T5	Afeditab CR (Tablet Extended-Release 24 Hour), T2
Abraxane (Injection), T5	Actimmune (Injection), T5	Afinitor (Tablet), T5
Abstral (Tablet Sublingual), T5	Acyclovir (200mg Capsule, 200mg/5ml Suspension), T2	Afinitor Disperz (Tablet Soluble), T5
Acamprosate Calcium DR (Tablet Delayed-Release), T4	Acyclovir (400mg Tablet, 800mg Tablet), T1	Aggrenox (Capsule Extended-Release 12 Hour), T3
Acarbose (Tablet), T1	Acyclovir (5% Ointment), T4	Ala Cort (Cream), T2
Acebutolol HCl (Capsule), T2	Acyclovir Sodium (Injection), T4	Albenza (Tablet), T5
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet), T2	Adacel (Injection), T3	Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution), T2
Acetazolamide (Tablet Immediate-Release), T3	Adagen (Injection), T5	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release), T4	Amikacin Sulfate (Injection), T4	Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet), T1
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment), T3	Amiloride HCl (Tablet), T2	Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin), T2
Alcohol Prep Pads, T3	Amiloride/ Hydrochlorothiazide (Tablet), T2	Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour), T4
Aldurazyme (Injection), T5	Aminophylline (Injection), T4	Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour), T4
Alecensa (Capsule), T5	Aminosyn 7%/Electrolytes (Injection), T4	
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet), T1	Aminosyn 8.5%/ Electrolytes (Injection), T4	
Alendronate Sodium (70mg/75ml Oral Solution), T4	Aminosyn II (10% Injection, 7% Injection), T4	
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour), T2	Aminosyn II 8.5%/ Electrolytes (Injection), T4	
Alimta (Injection), T5	Aminosyn-HBC (Injection), T4	
Alinia (100mg/5ml Suspension), T4	Aminosyn-PF (Injection), T4	
Alinia (500mg Tablet), T5	Aminosyn-RF (Injection), T4	
Allopurinol (Tablet), T1	Amiodarone HCl (200mg Tablet), T1	
Alocril (Ophthalmic Solution), T4	Amiodarone HCl (50mg/ml Injection), T4	
Alomide (Ophthalmic Solution), T4	Amitiza (Capsule), T3	
Alosetron HCl (Tablet), T5	Amitriptyline HCl (Tablet), T4	
Aloxi (Injection), T5	Amlodipine Besylate (Tablet), T1	
Alphagan P (0.1% Ophthalmic Solution), T3	Amlodipine Besylate/ Atorvastatin Calcium (Tablet), T1	
Alprazolam (Tablet Immediate-Release), T1	Amlodipine Besylate/ Benazepril HCl (Capsule), T1	
Altanax (Ointment), T4	Amlodipine Besylate/ Valsartan (Tablet), T4	
AmBisome (Injection), T5	Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet), T4	
Amantadine HCl (100mg Capsule, 100mg Tablet), T3	Ammonium Chloride (Injection), T4	
Amantadine HCl (50mg/5ml Syrup), T2	Ammonium Lactate (12% Cream, 12% Lotion), T3	
Amethia (Tablet), T4	Amoxapine (Tablet), T3	
Amethyst (Tablet), T4		
Amifostine (Injection), T5		

Bold type = Brand name drug

Plain type = Generic drug

Amphetamine/
Dextroamphetamine (10mg
Tablet Immediate-Release,
12.5mg Tablet Immediate-
Release, 15mg Tablet
Immediate-Release, 20mg
Tablet Immediate-Release,
30mg Tablet Immediate-
Release, 5mg Tablet
Immediate-Release, 7.5mg
Tablet Immediate-
Release), T3

Amphotericin B (Injection), T4

Ampicillin (125mg/5ml
Suspension, 250mg/5ml
Suspension, 250mg
Capsule, 500mg
Capsule), T2

Ampicillin Sodium (10gm
Injection, 125mg Injection,
1gm Injection), T4

Ampicillin-Sulbactam
(10gm-5gm Injection,
1gm-0.5gm Injection,
2gm-1gm Injection), T4

**Ampyra (Tablet Extended-
Release 12 Hour), T5**

Anadrol-50 (Tablet), T5

Anagrelide HCl (Capsule), T2

Anastrozole (Tablet), T1

**AndroGel (1.62% Packet
Gel), T3**

**AndroGel Pump (1.62%
Gel), T3**

**Androderm (Patch 24
Hour), T3**

**Anoro Ellipta (Aerosol
Powder), T3**

**Anzemet (100mg Tablet,
50mg Tablet), T5**

Apokyn (Injection), T5

Apraclonidine (Ophthalmic
Solution), T3

Apri (Tablet), T4

**Apriso (Capsule Extended-
Release 24 Hour), T3**

Aptiom (200mg Tablet), T4

**Aptiom (400mg Tablet,
600mg Tablet, 800mg
Tablet), T5**

**Aptivus (100mg/ml Oral
Solution, 250mg
Capsule), T5**

Aralast NP (Injection), T5

Aranelle (Tablet), T4

**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), T5**

**Aranesp Albumin Free
(10mcg/0.4ml Injection,
25mcg/0.42ml Injection,
25mcg/ml Injection,
40mcg/0.4ml Injection,
40mcg/ml Injection), T4**

Arcalyst (Injection), T5

**Argatroban (125mg/
125ml-0.9% Injection), T5**

Argatroban (250mg/2.5ml
Injection), T5

Aripiprazole (Tablet), T4

Aripiprazole ODT (Tablet
Dispersible), T5

Aristada (Injection), T5

**Arnuity Ellipta (Aerosol
Powder), T3**

Arranon (Injection), T5

Ashlyna (Tablet), T4

**Aspirin/Dipyridamole
(Capsule Extended-
Release 12 Hour), T3**

Atenolol (Tablet), T1

Atenolol/Chlorthalidone
(Tablet), T1

Atgam (Injection), T5

Atorvastatin Calcium
(Tablet), T1

Atovaquone (Suspension), T5

Atovaquone/Proguanil HCl
(Tablet) (Generic
Malarone), T3

Atripla (Tablet), T5

**Atropine Sulfate
(Injection), T4**

**Atrovent HFA (Aerosol
Solution), T4**

Aubagio (Tablet), T5

Aubra (Tablet), T4

Augmented Betamethasone
Dipropionate (0.05%
Cream), T4

Augmented Betamethasone
Dipropionate (0.05% Gel,
0.05% Lotion, 0.05%
Ointment), T3

Avandia (Tablet), T4

Avastin (Injection), T5

**Avelox (400mg/250ml-0.8%
Injection), T4**

Aviane (Tablet), T4

Avonex (Injection), T5

Avonex Pen (Injection), T5

Azacitidine (Injection), T5

**Azactam in Iso-Osmotic
Dextrose (Injection), T4**

**Azasite (Ophthalmic
Solution), T4**

Azathioprine (100mg
Injection), T5

Azathioprine (50mg
Tablet), T2

Azelastine HCl (0.05%
Ophthalmic Solution), T4

Azelastine HCl (0.1% Nasal
Solution), T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Azelastine HCl (0.15% Nasal Solution), T3

Azilect (Tablet), T3

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

Azithromycin (500mg Injection), T4

Azopt (Suspension), T3

Azor (Tablet), T3

Aztreonam (Injection), T4

B

BACiIM (Injection), T4

BCG Vaccine (Injection), T3

BIVIGAM (Injection), T5

BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution), T5

BRIVIACT (50mg/5ml Injection), T4

Bacitracin (50000unit Injection), T4

Bacitracin (500unit/gm Ophthalmic Ointment), T2

Bacitracin/Polymyxin B (Ophthalmic Ointment), T2

Baclofen (Tablet), T2

Bactocill in Dextrose (Injection), T4

Bactroban Nasal (Ointment), T4

Balsalazide Disodium (Capsule), T4

Balziva (Tablet), T4

Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension), T5

Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet), T5

Bekyree (Tablet), T4

Beleodaq (Injection), T5

Belsomra (Tablet), T3

Benazepril HCl (Tablet), T1

Benazepril HCl/
Hydrochlorothiazide (Tablet), T1

Benicar (Tablet), T3

Benicar HCT (Tablet), T3

Benlysta (Injection), T5

Benzotropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet), T2

Benzotropine Mesylate (1mg/ml Injection), T4

Bepreve (Ophthalmic Solution), T4

Berinert (Injection), T5

Besivance (Suspension), T4

Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment), T4

Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment), T4

Betaseron (Injection), T5

Betaxolol HCl (0.5% Ophthalmic Solution), T3

Betaxolol HCl (10mg Tablet, 20mg Tablet), T3

Bethanechol Chloride (Tablet), T2

Bethkis (Nebulized Solution), T5

Betimol (Ophthalmic Solution), T4

Bexarotene (Capsule), T5

Bexsero (Injection), T3

BiCNU (Injection), T5

BiDil (Tablet), T3

Bicalutamide (Tablet), T2

Bicillin C-R (Injection), T4

Bicillin L-A (Injection), T4

Biltricide (Tablet), T4

Binosto (Tablet Effervescent), T4

Bisoprolol Fumarate (Tablet), T2

Bisoprolol Fumarate/
Hydrochlorothiazide (10mg-6.25mg Tablet), T2

Bisoprolol Fumarate/
Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet), T2

Bleomycin Sulfate (Injection), T4

Blephamide (Suspension), T4

Blephamide S.O.P. (Ointment), T4

Blisovi 24 Fe (Tablet), T4

Blisovi Fe 1.5/30 (Tablet), T4

Blisovi Fe 1/20 (Tablet), T4

Boostrix (Injection), T3

Bosulif (Tablet), T5

Botox (Injection), T4

Breo Ellipta (Aerosol Powder), T3

Briellyn (Tablet), T4

Brilinta (Tablet), T3

Brimonidine Tartrate (0.2% Ophthalmic Solution), T2

Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule), T3

Brovana (Nebulized Solution), T4

Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension), T4

Budesonide (3mg Capsule Delayed-Release), T4

Bold type = Brand name drug

Plain type = Generic drug

Bumetanide (0.25mg/ml Injection), T4
 Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet), T1
Buphenyl (3gm/tsp Powder, 500mg Tablet), T5
 Buprenorphine HCl (0.3mg/ml Injection), T3
 Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual), T3
 Buprenorphine HCl/Naloxone HCl (Tablet Sublingual), T3
 Buproban (Tablet Extended-Release 12 Hour), T2
 Bupropion HCl (Tablet Immediate-Release), T2
 Bupropion HCl SR (Tablet Extended-Release 12 Hour), T2
 Bupropion HCl XL (Tablet Extended-Release 24 Hour), T2
 Buspirone HCl (Tablet), T2
Busulfex (Injection), T5
 Butorphanol Tartrate (10mg/ml Nasal Solution), T3
 Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection), T4
Bydureon (Injection), T3
Byetta (Injection), T4
Bystolic (Tablet), T3

C

Cabergoline (Tablet), T3
Cabometyx (Tablet), T5
 Cafegot (Tablet), T3
 Calcipotriene (0.005% Cream, 0.005% External Solution), T4
 Calcitonin-Salmon (Nasal Solution), T3

Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution), T2
 Calcitriol (1mcg/ml Injection), T4
Calcitriol (3mcg/gm Ointment), T4
 Calcium Acetate (Capsule), T3
 Camila (Tablet), T3
Canasa (Suppository), T5
Cancidas (Injection), T5
 Candesartan Cilexetil (Tablet), T1
 Candesartan Cilexetil/Hydrochlorothiazide (Tablet), T1
Capastat Sulfate (Injection), T4
Caprelsa (Tablet), T5
 Captopril (Tablet), T1
 Captopril/Hydrochlorothiazide (Tablet), T1
Carac (Cream), T5
Carafate (1gm/10ml Suspension), T4
Carbaglu (Tablet), T5
 Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release), T3
 Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour), T3
 Carbidopa (Tablet), T5

Carbidopa/Levodopa (Tablet Immediate-Release), T1
 Carbidopa/Levodopa ER (Tablet Extended-Release), T1
 Carbidopa/Levodopa ODT (Tablet Dispersible), T2
Carbidopa/Levodopa/Entacapone (Tablet), T4
 Carboplatin (Injection), T4
Cardene IV (Injection), T4
Carimune Nanofiltered (Injection), T5
 Carteolol HCl (Ophthalmic Solution), T2
 Cartia XT (Capsule Extended-Release 24 Hour), T3
 Carvedilol (Tablet Immediate-Release), T1
Cayston (Inhalation Solution), T5
 Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release), T2
 Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule), T2
 Cefazolin Sodium (Injection), T4
 Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule), T3
 Cefepime (Injection), T4
 Cefixime (Suspension), T4
 Cefotaxime Sodium (Injection), T4
 Cefotetan (Injection), T4
 Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension), T4	Chlordiazepoxide HCl (Capsule), T2	Ciprofloxacin ER (Tablet Extended-Release 24 Hour), T3
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet), T3	Chlorhexidine Gluconate Oral Rinse (Solution), T2	Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release), T2
Ceftazidime (Injection), T4	Chloroquine Phosphate (Tablet), T2	Ciprofloxacin I.V. in D5W (Injection), T4
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection), T4	Chlorothiazide (Tablet), T2	Cisplatin (Injection), T4
Cefuroxime Axetil (Tablet), T2	Chlorothiazide Sodium (Injection), T4	Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet), T1
Cefuroxime Sodium (Injection), T4	Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection), T4	Citalopram HBr (10mg/5ml Oral Solution), T3
Celecoxib (Capsule), T4	Chlorthalidone (Tablet), T2	Cladribine (Injection), T5
Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet), T5	Cholbam (Capsule), T5	Claravis (Capsule), T4
Cellcept Intravenous (Injection), T4	Cholestyramine Light (Packet), T4	Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension), T4
Celontin (Capsule), T4	Chorionic Gonadotropin (Injection), T4	Clarithromycin (250mg Tablet, 500mg Tablet), T3
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule), T2	Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo), T3	Clarithromycin ER (Tablet Extended-Release 24 Hour), T3
Cerezyme (Injection), T5	Ciclopirox Nail Lacquer (External Solution), T3	Climara Pro (Patch Weekly), T4
Cervarix (Injection), T4	Ciclopirox Olamine (Cream), T3	Clindamycin HCl (Capsule Immediate-Release), T2
Cesamet (Capsule), T5	Cidofovir (Injection), T5	Clindamycin Palmitate HCl (Oral Solution), T2
Cetirizine HCl (Syrup), T2	Cilostazol (Tablet), T2	Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab), T3
Chantix (Tablet), T3	Ciloxan (0.3% Ointment), T4	Clindamycin Phosphate (2% Cream), T3
Chantix Continuing Month Pak (Tablet), T3	Cimetidine (Tablet), T2	Clindamycin Phosphate (300mg/2ml Solution, 900mg/6ml Solution, 600mg/4ml Injection), T4
Chantix Starting Month Pak (Tablet), T3	Cimetidine HCl (Oral Solution), T2	
Chemet (Capsule), T4	Cimzia (Injection), T5	
Chenodal (Tablet), T5	Cinryze (Injection), T5	
Chloramphenicol Sodium Succinate (Injection), T4	Cipro HC (Suspension), T4	
	Ciprodex (Otic Suspension), T3	
	Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection), T4	

