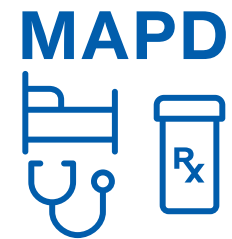


2019 ENROLLMENT GUIDE



Get familiar with your Medicare Advantage plan.

**UnitedHealthcare® Medicare Silver (Regional PPO SNP)
UnitedHealthcare Dual Complete® Choice (Regional PPO
SNP)**

R6801-008

R6801-011

Service area: Texas

Plan Year: January 1, 2019 through December 31, 2019



Benefits Beyond Expectations

More choice and more guidance

Everyone's health needs are different. That's why we offer a broad range of Medicare products. And we're here to help guide you through finding the right plan.

Customer service that puts you first

Our compassionate Customer Service Advocates are an important part of your personal health care team — ready to answer your questions, schedule your appointments and help you manage your health.

A health care company you can rely on

1 in 5 Medicare beneficiaries trust UnitedHealthcare with their coverage.¹ And we've been serving people just like you for more than 40 years — so you know we'll be here when you need us.

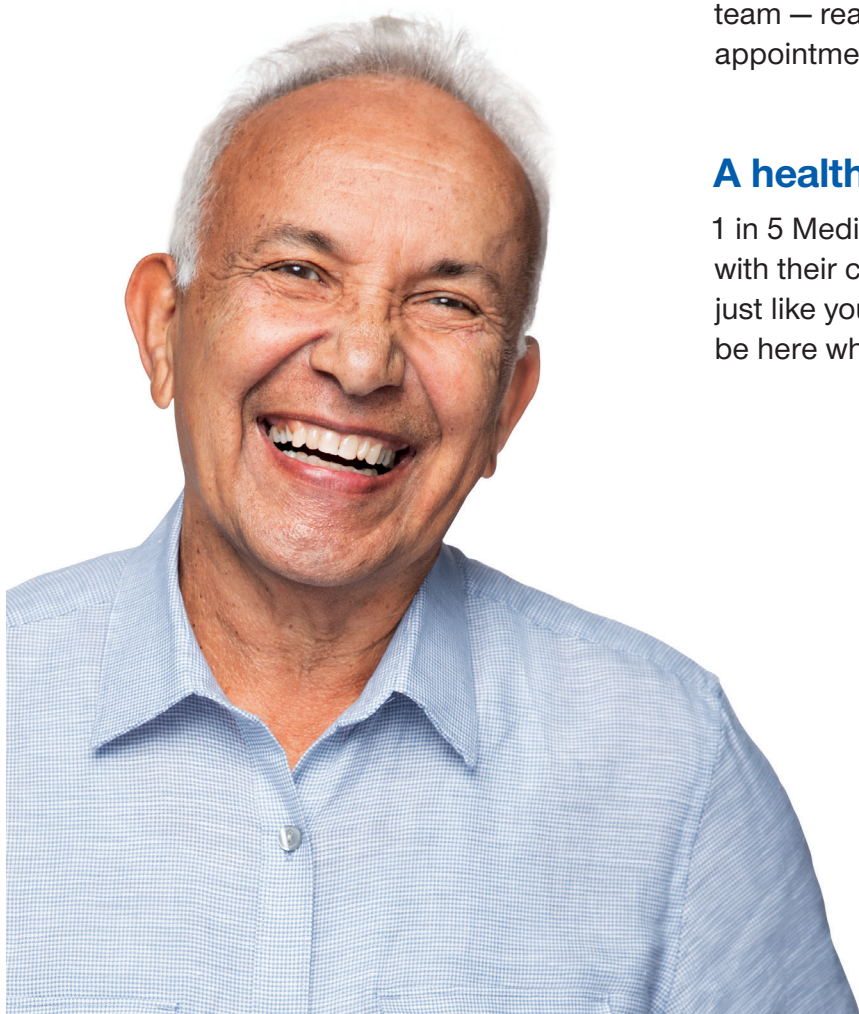


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Have questions? We can help

Toll-free **1-855-545-9340**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at
www.UHCMedicareSolutions.com


Start With Medicare Basics

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

Original Medicare is provided by the federal government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. It does not include prescription drug coverage (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D. Depending on your needs, you may want to add on more coverage.


Original Medicare
Provided by the federal government

PART
A



Helps pay for hospital stays and inpatient care

PART
B



Helps pay for doctor visits and outpatient care

Your options for more coverage:


OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare:


Medicare Supplement Insurance Plan
Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan
Offered by private companies


**PART
D**



Helps pay for prescription drugs


Medicare Advantage Plan
Offered by private companies

**PART
C**




Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

**PART
D**



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

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

4

This is a Medicare Advantage Part C Regional Preferred Provider Organization (RPPO) plan

Your plan is a Regional Preferred Provider Organization (RPPO) plan. With this plan, you have access to a local network of doctors and hospitals. Plus, you can see providers outside the network, as long as they participate in Medicare and accept the plan. You may pay a higher copay or coinsurance when you see an out-of-network provider.

Here’s how your RPPO plan works



Select a primary care provider (PCP) from the network.

It’s important to select a PCP from the network when you enroll in this plan. However, you are not limited to this PCP. You can visit any PCP in or out of the network. Your PCP can oversee and help manage your care.



You have coverage for emergency care.

Emergency Services and Urgently Needed Services are covered no matter where you go.



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

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

You have flexibility in provider choice

The chart below shows what happens when you use network versus out-of-network resources with this plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Providers have the choice to accept the plan.
Does this plan require a referral to see a Specialist or other providers?	No	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	You may pay a higher copay or coinsurance.

There’s a Medicare Part D Late Enrollment Penalty



Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D.

*If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some get full Medicaid benefits. For an explanation of the categories of people who can enroll, please see the Medicaid section of the Summary of Benefits. You can find a complete listing of network providers and facilities within your plan on our website.

Choose the UnitedHealthcare plan that's tailored to your specific health needs. We offer plans designed for people with diabetes and/or heart failure or for people with full Medicaid. Choose the plan that meets your needs. If you're a Medicare beneficiary with:

Diabetes and/or heart failure

The UnitedHealthcare Medicare Silver plan is designed for you. To be eligible for this plan, you must:

- Have both Medicare Part A and Part B
- Be diagnosed with one of the following chronic conditions:



Diabetes



Chronic heart failure

Full Medicaid

The UnitedHealthcare Dual Complete Choice plan is designed for you. To be eligible for this plan, you must:

- Have both Medicare Part A and Part B
- Have your Medicare Parts A and B cost sharing covered by the state

You may qualify for Extra Help

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- Your state Medicaid office

Plan Information

Benefit Highlights

UnitedHealthcare® Medicare Silver (Regional PPO SNP)

This is a short description of your 2019 plan benefits. For complete information please refer to your Summary of Benefits or Evidence of Coverage.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs.

	With Medicaid cost-share protection	Without Medicaid cost-share protection
Monthly plan premium	\$0	\$0
Annual medical deductible	\$0 for Medicare Part B Services	\$183 [†] for Medicare Part B Services

Medical Benefits

	With Medicaid cost-share protection		Without Medicaid cost-share protection	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor’s office visit	Primary Care Physician: \$0 copay Specialist: \$0 copay (no referral needed)	Primary Care Physician: \$0 copay Specialist: \$0 copay (no referral needed)	Primary Care Physician: \$0 copay Specialist: \$0 copay (no referral needed)	Primary Care Physician: \$0 copay Specialist: \$0 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay, up to 90 days	\$1,340 [†] deductible for days 1–60 \$335 [†] copay per day: for days 61–90 \$670 [†] copay per day: for days 91–150 (lifetime reserve days)	\$1,340 [†] deductible for days 1–60 \$335 [†] copay per day: for days 61–90 \$670 [†] copay per day: for days 91–150 (lifetime reserve days)	\$1,340 [†] deductible for days 1–60 \$335 [†] copay per day: for days 61–90 \$670 [†] copay per day: for days 91–150 (lifetime reserve days)

Medical Benefits

	With Medicaid cost-share protection		Without Medicaid cost-share protection	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Skilled nursing facility (SNF)	\$0 copay per day: for days 1–100	\$0 copay per day: for days 1–20 \$167.50 [†] copay per day: days 21–100	\$0 copay per day: for days 1–20 \$167.50 [†] copay per day: days 21–100	\$0 copay per day: for days 1–20 \$164.50 [†] copay per day: days 21–100
Outpatient surgery	\$0 copay	20% coinsurance Cost sharing for additional plan covered services will apply.	20% coinsurance Cost sharing for additional plan covered services will apply.	20% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	20% coinsurance	\$0 copay for covered brands	20% coinsurance
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance
Ambulance	\$0 copay for ground \$0 copay for air	20% coinsurance for ground 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Emergency care	\$0 copay (worldwide)	\$0 copay (worldwide)	\$90 copay (\$0 copay for worldwide coverage)	\$90 copay (\$0 copay for worldwide coverage)
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)	\$65 copay (\$0 copay for worldwide coverage)	\$65 copay (\$0 copay for worldwide coverage)

Medical Benefits

	With Medicaid cost-share protection		Without Medicaid cost-share protection	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual out-of-pocket maximum [†] (The most you may pay in a year for medical care covered by the plan)	\$0	\$6,700 combined In and Out-of-Network	\$6,700 In-Network	\$6,700 combined In and Out-of-Network

[†] These are the 2018 Medicare-defined amounts and may change for 2019.

Explore your Additional Benefits

	With Medicaid cost-share protection		Without Medicaid cost-share protection	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision – routine eye exams	\$0 copay; 1 every year*			
Vision – eyewear	\$0 copay every year; up to \$125 for lenses/frames and contacts *			
Dental – preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance*	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance*
Hearing – routine exam	\$0 copay; 1 visit per year*			
Hearing aids	\$2,000 allowance every 2 years*			
Fitness program through Renew Active™ Fitness	\$0 copay; Standard membership to participating fitness locations with access to group fitness classes — depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.myrenewactive.com , and click the link in the footer entitled Terms and Conditions.			
Transportation	\$0 copay; 24 one-way trips per year to or from approved locations*	75% coinsurance* 24 one-way trips per year to or from approved locations*	\$0 copay; 24 one-way trips per year to or from approved locations*	75% coinsurance* 24 one-way trips per year to or from approved locations*
Solutions for caregivers	\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.			
Foot care – routine	\$0 copay; 6 visits per year*			
Health Products Benefit	\$275 credit per quarter to use on approved health products*			
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.			

* Benefit combined in and out-of-network.

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 contract renewal with Medicare.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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.

Benefit Highlights

UnitedHealthcare Dual Complete® Choice (Regional PPO SNP)

This is a short description of your 2019 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs.