Bold type = Brand name drug

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Clindamycin Phosphate in D5W (Injection), T4
 Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin), T4
 Clobetasol Propionate (0.05% External Solution), T3
 Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo), T4
 Clobetasol Propionate E (Cream), T4
Clolar (Injection), T5
 Clomipramine HCl (Capsule), T4
 Clonazepam (Tablet Immediate-Release), T2
 Clonazepam ODT (Tablet Dispersible), T4
 Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release), T1
 Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly), T4
 Clonidine HCl ER (Tablet Extended-Release 12 Hour), T4
 Clopidogrel (75mg Tablet), T2
 Clorazepate Dipotassium (Tablet), T2
 Clorpres (Tablet), T4
 Clotrimazole (1% Cream, 1% External Solution, 10mg Troche), T2
 Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream), T3
 Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion), T4

Clozapine (Tablet Immediate-Release), T3
 Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible), T3
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible), T3
Clozapine ODT (200mg Tablet Dispersible), T5
Coartem (Tablet), T4
 Codeine Sulfate (Tablet), T3
Colchicine (0.6mg Tablet) (Generic Colcrys), T3
Colcrys (Tablet), T3
 Colestipol HCl (1gm Tablet), T3
 Colestipol HCl (5gm Granules), T4
 Colistimethate Sodium (Injection), T4
 Colocort (Enema), T4
Coly-Mycin S (Suspension), T4
Combigan (Ophthalmic Solution), T3
Combivent Respimat (Aerosol Solution), T3
Combivir (Tablet), T5
Cometriq (Kit), T5
Complera (Tablet), T5
 Compro (Suppository), T4
 Constulose (Oral Solution), T2
Copaxone (Injection), T5
Cordran Tape (Tape), T4
 Cormax Scalp Application (External Solution), T3
 Cortisone Acetate (Tablet), T4
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment), T4
Cosmegen (Injection), T5
Cotellic (Tablet), T5
Coumadin (Tablet), T4

Creon (Capsule Delayed-Release), T3
Crestor (Tablet), T3
Crinone (Gel), T4
Crixivan (Capsule), T3
 Cromolyn Sodium (100mg/5ml Concentrate), T4
 Cromolyn Sodium (20mg/2ml Nebulized Solution), T3
 Cromolyn Sodium (4% Ophthalmic Solution), T2
 Cryselle-28 (Tablet), T4
Cubicin (Injection), T5
Cuprimine (Capsule), T5
Cuvposa (Oral Solution), T4
 Cyclofem (Tablet), T4
 Cyclobenzaprine HCl (7.5mg Tablet), T4
Cyclophosphamide (Capsule), T4
Cycloset (Tablet), T4
 Cyclosporine (100mg Capsule, 25mg Capsule), T3
 Cyclosporine (50mg/ml Injection), T4
 Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution), T3
 Cyproheptadine HCl (4mg Tablet), T4
Cyramza (Injection), T5
Cystadane (Powder), T5
Cystagon (Capsule), T4
Cystaran (Ophthalmic Solution), T5
 Cytarabine Aqueous (Injection), T4

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DARAPRIM (Tablet), T5
 Dacarbazine (Injection), T4
Dacogen (Injection), T5
Daklinza (Tablet), T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Daliresp (Tablet), T4
Dalvance (Injection), T5

Danazol (Capsule), T4
 Dantrolene Sodium
 (Capsule), T4

Dapsone (Tablet), T3

Daptacel (Injection), T3

Darzalex (Injection), T5

Daunorubicin HCl
 (Injection), T4

Deblitane (Tablet), T3

Decitabine (Injection), T5

Delyla (Tablet), T4

Demeclocycline HCl
 (Tablet), T4

Demser (Capsule), T5

Denavir (Cream), T5

Depen Titratabs (Tablet), T5

Depo-Estradiol (Injection), T4

**Depo-Medrol (20mg/ml
 Injection), T4**

Depo-Provera (Injection), T4

Descovy (Tablet), T5

Desipramine HCl (Tablet), T2

**Desmopressin Acetate
 (0.01% Nasal Rhinal Tube
 Solution), T3**

Desmopressin Acetate
 (0.01% Nasal Spray
 Solution, 4mcg/ml
 Injection), T4

Desmopressin Acetate
 (0.1mg Tablet, 0.2mg
 Tablet), T3

Desogestrel/Ethinyl Estradiol
 (Tablet), T4

Desonide (0.05%
 Ointment), T4

Desoximetasone (0.05%
 Cream, 0.25% Cream), T4

Dexamethasone (0.5mg
 Tablet, 0.75mg Tablet,
 1.5mg Tablet, 1mg Tablet,
 2mg Tablet, 4mg Tablet,
 6mg Tablet, 0.5mg/5ml
 Elixir), T2

Dexamethasone Intensol
 (1mg/ml Concentrate), T2

Dexamethasone Sodium
 Phosphate (0.1%
 Ophthalmic Solution), T2

Dexamethasone Sodium
 Phosphate (10mg/ml
 Injection, 120mg/30ml
 Injection), T4

Dexedrine (10mg Tablet, 5mg
 Tablet), T4

**Dexilant (Capsule Delayed-
 Release), T4**

Dexmethylphenidate HCl
 (Tablet Immediate-
 Release), T3

Dexmethylphenidate HCl ER
 (Capsule Extended-Release
 24 Hour), T4

Dexrazoxane (Injection), T5

Dextroamphetamine Sulfate
 (10mg Tablet Immediate-
 Release, 5mg Tablet
 Immediate-Release), T4

Dextroamphetamine Sulfate
 ER (Capsule Extended-
 Release 24 Hour), T4

**Dextrose 10%
 (Injection), T4**

**Dextrose 10%/NaCl 0.2%
 (Injection), T4**

**Dextrose 10%/NaCl 0.45%
 (Injection), T4**

**Dextrose 2.5%/Sodium
 Chloride 0.45%
 (Injection), T4**

Dextrose 5% (Injection), T4

**Dextrose 5%/NaCl 0.2%
 (Injection), T4**

**Dextrose 5%/NaCl 0.225%
 (Injection), T4**

**Dextrose 5%/NaCl 0.33%
 (Injection), T4**

**Dextrose 5%/NaCl 0.45%
 (Injection), T4**

**Dextrose 5%/NaCl 0.9%
 (Injection), T4**

**Dextrose 5%/Potassium
 Chloride 0.15%
 (Injection), T4**

Diastat AcuDial (Gel), T4

Diastat Pediatric (Gel), T4

**Diazepam (10mg Gel,
 2.5mg Gel, 20mg Gel), T4**

Diazepam (10mg Tablet, 2mg
 Tablet, 5mg Tablet), T2

Diazepam (1mg/ml Oral
 Solution), T2

Diazepam Intensol (5mg/ml
 Concentrate), T2

Diclofenac Potassium (Tablet
 Immediate-Release), T2

Diclofenac Sodium (0.1%
 Ophthalmic Solution), T2

Diclofenac Sodium (1%
 Gel), T3

Diclofenac Sodium (3%
 Gel), T5

Diclofenac Sodium DR
 (Tablet Delayed-Release), T2

Diclofenac Sodium ER (Tablet
 Extended-Release 24
 Hour), T2

Dicloxacillin Sodium
 (Capsule), T2

Dicyclomine HCl (10mg
 Capsule, 10mg/5ml Oral
 Solution, 20mg Tablet), T2

Didanosine (Capsule Delayed-
 Release), T3

Dificid (Tablet), T5

Bold type = Brand name drug

Plain type = Generic drug

Diflunisal (Tablet), T3

Digitek (Tablet), T2

Digoxin (0.05mg/ml Oral Solution), T4

Digoxin (0.25mg/ml Injection), T4

Digoxin (125mcg Tablet, 250mcg Tablet), T2

Dihydroergotamine Mesylate (1mg/ml Injection), T5

Dilantin (Capsule), T3

Dilantin INFATABS (Tablet Chewable), T3

Dilt-XR (Capsule Extended-Release 24 Hour), T3

Diltiazem CD (Capsule Extended-Release 24 Hour), T3

Diltiazem HCl (100mg Injection, 50mg/10ml Injection), T4

Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release), T2

Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour, 120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 360mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour), T3

Dipentum (Capsule), T5

Diphenhydramine HCl (50mg/ml Injection), T4

Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid), T4

Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection), T3

Disulfiram (Tablet), T4

Diuril (Suspension), T4

Divalproex Sodium (Capsule Sprinkle Delayed-Release), T2

Divalproex Sodium DR (Tablet Delayed-Release), T2

Divalproex Sodium ER (Tablet Extended-Release 24 Hour), T2

Docefrez (Injection), T5

Docetaxel (80mg/4ml Injection), T5

Docetaxel (80mg/8ml Injection), T5

Dofetilide (Capsule), T4

Donepezil HCl (Tablet Immediate-Release), T1

Donepezil HCl ODT (Tablet Dispersible), T2

Doribax (Injection), T3

Dorzolamide HCl (Ophthalmic Solution), T2

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T2

Doxazosin Mesylate (Tablet), T2

Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate), T4

Doxepin HCl (Cream), T3

Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule), T4

Doxercalciferol (4mcg/2ml Injection), T4

Doxil (Injection), T5

Doxorubicin HCl (Injection), T4

Doxorubicin HCl Liposome (Injection), T5

Doxy 100 (Injection), T4

Doxycycline (25mg/5ml Suspension), T4

Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release), T3

Doxycycline Hyclate (100mg Injection), T4

Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet), T3

Dronabinol (Capsule), T4

Drospirenone/Ethinyl Estradiol (Tablet), T4

Droxia (Capsule), T4

Duavee (Tablet), T4

Dulera (Aerosol), T4

Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release), T3

Duramorph (Injection), T4

Durezol (Emulsion), T3

Dymista (Suspension), T4

Dyrenium (Capsule), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

E

E.E.S. Granules**(Suspension), T4**

Econazole Nitrate (Cream), T4

Edarbi (Tablet), T4**Edarbyclor (Tablet), T4****Edecrin (Tablet), T5****Edurant (Tablet), T5****Effient (Tablet), T3****Egrifta (Injection), T5****Elaprase (Injection), T5****Elelyso (Injection), T5****Elestrin (Gel), T4****Elidel (Cream), T4**

Eliphos (Tablet), T4

Eliquis (Tablet), T3**Elitek (Injection), T5****Ellence (Injection), T5****Elmiron (Capsule), T4****Embeda (Capsule****Extended-Release), T3****Emcyt (Capsule), T5****Emend (150mg****Injection), T4****Emend (Pack, 125mg****Capsule, 40mg Capsule,****80mg Capsule), T4**

Emoquette (Tablet), T4

Empliciti (Injection), T5**Emsam (Patch 24 Hour), T5****Emtriva (10mg/ml Oral****Solution, 200mg****Capsule), T4**

Enalapril Maleate (Tablet), T1

Enalapril Maleate/

Hydrochlorothiazide

(Tablet), T1

Enbrel (Injection), T5**Enbrel SureClick****(Injection), T5**

Endocet (Tablet), T3

Engerix-B (Injection), T3

Enoxaparin Sodium (100mg/

ml Injection, 120mg/0.8ml

Injection, 150mg/ml

Injection, 30mg/0.3ml

Injection, 40mg/0.4ml

Injection, 60mg/0.6ml

Injection, 80mg/0.8ml

Injection, 300mg/3ml

Injection), T4

Enpresse-28 (Tablet), T4

Entacapone (Tablet), T4

Entecavir (Tablet), T5

Entocort EC (Capsule**Delayed-Release), T5****Entresto (Tablet), T3**

Enulose (Oral Solution), T2

Epaned (Oral Solution), T4**EpiPen (Injection), T3**

Epinastine HCl (Ophthalmic

Solution), T3

Epitol (Tablet), T3

Epivir HBV (5mg/ml Oral**Solution), T3**

Eplerenone (Tablet), T3

Eprosartan Mesylate

(Tablet), T1

Epzicom (Tablet), T5**Eraxis (Injection), T5****Erbix (Injection), T5****Erivedge (Capsule), T5**

Errin (Tablet), T3

Erwinaze (Injection), T5

Ery (2% Pad), T3

Ery-Tab (Tablet Delayed-

Release), T4

EryPed 200**(Suspension), T4****EryPed 400****(Suspension), T5**

Erythrocine Lactobionate

(Injection), T4

Erythromycin (2% External

Solution), T2

Erythromycin (2% Gel), T4

Erythromycin (250mg

Capsule Delayed-

Release), T4

Erythromycin (5mg/gm

Ophthalmic Ointment), T2

Erythromycin Base

(Tablet), T4

Erythromycin Ethylsuccinate

(Tablet), T4

Erythromycin/Benzoyl

Peroxide (Gel), T4

Esbriet (Capsule), T5

Escitalopram Oxalate (10mg

Tablet, 20mg Tablet, 5mg

Tablet), T1

Escitalopram Oxalate (5mg/

5ml Oral Solution), T2

Esomeprazole Magnesium

(Capsule Delayed-Release)

(Generic Nexium), T3

Esomeprazole Sodium

(Injection), T4

Estrace (0.1mg/gm

Cream), T4

Estradiol (0.025mg/24hr

Patch Weekly, 0.05mg/24hr

Patch Weekly, 0.06mg/24hr

Patch Weekly, 0.075mg/

24hr Patch Weekly, 0.1mg/

24hr Patch Weekly,

37.5mcg/24hr Patch

Weekly), T3

Estradiol (0.5mg Tablet, 1mg

Tablet, 2mg Tablet) (Generic

Estrace), T3

Estradiol Valerate

(Injection), T4

Estring (Ring), T4

Ethambutol HCl (Tablet), T3

Ethosuximide (250mg

Capsule, 250mg/5ml Oral

Solution), T3

Etidronate Disodium

(Tablet), T4

Bold type = Brand name drug

Plain type = Generic drug

Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release), T3

Etodolac ER (Tablet Extended-Release 24 Hour), T4

Etopophos (Injection), T5

Etoposide (Injection), T3

Eurax (10% Cream, 10% Lotion), T4

Evotaz (Tablet), T5

Exelderm (1% Cream, 1% External Solution), T4

Exemestane (Tablet), T3

Exjade (Tablet Soluble), T5

F

FML (Ointment), T4

FML Forte (Suspension), T4

Fabrazyme (Injection), T5

Falmina (Tablet), T4

Famciclovir (Tablet), T3

Famotidine (20mg Tablet, 40mg Tablet), T2

Famotidine (20mg/2ml Injection, 40mg/5ml Suspension), T4

Famotidine Premixed (Injection), T4

Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet), T5

Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet), T4

Fanapt Titration Pack (Tablet), T4

Fareston (Tablet), T5

Farydak (Capsule), T5

Faslodex (Injection), T5

Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible), T5

Felbamate (400mg Tablet, 600mg Tablet), T4

Felbamate (600mg/5ml Suspension), T5

Felbatol (600mg/5ml Suspension), T5

Felodipine ER (Tablet Extended-Release 24 Hour), T3

Femring (Ring), T4

Fenofibrate (145mg Tablet, 48mg Tablet), T3

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

Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule), T3

Fenofibric Acid (Tablet), T3

Fenofibric Acid DR (Capsule Delayed-Release), T3

Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour), T4

Feriprox (100mg/ml Oral Solution, 500mg Tablet), T5

Fetzima (Capsule Extended-Release 24 Hour), T4

Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack), T4

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

Firazyr (Injection), T5

Firmagon (120mg Injection), T5

Firmagon (80mg Injection), T4

Flarex (Suspension), T4

Flebogamma DIF (Injection), T5

Flecainide Acetate (Tablet), T2

Flector (Patch), T4

Flovent Diskus (Aerosol Powder), T3

Flovent HFA (Aerosol), T3

Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension), T2

Fluconazole in NaCl (Injection), T4

Flucytosine (Capsule), T5

Fludarabine Phosphate (Injection), T4

Fludrocortisone Acetate (Tablet), T2

Flunisolide (Nasal Solution), T1

Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment), T4

Fluocinolone Acetonide (0.01% Otic Oil), T4

Fluocinolone Acetonide Body (Oil), T4

Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment), T3

Fluocinonide-E (Cream), T3

Fluorometholone (Ophthalmic Suspension), T3

Fluorouracil (0.5% Cream), T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Fluorouracil (2% External Solution, 5% External Solution), T3
 Fluorouracil (2.5gm/50ml Injection), T4
 Fluorouracil (5% Cream), T4
 Fluoxetine DR (Capsule Delayed-Release), T4
 Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution), T2
 Fluphenazine Decanoate (Injection), T4
 Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet), T2
 Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection), T4
 Fluphenazine HCl (5mg/ml Concentrate), T3
 Flurbiprofen (Tablet), T2
 Flurbiprofen Sodium (Ophthalmic Solution), T2
 Flutamide (Capsule), T3
 Fluticasone Propionate (0.005% Ointment, 0.05% Cream), T3
 Fluticasone Propionate (50mcg/act Suspension), T2
 Fluvastatin (Capsule Immediate-Release), T1
 Fluvoxamine Maleate (Tablet), T3
Folotyn (Injection), T5
 Fomepizole (Injection), T5
 Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection), T5

Fondaparinux Sodium (2.5mg/0.5ml Injection), T4
Forteo (Injection), T5
 Fosinopril Sodium (Tablet), T1
 Fosinopril Sodium/Hydrochlorothiazide (Tablet), T1
 Fosphenytoin Sodium (Injection), T4
Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable), T5
FreAmine HBC 6.9% (Injection), T4
 Furosemide (10mg/ml Injection), T4
 Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution), T2
 Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet), T1
Fusilev (Injection), T5
Fuzeon (Injection), T5
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet), T4

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Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet), T2
 Gabapentin (250mg/5ml Oral Solution), T3
Gabitril (12mg Tablet, 16mg Tablet), T4
Gablofen (10000mcg/20ml Injection, 50mcg/ml Injection), T4

Gablofen (40000mcg/20ml Injection), T5
 Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour, 4mg/ml Oral Solution), T4
Gamastan S/D (Injection), T3
Gammagard Liquid (Injection), T5
Gammaked (Injection), T5
Gammaplex (Injection), T5
Gamunex-C (Injection), T5
 Ganciclovir (Injection), T3
Gardasil (Injection), T3
Gardasil 9 (Injection), T3
 Gatifloxacin (Ophthalmic Solution), T3
Gattex (Injection), T5
 Gauze (Non-medicated 2X2), T3
 GaviLyte-C (Oral Solution), T2
 GaviLyte-G (Oral Solution), T2
 GaviLyte-H (Kit), T3
 GaviLyte-N/Flavor Pack (Oral Solution), T1
 Gemcitabine HCl (Injection), T4
 Gemfibrozil (Tablet), T2
Gemzar (Injection), T5
 Generlac (Oral Solution), T2
 Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution), T3
Genotropin (12mg Injection, 5mg Injection), T5
Genotropin Miniquick (0.2mg Injection), T4

Bold type = Brand name drug

Plain type = Generic drug

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), T5

Gentak (Ophthalmic
Ointment), T2

Gentamicin Sulfate (0.1%
Cream, 0.1% Ointment,
0.3% Ophthalmic Ointment,
0.3% Ophthalmic
Solution), T2

Gentamicin Sulfate (10mg/ml
Injection, 40mg/ml
Injection), T4

Gentamicin Sulfate/0.9%
Sodium Chloride
(Injection), T4

Genvoya (Tablet), T5

**Geodon (20mg
Injection), T4**

Gianvi (Tablet), T4

Gildagia (Tablet), T4

Gildess 1.5/30 (Tablet), T4

Gildess 24 Fe (Tablet), T4

Gilenya (Capsule), T5

Gilotrif (Tablet), T5

Glassia (Injection), T5

Glatopa (Injection), T5

Gleostine (Capsule), T4

Glimepiride (Tablet), T1

Glipizide (Tablet Immediate-
Release), T1

Glipizide ER (Tablet
Extended-Release 24
Hour), T1

Glipizide/Metformin HCl
(Tablet), T1

GlucaGen HypoKit
(Injection), T4

Glucagon Emergency Kit
(Injection), T3

Glycopyrrolate (4mg/20ml
Injection), T5

Granisetron HCl (0.1mg/ml
Injection, 1mg/ml Injection,
4mg/4ml Injection), T4

Granisetron HCl (1mg
Tablet), T4

Granix (Injection), T5

Griseofulvin Microsize
(125mg/5ml Suspension,
500mg Tablet), T4

Griseofulvin Ultramicrosize
(Tablet), T4

Guanfacine ER (Tablet
Extended-Release 24
Hour), T4

Guanidine HCl (Tablet), T3

H

Halaven (Injection), T5

Halobetasol Propionate
(0.05% Cream, 0.05%
Ointment), T4

Haloperidol (0.5mg Tablet,
10mg Tablet, 1mg Tablet,
20mg Tablet, 2mg Tablet,
5mg Tablet, 2mg/ml
Concentrate), T2

Haloperidol Decanoate
(Injection), T4

Haloperidol Lactate
(Injection), T4

Harvoni (Tablet), T5

Havrix (Injection), T3

**Hectorol (1mcg Capsule,
2.5mcg Capsule), T5**

Heparin Sodium
(Injection), T4

Heparin Sodium/D5W
(Injection), T4

HepatAmine (Injection), T4

Hepsera (Tablet), T5

Herceptin (Injection), T5

Hetlioz (Capsule), T5

Hexalen (Capsule), T5

Hiberix (Injection), T3

Humalog Cartridge
(Injection), T3

Humalog KwikPen
(Injection), T3

Humalog Mix 50/50
KwikPen (Injection), T3

Humalog Mix 50/50 Vial
(Injection), T3

Humalog Mix 75/25
KwikPen (Injection), T3

Humalog Mix 75/25 Vial
(Injection), T3

Humalog Vial (Injection), T3

Humatrope (Injection), T5

Humatrope Combo Pack
(Injection), T5

Humira (Injection), T5

Humira Pediatric Crohns
Disease Starter Pack
(Injection), T5

Humira Pen (Injection), T5

Humira Pen Crohns Disease
Starter Pack (Injection), T5

Humulin 70/30 KwikPen
(Injection), T3

Humulin 70/30 Vial
(Injection), T3

Humulin N KwikPen
(Injection), T3

Humulin N Vial
(Injection), T3

Humulin R U-500 KwikPen
(Injection), T3

Humulin R U-500 Vial
(Concentrated)
(Injection), T3

Humulin R Vial
(Injection), T3

Hycamtin (Injection), T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet), T2

Hydralazine HCl (20mg/ml Injection), T4

Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1

Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution), T3

Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3

Hydrocodone/Ibuprofen (7.5mg-200mg Tablet), T3

Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment), T2

Hydrocortisone (100mg/60ml Enema), T4

Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion), T3

Hydrocortisone Butyrate (0.1% Ointment), T3

Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment), T4

Hydrocortisone/Acetic Acid (Otic Solution), T3

Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection), T4

Hydromorphone HCl (1mg/ml Liquid), T4

Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release), T2

Hydromorphone HCl (2mg/ml Injection), T4

Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent), T4

Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent), T5

Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent), T5

Hydroxychloroquine Sulfate (Tablet), T2

Hydroxyprogesterone Caproate (Injection), T5

Hydroxyurea (Capsule), T2

Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup), T3

Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection), T4

Hydroxyzine Pamoate (Capsule), T3

I

IPOL Inactivated IPV (Injection), T3

Ibandronate Sodium (150mg Tablet), T3

Ibandronate Sodium (3mg/3ml Injection), T4

Ibrance (Capsule), T5

Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet), T2

Iclusig (15mg Tablet), T5

Iclusig (45mg Tablet), T5

Idamycin PFS (Injection), T5

Idarubicin HCl (Injection), T5

Ifosfamide (Injection), T4

Ilaris (Injection), T5

Ilevro (Suspension), T3

Ilotycin (Ophthalmic Ointment), T2

Imatinib Mesylate (Tablet), T5

Imbruvica (Capsule), T5

Imipenem/Cilastatin (Injection), T4

Imipramine HCl (Tablet), T4

Imipramine Pamoate (Capsule), T4

Imiquimod (Cream), T4

Imovax Rabies (H.D.C.V.) (Injection), T3

Increlex (Injection), T5

Incruse Ellipta (Aerosol Powder), T3

Indapamide (Tablet), T2

Infanrix (Injection), T3

Inlyta (Tablet), T5

Insulin Syringes, Needles, T3

Intelence (Tablet), T5

Intralipid (Injection), T4

Intron A (Injection), T5

Intron A w/Diluent (Injection), T5

Introvale (Tablet), T4

Invanz (Injection), T4

Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection), T5

Bold type = Brand name drug

Plain type = Generic drug

Invega Sustenna (39mg/0.25ml Injection), T4
Invega Trinza (Injection), T5
Invirase (200mg Capsule, 500mg Tablet), T5
Invokamet (Tablet), T3
Invokana (Tablet), T3
Ionosol-B/Dextrose 5% (Injection), T4
Ionosol-MB/Dextrose 5% (Injection), T4
 Ipratropium Bromide (0.02% Inhalation Solution), T2
 Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution), T2
 Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution), T1
 Irbesartan (Tablet), T1
 Irbesartan/Hydrochlorothiazide (Tablet), T1
Iressa (Tablet), T5
 Irinotecan (Injection), T4
Isentress (100mg Packet, 100mg Tablet Chewable, 400mg Tablet), T5
Isentress (25mg Tablet Chewable), T3
Isolyte-P/Dextrose 5% (Injection), T4
Isolyte-S (Injection), T4
 Isoniazid (100mg Tablet, 300mg Tablet), T2
 Isoniazid (100mg/ml Injection, 50mg/5ml Syrup), T4
 Isosorbide Dinitrate (Tablet Immediate-Release), T2
 Isosorbide Dinitrate ER (Tablet Extended-Release), T2

Isosorbide Mononitrate (Tablet Immediate-Release), T2
 Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour), T2
 Isotonic Gentamicin (Injection), T4
Istodax (Injection), T5
 Itraconazole (Capsule), T4
 Ivermectin (Tablet), T3
Ixiaro (Injection), T3

J

Jadenu (Tablet), T5
Jakafi (Tablet), T5
 Jantoven (Tablet), T1
Janumet (Tablet Immediate-Release), T3
Janumet XR (Tablet Extended-Release 24 Hour), T3
Januvia (Tablet), T3
Jardiance (Tablet), T3
Jentadueto (Tablet), T4
Jentadueto XR (Tablet Extended-Release 24 Hour), T4
Jevtana (Injection), T5
 Jinteli (Tablet), T4
Jolivette (Tablet), T3
Jublia (External Solution), T4
 Juleber (Tablet), T4
 Junel 1.5/30 (Tablet), T4
 Junel 1/20 (Tablet), T4
 Junel Fe 1.5/30 (Tablet), T4
 Junel Fe 1/20 (Tablet), T4
 Junel Fe 24 (Tablet), T4
Juxtapid (Capsule), T5

K

KCl 0.075%/D5W/NaCl 0.45% (Injection), T4
KCl 0.15%/D5W/LR (Injection), T4
KCl 0.15%/D5W/NaCl 0.2% (Injection), T4
KCl 0.15%/D5W/NaCl 0.225% (Injection), T4
KCl 0.15%/D5W/NaCl 0.9% (Injection), T4
KCl 0.3%/D5W/NaCl 0.45% (Injection), T4
KCl 0.3%/D5W/NaCl 0.9% (Injection), T4
Kadcyla (Injection), T5
 Kaitlib Fe (Tablet Chewable), T4
Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution), T4
Kaletra (200mg-50mg Tablet), T5
Kalydeco (150mg Tablet), T5
Kalydeco (50mg Packet, 75mg Packet), T5
Kanuma (Injection), T5
 Kariva (Tablet), T4
 Kelnor 1/35 (Tablet), T4
Kenalog-10 (Injection), T4
Kenalog-40 (Injection), T4
Kepivance (Injection), T5
 Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet), T2
 Ketoconazole (2% Foam), T4
 Ketoprofen (Capsule Immediate-Release), T3
 Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution), T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Ketorolac Tromethamine
(15mg/ml Injection, 30mg/
ml Injection, 60mg/2ml
Injection), T4