	Your Cost
Monthly plan premium	\$0

Medical Benefits

	In-Network	Out-of-Network
Doctor’s office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay
	Specialist: \$0 copay (no referral needed)	Specialist: \$0 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$1,300 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-20 \$167.50 [†] copay per day: days 21-100
Outpatient surgery	\$0 copay	20% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	30% coinsurance
Home health care	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	20% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	20% coinsurance
Ambulance	\$0 copay for ground \$0 copay for air	20% coinsurance for ground 20% coinsurance for air
Emergency care	\$0 copay (worldwide)	
Urgently needed services	\$0 copay (worldwide)	

Medical Benefits

	In-Network	Out-of-Network
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$0 In-Network	\$6,700 combined In and Out-of-Network

†These are the 2018 Medicare-defined amounts and may change for 2019

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Vision - routine eye exams	\$0 copay; 1 every year*	\$0 copay; 1 every year*
Dental – preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance for covered services (exam, cleaning, x-rays)*
Hearing - routine exam	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Hearing aids	\$2,000 allowance every 2 years*	\$2,000 allowance every 2 years*
Fitness program through Renew Active™	<p>Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.</p> <p>With your fitness benefit you also get a Fitbit® activity tracker at no additional cost to you. This device may help you improve or maintain good health by tracking your physical activity and exercise.</p>	
Transportation	\$0 copay; 12 one-way trips per year to or from approved locations*	75% coinsurance*
Solutions for Caregivers	\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.	
Foot care - routine	\$0 copay; 6 visits per year*	\$0 copay; 6 visits per year*
Health Products Benefit	\$305 credit per quarter to use on approved health products.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	

*Benefits combined in and out-of-network

Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Annual prescription deductible	\$0 or \$85, depending on the level of "Extra Help" you receive
--------------------------------	---

30-day supply from retail network pharmacy

Prescription Drugs

Generic (including brand drugs treated as generic)	\$0, \$1.25, \$3.40 copay, or 15% coinsurance
All other drugs	\$0, \$3.80, \$8.50 copay, or 15% coinsurance

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. 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.

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 (Formulary) in this Enrollment Guide or the online Formulary at **EstimateDrugCostsUHC.com**.

Know how much your drugs will cost

The amount you pay for your drug depends on 4 factors: what tier the drug is covered in, where you are within the drug payment stages, where you purchase the drug, and whether or not you have Extra Help.

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.

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

Note: Not all generic drugs are low cost. 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 may have 4 coverage stages: annual deductible, initial coverage, coverage gap (also known as the donut hole) and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people never make it further than the initial coverage stage. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The pharmaceutical industry may increase the price of drugs at any time in a plan year and pricing for drugs may vary across pharmacies in the network.
- 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 stage by signing in to your account online.

Explore ways to save time and money

✓ 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 **EstimateDrugCostsUHC.com** to determine your potential savings.

✓ Use lower-tier drugs

Prescription drugs are grouped into 5 tiers and in general, drugs in lower tiers have lower costs. If your drug is in a higher, more expensive tier, ask your doctor if there is a cheaper alternative 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 copays. To find out if you qualify, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. – 7 p.m., Monday – Friday.

Explore Your Additional Benefits

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 costs. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits or call the number listed on the first page of this booklet.



A health and wellness program that comes to you

With the UnitedHealthcare® HouseCalls program, you get an annual in-home preventive health care visit from one of our licensed healthcare practitioners for no additional cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.



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.



Dental coverage

This plan covers dental services that may include exams, cleanings, X-rays or other comprehensive services.



Hearing coverage

A routine hearing exam and hearing aid benefit is included in this plan. Don't let hearing loss affect your life.



Renew Active™

Renew Active™ is a fitness program for mind and body that's designed for you and your goals. This program includes online brain exercises and fitness class access.



Vision coverage

This plan includes routine vision care and may include a credit toward contact lenses or eyeglasses. Help protect your eyesight and health with routine eye exams.



Solutions for caregivers

Speak to an experienced care manager who can help you plan and access resources on behalf of a loved one. Solutions for Caregivers services available, 24 hours a day, 7 days a week.



Transportation

If you need a ride to a doctor's office or pharmacy, this benefit can help you get there, at no additional cost to you.



Speak to a nurse 24/7

Health questions can come up anytime. NurseLineSM provides you 24/7 access to a registered nurse who can help you with health concerns.



Health Products Benefit Program

This benefit gives you credits each quarter to purchase over-the-counter products by mail, website or call center.



Podiatry coverage

We provide the exams you need to help keep your feet healthy.

Routine Dental Benefit Basics

Additional coverage that may make you smile.

Some UnitedHealthcare® plans include certain dental services. Below are the routine dental services included in the plan you selected.

With Routine Dental¹, you get:

- ✓ No Deductible
- ✓ 100% coverage for preventive and diagnostic services such as oral exams, X-rays and routine cleanings²
- ✓ Freedom to see any dentist you choose³

Covered Routine Dental Services

	In-Network Providers You Pay	Out-of-Network Providers You Pay
Exams - Two procedures per plan year		
periodic oral evaluation – established patient	\$0 copay	50% coinsurance
limited oral evaluation – problem focused	\$0 copay	50% coinsurance
comprehensive oral evaluation – new or established patient	\$0 copay	50% coinsurance
Bitewings - One set per plan year		
bitewings – two radiographic images	\$0 copay	50% coinsurance
bitewings – four radiographic images	\$0 copay	50% coinsurance
Intraoral X-rays (inside the mouth)- One procedure per every three years		
intraoral – complete series of radiographic images	\$0 copay	50% coinsurance
Cleanings - Two procedures per plan year		
prophylaxis – adult	\$0 copay	50% coinsurance
prophylaxis – child	\$0 copay	50% coinsurance

To find a network dentist in your area, go to www.UHCMedicareDentistSearch.com and select the National Medicare Advantage Network. For more information or to find a network dentist, call the number on the back of your member id card.

¹ Treatment plans may vary. Talk to your Dentist to find out specifics.

² Your health conditions may affect your ability to receive some services in the same day. For example, if you have an oral infection present, a cleaning may be delayed until the infection is no longer present.

³ You 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.

Note: Any services not listed above are not covered.

UnitedHealthcare® Medicare

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.

2019 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® Medicare Silver (Regional PPO SNP)

R6801-008

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



Toll-free 1-866-367-7527, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCMedicareSolutions.com



Our service area includes **Texas**.

Summary of Benefits

January 1st, 2019 - December 31st, 2019

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCMedicareSolutions.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare® Medicare Silver (Regional PPO SNP) is a Medicare Advantage RPPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

UnitedHealthcare® Medicare Silver (Regional PPO SNP) is a Chronic or Disabling Condition Special Needs Plan designed to specifically help people who have one or more of the following conditions: Chronic Heart Failure and Diabetes.

Use network providers and pharmacies.

UnitedHealthcare® Medicare Silver (Regional PPO SNP) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to www.UHCMedicareSolutions.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare® Medicare Silver (Regional PPO SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	<p>You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2019 which will be set by CMS in the fall of 2018.</p> <p>This is the 2018 deductible amount and may change for 2019. Our plan will provide updated rates as soon as they are released.</p> <p>The 2018 Medicare Deductible amount is \$183.</p>	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$6,700 annually for Medicare-covered services you receive from any provider.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your share of the cost for your Part D prescription drugs.</p>	

UnitedHealthcare® Medicare Silver (Regional PPO SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		<p>You pay the Original Medicare cost sharing amount for 2019 which will be set by CMS in the fall of 2018. These are 2018 cost sharing amounts and may change for 2019. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay up to: \$1,340 deductible for days 1 to 60; \$335 copay each day for days 61 to 90; \$670 copay each day for days 91 to 150 (lifetime reserve days)</p>	<p>You pay the Original Medicare cost sharing amount for 2019 which will be set by CMS in the fall of 2018. These are 2018 cost sharing amounts and may change for 2019. Our plan will provide updated rates as soon as they are released.</p> <p>\$1,340 deductible for days 1 to 60; \$335 copay each day for days 61 to 90; \$670 copay each day for days 91 to 150 (lifetime reserve days)</p>
		Our plan covers 90 days for an inpatient hospital stay.	
Outpatient Hospital		<p>\$0 copay - 20% coinsurance</p> <p>Cost sharing for additional plan covered services will apply.</p>	<p>20% coinsurance</p> <p>Cost sharing for additional plan covered services will apply.</p>
Outpatient Hospital Observation Services		\$0 copay - 20% coinsurance	20% coinsurance
Doctor Visits	Primary	\$0 copay	\$0 copay
	Specialists	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy)	

Benefits		In-Network	Out-of-Network
		Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
Emergency Care		\$0 copay - \$90 copay (\$0 copay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		\$0 copay - \$65 copay	

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	\$0 copay - 20% coinsurance	20% coinsurance
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay - 20% coinsurance	20% coinsurance
	Therapeutic Radiology	\$0 copay - 20% coinsurance	20% coinsurance
	Outpatient X-rays	\$0 copay - 20% coinsurance	20% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year*	\$0 copay; 1 per year*
	Hearing aid	\$2,000 allowance every 2 years*	\$2,000 allowance every 2 years*
Routine Dental Services	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance for covered services (exam, cleaning, x-rays)*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay - 20% coinsurance	20% coinsurance
	Routine eye exam	\$0 copay Up to 1 every year*	\$0 copay Up to 1 every year*
	Eyewear	\$0 copay every year; up to \$125 for lenses/frames and contacts*	\$0 copay every year; up to \$125 for lenses/frames and contacts*

Benefits		In-Network	Out-of-Network
Mental Health	Inpatient visit	<p>You pay the Original Medicare cost sharing amount for 2019 which will be set by CMS in the fall of 2018. These are 2018 cost sharing amounts and may change for 2019. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay up to: \$1,340 deductible for days 1 to 60; \$335 copay each day for days 61 to 90; \$670 copay each day for days 91 to 150 (lifetime reserve days)</p>	<p>You pay the Original Medicare cost sharing amount for 2019 which will be set by CMS in the fall of 2018. These are 2018 cost sharing amounts and may change for 2019. Our plan will provide updated rates as soon as they are released.</p> <p>\$1,340 deductible for days 1 to 60; \$335 copay each day for days 61 to 90; \$670 copay each day for days 91 to 150 (lifetime reserve days)</p>
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	\$0 copay - 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit	\$0 copay - 20% coinsurance	20% coinsurance
Skilled Nursing Facility (SNF) (Stay must meet Medicare coverage criteria)		<p>You pay the Original Medicare cost sharing amount for 2019 which will be set by CMS in the fall of 2018. These are 2018 cost sharing amounts and may change for 2019. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay up to: \$0 copay per day: for days 1-20 \$167.50 copay per day: for days 21-100</p>	<p>You pay the Original Medicare cost sharing amount for 2019 which will be set by CMS in the fall of 2018. These are 2018 cost sharing amounts and may change for 2019. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay per day: for days 1-20 \$167.50 copay per day: for days 21-100</p>
		Our plan covers up to 100 days in a SNF.	