Keytruda (Injection), T5

Kimidess (Tablet), T4

Kineret (Injection), T5

Kionex (Powder), T3

**Klor-Con 10 (Tablet
Extended-Release), T3**

**Klor-Con 8 (Tablet
Extended-Release), T3**

Klor-Con M15 (Tablet
Extended-Release), T3

Klor-Con M20 (Tablet
Extended-Release), T2

Klor-Con Sprinkle (Capsule
Extended-Release), T3

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

Korlym (Tablet), T5

**Kuvan (100mg Packet,
500mg Packet, 100mg
Tablet Soluble), T5**

Kynamro (Injection), T5

L

LARIN 1.5/30 (Tablet), T4

LARIN 1/20 (Tablet), T4

LARIN Fe 1.5/30 (Tablet), T4

LARIN Fe 1/20 (Tablet), T4

Labetalol HCl (100mg Tablet,
200mg Tablet, 300mg
Tablet), T2

Labetalol HCl (5mg/ml
Injection), T4

Lacrisert (Insert), T4

**Lactated Ringers Dextrose
5% Viaflex (Injection), T4**

**Lactated Ringers Irrigation
(Solution), T3**

**Lactated Ringers Viaflex
(Injection), T4**

Lactulose (Oral Solution), T2

**Lamisil (125mg Packet,
187.5mg Packet), T4**

Lamivudine (100mg
Tablet), T3

Lamivudine (10mg/ml Oral
Solution, 150mg Tablet,
300mg Tablet), T3

Lamivudine/Zidovudine
(Tablet), T4

Lamotrigine (100mg Tablet
Immediate-Release, 150mg
Tablet Immediate-Release,
200mg Tablet Immediate-
Release, 25mg Tablet
Immediate-Release), T2

Lamotrigine (25mg Tablet
Chewable, 5mg Tablet
Chewable), T3

**Lanoxin (125mcg Tablet,
187.5mcg Tablet, 250mcg
Tablet, 62.5mcg
Tablet), T4**

**Lantus SoloStar
(Injection), T3**

Lantus Vial (Injection), T3

**Lastacraft (Ophthalmic
Solution), T3**

Latanoprost (Ophthalmic
Solution), T1

Latuda (Tablet), T5

**Layolis Fe (Tablet
Chewable), T4**

Leena (Tablet), T4

Leflunomide (Tablet), T2

**Lenvima (Capsule Therapy
Pack), T5**

Lessina (Tablet), T4

Letairis (Tablet), T5

Letrozole (Tablet), T2

Leucovorin Calcium (100mg
Injection, 350mg
Injection), T4

Leucovorin Calcium (10mg
Tablet, 15mg Tablet, 25mg
Tablet, 5mg Tablet), T3

Leukeran (Tablet), T3

Leukine (Injection), T5

Leuprolide Acetate
(Injection), T4

Levalbuterol (Nebulized
Solution), T4

**Levemir FlexTouch
(Injection), T3**

Levemir Vial (Injection), T3

Levetiracetam (1000mg
Tablet Immediate-Release,
250mg Tablet Immediate-
Release, 500mg Tablet
Immediate-Release, 750mg
Tablet Immediate-Release,
100mg/ml Oral Solution), T2

**Levetiracetam (1000mg/
100ml Injection, 1500mg/
100ml Injection, 500mg/
100ml Injection), T4**

Levetiracetam (500mg/5ml
Injection), T4

Levetiracetam ER (Tablet
Extended-Release 24
Hour), T3

Levobunolol HCl (Ophthalmic
Solution), T2

Levocarnitine (1gm/10ml Oral
Solution, 330mg Tablet), T3

Levocetirizine Dihydrochloride
(5mg Tablet), T1

Levofloxacin (0.5%
Ophthalmic Solution), T3

Levofloxacin (250mg Tablet,
500mg Tablet, 750mg
Tablet), T1

Levofloxacin (25mg/ml
Injection, 25mg/ml Oral
Solution), T4

Levofloxacin in D5W
(Injection), T4

Bold type = Brand name drug

Plain type = Generic drug

Levoleucovorin Calcium (Injection), T5
 Levonest (Tablet), T4
 Levonorgestrel and Ethinyl Estradiol (Tablet), T4
 Levonorgestrel/Ethinyl Estradiol (Tablet), T4
 Levora 0.15/30-28 (Tablet), T4
 Levorphanol Tartrate (Tablet), T4
Levothyroxine Sodium (100mcg Injection), T5
 Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet), T1
Levoxyl (Tablet), T3
Lexiva (50mg/ml Suspension), T4
Lexiva (700mg Tablet), T5
Lialda (Tablet Delayed-Release), T3
 Lidocaine (5% Ointment), T4
 Lidocaine (5% Patch), T4
 Lidocaine HCl (0.5% Injection, 2% Injection), T4
 Lidocaine HCl (4% External Solution), T2
 Lidocaine HCl (Gel), T2
 Lidocaine Viscous (Solution), T2
 Lidocaine/Prilocaine (2.5%-2.5% Cream), T3
 Lincomycin HCl (Injection), T4
 Lindane (Shampoo), T4
 Linezolid (100mg/5ml Suspension), T5
 Linezolid (600mg Tablet), T5

Linezolid (600mg/300ml Injection), T4
Linzess (Capsule), T3
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection), T4
Lioresal Intrathecal (10mg/5ml Injection), T5
 Liothyronine Sodium (10mcg/ml Injection), T4
 Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet), T2
 Lisinopril (Tablet), T1
 Lisinopril/Hydrochlorothiazide (Tablet), T1
Lithium (Oral Solution), T3
 Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release), T2
 Lithium Carbonate ER (Tablet Extended-Release), T2
Lithostat (Tablet), T5
 Lomedia 24 Fe (Tablet), T4
Lonsurf (Tablet), T5
 Loperamide HCl (Capsule), T2
 Lorazepam (Tablet), T1
 Lorazepam Intensol (2mg/ml Concentrate), T2
 Lorcet (Tablet), T3
 Lorcet Plus (Tablet), T3
 Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3
 Loryna (Tablet), T4
 Losartan Potassium (Tablet), T1

Losartan Potassium/Hydrochlorothiazide (Tablet), T1
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension), T4
Lotronex (Tablet), T5
 Lovastatin (Tablet Immediate-Release), T1
 Loxapine Succinate (10mg Capsule, 5mg Capsule), T2
 Loxapine Succinate (25mg Capsule, 50mg Capsule), T2
Lumigan (Ophthalmic Solution), T3
Lumizyme (Injection), T5
Lupaneta Pack (Kit), T5
Lupron Depot (Injection), T5
Lupron Depot-PED (Injection), T5
 Lutera (Tablet), T4
Lynparza (Capsule), T5
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution), T3
Lysodren (Tablet), T3
 Lyza (Tablet), T3

M

M-M-R II (Injection), T3
MENHIBRIX (Injection), T3
Magnesium Sulfate (1gm/2ml-50% Injection), T4
 Magnesium Sulfate (5gm/10ml-50% Injection), T4
Makena (Injection), T5
 Malathion (Lotion), T4
 Maprotiline HCl (Tablet), T4
 Marlissa (Tablet), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Marplan (Tablet), T4**Matulane (Capsule), T5**

Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour), T3

Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour), T3

Meclizine HCl (Tablet), T2

Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet), T2

Medroxyprogesterone Acetate (150mg/ml Injection), T4

Mefloquine HCl (Tablet), T2

Megace ES (Suspension), T5

Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension), T3

Megestrol Acetate (625mg/5ml Suspension), T4

Mekinist (Tablet), T5

Meloxicam (15mg Tablet, 7.5mg Tablet), T1

Meloxicam (7.5mg/5ml Suspension), T4

Melphalan HCl (Injection), T4

Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution), T3

Memantine HCl Titration Pak (Tablet), T4**Menactra (Injection), T3**

Menest (Tablet), T3

Menomune-A/C/Y/W-135 (Injection), T3**Mentax (Cream), T4****Menveo (Injection), T3****Mepron (Suspension), T5**

Mercaptopurine (Tablet), T3

Meropenem (Injection), T4

Mesalamine (Kit), T4

Mesna (Injection), T4

Mesnex (400mg Tablet), T5**Mestinon (60mg/5ml Syrup), T5**

Metadate ER (Tablet Extended-Release), T4

Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup), T4

Metformin HCl (Tablet Immediate-Release), T1

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

Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution), T3

Methadone HCl (10mg/ml Injection), T5

Methazolamide (Tablet), T4

Methenamine Hippurate (Tablet), T4

Methimazole (Tablet), T2

Methotrexate (Tablet), T2

Methotrexate Sodium (Injection), T4

Methoxsalen (Capsule), T5

Methscopolamine Bromide (Tablet), T4

Methyclothiazide (Tablet), T3

Methyldopa (Tablet), T3

Methyldopa/Hydrochlorothiazide (Tablet), T3

Methyldopate HCl (Injection), T4

Methylergonovine Maleate (Tablet), T5

Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin), T3

Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution), T4

Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release), T4

Methylprednisolone (Tablet), T2

Methylprednisolone Acetate (Injection), T4

Methylprednisolone Dose Pack (Tablet Therapy Pack), T2

Methylprednisolone Sodium Succinate (Injection), T4

Metipranolol (Ophthalmic Solution), T2

Metoclopramide HCl (10mg Tablet, 5mg Tablet), T1

Metoclopramide HCl (5mg/5ml Oral Solution), T2

Metoclopramide HCl (5mg/ml Injection), T4

Metolazone (Tablet), T3

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

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

Bold type = Brand name drug

Plain type = Generic drug

Metoprolol Tartrate (1mg/ml Injection), T4
 Metoprolol/
 Hydrochlorothiazide (Tablet), T3
 Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion), T4
 Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release), T2
 Metronidazole Vaginal (Gel), T3
 Metronidazole in NaCl 0.79% (Injection), T4
 Mexiletine HCl (Capsule), T2
Miacalcin (200unit/ml Injection), T5
 Miconazole 3 (Suppository), T3
Microgestin 1.5/30 (Tablet), T4
Microgestin 1/20 (Tablet), T4
Microgestin Fe (Tablet), T4
Microgestin Fe 1.5/30 (Tablet), T4
 Midodrine HCl (Tablet), T3
 Migergot (Suppository), T5
 Miglitol (Tablet), T4
 Minitran (Patch 24 Hour), T2
 Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release), T2
 Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release), T4
 Minoxidil (Tablet), T2

Mirtazapine (Tablet Immediate-Release), T2
 Mirtazapine ODT (Tablet Dispersible), T2
Mirvaso (Gel), T4
 Misoprostol (Tablet), T3
 Mitomycin (Injection), T5
 Mitoxantrone HCl (Injection), T3
 Modafinil (Tablet), T4
 Moexipril HCl (15mg Tablet), T1
 Moexipril HCl (7.5mg Tablet), T1
 Moexipril/Hydrochlorothiazide (Tablet), T1
 Molindone HCl (Tablet), T4
 Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment), T3
 Mometasone Furoate (50mcg/act Suspension), T4
MonoNessa (Tablet), T4
 Montelukast Sodium (10mg Tablet), T1
 Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable), T2
 Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution), T3
 Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection), T4
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release), T3
Morphine Sulfate (2mg/ml Injection), T4

Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), T3
Moxeza (Ophthalmic Solution), T4
 Moxifloxacin HCl (400mg Tablet), T3
Moxifloxacin HCl (400mg/250ml Injection), T4
Mozobil (Injection), T5
Multaq (Tablet), T3
 Mupirocin (2% Cream), T4
 Mupirocin (2% Ointment), T2
Mustargen (Injection), T5
Myalept (Injection), T5
Mycamine (100mg Injection), T5
Mycamine (50mg Injection), T4
 Mycophenolate Mofetil (200mg/ml Suspension), T5
 Mycophenolate Mofetil (250mg Capsule, 500mg Tablet), T3
 Mycophenolic Acid DR (Tablet Delayed-Release), T4
Myrbetriq (Tablet Extended-Release 24 Hour), T3

N

Nabumetone (Tablet), T4
 Nadolol (Tablet), T4
 Nadolol/Bendroflumethiazide (40mg-5mg Tablet), T3
 Nadolol/Bendroflumethiazide (80mg-5mg Tablet), T3
 Nafcillin Sodium (10gm Injection), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Nafcillin Sodium (1gm Injection), T5	Neomycin Sulfate (Tablet), T2	Niacin ER (Tablet Extended-Release), T4
Naftifine HCl (1% Cream), T4	Neomycin/Bacitracin/Polymyxin (Ointment), T3	Niacor (Tablet), T2
Naftifine HCl (2% Cream), T4	Neomycin/Polymyxin B Sulfates (Irrigation Solution), T3	Nicardipine HCl (2.5mg/ml Injection), T4
Naftin (1% Gel, 2% Gel), T4	Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment), T3	Nicardipine HCl (20mg Capsule, 30mg Capsule), T3
Naglazyme (Injection), T5	Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension), T2	Nicotrol Inhaler, T4
Nalbuphine HCl (Injection), T4	Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution), T3	Nifedical XL (Tablet Extended-Release 24 Hour), T2
Naloxone HCl (Injection), T3	Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension), T4	Nifedipine ER (Tablet Extended-Release 24 Hour), T2
Naltrexone HCl (Tablet), T3	Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension), T3	Nikki (Tablet), T4
Namenda XR (Capsule Extended-Release 24 Hour), T3	Nephramine (Injection), T4	Nilandron (Tablet), T5
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour), T3	Neulasta (Injection), T5	Nimodipine (Capsule), T5
Namzaric (Capsule Extended-Release 24 Hour), T3	Neupogen (Injection), T5	Ninlaro (Capsule), T5
Naphazoline HCl (Ophthalmic Solution), T2	Neupro (Patch 24 Hour), T4	Nipent (Injection), T5
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release), T2	Nevanac (Suspension), T3	Nitro-Bid (Ointment), T4
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn), T2	Nevirapine (200mg Tablet Immediate-Release), T3	Nitrofurantoin (Suspension), T4
Naratriptan HCl (Tablet), T3	Nevirapine (50mg/5ml Suspension), T3	Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin), T3
Narcan (Liquid), T3	Nevirapine ER (Tablet Extended-Release 24 Hour), T3	Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid), T3
Nasonex (Suspension), T4	Nexavar (Tablet), T5	Nitroglycerin (Injection), T4
Natacyn (Suspension), T3	Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet), T3	Nitroglycerin Lingual (Translingual Solution), T1
Nateglinide (Tablet), T1	Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release), T3	Nitroglycerin Transdermal (Patch 24 Hour), T2
Natpara (Injection), T5		Nitrostat (Tablet Sublingual), T3
Nebupent (Inhalation Solution), T4		Nora-BE (Tablet), T3
Necon 0.5/35-28 (Tablet), T4		Norditropin FlexPro (Injection), T5
Necon 1/35 (Tablet), T4		Norethindrone & Ethinyl Estradiol Ferrous Fumarate (Tablet Chewable), T4
Necon 1/50-28 (Tablet), T4		Norethindrone (Tablet), T3
Necon 10/11-28 (Tablet), T4		Norethindrone Acetate (Tablet), T2
Necon 7/7/7 (Tablet), T4		
Nefazodone HCl (Tablet), T3		

Bold type = Brand name drug

Plain type = Generic drug

Norethindrone Acetate/
Ethinyl Estradiol/Ferrous
Fumarate (Tablet), T4
Norgestimate/Ethinyl
Estradiol (Tablet), T4
Norlyroc (Tablet), T3

**Normosol-M in D5W
(Injection), T4**

Normosol-R (Injection), T4

**Normosol-R in D5W
(Injection), T4**

Northera (Capsule), T5

Nortrel 0.5/35 (28)
(Tablet), T4

Nortrel 1/35 (Tablet), T4

Nortrel 7/7/7 (Tablet), T4

Nortriptyline HCl (10mg
Capsule, 25mg Capsule,
50mg Capsule, 75mg
Capsule, 10mg/5ml Oral
Solution), T2

**Norvir (100mg Capsule,
100mg Tablet, 80mg/ml
Oral Solution), T4**

Novarel (Injection), T4

**Noxafil (100mg Tablet
Delayed-Release), T5**

**Noxafil (40mg/ml
Suspension), T5**

**Nucynta ER (Tablet
Extended-Release 12
Hour), T3**

Nuedexta (Capsule), T4

Nulojix (Injection), T5

Nuplazid (Tablet), T5

Nutrilipid (Injection), T4

Nutropin AQ (Injection), T5

NuvaRing (Ring), T4

Nyamyc (Powder), T2

Nystatin (Cream, Ointment,
Powder, Suspension,
Tablet), T2

Nystop (Powder), T2

O

ONMEL (Tablet), T5

Ocella (Tablet), T4

Octagam (Injection), T5

Octreotide Acetate

(1000mcg/ml Injection), T5

Octreotide Acetate (100mcg/
ml Injection, 200mcg/ml
Injection, 500mcg/ml
Injection, 50mcg/ml
Injection), T4

Odefsey (Tablet), T5

Odomzo (Capsule), T5

Ofev (Capsule), T5

Ofloxacin (0.3% Ophthalmic
Solution), T2

Ofloxacin (0.3% Otic Solution,
400mg Tablet), T3

Ogestrel (Tablet), T4

Olanzapine (10mg
Injection), T4

Olanzapine (10mg Tablet
Immediate-Release, 15mg
Tablet Immediate-Release,
2.5mg Tablet Immediate-
Release, 20mg Tablet
Immediate-Release, 5mg
Tablet Immediate-Release,
7.5mg Tablet Immediate-
Release), T2

Olanzapine ODT (Tablet
Dispersible), T4

Olopatadine HCl (Ophthalmic
Solution), T3

Omega-3-Acid Ethyl Esters
(Capsule) (Generic
Lovaza), T4

Omeprazole (10mg Capsule
Delayed-Release, 40mg
Capsule Delayed-
Release), T2

Omeprazole (20mg Capsule
Delayed-Release), T2

Ondansetron HCl (24mg
Tablet, 4mg Tablet, 8mg
Tablet), T2

Ondansetron HCl (4mg/2ml
Injection), T4

Ondansetron HCl (4mg/5ml
Oral Solution), T4

Ondansetron ODT (Tablet
Dispersible), T2

**Onfi (10mg Tablet, 20mg
Tablet), T5**

**Onfi (2.5mg/ml
Suspension), T5**

Onglyza (Tablet), T3

**Opana ER (Tablet Extended-
Release 12 Hour Abuse-
Deterrent), T3**

Opdivo (Injection), T5

Opsumit (Tablet), T5

**Orencia (125mg/ml
Injection, 250mg
Injection), T5**

**Orenitram (0.125mg Tablet
Extended-Release), T4**

**Orenitram (0.25mg Tablet
Extended-Release, 1mg
Tablet Extended-
Release), T5**

**Orenitram (2.5mg Tablet
Extended-Release), T5**

**Orfadin (10mg Capsule,
2mg Capsule, 5mg
Capsule, 4mg/ml
Suspension), T5**

Orkambi (Tablet), T5

Orphenadrine Citrate
(Injection), T4

Orsythia (Tablet), T4

**Otezla (Tablet Therapy
Pack, 30mg Tablet), T5**

Oxacillin Sodium (10gm
Injection), T5

Oxacillin Sodium (2gm
Injection), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Oxaliplatin (Injection), T4
 Oxandrolone (10mg Tablet), T4
 Oxandrolone (2.5mg Tablet), T3
 Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet), T3
 Oxcarbazepine (300mg/5ml Suspension), T4
 Oxiconazole Nitrate (Cream), T4
Oxistat (1% Cream, 1% Lotion), T4
Oxsoralen Ultra (Capsule), T5
 Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup), T2
 Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour), T3
 Oxycodone HCl (100mg/5ml Concentrate), T4
 Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T2
 Oxycodone HCl (5mg/5ml Oral Solution), T3
 Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3
 Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution), T4
 Oxycodone/Aspirin (Tablet), T3

Oxycodone/Ibuprofen (Tablet), T3

P

PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY), T3

PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY), T3

PRUDOXIN (Cream), T3

Pacerone (200mg Tablet), T1

Paclitaxel (Injection), T4

Paliperidone ER (Tablet Extended-Release 24 Hour), T5

Pamidronate Disodium (Injection), T4

Panretin (Gel), T5

Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release), T1

Paricalcitol (1mcg Capsule, 2mcg Capsule), T4

Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection), T4

Paricalcitol (4mcg Capsule), T4

Paromomycin Sulfate (Capsule), T4

Paroxetine HCl (Tablet Immediate-Release), T2

Paser (Packet), T4

Pataday (Ophthalmic Solution), T3

Patanol (Ophthalmic Solution), T3

Paxil (10mg/5ml Suspension), T4

Pazeo (Ophthalmic Solution), T3

Pedvax HIB (Injection), T3

PegIntron (Injection), T5

PegIntron REDIPEN (Injection), T5

Peganone (Tablet), T4

Pegasys (Injection), T5

Pegasys ProClick (Injection), T5

Penicillin G Potassium (Injection), T5

Penicillin G Procaine (Injection), T4

Penicillin G Sodium (Injection), T5

Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet), T2

Pentam 300 (Injection), T4

Pentasa (Capsule Extended-Release), T4

Pentoxifylline ER (Tablet Extended-Release), T2

Perforomist (Nebulized Solution), T4

Perindopril Erbumine (Tablet), T1

Periogard (Solution), T2

Perjeta (Injection), T5

Permethrin (Cream), T3

Perphenazine (Tablet), T4

Phenadoz (Suppository), T4

Phenelzine Sulfate (Tablet), T3

Phenergan (12.5mg Suppository, 25mg Suppository), T4

Bold type = Brand name drug

Plain type = Generic drug

Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir), T2

Phenoxybenzamine HCl (Capsule), T5

Phenytek (Capsule), T3

Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable), T2

Phenytoin Sodium (Injection), T4

Phenytoin Sodium Extended (Capsule), T2

PhosLo (Capsule), T3

Phoslyra (Oral Solution), T3

Phospholine Iodide (Ophthalmic Solution), T4

Physiolyte (Irrigation Solution), T4

Physiosol Irrigation (Solution), T4

Picato (Gel), T3

Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution), T3

Pilocarpine HCl (5mg Tablet, 7.5mg Tablet), T4

Pimozide (Tablet), T4

Pimtrea (Tablet), T4

Pindolol (Tablet), T3

Pioglitazone HCl (Tablet), T1

Pioglitazone HCl/Glimepiride (Tablet), T1

Pioglitazone HCl/Metformin HCl (Tablet), T1

Piperacillin/Tazobactam (Injection), T4

Pirmella 1/35 (Tablet), T4

Piroxicam (Capsule), T3

Plasma-Lyte A (Injection), T4

Plasma-Lyte-148 (Injection), T4

Plasma-Lyte-56/D5W (Injection), T4

Plenamine (Injection), T4

Podofilox (External Solution), T3

Polyethylene Glycol 3350 Powder (Generic MiraLAX), T2

Polymyxin B Sulfate (Injection), T4

Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution), T2

Pomalyst (Capsule), T5

Portia-28 (Tablet), T4

Potassium Chloride (10% Oral Solution, 20% Oral Solution), T3

Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection), T4

Potassium Chloride (2meq/ml Injection), T4

Potassium Chloride 0.15% / NaCl 0.45% Viaflex (Injection), T4

Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection), T4

Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection), T4

Potassium Chloride 0.15%/NaCl 0.9% (Injection), T4

Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection), T4

Potassium Chloride 0.3%/NaCl 0.9% (Injection), T4

Potassium Chloride 0.3%/D5W (Injection), T4

Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 8meq Tablet Extended-Release), T3

Potassium Chloride ER Microencapsulated (10meq Tablet Extended-Release, 20meq Tablet Extended-Release), T2

Potassium Citrate ER (Tablet Extended-Release), T3

Potiga (Tablet), T5

Pradaxa (Capsule), T4

Praluent (Injection), T5

Pramipexole Dihydrochloride (Tablet Immediate-Release), T3

Pravastatin Sodium (Tablet), T1

Prazosin HCl (Capsule), T2

Pred Mild (Suspension), T4

Pred-G (Suspension), T4

Pred-G S.O.P. (Ointment), T4

Prednicarbate (0.1% Cream), T4

Prednicarbate (0.1% Ointment), T4

Prednisolone Acetate (Ophthalmic Suspension), T3

Prednisolone Sodium Phosphate (1% Ophthalmic Solution), T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Prednisolone Sodium Phosphate (15mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution), T2

Prednisone (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet), T1

Prednisone (5mg/5ml Oral Solution), T2

Prednisone Intensol (5mg/ml Concentrate), T2

Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection), T4

Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet), T4

Premarin (Vaginal Cream), T3

Premasol (Injection), T4

Premphase (Tablet), T4

Prempro (Tablet), T4

Prevalite (Powder), T4

Previfem (Tablet), T4

Prezcobix (Tablet), T5

Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet), T5

Prezista (75mg Tablet), T4

Priftin (Tablet), T4

Prilosec (10mg Packet, 2.5mg Packet), T4

Primaquine Phosphate (Tablet), T4

Primidone (Tablet), T2

Pristiq (Tablet Extended-Release 24 Hour), T4

Privigen (Injection), T5

ProAir HFA (Aerosol Solution), T3

ProAir RespiClick (Aerosol Powder), T3

ProQuad (Injection), T3

Probenecid (Tablet), T2

Probenecid/Colchicine (Tablet), T2

Procainamide HCl (Injection), T4

Procalamine (Injection), T4

Prochlorperazine (Suppository), T4

Prochlorperazine Edisylate (Injection), T4

Prochlorperazine Maleate (Tablet), T2

Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection), T4

Procrit (20000unit/ml Injection, 40000unit/ml Injection), T5

Procto-Med HC (Cream), T2

Procto-Pak (Cream), T2

Proctosol HC (Cream), T2

Proctozone-HC (Cream), T2

Procysbi (Capsule Delayed-Release), T5

Progesterone (Capsule), T2

Proglycem (Suspension), T5

Prograf (5mg/ml Injection), T4

Prolastin-C (Injection), T5

Prolensa (Ophthalmic Solution), T4

Proleukin (Injection), T5

Prolia (Injection), T4

Promacta (Tablet), T5

Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection), T4

Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup), T3

Promethegan (25mg Suppository), T4

Propafenone HCl (Tablet), T2

Propafenone HCl ER (Capsule Extended-Release 12 Hour), T4

Proparacaine HCl (Ophthalmic Solution), T2

Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution), T2

Propranolol HCl (1mg/ml Injection), T4

Propranolol HCl ER (Capsule Extended-Release 24 Hour), T2

Propranolol/ Hydrochlorothiazide (Tablet), T2

Propylthiouracil (Tablet), T2

Prosol (Injection), T4

Protriptyline HCl (Tablet), T4

Pulmozyme (Inhalation Solution), T5

Purixan (Suspension), T5

Pyrazinamide (Tablet), T4

Pyridostigmine Bromide (180mg Tablet Extended-Release, 60mg Tablet), T4

Bold type = Brand name drug

Plain type = Generic drug

Q

Quadracel (Injection), T3

Quasense (Tablet), T4

Quetiapine Fumarate (Tablet Immediate-Release), T2

Quinapril HCl (Tablet), T1

Quinapril/Hydrochlorothiazide (Tablet), T1

Quinidine Gluconate (Injection), T4

Quinidine Gluconate CR (Tablet Extended-Release), T4

Quinidine Sulfate (Tablet), T2

Quinine Sulfate (Capsule), T4

R

RAVICTI (Liquid), T5

Rabavert (Injection), T3

Raloxifene HCl (Tablet), T3

Ramipril (Capsule), T1

Ranexa (Tablet Extended-Release 12 Hour), T3

Ranitidine HCl (150mg Tablet, 300mg Tablet), T2

Ranitidine HCl (150mg/6ml Injection, 15mg/ml Syrup), T4

Rapaflo (Capsule), T3

Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution), T5

Rebif (Injection), T5

Rebif Rebidose (Injection), T5

Rebif Rebidose Titration Pack (Injection), T5

Rebif Titration Pack (Injection), T5

Reclipsen (Tablet), T4

Recombivax HB (Injection), T3

Regranex (Gel), T5

Relenza Diskhaler (Aerosol Powder), T3

Relistor (Injection), T5

Remicade (Injection), T5

Remodulin (Injection), T5

Renagel (Tablet), T3

Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet), T3

Repaglinide (Tablet), T1

Repaglinide/Metformin HCl (Tablet), T4

Repatha (Injection), T5

Repatha SureClick (Injection), T5

Rescriptor (Tablet), T4

Restasis (Emulsion), T3

Retrovir IV Infusion (Injection), T4

Revatio (10mg/12.5ml Injection), T5

Revatio (20mg Tablet), T5

Revlimid (Capsule), T5

Rexulti (Tablet), T5

Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet), T5

Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet), T3

Ribavirin (200mg Tablet), T3

Ridaura (Capsule), T5

Rifabutin (Capsule), T4

Rifampin (150mg Capsule, 300mg Capsule), T3

Rifampin (600mg Injection), T4

Rifater (Tablet), T4

Rilutek (Tablet), T5

Riluzole (Tablet), T3

Rimantadine HCl (Tablet), T4

Ringers Injection, T4

Ringers Irrigation (Solution), T3

Riomet (Oral Solution), T4

Risedronate Sodium (Tablet), T3

Risperdal Consta (12.5mg Injection, 25mg Injection), T4

Risperdal Consta (37.5mg Injection, 50mg Injection), T5

Risperidone (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release, 3mg Tablet Immediate-Release, 4mg Tablet Immediate-Release), T2