Benefits		In-Network	Out-of-Network
Physical therapy and speech and language therapy visit		\$0 copay	\$0 copay
Ambulance		\$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		\$0 copay; 24 one-way trips per year to or from approved locations*	75% coinsurance*
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay - 20% coinsurance	20% coinsurance
	Other Part B drugs	\$0 copay - 20% coinsurance	20% coinsurance

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	\$364 per year for Part D prescription drugs.		
Cost-sharing for covered drugs	Retail		Mail Order
	30-day supply	90-day supply	90-day supply
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	25% coinsurance	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance 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 \$5,100, you pay the greater of: <div><div></div>5% coinsurance, or <div></div>\$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs.</div>		

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 copay	\$0 copay
Diabetes Management	Diabetes monitoring supplies	\$0 copay - 20% coinsurance We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.	30% coinsurance
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	\$0 copay - 20% coinsurance	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay - 20% coinsurance	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay - 20% coinsurance	20% coinsurance

Additional Benefits		In-Network	Out-of-Network
Fitness program through Renew Active™		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
Foot Care (podiatry services)	Foot exams and treatment	\$0 copay	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 6 visits every year*	\$0 copay; for each visit up to 6 visits every year*
Home Health Care		\$0 copay	\$0 copay
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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$0 copay - 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit	\$0 copay - 20% coinsurance	20% coinsurance
Outpatient Surgery		\$0 copay - 20% coinsurance	20% coinsurance
Health Products Benefit		\$275 credit per quarter to use on approved health products.	
Renal Dialysis		\$0 copay - 20% coinsurance	20% coinsurance
Solutions for Caregivers		\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.	

* Benefits are combined in and out-of-network

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 contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. The Dual Complete Choice plan is available to anyone who has both Medical Assistance from the State and Medicare. The Medicare Silver plan is available to anyone having a qualifying chronic care condition.

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

UnitedHealthcare 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 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.

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

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

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

Every year, Medicare evaluates plans based on a 5-star rating system.

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

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use

OptumRx home delivery for a 90 day supply of your maintenance medication.

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.

Participation in the Renew Active™ by UnitedHealthcare 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. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with UnitedHealthcare. UnitedHealthcare does not endorse and is not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

The Nurseline 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. Access to this service is subject to terms of use.

2019 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare Dual Complete® Choice (Regional PPO SNP)

R6801-011

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



Toll-free 1-855-545-9340, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCMedicareSolutions.com



Our service area includes **Texas**.

Summary of Benefits

January 1st, 2019 - December 31st, 2019

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCMedicareSolutions.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare Dual Complete® Choice (Regional PPO SNP) is a Medicare Advantage RPPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

You can enroll in this plan if you are in one of these Medicaid categories:

- ☐ **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts. You pay nothing, except for Part D prescription drug copays.
- ☐ **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts only. You pay nothing, except for Part D prescription drug copays.
- ☐ **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® Choice (Regional PPO SNP) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to www.UHCMedicareSolutions.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare Dual Complete® Choice (Regional PPO SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$0 annually for Medicare-covered services from in-network providers.	\$6,700 annually for Medicare-covered services you receive from any provider.
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>	

UnitedHealthcare Dual Complete® Choice (Regional PPO SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$0 copay per stay	\$1,300 copay per stay (or the 2019 Original Medicare amount, whichever is less).
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital		\$0 copay	20% coinsurance Cost sharing for additional plan covered services will apply.
Outpatient Hospital Observation Services		\$0 copay	20% coinsurance
Doctor Visits	Primary	\$0 copay	\$0 copay
	Specialists	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA)	

Benefits		In-Network	Out-of-Network
		<p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>	
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	
Emergency Care		<p>\$0 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
Urgently Needed Services		\$0 copay	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	\$0 copay per service	20% coinsurance
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay	20% coinsurance
	Therapeutic Radiology	\$0 copay per service	20% coinsurance
	Outpatient X-rays	\$0 copay per service	20% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year*	\$0 copay; 1 per year*
	Hearing aid	\$2,000 allowance every 2 years*	\$2,000 allowance every 2 years*

Benefits		In-Network	Out-of-Network
Routine Dental Services	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	50% coinsurance for covered services (exam, cleaning, x-rays)*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year*	\$0 copay Up to 1 every year*
Mental Health	Inpatient visit	\$0 copay per stay	\$1,300 copay per stay (or the 2019 Original Medicare amount, whichever is less).
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	\$0 copay	\$0 copay
	Outpatient individual therapy visit	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF) (Stay must meet Medicare coverage criteria)		\$0 copay per day: days 1-20 \$0 copay per day: for days 21-100	You pay the Original Medicare cost sharing amount for 2019 which will be set by CMS in the fall of 2018. These are 2018 cost sharing amounts and may change for 2019. Our plan will provide updated rates as soon as they are released. \$0 copay per day: for days 1-20 \$167.50 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit		\$0 copay	\$0 copay

Benefits		In-Network	Out-of-Network
Ambulance		\$0 copay for ground \$0 copay for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		\$0 copay; 12 one-way trips per year to or from approved locations*	75% coinsurance*
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay	20% coinsurance
	Other Part B drugs	\$0 copay	20% coinsurance

Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Annual Prescription Deductible	Your deductible amount is either \$0 or \$85, depending on the level of "Extra Help" you receive.
30-day or 90-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.25, \$3.40 copay, or 15% of the total cost
All Other Drugs	\$0, \$3.80, \$8.50 copay, or 15% of the total cost

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 copay	\$0 copay
Diabetes Management	Diabetes monitoring supplies	\$0 copay We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.	30% coinsurance
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	\$0 copay	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay	20% coinsurance

Additional Benefits		In-Network	Out-of-Network
Fitness program through Renew Active™		<p>Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.</p> <p>With your fitness benefit you also get a Fitbit® activity tracker at no additional cost to you. This device may help you improve or maintain good health by tracking your physical activity and exercise.</p>	
Foot Care (podiatry services)	Foot exams and treatment	\$0 copay	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 6 visits every year*	\$0 copay; for each visit up to 6 visits every year*
Home Health Care		\$0 copay	\$0 copay
Hospice		<p>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.</p>	
NurseLine		<p>Speak with a registered nurse (RN) 24 hours a day, 7 days a week</p>	
Occupational Therapy Visit		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$0 copay	\$0 copay
	Outpatient individual therapy visit	\$0 copay	\$0 copay
Outpatient Surgery		\$0 copay	20% coinsurance
Health Products Benefit		<p>\$305 credit per quarter to use on approved health products.</p>	
Renal Dialysis		\$0 copay	20% coinsurance
Solutions for Caregivers		<p>\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.</p>	

*Benefits are combined in and out-of-network

Medicaid Benefits

Information for People with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Texas Medicaid Health and Human Services Commission covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, UnitedHealthcare Dual Complete® Choice (Regional PPO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Texas Medicaid Health and Human Services Commission, 1-800-335-8957.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

Benefits	Medicaid	UnitedHealthcare Dual Complete® Choice (Regional PPO SNP)
Additional Dental Services	Not Covered	Not Covered
Additional Hearing Services	Not Covered	Covered
Additional Vision Services	Not Covered	Covered
Ambulance	Covered	Covered
Chiropractic Care	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency Care	Covered	Covered
Foot Care	Covered	Covered
Hearing Services	Covered	Covered
Home and Community-Based Services (HCBS)	Covered	Not Covered
Home Health Care	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® Choice (Regional PPO SNP)
Hospice	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Outpatient hospital services	Covered	Covered
Over-the-Counter Items	Not Covered	Covered
Prescription Drug Benefits	Covered	Covered
Preventive Care	Covered	Covered
Prosthetic Devices	Covered	Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Transportation (Routine)	Covered	Covered
TX Medicaid only (full Medicaid members only) Community Living Assistance and Support Services (CLASS) Waiver	Covered	Not Covered
TX Medicaid only (full Medicaid members only) Consolidated Waiver Program (CWP)-Bexar County/San Antonio Only	Covered	Not Covered
TX Medicaid only (full Medicaid members only) Deaf Blind with Multiple Disabilities Waiver (DB-MD)	Covered	Not Covered
TX Medicaid only (full Medicaid members only) Medically Dependent Children Program (MDCP)	Covered	Not Covered
TX Medicaid only (full Medicaid members only) STAR + PLUS Waiver	Covered	Not Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® Choice (Regional PPO SNP)
TX Medicaid only (full Medicaid members only) Telemedicine Services	Covered	Not Covered
TX Medicaid only (full Medicaid members only) Texas Home Living Waiver (TxHmL)	Covered	Not Covered
Urgently Needed Services	Covered	Covered
Vision Services	Covered	Covered

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Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

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

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Every year, Medicare evaluates plans based on a 5-star rating system.

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

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

receive notice when necessary.

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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.

Use of any Fitbit device is voluntary. Consult a health care professional before beginning any exercise program. Availability of the Fitbit benefit varies by plan/market. Refer to your Evidence of Coverage for more details. Fitbit is a registered trademark of Fitbit, Inc. ©2017 Fitbit, Inc. All rights reserved.

Participation in the Renew Active™ by UnitedHealthcare 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. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with UnitedHealthcare. UnitedHealthcare does not endorse and is not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

The Nurseline 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. Access to this service is subject to terms of use.

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Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network.
- ✓ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1, 2019.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ✓ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Vendor Information

As a member of the plan you get additional supplemental benefits not covered by Original Medicare. To get the most out of your additional benefits choose a network provider. You can find network providers online. You can also call Customer Service to help you find a network provider, or you can request to receive a paper copy.

Please see Chapter 4 of the Evidence of Coverage for details about these additional plan benefits.

Before contacting any of the providers below you must be fully enrolled in the plan.

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCMedicareSolutions.com
Hearing Aids	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com
Vision Care	UnitedHealthcare Vision®	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCMedicareSolutions.com
Dental Services	UnitedHealthcare Dental	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a provider go to: www.UHCMedicareDentistSearch.com
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Routine Transportation (Limited to ground transportation only)	LogistiCare®	1-855-693-2897, TTY 1-866-288-3133 8 a.m. - 5 p.m. local time, Monday - Friday www.logisticare.com
Catalog Benefit	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 4 p.m. CT, Saturday www.HealthProductsBenefit.com
Fitness Membership	Renew Active™	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myrenewactive.com

Benefit Type	Vendor Name	Contact Information
Supports for Caregivers	UnitedHealthcare	1-888-303-6163, TTY 711 24 hours a day, 7 days a week www.UHCforCaregivers.com

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 - R6801

2018 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 2018, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★
3.5 stars

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

Health Plan Services:★★★★
3.5 stars

Drug Plan Services:★★★★
3.5 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 8:00 a.m. to 8:00 p.m. Local time, at 800-555-5757 (toll-free) or 711 (TTY).

Current members please call 800-204-1002 (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).