Risperidone (1mg/ml Oral Solution), T4

Risperidone ODT (Tablet Dispersible), T4

Rituxan (Injection), T5

Rivastigmine Tartrate (Capsule Immediate-Release), T3

Rivastigmine Transdermal System (Patch 24 Hour), T4

Rizatriptan Benzoate (Tablet Immediate-Release), T3

Rizatriptan Benzoate ODT (Tablet Dispersible), T3

Ropinirole HCl (Tablet Immediate-Release), T2

Rosuvastatin Calcium (Tablet), T3

RotaTeq (Oral Solution), T3

Rotarix (Suspension), T3

Roweepra (Tablet), T2

Rozerem (Tablet), T4

Ruconest (Injection), T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

S

SSD (Cream), T3
Sabril (500mg Packet, 500mg Tablet), T5
Saizen (Injection), T5
Samsca (Tablet), T5
Sancuso (Patch), T5
Sandimmune (100mg Capsule), T5
Sandimmune (100mg/ml Oral Solution), T4
Sandostatin LAR Depot (Injection), T5
Santyl (Ointment), T4
Saphris (Tablet Sublingual), T4
Savella (Tablet), T3
Savella Titration Pack, T3
 Selegiline HCl (5mg Capsule, 5mg Tablet), T3
 Selenium Sulfide (Lotion), T2
Selzentry (Tablet), T5
Sensipar (30mg Tablet), T3
Sensipar (60mg Tablet, 90mg Tablet), T5
Serevent Diskus (Aerosol Powder), T3
Seroquel XR (Tablet Extended-Release 24 Hour), T3
Serostim (Injection), T5
 Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet), T1
 Sertraline HCl (20mg/ml Concentrate), T4
 Setlakin (Tablet), T4
SfRowasa (Enema), T5
 Sharobel (Tablet), T3
Signifor (Injection), T5
 Sildenafil (10mg/12.5ml Injection), T5
 Sildenafil (20mg Tablet) (Generic Revatio), T3

Silver Sulfadiazine (Cream), T3
Simbrinza (Suspension), T3
Simponi (Injection), T5
Simponi Aria (Injection), T5
Simulect (Injection), T5
 Simvastatin (Tablet), T1
 Sirolimus (0.5mg Tablet, 1mg Tablet), T4
 Sirolimus (2mg Tablet), T5
Sirturo (Tablet), T5
 Sodium Chloride (0.9% Injection), T4
Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection), T4
Sodium Chloride 0.45% Viaflex (Injection), T4
Sodium Chloride 0.9% (Irrigation Solution), T3
 Sodium Fluoride (Tablet), T2
Sodium Lactate (Injection), T4
 Sodium Phenylbutyrate (Powder), T5
 Sodium Polystyrene Sulfonate (Suspension), T3
 Sodium Sulfacetamide (Ophthalmic Solution), T2
Solaraze (Gel), T5
Soltamox (Oral Solution), T4
Solu-Cortef (Injection), T4
Solu-Medrol (2gm Injection), T4
Somatuline Depot (Injection), T5
Somavert (Injection), T5
Soriatane (Capsule), T5
 Sotalol HCl (AF) (Tablet), T2
 Sotalol HCl (Tablet), T2
Sovaldi (Tablet), T5
Spiriva HandiHaler (Capsule), T3

Spiriva Respimat (Aerosol Solution), T3
 Spironolactone (Tablet), T2
 Spironolactone/
 Hydrochlorothiazide (Tablet), T2
Sporanox (10mg/ml Oral Solution), T5
 Sprintec 28 (Tablet), T4
Spritam (Tablet Disintegrating Soluble), T4
Sprycel (Tablet), T5
 Sronyx (Tablet), T4
Stalevo 100 (Tablet), T4
Stalevo 125 (Tablet), T4
Stalevo 150 (Tablet), T4
Stalevo 200 (Tablet), T4
Stalevo 50 (Tablet), T4
Stalevo 75 (Tablet), T4
 Stavudine (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution), T3
Stelara (Injection), T5
Sterile Water Irrigation (Solution), T3
Stiolto Respimat (Aerosol Solution), T3
Stivarga (Tablet), T5
Strattera (Capsule), T4
Strensiq (Injection), T5
 Streptomycin Sulfate (Injection), T4
Stribild (Tablet), T5
Suboxone (Film), T4
Sucraid (Oral Solution), T5
 Sucralfate (Tablet), T2
 Sulfacetamide Sodium (Ophthalmic Ointment), T2
 Sulfacetamide Sodium/
 Prednisolone Sodium Phosphate (Ophthalmic Solution), T2
 Sulfadiazine (Tablet), T4

Bold type = Brand name drug

Plain type = Generic drug

Sulfamethoxazole/
Trimethoprim
(200mg-40mg/5ml
Suspension, 400mg-80mg
Tablet), T2

Sulfamethoxazole/
Trimethoprim
(400mg-80mg/5ml
Injection), T4

Sulfamethoxazole/
Trimethoprim DS
(Tablet), T2

**Sulfamylon (85mg/gm
Cream), T4**

Sulfasalazine (500mg Tablet
Delayed-Release, 500mg
Tablet Immediate-
Release), T2

Sulindac (Tablet), T2

**Sumatriptan (Nasal
Solution), T4**

Sumatriptan Succinate
(100mg Tablet, 25mg
Tablet, 50mg Tablet), T2

Sumatriptan Succinate (6mg/
0.5ml Injection), T4

**Sumatriptan Succinate
Refill (Injection), T4**

**Sumavel DosePro
(Injection), T5**

Suprax (100mg Tablet
Chewable, 200mg Tablet
Chewable), T3

**Suprax (400mg Capsule,
500mg/5ml
Suspension), T3**

**Suprep Bowel Prep (Oral
Solution), T3**

**Sustiva (200mg Capsule,
600mg Tablet), T5**

Sustiva (50mg Capsule), T4

Sutent (Capsule), T5

Sylatron (Injection), T5

Sylvant (Injection), T5

Symbicort (Aerosol), T3

SymlinPen 120

(Injection), T5

SymlinPen 60 (Injection), T5

Synagis (Injection), T5

Synarel (Nasal Solution), T5

Synercid (Injection), T5

Synjardy (Tablet), T3

Synribo (Injection), T5

Synthroid (Tablet), T3

Syprine (Capsule), T5

T

**TOBI (Nebulized
Solution), T5**

TOBI Podhaler

(Capsule), T5

TPN Electrolytes

(Injection), T4

Tabloid (Tablet), T5

Tacrolimus (0.03% Ointment,
0.1% Ointment), T4

Tacrolimus (0.5mg Capsule,
1mg Capsule, 5mg
Capsule), T3

Tafinlar (Capsule), T5

Tagrisso (Tablet), T5

**Tamiflu (30mg Capsule,
45mg Capsule, 75mg
Capsule, 6mg/ml
Suspension), T4**

Tamoxifen Citrate (Tablet), T2

Tamsulosin HCl (Capsule), T1

Tarceva (Tablet), T5

Targretin (1% Gel), T5

Tarina Fe 1/20 (Tablet), T4

Tasigna (Capsule), T5

Taxotere (Injection), T5

Tazicef (Injection), T4

**Tazorac (0.05% Cream,
0.1% Cream), T4**

Taztia XT (Capsule Extended-
Release 24 Hour), T3

Tecentriq (Injection), T5

**Tecfidera (Capsule Delayed-
Release), T5**

Tecfidera Starter Pack, T5

Telmisartan (Tablet), T1

Telmisartan/Amlodipine
(Tablet), T1

Telmisartan/
Hydrochlorothiazide
(Tablet), T1

Temazepam (15mg Capsule,
30mg Capsule), T3

Tenivac (Injection), T3

Terazosin HCl (Capsule), T2

Terbinafine HCl (Tablet), T2

Terbutaline Sulfate (1mg/ml
Injection), T5

Terconazole (0.4% Cream,
0.8% Cream, 80mg
Suppository), T3

Testosterone Cypionate
(Injection), T4

Testosterone Enanthate
(Injection), T4

Tetanus/Diphtheria

**Toxoids-Adsorbed Adult
(Injection), T3**

Tetrabenazine (Tablet), T5

Tetracycline HCl
(Capsule), T4

Thalomid (Capsule), T5

Theophylline (Oral
Solution), T2

Theophylline CR (Tablet
Extended-Release 12
Hour), T2

Theophylline ER (300mg
Tablet Extended-Release 12
Hour, 450mg Tablet
Extended-Release 12 Hour,
400mg Tablet Extended-
Release 24 Hour, 600mg
Tablet Extended-Release 24
Hour), T2

Thioridazine HCl (Tablet), T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Thiotepa (Injection), T5	Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release), T2	Trazodone HCl (Tablet), T1
Thiothixene (Capsule), T3	Toposar (Injection), T3	Treanda (Injection), T5
Thymoglobulin (Injection), T5	Topotecan HCl (Injection), T5	Trecator (Tablet), T4
Tiagabine HCl (Tablet), T4	Torisel (Injection), T5	Trelstar Mixject (Injection), T5
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution), T2	Torsemide (Tablet), T2	Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream), T4
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet), T4	Toujeo SoloStar (Injection), T3	Tretinoin (10mg Capsule), T5
Timolol Maleate Ophthalmic Gel Forming (Solution), T3	Tracleer (Tablet), T5	Tretinoin Microsphere (Gel), T4
Tinidazole (Tablet), T4	Tradjenta (Tablet), T4	Trexall (Tablet), T4
Tivicay (10mg Tablet), T4	Tramadol HCl (Tablet Immediate-Release), T2	Trezix (Capsule), T4
Tivicay (25mg Tablet, 50mg Tablet), T5	Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) (Generic Ultram ER), (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt), T4	Tri-Legest Fe (Tablet), T4
Tizanidine HCl (2mg Tablet, 4mg Tablet), T2	Tramadol HCl/ Acetaminophen (Tablet), T2	Tri-Lo-Estarylla (Tablet), T4
Tobradex (Ophthalmic Ointment), T3	Trandolapril (Tablet), T1	Tri-Lo-Sprintec (Tablet), T4
Tobradex ST (Ophthalmic Suspension), T4	Tranexamic Acid (1000mg/10ml Injection), T3	Tri-Previfem (Tablet), T4
Tobramycin (Nebulized Solution), T5	Tranexamic Acid (650mg Tablet), T4	Tri-Sprintec (Tablet), T4
Tobramycin Sulfate (0.3% Ophthalmic Solution), T2	Transderm-Scop (Patch 72 Hour), T4	TriLyte (Oral Solution), T1
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection), T4	Tranylcypromine Sulfate (Tablet), T4	Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment), T3
Tobramycin/Dexamethasone (Ophthalmic Suspension), T3	Travasol (Injection), T4	Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion), T4
Tobrex (0.3% Ophthalmic Ointment), T4	Travatan Z (Ophthalmic Solution), T3	Triamcinolone in Orabase (Paste), T3
Tolcapone (Tablet), T5	Travoprost (Ophthalmic Solution), T3	Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet), T2

Bold type = Brand name drug

Plain type = Generic drug

Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet), T3
 Trimethoprim (Tablet), T2
 Trimipramine Maleate (Capsule), T4
Trinessa (Tablet), T4
Trintellix (Tablet), T4
Trisenox (Injection), T4
Triumeq (Tablet), T5
 Trivora-28 (Tablet), T4
Trizivir (Tablet), T5
Trophamine (10% Injection), T4
Trulicity (Injection), T3
Trumenba (Injection), T3
Truvada (Tablet), T5
Twinrix (Injection), T3
Tybost (Tablet), T4
Tygacil (Injection), T5
Tykerb (Tablet), T5
Typhim Vi (Injection), T3
Tysabri (Injection), T5
Tyvaso (Inhalation Solution), T5
Tyzeka (Tablet), T5

U

Uceris (9mg Tablet Extended-Release 24 Hour), T5
Uloric (Tablet), T3
Unithroid (Tablet), T3
 Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule), T4
Uvadex (Injection), T4

V

VAQTA (Injection), T3
 VP-PNV-DHA (Capsule), T2
VPRIV (Injection), T5
Vagifem (Tablet), T4
 Valacyclovir HCl (Tablet), T3

Valchlor (Gel), T5
Valcyte (450mg Tablet), T5
Valcyte (50mg/ml Oral Solution), T5
 Valganciclovir (Tablet), T5
 Valproate Sodium (100mg/ml Injection), T4
 Valproic Acid (250mg Capsule, 250mg/5ml Syrup), T2
 Valsartan (Tablet), T1
 Valsartan/
 Hydrochlorothiazide (Tablet), T1
Vancocin HCl (Capsule), T5
 Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection), T4
 Vancomycin HCl (125mg Capsule, 250mg Capsule), T5
Vandazole (Gel), T3
Varivax (Injection), T3
Varizig (Injection), T3
Vascepa (Capsule), T4
Vectibix (Injection), T5
Velcade (Injection), T5
 Velivet (Tablet), T4
Velphoro (Tablet Chewable), T5
Venclexta (100mg Tablet), T5
Venclexta (10mg Tablet, 50mg Tablet), T4
Venclexta Starting Pack (Tablet Therapy Pack), T5
 Venlafaxine HCl (Tablet Immediate-Release), T3
 Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour), T2

Ventavis (Inhalation Solution), T5

Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release), T2
 Verapamil HCl (2.5mg/ml Injection), T4
 Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour), T3
 Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release), T2
Verapamil HCl SR (Capsule Extended-Release 24 Hour), T3
Versacloz (Suspension), T5
Vesicare (Tablet), T3
 Vestura (Tablet), T4
Vexol (Suspension), T4
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension), T5
Vibramycin (50mg/5ml Syrup), T4
Victoza (Injection), T3
Vidaza (Injection), T5
Videx Pediatric (Oral Solution), T4
 Vienva (Tablet), T4
Vigamox (Ophthalmic Solution), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Viibryd (Tablet), T4
Viibryd Starter Pack (Kit), T4
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution), T4
Vimpat (200mg/20ml Injection), T4
 Vinblastine Sulfate (Injection), T4
 Vincasar PFS (Injection), T4
 Vincristine Sulfate (Injection), T4
 Vinorelbine Tartrate (Injection), T4
Viracept (Tablet), T5
Virazole (Inhalation Solution), T5
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder), T5
Vitekta (Tablet), T5
Vivitrol (Injection), T5
Voltaren (Gel), T3
 Voriconazole (200mg Injection, 40mg/ml Suspension), T5
 Voriconazole (200mg Tablet, 50mg Tablet), T4
Votrient (Tablet), T5
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule), T5
Vraylar (Capsule Therapy Pack), T4
 Vyfemla (Tablet), T4
Vytorin (Tablet), T4
Vyvanse (Capsule), T4

W

WYMZYA Fe (Tablet Chewable), T4
 Warfarin Sodium (Tablet), T1
Welchol (3.75gm Packet, 625mg Tablet), T3

X

Xalkori (Capsule), T5
Xarelto (Tablet), T3
Xarelto Starter Pack (Tablet Therapy Pack), T3
Xeljanz (Tablet), T5
Xeljanz XR (Tablet Extended-Release 24 Hour), T5
Xenazine (Tablet), T5
Xgeva (Injection), T5
Xifaxan (Tablet), T5
Xolair (Injection), T5
Xtandi (Capsule), T5
 Xulane (Patch Weekly), T4
Xyrem (Oral Solution), T5

Y

YF-Vax (Injection), T3
Yervoy (Injection), T5

Z

Zafirlukast (Tablet), T3
 Zaleplon (Capsule), T3
Zaltrap (Injection), T5
Zanosar (Injection), T4
 Zarxio (Injection), T5
Zavesca (Capsule), T5
Zazole (Cream), T3
Zelapar (Tablet Dispersible), T5
Zelboraf (Tablet), T5
Zemaira (Injection), T5
Zemplar (2mcg/ml Injection), T4
Zemplar (5mcg/ml Injection), T5
 Zenchent (Tablet), T4

Zenchent Fe (Tablet Chewable), T4
Zenpep (Capsule Delayed-Release), T3
Zepatier (Tablet), T5
Zerbaxa (Injection), T5
Zetia (Tablet), T3
Ziagen (20mg/ml Oral Solution), T4
 Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup), T3
Zinecard (Injection), T5
 Ziprasidone HCl (Capsule), T3
Zirgan (Gel), T4
Zmax (Suspension), T4
 Zoledronic Acid (4mg/5ml Injection), T4
 Zoledronic Acid (5mg/100ml Injection), T4
Zolinza (Capsule), T5
 Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T4
Zomacton (10mg Injection), T5
Zometa (Injection), T5
 Zonisamide (Capsule), T2
Zorbtive (Injection), T5
Zortress (Tablet), T5
Zostavax (Injection), T4
 Zovia 1/35E (Tablet), T4
 Zovia 1/50E (Tablet), T4
Zyclara (Cream), T5
Zyclara Pump (Cream), T5
Zydelig (Tablet), T5
Zyflo (Tablet), T5
Zyflo CR (Tablet Extended-Release 12 Hour), T5
Zykadia (Capsule), T5
Zyprexa Relprevv (Injection), T5

Bold type = Brand name drug

Plain type = Generic drug

Zytiga (Tablet), T5

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

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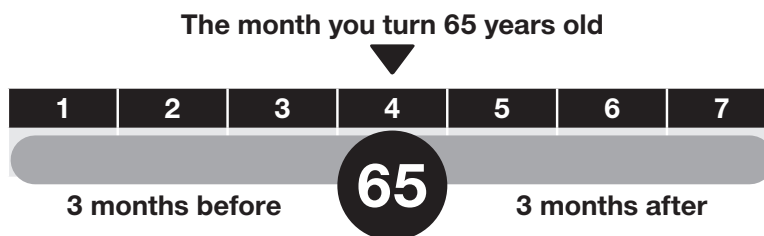


Ready to ENROLL

When are the Medicare enrollment periods?

Medicare Initial Enrollment Period

Your Initial Enrollment Period (IEP) is when you first sign up for Medicare. Your IEP is seven months long. If you miss your IEP, you must wait to enroll in a Part C or Part D plan during Open Enrollment (October 15 – December 7), unless you qualify for an exception.



Medicare Open Enrollment Period

Medicare Open Enrollment is your chance to make changes to your coverage.



October 15 – December 7

Medicare Special Enrollment Period

A Medicare Special Enrollment Period (SEP) allows you to enroll in Medicare or change your Medicare coverage outside of standard enrollment periods without paying a penalty. There are different SEPs to cover different life events.

Medicare Made Clear™ brought to you by UnitedHealthcare®

Ways to ENROLL

Simply choose how you want to enroll in this plan from the options below. It doesn't have to be complicated, pick the way that is easiest for you.



BY PHONE

Contact one of our Licensed Sales Representatives at **1-800-555-5757, (TTY 711)** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule an individual appointment.



AT A NEIGHBORHOOD MEETING

Go to **www.AARPMedicarePlans.com** to find a Neighborhood Meeting located near you.



ONLINE

Go to **www.AARPMedicarePlans.com** and follow the step-by-step instructions to enroll.



BY MAIL OR FAX

Complete, sign and date the enrollment request form and send or fax to below:

UnitedHealthcare Medicare Enrollment Attn: Xerox/ACS
3315 Central AVE
Hot Springs, AR 71913

FAX 1-501-262-7070

Don't forget to choose a primary care provider.



When you're filling out your application, make sure to add the name, phone number and provider/PCP ID number of your primary care provider (PCP). Your PCP plays an important role in your health care needs. If you don't have a PCP yet, a licensed sales representative can help you select one. You can also learn more online at www.AARPMedicarePlans.com.

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Y0066_160620_130108 Accepted

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Scope of Appointment Confirmation Form

Page 1 of 2

Medicare requires Licensed Sales Representatives to document the scope of an appointment prior to any sales meeting to ensure understanding of what will be discussed between them and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare beneficiary.

To ensure your appointment focuses only on those Medicare and health-related products you want to discuss with your licensed sales representative, please indicate by checking the appropriate box(es) beside the product(s) in which you are interested.

- | | |
|--|--|
| ☐ Stand-alone Medicare Prescription Drug Plans (Part D) | ☐ Hospital Indemnity Products |
| ☐ Medicare Advantage Plans (Part C) and Cost Plans | ☐ Medicare Supplement or (Medigap) Products |
| ☐ Dental/Vision/Hearing Products | |

By signing this form, you agree to a meeting with a Licensed Sales Representative to discuss the types of products you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature

Signature Date

MM/DD/YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)

Relationship to Beneficiary

To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative
Name (First_Last)

Licensed Sales Representative Phone

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Licensed Sales
Representative ID

Beneficiary Name (First_Last)

Beneficiary Phone (Optional)

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Date Appointment
will be Completed

MM/DD/YYYY

Beneficiary Address (Optional)

Initial Method of Contact

Plan(s) the Licensed Sales Representative will Represent During the Meeting

Licensed Sales Representative Signature

Scope of appointment (SOA) is subject to Medicare Record Retention Requirements

Licensed Sales Representative: If applicable, please explain why SOA was not documented and signed by beneficiary prior to meeting. Check all that apply.

- ☐ Unplanned Attendee ☐ New SOA required (consumer requested other Health Product information)
☐ Walk-in ☐ Other (please explain):

Fax to: 1-866-994-9659

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plans — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Other Related Products

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

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

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Page 1 of 2

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- | | |
|---|---|
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Signature

Signature Date

MM/DD/YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)

Relationship to Beneficiary

To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative
Name (First_Last)

Licensed Sales Representative Phone

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Licensed Sales
Representative ID

Beneficiary Name (First_Last)

Beneficiary Phone (Optional)

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Date Appointment
will be Completed

MM/DD/YYYY

Beneficiary Address (Optional)

Initial Method of Contact

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Licensed Sales Representative Signature

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Other Related Products

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2017 Enrollment Request Form

Please contact the Plan if you need this information in another language or format (Braille).

☐ **AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0543-089 - AS1**

This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

Do you want to buy any optional supplemental benefits (riders)?

Please select the optional benefits you want to add to your plan. See the Summary of Benefits to learn about the extra costs for these benefits.

Choose one:

☐ Dental Platinum Rider

Information about you.

Please type or print in black or blue ink.

☐ Mr. ☐ Mrs. ☐ Ms.	Last Name	First Name	Middle Initial
---	-----------	------------	----------------

Birth Date MM / DD / YYYY	Gender ☐ Male ☐ Female
----------------------------------	--

Main Phone Number () -	Other Phone Number () -
-------------------------------------	--------------------------------------

Permanent Residence Street Address (**P.O. BOX IS NOT ALLOWED**)

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

Mailing Address (Only if it's different from your permanent residence street address. You can give a P.O. box.)

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

Email Address:

Enrollee Name _____

Y0066_160609_110539 Approved

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TEAR HERE

Go paperless. Get plan materials online.

☐ Check here to get plan materials delivered online. It's an easy and secure way to get information like your plan documents, benefit statements and wellness information. You may get some materials in the mail while we work to make them available online. Once you receive an email notification, go to www.AARPMedicarePlans.com and use your member ID card to register your account. Once registered, you can review your materials, benefits, claims and so much more. You can switch to paper delivery at any time or call us to have a paper copy sent to you.

Information about your Medicare.

Please use the information from your red, white and blue Medicare card. Remember, you need to have both Medicare Part A and Part B to join this plan.

You can simply fill in the blanks so they match your card.

Or attach a copy of the card or your letter from Social Security or the Railroad Retirement Board.

MEDICARE			HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)			
Name: _____			
Medicare Claim Number _____		Sex _____	
Is Entitled To		Effective Date	
HOSPITAL (Part A)		_____	
MEDICAL (Part B)		_____	

How do you want to pay?

You can pay your monthly plan premium if one applies, (including any late enrollment penalty you may owe) by mail or from your bank account through Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

If you don't choose an option, we'll send a bill each month to your mailing address.

☐ **I want to pay directly from my bank account.**

- Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month.

If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

TEAR HERE

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Account Type ☐ Checking ☐ Savings

Account Holder Name _____

Bank Routing Number

--	--	--	--	--	--	--	--	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--

Sign Here _____ Date Signed _____

☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month.

A few notes about your costs.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)

Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you

Please DO NOT pay the plan the Part D-IRMAA at this time.

Need help with your prescription drug costs?

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn't cover.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

TEAR HERE

TEAR HERE

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A few questions to help us manage your plan.

1. Would you prefer plan information in another language or format? ☐ Yes ☐ No

Please check what you'd like: ☐ Spanish ☐ Other _____

If you don't see the language or format you want, please call us at 1-800-555-5757, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.AARPMedicarePlans.com for online help.

2. Do you have end stage renal disease? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

If "yes," are you currently a member of a health care company? ☐ Yes ☐ No

Name of Company _____

Member ID _____

3. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please give us your Medicaid number: _____

4. Do you live in a nursing home or a long-term care facility? ☐ Yes ☐ No

If yes, please give us information on the long-term care facility:

Name _____

Address _____

City _____

State _____

ZIP Code _____

Phone Number () - _____

Date You Moved There MM/DD/YYYY

5. Do you have health insurance with an employer or union right now? ☐ Yes ☐ No

If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union's website, or read any information sent to you. If there is no any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Enrollee Name _____
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6. Do you or your spouse work? ☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?
(Examples: Other employer group coverage, LTD coverage, Workman’s Compensation,
Auto Liability, or Veterans benefits) ☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company	
Subscriber Name	Group ID
Member ID	Effective Dates (if applicable) MM/DD/YYYY - MM/DD/YYYY

7. Do you have other insurance that will cover your prescription drugs? ☐ Yes ☐ No

Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.
If yes, what is it?

Name of Other Insurance		
Member ID Number	Group ID Number	Date Plan Started MM/DD/YYYY

8. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the current Provider Directory.

Provider or PCP Full Name	Phone Number () -
Provider/PCP ID Number: 	(Please enter the number exactly as it appears on the website or in the current Provider Directory. It will be 10 to 12 digits. Don't include dashes.)
Are you now seeing or have you recently seen this doctor? ☐ Yes ☐ No	

Please read and sign.

By completing this form, I agree to the following:

- This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare health plan or Prescription Drug plan at a time. If I’m a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.

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- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border.
- I will get an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- I understand that I must get my health care coverage from doctors or providers that are in my plan's network. I can go to any doctor or hospital in an emergency or for urgently needed services or out-of-area dialysis services.
- If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

When I sign below, it means that I have read and understand the information on this form.

If I sign as an authorized representative, it means that I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

Signature of Applicant/Member/Authorized Representative:

Today's Date MM/DD/YYYY

Enrollee Name _____
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If you are the authorized representative, please sign above and complete the information below.

Last Name		First Name
Address		
City	State	ZIP Code
Phone Number () -		Relationship to Applicant

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For licensed sales representative/agency use only.

- ☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

□ □ □ □ □ □ □ □ □ □

Branch ID

□ □ □ □ □ □ □ □

Where did this application originate?

- ☐ Retail/Mall Program ☐ Local Event Outreach ☐ Local B2B Outreach
☐ Member Meeting ☐ Community Meeting ☐ Other

How was this application submitted?

- ☐ Appointment ☐ Other ☐ Mail In

Licensed Sales Representative/Writing ID

Initial Receipt Date

M M / D D / Y Y Y Y

Licensed Sales Representative/Agent Name

Proposed Effective Date

M M / D D / Y Y Y Y

Licensed Sales Representative Phone Number () -

Agent must complete

- ☐ AEP ☐ SEP (Chronic) ☐ IEP (MA-PD enrollees eligible for 2nd IEP)
☐ OEPI ☐ IEP (MA-PD enrollees) ☐ SEP (Partial Dual Eligible)
☐ ICEP (MA enrollees) ☐ SEP (Full Dual Eligible)
☐ SEP (SEP Reason) _____ ☐ SEP Eligibility Date M M / D D / Y Y Y Y

Licensed Sales Representative Signature (required)

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UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711).

This information is available for free in other languages. Please call our customer service number at 1-800-555-5757, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-800-555-5757, TTY 711, de 8 a.m. a 8 p.m. hora local, los 7 días de la semana. 本資訊也有其他語言的免費版本。請撥打1-800-555-5757 聯絡我們的客戶服務部, 聽力語言殘障服務專線711, 每週7 天, 當地時間上午8 時至晚上 8 時。

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2017 Enrollment Request Form

Please contact the Plan if you need this information in another language or format (Braille).

☐ **AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0543-089 - AS1**

This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

Do you want to buy any optional supplemental benefits (riders)?

Please select the optional benefits you want to add to your plan. See the Summary of Benefits to learn about the extra costs for these benefits.

Choose one:

☐ Dental Platinum Rider

Information about you.

Please type or print in black or blue ink.