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTES

[illegible]



Drug List

Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of August 1, 2018. This list can change throughout the year. Call us or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

- ☐ **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- ☐ Your plan may have an annual prescription deductible
- ☐ See the Summary of Benefits in this book to find out what you'll pay for these drugs
- ☐ Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. For more information, please contact us or view the complete drug list on our website

A	
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	Acyclovir (400mg Tablet, 800mg Tablet)
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Acyclovir (5% Ointment)
Abacavir/Lamivudine (Tablet)	Acyclovir Sodium (Injection)
Abelcet (Injection)	Adacel (Injection)
Abilify Maintena (Injection)	Adapalene (0.1% Cream)
Abstral (Tablet Sublingual)	Adapalene (0.1% Gel)
Acamprosate Calcium DR (Tablet Delayed-Release)	Adcirca (Tablet)
Acarbose (Tablet)	Adefovir Dipivoxil (Tablet)
Acebutolol HCl (Capsule)	Adempas (Tablet)
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Advair Diskus (Aerosol Powder)
Acetazolamide (Tablet Immediate-Release)	Advair HFA (Aerosol)
Acetazolamide ER (Capsule Extended-Release 12 Hour)	Afeditab CR (Tablet Extended-Release 24 Hour)
Acetic Acid (Otic Solution)	Afinitor (Tablet)
Acetylcysteine (Inhalation Solution)	Afinitor Disperz (Tablet Soluble)
Acitretin (Capsule)	Ala-Cort (Cream)
ActHIB (Injection)	Albenza (Tablet)
Actemra (Injection)	Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)
Actimmune (Injection)	Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)
Acyclovir (200mg Capsule)	Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)
Acyclovir (200mg/5ml Suspension)	Alcohol Prep Pads
	Alecensa (Capsule)

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Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	Amlodipine Besylate/Atorvastatin Calcium (Tablet)
Alendronate Sodium (70mg/75ml Oral Solution)	Amlodipine Besylate/Benazepril HCl (Capsule)
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	Amlodipine Besylate/Valsartan (Tablet)
Alinia (100mg/5ml Suspension, 500mg Tablet)	Amlodipine/Olmesartan Medoxomil (Tablet)
Allopurinol (Tablet)	Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)
Alocril (Ophthalmic Solution)	Ammonium Lactate (12% Cream, 12% Lotion)
Alomide (Ophthalmic Solution)	Amoxapine (Tablet)
Alosetron HCl (Tablet)	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)
Alphagan P (0.1% Ophthalmic Solution)	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)
Alprazolam (Tablet Immediate-Release)	Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)
Altavera (Tablet)	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)
Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	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)
Alyacen 1/35 (Tablet)	Amphotericin B (Injection)
AmBisome (Injection)	
Amantadine HCl (100mg Capsule, 100mg Tablet)	
Amantadine HCl (50mg/5ml Syrup)	
Amethia (Tablet)	
Amethia Lo (Tablet)	
Amikacin Sulfate (Injection)	
Amiloride HCl (Tablet)	
Amiloride/Hydrochlorothiazide (Tablet)	
Aminosyn 7%/Electrolytes (Injection)	
Aminosyn 8.5%/Electrolytes (Injection)	
Aminosyn II (10% Injection)	
Aminosyn II 8.5%/Electrolytes (Injection)	
Aminosyn-HBC (Injection)	
Aminosyn-PF (Injection)	
Aminosyn-RF (Injection)	
Amiodarone HCl (200mg Tablet)	
Amitiza (Capsule)	
Amitriptyline HCl (Tablet)	
Amlodipine Besylate (Tablet)	

Bold type = Brand name drug

Plain type = Generic drug

Ampicillin (Capsule)	Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder)
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	Ashlyna (Tablet)
Ampicillin-Sulbactam (Injection)	Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)
Ampyra (Tablet Extended-Release 12 Hour)	Atazanavir Sulfate (Capsule)
Anadrol-50 (Tablet)	Atenolol (Tablet)
Anagrelide HCl (Capsule)	Atenolol/Chlorthalidone (Tablet)
Anastrozole (Tablet)	Atomoxetine (Capsule)
Androderm (Patch 24 Hour)	Atorvastatin Calcium (Tablet)
Anoro Ellipta (Aerosol Powder)	Atovaquone (Suspension)
Apokyn (Injection)	Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)
Apraclonidine (Ophthalmic Solution)	Atripla (Tablet)
Aprepitant (125mg Capsule)	Atropine Sulfate (Ophthalmic Solution)
Aprepitant (Therapy Pack, 40mg Capsule, 80mg Capsule)	Atrovent HFA (Aerosol Solution)
Apri (Tablet)	Aubagio (Tablet)
Apriso (Capsule Extended-Release 24 Hour)	Aubra (Tablet)
Aptiom (Tablet)	Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	Auryxia (Tablet)
Aralast NP (Injection)	Avandia (Tablet)
Aranelle (Tablet)	Aviane (Tablet)
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)	Avonex (Injection)
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	Avonex Pen (Injection)
Arcalyst (Injection)	Azasite (Ophthalmic Solution)
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)	Azathioprine (Tablet)
Aripiprazole (1mg/ml Oral Solution)	Azelastine HCl (0.05% Ophthalmic Solution)
Aripiprazole ODT (Tablet Dispersible)	Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)
Aristada (Injection)	Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)
	Azithromycin (500mg Injection)
	Azopt (Suspension)
	Aztreonam (Injection)

B	
BCG Vaccine (Injection)	Bicalutamide (Tablet)
BIVIGAM (Injection)	Bicillin C-R (Injection)
Bacitracin (Ophthalmic Ointment)	Bicillin L-A (Injection)
Bacitracin/Polymyxin B (Ophthalmic Ointment)	Biktarvy (Tablet)
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	Biltricide (Tablet)
Bactocill in Dextrose (Injection)	Binosto (Tablet Effervescent)
Bactroban Nasal (Ointment)	Bisoprolol Fumarate (Tablet)
Balsalazide Disodium (Capsule)	Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)
Balziva (Tablet)	Blephamide (Suspension)
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	Blephamide S.O.P. (Ointment)
Baraclude (0.05mg/ml Oral Solution)	Blisovi 24 Fe (Tablet)
Belsomra (Tablet)	Blisovi Fe 1.5/30 (Tablet)
Benazepril HCl (Tablet)	Blisovi Fe 1/20 (Tablet)
Benazepril HCl/Hydrochlorothiazide (Tablet)	Boostrix (Injection)
Benlysta (Injection)	Bosulif (Tablet)
Benznidazole (Tablet)	Breo Ellipta (Aerosol Powder)
Benztropine Mesylate (Tablet)	Briellyn (Tablet)
Bepreve (Ophthalmic Solution)	Brilinta (Tablet)
Berinert (Injection)	Brimonidine Tartrate (0.15% Ophthalmic Solution)
Besivance (Suspension)	Brimonidine Tartrate (0.2% Ophthalmic Solution)
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	Briavact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)
Betaseron (Injection)	Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)
Betaxolol HCl (0.5% Ophthalmic Solution)	Budesonide (3mg Capsule Delayed-Release)
Betaxolol HCl (10mg Tablet, 20mg Tablet)	Budesonide ER (Tablet Extended-Release 24 Hour)
Bethanechol Chloride (Tablet)	Bumetanide (0.25mg/ml Injection)
Bethkis (Nebulized Solution)	Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)
Betimol (Ophthalmic Solution)	Buprenorphine HCl (Tablet Sublingual)
Bevespi Aerosphere (Aerosol)	Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)
Bexarotene (Capsule)	Bupropion HCl (Tablet Immediate-Release)
Bexsero (Injection)	
BiDil (Tablet)	

Bold type = Brand name drug

Plain type = Generic drug

Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent)
Bupropion HCl XL (Tablet Extended-Release 24 Hour)
Buspirone HCl (Tablet)
Butalbital/Acetaminophen/Caffeine (50mg-325mg-40mg Tablet)
Butalbital/Aspirin/Caffeine (50mg-325mg-40mg Capsule)
Butorphanol Tartrate (10mg/ml Nasal Solution)
Bydureon Bcise (Auto injector)
Bydureon Pen (Injection)
Bydureon Vial (Injection)
Byetta (Injection)
Bystolic (Tablet)
C
Cabergoline (Tablet)
Cabometyx (Tablet)
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)
Calcitonin-Salmon (Nasal Solution)
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)
Calcitriol (3mcg/gm Ointment)
Calcium Acetate (667mg Capsule, 667mg Tablet)
Calquence (Capsule)
Camila (Tablet)
Camrese Lo (Tablet)
Canasa (Suppository)
Candesartan Cilexetil (Tablet)
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)
Caprelsa (Tablet)

Captopril (Tablet)
Captopril/Hydrochlorothiazide (Tablet)
Carac (Cream)
Carafate (1gm/10ml Suspension)
Carbaglu (Tablet)
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)
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)
Carbidopa (Tablet)
Carbidopa/Levodopa (Tablet Immediate-Release)
Carbidopa/Levodopa ER (Tablet Extended-Release)
Carbidopa/Levodopa ODT (Tablet Dispersible)
Carbidopa/Levodopa/Entacapone (Tablet)
Carimune Nanofiltered (Injection)
Carteolol HCl (Ophthalmic Solution)
Cartia XT (Capsule Extended-Release 24 Hour)
Carvedilol (Tablet)
Caspofungin Acetate (Injection)
Cayston (Inhalation Solution)
Caziant (Tablet)
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)
Cefazolin Sodium (Injection)
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)
Cefepime (Injection)
Cefixime (Suspension)
Cefotaxime Sodium (Injection)

Cefotetan (Injection)	Shampoo)
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	Ciclopirox Nail Lacquer (External Solution)
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	Ciclopirox Olamine (Cream)
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	Cilostazol (Tablet)
Ceftazidime (Injection)	Ciloxan (0.3% Ointment)
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	Cimetidine (Tablet)
Cefuroxime Axetil (Tablet)	Cimetidine HCl (Oral Solution)
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	Cimzia (Injection)
Celecoxib (Capsule)	Cinryze (Injection)
Celontin (Capsule)	Cipro HC (Suspension)
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	Ciprodex (Otic Suspension)
Cesamet (Capsule)	Ciprofloxacin (Oral Suspension)
Cetirizine HCl (Oral Solution)	Ciprofloxacin ER (Tablet Extended-Release 24 Hour)
Chantix (Tablet)	Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)
Chantix Continuing Month Pak (Tablet)	Ciprofloxacin HCl (100mg Tablet Immediate-Release)
Chantix Starting Month Pak (Tablet)	Ciprofloxacin I.V. in D5W (Injection)
Chemet (Capsule)	Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)
Chenodal (Tablet)	Citalopram HBr (10mg/5ml Oral Solution)
Chlordiazepoxide HCl (Capsule)	Claravis (Capsule)
Chlorhexidine Gluconate Oral Rinse (Solution)	Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)
Chloroquine Phosphate (Tablet)	Clarithromycin (250mg Tablet, 500mg Tablet)
Chlorothiazide (Tablet)	Clarithromycin ER (Tablet Extended-Release 24 Hour)
Chlorpromazine HCl (Tablet)	Climara Pro (Patch Weekly)
Chlorthalidone (Tablet)	Clindamycin HCl (Capsule Immediate-Release)
Chlorzoxazone (500mg Tablet)	Clindamycin Palmitate HCl (Oral Solution)
Cholbam (Capsule)	Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)
Cholestyramine (Packet)	Clindamycin Phosphate (2% Cream)
Cholestyramine Light (Powder)	Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)
Ciclopirox (0.77% Gel, 0.77% Suspension, 1%	

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Clindamycin Phosphate in D5W (Injection)	Colestipol HCl (5gm Packet)
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	Colistimethate Sodium (Injection)
Clobetasol Propionate (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	Colocort (Enema)
Clobetasol Propionate (0.05% External Solution)	Coly-Mycin S (Suspension)
Clobetasol Propionate E (Cream)	Combigan (Ophthalmic Solution)
Clomipramine HCl (Capsule)	Combivent Respimat (Aerosol Solution)
Clonazepam (Tablet Immediate-Release)	Cometriq (Kit)
Clonazepam ODT (Tablet Dispersible)	Complera (Tablet)
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	Compro (Suppository)
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	Constulose (Oral Solution)
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	Cordran (Tape)
Clopidogrel (75mg Tablet)	Corlanor (Tablet)
Clorazepate Dipotassium (Tablet)	Cortisone Acetate (Tablet)
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	Cosentyx (Injection)
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	Cosentyx Sensoready Pen (Injection)
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	Cosopt PF (Ophthalmic Solution)
Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible)	Cotellic (Tablet)
Clozapine ODT (200mg Tablet Dispersible)	Coumadin (Tablet)
Coartem (Tablet)	Creon (Capsule Delayed-Release)
Codeine Sulfate (Tablet)	Crinone (Gel)
Colchicine (0.6mg Capsule) (Generic Mitigare)	Crixivan (Capsule)
Colchicine (0.6mg Tablet) (Generic Colcrys)	Cromolyn Sodium (100mg/5ml Concentrate)
Colcrys (Tablet)	Cromolyn Sodium (20mg/2ml Nebulized Solution)
Colesevelam HCl (Tablet)	Cromolyn Sodium (4% Ophthalmic Solution)
Colestipol HCl (1gm Tablet)	Cryselle-28 (Tablet)
	Cuprimine (Capsule)
	Cuvposa (Oral Solution)
	Cyclafem (Tablet)
	Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)
	Cyclobenzaprine HCl (7.5mg Tablet)
	Cyclophosphamide (Capsule)
	Cycloset (Tablet)
	Cyclosporine (Capsule)
	Cyclosporine Modified (100mg Capsule, 25mg

Capsule, 50mg Capsule, 100mg/ml Oral Solution)
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)
Cystadane (Powder)
Cystagon (Capsule)
Cystaran (Ophthalmic Solution)
D
DARAPRIM (Tablet)
Daklinza (Tablet)
Daliresp (Tablet)
Dalvance (Injection)
Danazol (Capsule)
Dantrolene Sodium (Capsule)
Dapsone (Tablet)
Daptacel (Injection)
Daptomycin (Injection)
Deblitane (Tablet)
Delyla (Tablet)
Demeclocycline HCl (Tablet)
Demser (Capsule)
Denavir (Cream)
Depen Titratabs (Tablet)
Depo-Estradiol (Injection)
Depo-Provera (Injection)
Descovy (Tablet)
Desipramine HCl (Tablet)
Desmopressin Acetate (0.01% Nasal Spray Solution)
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)
Desogestrel/Ethinyl Estradiol (Tablet)
Desonide (0.05% Ointment)
Desoximetasone (0.05% Cream, 0.25% Cream)
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24

Hour) (Generic Pristiq)
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)
Dexamethasone Intensol (1mg/ml Concentrate)
Dexamethasone Sodium Phosphate (Ophthalmic Solution)
Dexilant (Capsule Delayed-Release)
Dexmethylphenidate HCl (Tablet Immediate-Release)
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)
Dextrose 10% (Injection)
Dextrose 10%/NaCl 0.2% (Injection)
Dextrose 10%/NaCl 0.45% (Injection)
Dextrose 2.5%/NaCl 0.45% (Injection)
Dextrose 5% (Injection)
Dextrose 5%/NaCl 0.2% (Injection)
Dextrose 5%/NaCl 0.225% (Injection)
Dextrose 5%/NaCl 0.33% (Injection)
Dextrose 5%/NaCl 0.45% (Injection)
Dextrose 5%/NaCl 0.9% (Injection)
Diastat AcuDial (Gel)
Diastat Pediatric (Gel)
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)
Diazepam (1mg/ml Oral Solution)
Diazepam Intensol (5mg/ml Concentrate)
Diclofenac Potassium (Tablet)
Diclofenac Sodium (0.1% Ophthalmic Solution)
Diclofenac Sodium (1% Gel)
Diclofenac Sodium (3% Gel)
Diclofenac Sodium DR (Tablet Delayed-Release)
Diclofenac Sodium ER (Tablet Extended-Release

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24 Hour)	Doxazosin Mesylate (Tablet)
Dicloxacillin Sodium (Capsule)	Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	Doxepin HCl (Cream)
Dicyclomine HCl (Tablet)	Doxercalciferol (Capsule)
Didanosine (Capsule Delayed-Release)	Doxy 100 (Injection)
Difacid (Tablet)	Doxycycline (25mg/5ml Suspension)
Diflunisal (Tablet)	Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)
Digitek (Tablet)	Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)
Digox (Tablet)	Dronabinol (Capsule)
Digoxin (0.05mg/ml Oral Solution)	Drospirenone/Ethinyl Estradiol (Tablet)
Digoxin (125mcg Tablet, 250mcg Tablet)	Droxia (Capsule)
Dihydroergotamine Mesylate (Nasal Solution)	Duavee (Tablet)
Dilantin (Capsule)	Dulera (Aerosol)
Dilantin INFATABS (Tablet Chewable)	Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)
Dilt-XR (Capsule Extended-Release 24 Hour)	Duramorph (Injection)
Diltiazem HCl (Tablet Immediate-Release)	Durezol (Emulsion)
Diltiazem HCl ER (Capsule Extended-Release)	Dutasteride (Capsule)
Dipentum (Capsule)	Dymista (Suspension)
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	Dyrenium (Capsule)
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	E
Disulfiram (Tablet)	E.E.S. Granules (Suspension)
Diuril (Suspension)	Econazole Nitrate (Cream)
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	Edarbi (Tablet)
Divalproex Sodium DR (Tablet Delayed-Release)	Edarbyclor (Tablet)
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	Edurant (Tablet)
Dofetilide (Capsule)	Efavirenz (200mg Capsule, 600mg Tablet)
Donepezil HCl (Tablet)	Efavirenz (50mg Capsule)
Donepezil HCl ODT (Tablet Dispersible)	Egrifta (Injection)
Doripenem (Injection)	Elestrin (Gel)
Dorzolamide HCl (Ophthalmic Solution)	
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution)	

Elidel (Cream)	Erleada (Tablet)
Eliquis (Tablet)	Errin (Tablet)
Eliquis Starter Pack (Tablet)	Ery (2% Pad)
Elmiron (Capsule)	Ery-Tab (Tablet Delayed-Release)
Embeda (Capsule Extended-Release)	EryPed 200 (Suspension)
Emcyt (Capsule)	EryPed 400 (Suspension)
Emend (125mg Suspension)	Erythrocin Lactobionate (Injection)
Emoquette (Tablet)	Erythromycin (2% External Solution)
Emsam (Patch 24 Hour)	Erythromycin (2% Gel)
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	Erythromycin (250mg Capsule Delayed-Release)
Enalapril Maleate (Tablet)	Erythromycin (5mg/gm Ophthalmic Ointment)
Enalapril Maleate/Hydrochlorothiazide (Tablet)	Erythromycin Base (Tablet)
Enbrel (Injection)	Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)
Enbrel SureClick (Injection)	Erythromycin/Benzoyl Peroxide (Gel)
Endocet (Tablet)	Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)
Engerix-B (Injection)	Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)
Enoxaparin Sodium (Injection)	Escitalopram Oxalate (5mg/5ml Oral Solution)
Enpresse-28 (Tablet)	Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)
Enskyce (Tablet)	Estarylla (Tablet)
Entacapone (Tablet)	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)
Entecavir (Tablet)	Estradiol (0.1mg/gm Cream)
Entresto (Tablet)	Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)
Enulose (Oral Solution)	Estradiol (10mcg Tablet)
Epclusa (Tablet)	Estradiol Valerate (Injection)
EpiPen (Injection)	Estring (Ring)
Epinastine HCl (Ophthalmic Solution)	Ethacrynic Acid (Tablet)
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	Ethambutol HCl (Tablet)
Epitol (Tablet)	Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)
Epivir HBV (5mg/ml Oral Solution)	Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)
Eplerenone (Tablet)	
Eprosartan Mesylate (Tablet)	
Eraxis (100mg Injection)	
Eraxis (50mg Injection)	
Ergotamine Tartrate/Caffeine (Tablet)	
Erivedge (Capsule)	

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Etidronate Disodium (Tablet)	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)
Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)
Etodolac ER (Tablet Extended-Release 24 Hour)	Ferriprox (100mg/ml Oral Solution, 500mg Tablet)
Eurax (10% Cream, 10% Lotion)	Fetzima (Capsule Extended-Release 24 Hour)
Evotaz (Tablet)	Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)
Exelderm (1% Cream, 1% External Solution)	Finacea (15% Foam, 15% Gel)
Exemestane (Tablet)	Finasteride (5mg Tablet) (Generic Proscar)
Exjade (Tablet Soluble)	Firazyr (Injection)
Ezetimibe (Tablet)	Firmagon (120mg Injection)
Ezetimibe/Simvastatin (Tablet)	Firmagon (80mg Injection)
F	Flarex (Suspension)
FML (Ointment)	Flebogamma DIF (Injection)
FML Forte (Suspension)	Flecainide Acetate (Tablet)
Falmina (Tablet)	Flector (Patch)
Famciclovir (Tablet)	Flovent Diskus (Aerosol Powder)
Famotidine (20mg Tablet, 40mg Tablet)	Flovent HFA (Aerosol)
Famotidine (40mg/5ml Suspension)	Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	Fluconazole in NaCl (Injection)
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	Flucytosine (Capsule)
Fanapt Titration Pack (Tablet)	Fludrocortisone Acetate (Tablet)
Fareston (Tablet)	Flunisolide (Nasal Solution)
Farydak (Capsule)	Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)
Felbamate (400mg Tablet, 600mg Tablet)	Fluocinolone Acetonide (0.01% Otic Oil)
Felbamate (600mg/5ml Suspension)	Fluocinolone Acetonide Scalp (Oil)
Felodipine ER (Tablet Extended-Release 24 Hour)	Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)
Femring (Ring)	Fluocinonide Emulsified Base (Cream)
Femynor (Tablet)	Fluorometholone (Ophthalmic Suspension)
Fenofibrate (145mg Tablet, 48mg Tablet)	
Fenofibrate (160mg Tablet, 54mg Tablet)	
Fenofibrate Micronized (Capsule)	
Fenofibric Acid (105mg Tablet)	
Fenofibric Acid (35mg Tablet)	
Fenofibric Acid DR (Capsule Delayed-Release)	

Fluorouracil (0.5% Cream)
Fluorouracil (2% External Solution, 5% External Solution)
Fluorouracil (5% Cream)
Fluoxetine DR (Capsule Delayed-Release)
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)
Fluphenazine Decanoate (Injection)
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)
Fluphenazine HCl (5mg/ml Concentrate)
Flurbiprofen (Tablet)
Flurbiprofen Sodium (Ophthalmic Solution)
Flutamide (Capsule)
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)
Fluticasone Propionate (50mcg/act Suspension)
Fluticasone Propionate/Salmeterol (Aerosol Powder)
Fluvastatin (Capsule Immediate-Release)
Fluvoxamine Maleate (Tablet)
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)
Fondaparinux Sodium (2.5mg/0.5ml Injection)
Forteo (Injection)
Fosamprenavir Calcium (Tablet)
Fosinopril Sodium (Tablet)
Fosinopril Sodium/Hydrochlorothiazide (Tablet)
FreAmine HBC 6.9% (Injection)
Furosemide (10mg/ml Injection)
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)
Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)