☐ Mr.	Last Name	First Name	Middle Initial
☐ Mrs.			
☐ Ms.			

Birth Date MM / DD / YYYY	Gender ☐ Male ☐ Female
----------------------------------	--

Main Phone Number () -	Other Phone Number () -
-------------------------------	--------------------------------

Permanent Residence Street Address (**P.O. BOX IS NOT ALLOWED**)

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

Mailing Address (Only if it's different from your permanent residence street address. You can give a P.O. box.)

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

Email Address:

Enrollee Name _____

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Go paperless. Get plan materials online.

- ☐ Check here to get plan materials delivered online. It's an easy and secure way to get information like your plan documents, benefit statements and wellness information. You may get some materials in the mail while we work to make them available online. Once you receive an email notification, go to www.AARPMedicarePlans.com and use your member ID card to register your account. Once registered, you can review your materials, benefits, claims and so much more. You can switch to paper delivery at any time or call us to have a paper copy sent to you.

Information about your Medicare.

Please use the information from your red, white and blue Medicare card. Remember, you need to have both Medicare Part A and Part B to join this plan.

You can simply fill in the blanks so they match your card.

Or attach a copy of the card or your letter from Social Security or the Railroad Retirement Board.

MEDICARE			HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)			
Name: _____			
Medicare Claim Number _____		Sex _____	
Is Entitled To		Effective Date	
HOSPITAL (Part A)		_____	
MEDICAL (Part B)		_____	

How do you want to pay?

You can pay your monthly plan premium if one applies, (including any late enrollment penalty you may owe) by mail or from your bank account through Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

If you don't choose an option, we'll send a bill each month to your mailing address.

☐ **I want to pay directly from my bank account.**

- Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month.

If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

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Account Type ☐ **Checking** ☐ **Savings**

Account Holder Name _____

Bank Routing Number

--	--	--	--	--	--	--	--	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--

Sign Here _____ Date Signed _____

☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month.

A few notes about your costs.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)

Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you

Please DO NOT pay the plan the Part D-IRMAA at this time.

Need help with your prescription drug costs?

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn't cover.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

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A few questions to help us manage your plan.

1. Would you prefer plan information in another language or format? ☐ Yes ☐ No

Please check what you'd like: ☐ Spanish ☐ Other _____

If you don't see the language or format you want, please call us at 1-800-555-5757, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.AARPMedicarePlans.com for online help.

2. Do you have end stage renal disease? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

If "yes," are you currently a member of a health care company? ☐ Yes ☐ No

Name of Company _____

Member ID _____

3. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please give us your Medicaid number: _____

4. Do you live in a nursing home or a long-term care facility? ☐ Yes ☐ No

If yes, please give us information on the long-term care facility:

Name _____

Address _____

City _____

State _____

ZIP Code _____

Phone Number () - _____

Date You Moved There MM/DD/YYYY

5. Do you have health insurance with an employer or union right now? ☐ Yes ☐ No

If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union's website, or read any information sent to you. If there is no any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Enrollee Name _____

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6. Do you or your spouse work? ☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?
(Examples: Other employer group coverage, LTD coverage, Workman’s Compensation,
Auto Liability, or Veterans benefits) ☐ Yes ☐ No
If yes, please complete the following:

Name of Health Insurance Company	
Subscriber Name	Group ID
Member ID	Effective Dates (if applicable) MM/DD/YYYY - MM/DD/YYYY

7. Do you have other insurance that will cover your prescription drugs? ☐ Yes ☐ No

Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.
If yes, what is it?

Name of Other Insurance		
Member ID Number	Group ID Number	Date Plan Started MM/DD/YYYY

8. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the current Provider Directory.

Provider or PCP Full Name	Phone Number () -
Provider/PCP ID Number: 	(Please enter the number exactly as it appears on the website or in the current Provider Directory. It will be 10 to 12 digits. Don't include dashes.)
Are you now seeing or have you recently seen this doctor? ☐ Yes ☐ No	

Please read and sign.

By completing this form, I agree to the following:

- This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare health plan or Prescription Drug plan at a time. If I’m a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.

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- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border.
- I will get an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- I understand that I must get my health care coverage from doctors or providers that are in my plan's network. I can go to any doctor or hospital in an emergency or for urgently needed services or out-of-area dialysis services.
- If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

When I sign below, it means that I have read and understand the information on this form.

If I sign as an authorized representative, it means that I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

Signature of Applicant/Member/Authorized Representative:

Today's Date MM/DD/YYYY

Enrollee Name _____
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If you are the authorized representative, please sign above and complete the information below.

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number () -		Relationship to Applicant	

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For licensed sales representative/agency use only.

- ☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

Branch ID

Where did this application originate?

- ☐ Retail/Mall Program ☐ Local Event Outreach ☐ Local B2B Outreach
☐ Member Meeting ☐ Community Meeting ☐ Other

How was this application submitted?

- ☐ Appointment ☐ Other ☐ Mail In

Licensed Sales Representative/Writing ID

Initial Receipt Date

M M / D D / Y Y Y Y

Licensed Sales Representative/Agent Name

Proposed Effective Date

M M / D D / Y Y Y Y

Licensed Sales Representative Phone Number () -

Agent must complete

- ☐ AEP ☐ SEP (Chronic) ☐ IEP (MA-PD enrollees eligible for 2nd IEP)
☐ OEPI ☐ IEP (MA-PD enrollees) ☐ SEP (Partial Dual Eligible)
☐ ICEP (MA enrollees) ☐ SEP (Full Dual Eligible)
☐ SEP (SEP Reason) _____ ☐ SEP Eligibility Date M M / D D / Y Y Y Y

Licensed Sales Representative Signature (required)

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2017 Plan RECAP

We want to help you fully understand your chosen plan and options.



Fill out this worksheet with your Licensed Sales Representative. It will walk you through all of the details to help you make sure this plan fits your needs.



PLAN INFORMATION Here are some details about your plan and coverage.

My new plan is (circle one): Medicare Supplement Insurance (Medigap) plan
Medicare Advantage plan Medicare Part D plan

The name of my new plan is: _____

My plan coverage begins (effective date): **M M / D D / Y Y Y Y**

My plan type is (circle): HMO HMO-POS LPPO RPPO PFFS

My plan type: ☐ Requires referrals ☐ Does not require referrals

I have purchased rider(s) as part of my plan: ☐ Yes ☐ No ☐ N/A

I must have Medicare Part A and Part B to enroll in this plan.

My plan is available only in the plan's service area, which is: _____.
If I move outside of the service area for more than six months in a row, I will need to choose a new plan. I will ask my Licensed Sales Representative or Customer Service to help me.

My plan will now provide: ☐ all my Medicare health coverage
☐ all my Medicare prescription drug coverage

Circle the correct answer:

I **should / should not** have a Medicare Advantage plan and a Medicare supplement insurance (Medigap) policy at the same time. If I have a Medicare supplement policy right now, once I receive confirmation of my enrollment in my new Medicare advantage plan, I will write to that insurance company, _____, to cancel my Medicare supplement policy.

I **should / should not** have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. If my plan coverage starts and I want to leave the plan, I will need to wait until the Open Enrollment Period, unless I qualify for a Special Enrollment Period.

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PREMIUM INFORMATION What you need to know about paying a monthly premium.

I need to continue to pay my Medicare Part B premium unless the state or another third party pays this premium for me. My plan has a \$_____ monthly premium. I must pay this monthly premium to stay in this plan.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.



NETWORK INFORMATION Understanding your network is important.

My current primary care provider, _____, is currently **in** the plan's network.

My specialists, _____, _____, _____, are currently **in** the plan's network.

Circle the correct answers: I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. But if I need emergency care, urgent care, or out-of-area dialysis, it will be covered wherever I need it.



PRESCRIPTION DRUG COVERAGE Know what is covered by your prescription drug plan.

My plan's deductible for drugs in tiers _____ is \$_____. (Only applicable for plans with a deductible.)

- The cost difference between retail and mail order pharmacies (if applicable)
- Tier levels
- Drug stages and how they impact my costs

My current medications are:

Medication

Has Limits (circle)

*For medications that have limitations, I may need to contact the plan before I can fill my prescription.

Yes* / No

Yes* / No



My Licensed Sales Representative is committed to helping me sign up for the plan that's right for me and my health needs at the time of my enrollment.

I understand that this plan can change each year. This current plan is valid from _____ to _____. I can enroll in a different plan each year during the Open Enrollment Period.

If I have any questions about my plan or if my needs change, I can call my Licensed Sales Representative at: _____. I can also call the Customer Service number on the front of this booklet.

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

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2017 Plan RECAP

We want to help you fully understand your chosen plan and options.



Fill out this worksheet with your Licensed Sales Representative. It will walk you through all of the details to help you make sure this plan fits your needs.



PLAN INFORMATION Here are some details about your plan and coverage.

My new plan is (circle one): Medicare Supplement Insurance (Medigap) plan
 Medicare Advantage plan Medicare Part D plan

The name of my new plan is: _____

My plan coverage begins (effective date): **M M / D D / Y Y Y Y**

My plan type is (circle): HMO HMO-POS LPPO RPPO PFFS

My plan type: ☐ Requires referrals ☐ Does not require referrals

I have purchased rider(s) as part of my plan: ☐ Yes ☐ No ☐ N/A

I must have Medicare Part A and Part B to enroll in this plan.

My plan is available only in the plan's service area, which is: _____.
If I move outside of the service area for more than six months in a row, I will need to choose a new plan. I will ask my Licensed Sales Representative or Customer Service to help me.

My plan will now provide: ☐ all my Medicare health coverage
 ☐ all my Medicare prescription drug coverage

Circle the correct answer:

I **should / should not** have a Medicare Advantage plan and a Medicare supplement insurance (Medigap) policy at the same time. If I have a Medicare supplement policy right now, once I receive confirmation of my enrollment in my new Medicare advantage plan, I will write to that insurance company, _____, to cancel my Medicare supplement policy.

I **should / should not** have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-fo-Service plans that do not include prescription drug coverage.)

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. If my plan coverage starts and I want to leave the plan, I will need to wait until the Open Enrollment Period, unless I qualify for a Special Enrollment Period.

TEAR HERE

TEAR HERE



PREMIUM INFORMATION What you need to know about paying a monthly premium.

I need to continue to pay my Medicare Part B premium unless the state or another third party pays this premium for me. My plan has a \$_____ monthly premium. I must pay this monthly premium to stay in this plan.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.



NETWORK INFORMATION Understanding your network is important.

My current primary care provider, _____, is currently **in** the plan's network.

My specialists, _____, _____, _____, are currently **in** the plan's network.

Circle the correct answers: I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. But if I need emergency care, urgent care, or out-of-area dialysis, it will be covered wherever I need it.



PRESCRIPTION DRUG COVERAGE Know what is covered by your prescription drug plan.

My plan's deductible for drugs in tiers _____ is \$_____. (Only applicable for plans with a deductible.)

- The cost difference between retail and mail order pharmacies (if applicable)
- Tier levels
- Drug stages and how they impact my costs

My current medications are:

Medication

Has Limits (circle)

*For medications that have limitations, I may need to contact the plan before I can fill my prescription.

Yes* / No

Yes* / No



My Licensed Sales Representative is committed to helping me sign up for the plan that's right for me and my health needs at the time of my enrollment.

I understand that this plan can change each year. This current plan is valid from _____ to _____. I can enroll in a different plan each year during the Open Enrollment Period.

If I have any questions about my plan or if my needs change, I can call my Licensed Sales Representative at: _____. I can also call the Customer Service number on the front of this booklet.

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

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2017 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment, and you receive your member ID card. You will receive a copy of your original Enrollment Request Form in the mail within two weeks. If you do not receive a copy, please contact your local Licensed Sales Representative. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant 1:

Name

Application Date MM / DD / YYYY

Proposed Effective Date MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date MM / DD / YYYY

Proposed Effective Date MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your local Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □

Licensed Sales Representative ID

RxBIN: 610097

Rx PCN: 9999

RxGRP: SHCA

We're always here to help. Customer Service is happy to help with any questions or concerns you have.

Call them toll-free at 1-800-555-5757, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, you may cancel by contacting the insurer.

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

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TEAR HERE

NOTES

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal blue lines across its entire width, providing a guide for writing. The margins are consistent on all sides, and there are no vertical lines or other markings present.

WE'RE IN THIS TOGETHER.

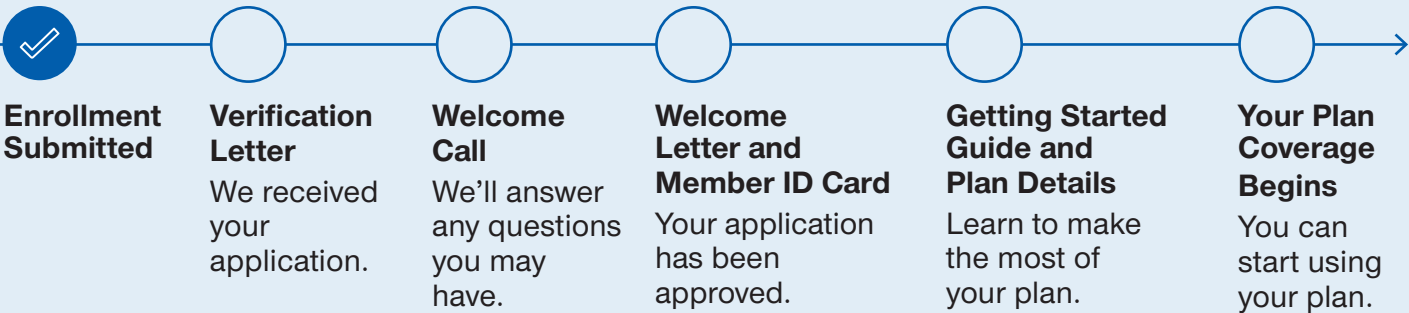
When it comes to managing your health, you're in the driver's seat. But, we're always here to help when you need it. We'll also send you helpful information along the way.



TEAR HERE

YOU
ARE
HERE

Here's what you can expect next.



Get ready to get the most out of your plan.

-  **Schedule your Annual Physical and Wellness Visit.** Make sure to schedule your appointments for after your coverage begins.
-  **Complete a health assessment after your coverage begins.** Medicare requires the plan to send a health assessment to Medicare members. We'll use your answers to suggest helpful programs and resources.

NOTES

TEAR HERE

Thank you for choosing UnitedHealthcare®.

Remember, we're just a phone call away.

Toll-Free: 1-800-950-9355, TTY 711
8 a.m- 8 p.m. local time, 7 days a week



Questions? We're here to help.

A UnitedHealthcare® Medicare Solution

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

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This is an advertisement.
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