Fuzeon (Injection)
Fyavolv (Tablet)
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)
G
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)
Gabapentin (250mg/5ml Oral Solution)
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)
Galantamine HBr ER (Capsule Extended-Release 24 Hour)
Gammagard Liquid (Injection)
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)
Gammaked (Injection)
Gammaplex (Injection)
Gamunex-C (Injection)
Gardasil 9 (Injection)
Gatifloxacin (Ophthalmic Solution)
Gattex (Injection)
Gauze (Non-medicated 2X2)
GaviLyte-C (Oral Solution)
GaviLyte-G (Oral Solution)
GaviLyte-N/Flavor Pack (Oral Solution)
Gemfibrozil (Tablet)
Generlac (Oral Solution)
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)
Genotropin (12mg Injection, 5mg Injection)
Genotropin Miniquick (0.2mg Injection)
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)
Gentak (Ophthalmic Ointment)
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment,

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0.3% Ophthalmic Solution)	Haloperidol Lactate (Injection)
Gentamicin Sulfate (40mg/ml Injection)	Harvoni (Tablet)
Gentamicin Sulfate/0.9% Sodium Chloride (Injection)	Havrix (Injection)
Genvoya (Tablet)	Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)
Geodon (20mg Injection)	Heparin Sodium (1000unit/ml Injection)
Gianvi (Tablet)	HepatAmine (Injection)
Gilenya (Capsule)	Hetlioz (Capsule)
Gilotrif (Tablet)	Hexalen (Capsule)
Glassia (Injection)	Hiberix (Injection)
Glatiramer Acetate (Solution Prefilled Syringe)	Humalog Cartridge (Injection)
Glatopa (Injection)	Humalog Junior KwikPen (Injection)
Gleostine (100mg Capsule, 40mg Capsule)	Humalog KwikPen (Injection)
Gleostine (10mg Capsule)	Humalog Mix 50/50 KwikPen (Injection)
Glimepiride (Tablet)	Humalog Mix 50/50 Vial (Injection)
Glipizide (Tablet Immediate-Release)	Humalog Mix 75/25 KwikPen (Injection)
Glipizide ER (Tablet Extended-Release 24 Hour)	Humalog Mix 75/25 Vial (Injection)
Glipizide/Metformin HCl (Tablet)	Humalog Vial (Injection)
GlucaGen HypoKit (Injection)	Humatrope (Injection)
Glucagon Emergency Kit (Injection)	Humatrope Combo Pack (Injection)
Glyxambi (Tablet)	Humira (Injection)
Granisetron HCl (Tablet)	Humira Pediatric Crohns Disease Starter Pack (Injection)
Granix (Injection)	Humira Pen (Injection)
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	Humira Pen Crohns Disease Starter Pack (Injection)
Griseofulvin Ultramicrosize (Tablet)	Humira Pen-Psoriasis Starter (Injection)
Guanfacine ER (Tablet Extended-Release 24 Hour)	Humulin 70/30 KwikPen (Injection)
Guanidine HCl (Tablet)	Humulin 70/30 Vial (Injection)
H	Humulin N KwikPen (Injection)
Haegarda (Injection)	Humulin N Vial (Injection)
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	Humulin R U-500 KwikPen (Injection)
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	Humulin R U-500 Vial (Concentrated) (Injection)
Haloperidol Decanoate (Injection)	Humulin R Vial (Injection)
	Hydralazine HCl (Tablet)
	Hydrochlorothiazide (12.5mg Capsule, 12.5mg

Tablet, 25mg Tablet, 50mg Tablet)
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution)
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)
Hydrocortisone (100mg/60ml Enema)
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)
Hydrocortisone Butyrate (0.1% Ointment)
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)
Hydrocortisone/Acetic Acid (Otic Solution)
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)
Hydromorphone HCl (1mg/ml Liquid)
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)
Hydromorphone HCl (2mg/ml Injection)
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)
Hydroxychloroquine Sulfate (Tablet)
Hydroxyurea (Capsule)
Hydroxyzine HCl (10mg/5ml Syrup)
Hydroxyzine HCl (Tablet)
Hydroxyzine Pamoate (Capsule)
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)
I
IPOL Inactivated IPV (Injection)
Ibandronate Sodium (Tablet)

Ibrance (Capsule)
Ibu (Tablet)
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)
Iclusig (Tablet)
Idhifa (Tablet)
Ilevo (Suspension)
Imatinib Mesylate (Tablet)
Imbruvica (140mg Capsule, 70mg Capsule)
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)
Imipenem/Cilastatin (Injection)
Imipramine HCl (Tablet)
Imipramine Pamoate (Capsule)
Imiquimod (Cream)
Imovax Rabies (H.D.C.V.) (Injection)
Increlex (Injection)
Incruse Ellipta (Aerosol Powder)
Indapamide (Tablet)
Indomethacin (25mg Capsule, 50mg Capsule)
Infanrix (Injection)
Inlyta (Tablet)
Insulin Syringes, Needles
Intelence (100mg Tablet, 200mg Tablet)
Intelence (25mg Tablet)
Intralipid (Injection)
Intron A (Injection)
Introvale (Tablet)
Invanz (Injection)
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)
Invega Sustenna (39mg/0.25ml Injection)
Invega Trinza (Injection)
Invirase (200mg Capsule, 500mg Tablet)
Invokamet (Tablet)
Invokamet XR (Tablet Extended-Release 24

Bold type = Brand name drug

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Hour)	Jantoven (Tablet)
Invokana (Tablet)	Janumet (Tablet Immediate-Release)
Ionosol-MB/Dextrose 5% (Injection)	Janumet XR (Tablet Extended-Release 24 Hour)
Ipratropium Bromide (0.02% Inhalation Solution)	Januvia (Tablet)
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	Jardiance (Tablet)
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	Jentaduetto (Tablet)
Irbesartan (Tablet)	Jentaduetto XR (Tablet Extended-Release 24 Hour)
Irbesartan/Hydrochlorothiazide (Tablet)	Jinteli (Tablet)
Iressa (Tablet)	Jolivette (Tablet)
Isentress (100mg Packet, 25mg Tablet Chewable)	Jublia (External Solution)
Isentress (100mg Tablet Chewable, 400mg Tablet)	Juleber (Tablet)
Isentress HD (Tablet)	Juluca (Tablet)
Isibloom (Tablet)	Junel 1.5/30 (Tablet)
Isolyte-P/Dextrose 5% (Injection)	Junel 1/20 (Tablet)
Isolyte-S (Injection)	Junel Fe 1.5/30 (Tablet)
Isoniazid (100mg Tablet, 300mg Tablet)	Junel Fe 1/20 (Tablet)
Isoniazid (50mg/5ml Syrup)	Junel Fe 24 (Tablet)
Isosorbide Dinitrate (Tablet Immediate-Release)	Juxtapid (Capsule)
Isosorbide Dinitrate ER (Tablet Extended-Release)	K
Isosorbide Mononitrate (Tablet Immediate-Release)	KCl 0.075%/D5W/NaCl 0.45% (Injection)
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	KCl 0.15%/D5W/NaCl 0.2% (Injection)
Isotonic Gentamicin (Injection)	KCl 0.15%/D5W/NaCl 0.45% (Injection)
Isotretinoin (Capsule)	KCl 0.15%/D5W/NaCl 0.9% (Injection)
Itraconazole (Capsule)	KCl 0.3%/D5W/NaCl 0.45% (Injection)
Ivermectin (Tablet)	KCl 0.3%/D5W/NaCl 0.9% (Injection)
Ixiaro (Injection)	Kaitlib Fe (Tablet Chewable)
J	Kaletra (100mg-25mg Tablet)
Jadenu (Tablet)	Kaletra (200mg-50mg Tablet)
Jadenu Sprinkle (Packet)	Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)
Jakafi (Tablet)	Kariva (Tablet)
	Kelnor 1/35 (Tablet)
	Kelnor 1/50 (Tablet)
	Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)

Ketoconazole (2% Foam)	Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)
Ketoprofen (Capsule Immediate-Release)	Lamivudine/Zidovudine (Tablet)
Ketorolac Tromethamine (Ophthalmic Solution)	Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)
Kimidess (Tablet)	Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)
Kineret (Injection)	Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)
Kinrix (Injection)	Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)
Kionex (Suspension)	Lanthanum Carbonate (Tablet Chewable)
Kisqali (Tablet)	Lantus SoloStar (Injection)
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Lantus Vial (Injection)
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Larissia (Tablet)
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Lastacraft (Ophthalmic Solution)
Klor-Con (Packet)	Latanoprost (Ophthalmic Solution)
Klor-Con 10 (Tablet Extended-Release)	Latuda (Tablet)
Klor-Con 8 (Tablet Extended-Release)	Layolis Fe (Tablet Chewable)
Klor-Con M10 (Tablet Extended-Release)	Leena (Tablet)
Klor-Con M15 (Tablet Extended-Release)	Leflunomide (Tablet)
Klor-Con M20 (Tablet Extended-Release)	Lenvima (Capsule Therapy Pack)
Klor-Con Sprinkle (Capsule Extended-Release)	Lessina (Tablet)
Kombiglyze XR (Tablet Extended-Release 24 Hour)	Letrozole (Tablet)
Korlym (Tablet)	Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet)
Kurvelo (Tablet)	Leucovorin Calcium (25mg Tablet)
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	Leukeran (Tablet)
Kynamro (Injection)	Leukine (Injection)
L	Leuprolide Acetate (Injection)
LARIN 1.5/30 (Tablet)	Levalbuterol (Nebulized Solution)
LARIN 1/20 (Tablet)	Levemir FlexTouch (Injection)
LARIN Fe 1.5/30 (Tablet)	Levemir Vial (Injection)
LARIN Fe 1/20 (Tablet)	Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)
Labetalol HCl (Tablet)	
Lacrisert (Insert)	
Lactulose (Oral Solution)	
Lamivudine (100mg Tablet)	

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Immediate-Release, 100mg/ml Oral Solution)
Levetiracetam ER (Tablet Extended-Release 24 Hour)
Levobunolol HCl (Ophthalmic Solution)
Levocarnitine (1gm/10ml Oral Solution)
Levocarnitine (330mg Tablet)
Levocetirizine Dihydrochloride (5mg Tablet)
Levofloxacin (0.5% Ophthalmic Solution)
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)
Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)
Levofloxacin in D5W (Injection)
Levonest (Tablet)
Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)
Levonorgestrel/Ethinyl Estradiol (0.15mg-30mcg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.1-0.02mg/0.01mg Tablet, 0.15mg-0.03mg/0.01mg Tablet, 0.15mg-0.02mg/0.025mg/0.03mg/0.01mg Tablet)
Levora 0.15/30-28 (Tablet)
Levorphanol Tartrate (Tablet)
Levothyroxine Sodium (Tablet)
Levoxyl (Tablet)
Lexiva (50mg/ml Suspension)
Lialda (Tablet Delayed-Release)
Lidocaine (5% Ointment)
Lidocaine (5% Patch)
Lidocaine HCl (4% External Solution)
Lidocaine HCl (Gel)
Lidocaine Viscous (Solution)
Lidocaine/Prilocaine (Cream)
Lindane (Shampoo)
Linezolid (100mg/5ml Suspension)
Linezolid (600mg Tablet)
Linezolid (600mg/300ml Injection)

Linzess (Capsule)
Liothyronine Sodium (Tablet)
Lisinopril (Tablet)
Lisinopril/Hydrochlorothiazide (Tablet)
Lithium (Oral Solution)
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)
Lithium Carbonate ER (Tablet Extended-Release)
Lithostat (Tablet)
Livalo (Tablet)
Lonsurf (Tablet)
Loperamide HCl (Capsule)
Lopinavir/Ritonavir (Oral Solution)
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet)
Lorazepam (2mg/ml Concentrate)
Lorcet (Tablet)
Lorcet HD (Tablet)
Lorcet Plus (Tablet)
Loryna (Tablet)
Losartan Potassium (Tablet)
Losartan Potassium/Hydrochlorothiazide (Tablet)
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)
Lovastatin (Tablet)
Low-Ogestrel (Tablet)
Loxapine Succinate (Capsule)
Lumigan (Ophthalmic Solution)
Lupaneta Pack (Kit)
Lupron Depot (1-Month) (Injection)
Lupron Depot (3-Month) (Injection)
Lupron Depot (4-Month) (Injection)
Lupron Depot (6-Month) (Injection)
Lutera (Tablet)
Lynparza (100mg Tablet, 150mg Tablet, 50mg

Capsule)	Mentax (Cream)
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	Menveo (Injection)
Lysodren (Tablet)	Mercaptopurine (Tablet)
Lyza (Tablet)	Meropenem (Injection)
M	Mesalamine (Enema)
M-M-R II (Injection)	Mesalamine DR (1.2gm Tablet Delayed-Release)
Magnesium Sulfate (1gm/2ml-50% Injection)	Mesnex (400mg Tablet)
Magnesium Sulfate (5gm/10ml-50% Injection)	Mestinon (60mg/5ml Syrup)
Malathion (Lotion)	Metadate ER (Tablet Extended-Release)
Maprotiline HCl (Tablet)	Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)
Marlissa (Tablet)	Metformin HCl (Tablet Immediate-Release)
Marplan (Tablet)	Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)
Matulane (Capsule)	Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)
Matzim LA (Tablet Extended-Release 24 Hour)	Methazolamide (Tablet)
Mavyret (Tablet)	Methenamine Hippurate (Tablet)
Meclizine HCl (Tablet)	Methimazole (Tablet)
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Methotrexate (Tablet)
Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe)	Methotrexate Sodium (Injection)
Mefloquine HCl (Tablet)	Methoxsalen (Capsule)
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	Methscopolamine Bromide (Tablet)
Megestrol Acetate (625mg/5ml Suspension)	Methyclothiazide (Tablet)
Mekinist (Tablet)	Methyldopa (Tablet)
Melodetta 24 Fe (Tablet Chewable)	Methyldopa/Hydrochlorothiazide (Tablet)
Meloxicam (Tablet)	Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)
Memantine HCl (10mg Tablet, 5mg Tablet)	Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)
Memantine HCl (2mg/ml Oral Solution)	Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)
Memantine HCl ER (Capsule Extended-Release 24 Hour)	Methylprednisolone (Tablet)
Memantine HCl Titration Pak (Tablet)	Methylprednisolone Dose Pack (Tablet Therapy Pack)
Menactra (Injection)	Metipranolol (Ophthalmic Solution)
Menest (Tablet)	

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Metoclopramide HCl (10mg Tablet, 5mg Tablet)	Modafinil (Tablet)
Metoclopramide HCl (5mg/5ml Oral Solution)	Moexipril HCl (Tablet)
Metolazone (Tablet)	Moexipril/Hydrochlorothiazide (Tablet)
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Mometasone Furoate (50mcg/act Suspension)
Metoprolol/Hydrochlorothiazide (Tablet)	MonoNessa (Tablet)
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	Montelukast Sodium (10mg Tablet)
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)
Metronidazole Vaginal (Gel)	Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)
Metronidazole in NaCl 0.79% (Injection)	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)
Mexiletine HCl (Capsule)	Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)
Mibelas 24 Fe (Tablet Chewable)	Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)
Miconazole 3 (Suppository)	Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)
Microgestin 1.5/30 (Tablet)	Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)
Microgestin 1/20 (Tablet)	Moxeza (Ophthalmic Solution)
Microgestin Fe (Tablet)	Moxifloxacin HCl/Sodium HCl (Injection)
Microgestin Fe 1.5/30 (Tablet)	Moxifloxacin HCl (Ophthalmic Solution)
Midodrine HCl (Tablet)	Moxifloxacin HCl (Tablet)
Migergot (Suppository)	Multaq (Tablet)
Miglitol (Tablet)	Mupirocin (2% Cream)
Miglustat (Capsule)	Mupirocin (2% Ointment)
Mili (Tablet)	Myalept (Injection)
Minitran (Patch 24 Hour)	Mycamine (Injection)
Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule)	Mycophenolate Mofetil (200mg/ml Suspension)
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)
Minoxidil (Tablet)	Mycophenolic Acid DR (Tablet Delayed-Release)
Mirtazapine (Tablet)	
Mirtazapine ODT (Tablet Dispersible)	
Mirvaso (Gel)	
Misoprostol (Tablet)	

Myrbetriq (Tablet Extended-Release 24 Hour)

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Nabumetone (Tablet)

Nadolol (Tablet)

Nadolol/Bendroflumethiazide (Tablet)

Nafcillin Sodium (10gm Injection, 1gm Injection)

Naftifine HCl (1% Cream)

Naftifine HCl (2% Cream)

Naftin (1% Gel, 2% Gel)

Naloxone HCl (Injection)

Naltrexone HCl (Tablet)

Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)

Naproxen (125mg/5ml Suspension)

Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)

Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)

Naratriptan HCl (Tablet)

Narcan (Liquid)

Natacyn (Suspension)

Nateglinide (Tablet)

Natpara (Injection)

Nebupent (Inhalation Solution)

Necon 0.5/35-28 (Tablet)

Necon 7/7/7 (Tablet)

Nefazodone HCl (Tablet)

Neomycin Sulfate (Tablet)

Neomycin/Bacitracin/Polymyxin (Ointment)

Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)

Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)

Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)

Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)

Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)

Nephramine (Injection)

Nerlynx (Tablet)

Neulasta (Injection)

Neupogen (Injection)

Neupro (Patch 24 Hour)

Nevirapine (Tablet)

Nevirapine ER (Tablet Extended-Release 24 Hour)

Nexavar (Tablet)

Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)

Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)

Niacin ER (Tablet Extended-Release)

Niacor (Tablet)

Nicardipine HCl (Capsule)

Nicotrol (Inhaler)

Nicotrol NS (Nasal Solution)

Nifedipine ER (Tablet Extended-Release 24 Hour)

Nikki (Tablet)

Nilutamide (Tablet)

Nimodipine (Capsule)

Ninlaro (Capsule)

Nitro-Bid (Ointment)

Nitrofurantoin (Suspension)

Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)

Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)

Nitroglycerin (Tablet Sublingual)

Nitroglycerin Lingual (Translingual Solution)

Nitroglycerin Transdermal (Patch 24 Hour)

Nitrostat (Tablet Sublingual)

Nora-BE (Tablet)

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Norditropin FlexPro (Injection)	Nystop (Powder)
Norethindrone (0.35mg Tablet)	O
Norethindrone Acetate (5mg Tablet)	Ocaliva (Tablet)
Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet, 1mg-20mcg Tablet, 1mg-5mcg Tablet)	Ocella (Tablet)
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet, Tablet Chewable)	Octagam (Injection)
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	Octreotide Acetate (Injection)
Norgestimate/Ethinyl Estradiol (Tablet)	Odefsey (Tablet)
Norlyroc (Tablet)	Odomzo (Capsule)
Normosol-M in D5W (Injection)	Ofev (Capsule)
Normosol-R (Injection)	Ofloxacin (0.3% Ophthalmic Solution)
Normosol-R in D5W (Injection)	Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)
Northera (Capsule)	Ogestrel (Tablet)
Nortrel 0.5/35 (28) (Tablet)	Olanzapine (10mg Injection)
Nortrel 1/35 (Tablet)	Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)
Nortrel 7/7/7 (Tablet)	Olanzapine ODT (Tablet Dispersible)
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	Olmesartan Medoxomil (Tablet)
Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution)	Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet)
Noxafil (100mg Tablet Delayed-Release)	Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)
Noxafil (40mg/ml Suspension)	Olopatadine HCl (Ophthalmic Solution)
Nucala (Injection)	Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)
Nucynta ER (Tablet Extended-Release 12 Hour)	Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)
Nuedexta (Capsule)	Omeprazole (20mg Capsule Delayed-Release)
Nuplazid (Tablet)	Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)
Nutrilipid (Injection)	Ondansetron HCl (4mg/5ml Oral Solution)
Nutropin AQ (Injection)	Ondansetron ODT (Tablet Dispersible)
NuvaRing (Ring)	Onfi (10mg Tablet, 20mg Tablet)
Nyamyc (Powder)	Onfi (2.5mg/ml Suspension)
Nymalize (Oral Solution)	Onglyza (Tablet)
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	Opsumit (Tablet)
	Orencia (Injection)

Orencia Clickject (Injection)

Orenitram (0.125mg Tablet Extended-Release)

Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)

Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)

Orkambi (Tablet)

Orsythia (Tablet)

Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)

Osphena (Tablet)

Otezla (Tablet Therapy Pack, 30mg Tablet)

Oxacillin Sodium (Injection)

Oxandrolone (10mg Tablet)

Oxandrolone (2.5mg Tablet)

Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)

Oxcarbazepine (300mg/5ml Suspension)

Oxiconazole Nitrate (Cream)

Oxistat (1% Lotion)

Oxsoralen Ultra (Capsule)

Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)

Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)

Oxycodone HCl (100mg/5ml Concentrate)

Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)

Oxycodone HCl (5mg/5ml Oral Solution)

Oxycodone/Acetaminophen (Tablet)

Oxycodone/Aspirin (Tablet)

Oxycodone/Ibuprofen (Tablet)

P

PEG 3350/Electrolytes (Oral Solution)

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

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

Pacerone (200mg Tablet)

Paliperidone ER (Tablet Extended-Release 24 Hour)

Panretin (Gel)

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

Paricalcitol (Capsule)

Paromomycin Sulfate (Capsule)

Paroxetine HCl (Tablet Immediate-Release)

Paser (Packet)

Paxil (10mg/5ml Suspension)

Pazeo (Ophthalmic Solution)

Pediarix (Injection)

Pedvax HIB (Injection)

Peganone (Tablet)

Pegasys (Injection)

Pegasys ProClick (Injection)

Penicillin G Potassium (Injection)

Penicillin G Procaine (Injection)

Penicillin G Sodium (Injection)

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

Pentam 300 (Injection)

Pentasa (Capsule Extended-Release)

Pentoxifylline ER (Tablet Extended-Release)

Perforomist (Nebulized Solution)

Perindopril Erbumine (Tablet)

Periogard (Solution)

Permethrin (Cream)

Perphenazine (Tablet)

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Phenadoz (Suppository)	Oral Solution)
Phenelzine Sulfate (Tablet)	Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	Potassium Chloride (2meq/ml Injection)
Phenoxybenzamine HCl (Capsule)	Potassium Chloride CR (Tablet Extended-Release)
Phenytek (Capsule)	Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)
Phenytoin Sodium Extended (Capsule)	Potassium Chloride/Dextrose (Injection)
Phoslyra (Oral Solution)	Potassium Chloride/Dextrose/Lactated Ringers (Injection)
Phospholine Iodide (Ophthalmic Solution)	Potassium Chloride/Dextrose/Sodium Chloride (Injection)
Picato (Gel)	Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	Potassium Citrate ER (Tablet Extended-Release)
Pimozide (Tablet)	Pradaxa (Capsule)
Pimtrea (Tablet)	Praluent (Injection)
Pindolol (Tablet)	Pramipexole Dihydrochloride (Tablet Immediate-Release)
Pioglitazone HCl (Tablet)	Prasugrel (Tablet)
Pioglitazone HCl/Glimepiride (Tablet)	Pravastatin Sodium (Tablet)
Pioglitazone HCl/Metformin HCl (Tablet)	Prazosin HCl (Capsule)
Piperacillin/Tazobactam (Injection)	Pred Mild (Suspension)
Pirmella 1/35 (Tablet)	Pred-G (Suspension)
Piroxicam (Capsule)	Pred-G S.O.P. (Ointment)
Plasma-Lyte A (Injection)	Prednicarbate (0.1% Cream, 0.1% Ointment)
Plasma-Lyte-148 (Injection)	Prednisolone (15mg/5ml Oral Solution)
Plenamine (Injection)	Prednisolone Acetate (Ophthalmic Suspension)
Podofilox (External Solution)	Prednisolone Sodium Phosphate (1% Ophthalmic Solution)
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	
Polymyxin B Sulfate (Injection)	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	
Pomalyst (Capsule)	
Portia-28 (Tablet)	
Potassium Chloride (10% Oral Solution, 20%	

Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution)

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

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

Prednisone (5mg/5ml Oral Solution)

Prednisone Intensol (5mg/ml Concentrate)

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

Premarin (Vaginal Cream)

Premasol (Injection)

Premphase (Tablet)

Prempro (Tablet)

Prevalite (Packet)

Previfem (Tablet)

Prezcobix (Tablet)

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

Prezista (150mg Tablet, 75mg Tablet)

Priftin (Tablet)

Prilosec (Packet)

Primaquine Phosphate (Tablet)

Primidone (Tablet)

Privigen (Injection)

ProAir HFA (Aerosol Solution)

ProAir RespiClick (Aerosol Powder)

ProQuad (Injection)

Probenecid (Tablet)

Probenecid/Colchicine (Tablet)

Procalamine (Injection)

Prochlorperazine (Suppository)

Prochlorperazine Maleate (Tablet)

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

Injection)

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

Procto-Med HC (Cream)

Procto-Pak (Cream)

Proctosol HC (Cream)

Proctozone-HC (Cream)

Progesterone (Capsule)

Proglycem (Suspension)

Prolastin-C (Injection)

Prolensa (Ophthalmic Solution)

Prolia (Injection)

Promacta (Tablet)

Promethazine HCl (12.5mg Suppository, 25mg Suppository)

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

Promethegan (25mg Suppository)

Propafenone HCl (Tablet)

Propafenone HCl ER (Capsule Extended-Release 12 Hour)

Proparacaine HCl (Ophthalmic Solution)

Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)

Propranolol HCl (Tablet Immediate-Release)

Propranolol HCl ER (Capsule Extended-Release 24 Hour)

Propranolol/Hydrochlorothiazide (Tablet)

Propylthiouracil (Tablet)

Prosol (Injection)

Protriptyline HCl (Tablet)

Prudoxin (Cream)

Pulmozyme (Inhalation Solution)

Purixan (Suspension)

Pyrazinamide (Tablet)

Pyridostigmine Bromide (Tablet Immediate-Release)

Pyridostigmine Bromide ER (Tablet Extended-

Bold type = Brand name drug

Plain type = Generic drug

Release)

Q

Quadracel (Injection)

Quasense (Tablet)

Quetiapine Fumarate (Tablet Immediate-Release)

Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)

Quinapril HCl (Tablet)

Quinapril/Hydrochlorothiazide (Tablet)

Quinidine Gluconate CR (Tablet Extended-Release)

Quinidine Sulfate (Tablet)

Quinine Sulfate (Capsule)

R

Rabavert (Injection)

Rabeprazole Sodium (Tablet Delayed-Release)

Raloxifene HCl (Tablet)

Ramipril (Capsule)

Ranexa (Tablet Extended-Release 12 Hour)

Ranitidine HCl (150mg Tablet, 300mg Tablet)

Ranitidine HCl (75mg/5ml Syrup)

Rapaflo (4mg Capsule, 8mg Capsule)

Rapamune (1mg/ml Oral Solution)

Rasagiline Mesylate (Tablet)

Ravicti (Liquid)

Rayaldee (Capsule Extended-Release)

Rebif (Injection)

Rebif Rebidose (Injection)

Rebif Rebidose Titration Pack (Injection)

Rebif Titration Pack (Injection)

Reclipsen (Tablet)

Recombivax HB (Injection)

Regranex (Gel)

Relenza Diskhaler (Aerosol Powder)

Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)

Relistor (150mg Tablet)

Repaglinide (Tablet)

Repaglinide/Metformin HCl (Tablet)

Repatha (Injection)

Repatha Pushtronex System (Injection)

Repatha SureClick (Injection)

Rescriptor (Tablet)

Restasis (Emulsion)

Revlimid (Capsule)

Rexulti (Tablet)

Reyataz (50mg Packet)

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

Ribavirin (200mg Tablet)

Ridaura (Capsule)

Rifabutin (Capsule)

Rifampin (150mg Capsule, 300mg Capsule)

Rifampin (600mg Injection)

Rifater (Tablet)

Riluzole (Tablet)

Rimantadine HCl (Tablet)

Riomet (Oral Solution)

Risedronate Sodium (Tablet Immediate-Release)

Risperdal Consta (12.5mg Injection, 25mg Injection)

Risperdal Consta (37.5mg Injection, 50mg Injection)

Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)

Risperidone (1mg/ml Oral Solution)

Risperidone ODT (Tablet Dispersible)

Ritonavir (Tablet)

Rivastigmine Tartrate (Capsule)

Rivastigmine Transdermal System (Patch 24 Hour)

Rizatriptan Benzoate (Tablet)

Rizatriptan Benzoate ODT (Tablet Dispersible)

Ropinirole HCl (Tablet Immediate-Release)	Sevelamer Carbonate (800mg Tablet)
Rosuvastatin Calcium (Tablet)	Sharobel (Tablet)
RotaTeq (Oral Solution)	Shingrix (Injection)
Rotarix (Suspension)	Signifor (Injection)
Roweepra (Tablet)	Sildenafil (20mg Tablet) (Generic Revatio)
Roweepra XR (Tablet Extended-Release 24 Hour)	Silver Sulfadiazine (Cream)
Rozerem (Tablet)	Simbrinza (Suspension)
Rubraca (Tablet)	Simponi (Injection)
Ruconest (Injection)	Simvastatin (Tablet)
Rydapt (Capsule)	Sirolimus (Tablet)
S	Sirturo (Tablet)
SPS (Suspension)	Sodium Chloride 0.9% (Irrigation Solution)
SSD (Cream)	Sodium Chloride (0.9% Injection)
Sabril (500mg Tablet)	Sodium Chloride (2.5meq/ml Injection)
Saizen (Injection)	Sodium Chloride (3% Injection, 5% Injection)
Samsca (Tablet)	Sodium Chloride 0.45% (Injection)
Sancuso (Patch)	Sodium Fluoride (Tablet)
Sandimmune (100mg/ml Oral Solution)	Sodium Lactate (Injection)
Santyl (Ointment)	Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)
Saphris (Tablet Sublingual)	Sodium Polystyrene Sulfonate (Powder)
Savella (Tablet)	Sodium Sulfacetamide (Ophthalmic Solution)
Savella Titration Pack	Soliqua 100/33 (Injection)
Scopolamine (Patch 72 Hour)	Soltamox (Oral Solution)
Selegiline HCl (5mg Capsule, 5mg Tablet)	Somatuline Depot (Injection)
Selenium Sulfide (Lotion)	Somavert (Injection)
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)	Sotalol HCl (AF) (Tablet)
Selzentry (25mg Tablet)	Sotalol HCl (Tablet)
Sensipar (Tablet)	Sovaldi (Tablet)
Serevent Diskus (Aerosol Powder)	Spiriva HandiHaler (Capsule)
Serostim (Injection)	Spiriva Respimat (Aerosol Solution)
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	Spironolactone (Tablet)
Sertraline HCl (20mg/ml Concentrate)	Spironolactone/Hydrochlorothiazide (Tablet)
Setlakin (Tablet)	Sporanox (10mg/ml Oral Solution)
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet)	Sprintec 28 (Tablet)
	Spritam (Tablet Disintegrating Soluble)

Bold type = Brand name drug

Plain type = Generic drug

Sprycel (Tablet)	Suprax (400mg Capsule, 500mg/5ml Suspension)
Sronyx (Tablet)	Suprep Bowel Prep Kit (Oral Solution)
Stalevo 100 (Tablet)	Sustiva (200mg Capsule, 600mg Tablet)
Stalevo 125 (Tablet)	Sustiva (50mg Capsule)
Stalevo 150 (Tablet)	Sutent (Capsule)
Stalevo 200 (Tablet)	Syeda (Tablet)
Stalevo 50 (Tablet)	Sylatron (Injection)
Stalevo 75 (Tablet)	Symbicort (Aerosol)
Stavudine (Capsule)	Symfi (Tablet)
Stelara (Injection)	Symfi Lo (Tablet)
Stiolto Respimat (Aerosol Solution)	SymlinPen 120 (Injection)
Stivarga (Tablet)	SymlinPen 60 (Injection)
Streptomycin Sulfate (Injection)	Synarel (Nasal Solution)
Stribild (Tablet)	Synjardy (Tablet)
Suboxone (Film)	Synjardy XR (Tablet Extended-Release 24 Hour)
Sucraid (Oral Solution)	Synribo (Injection)
Sucralfate (Tablet)	Synthroid (Tablet)
Sulfacetamide Sodium (Ophthalmic Ointment)	T
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	
Sulfadiazine (Tablet)	TOBI Podhaler (Capsule)
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	TPN Electrolytes (Injection)
Sulfamethoxazole/Trimethoprim DS (Tablet)	Tabloid (Tablet)
Sulfamylon (85mg/gm Cream)	Tacrolimus (0.03% Ointment, 0.1% Ointment)
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)
Sulindac (Tablet)	Tafinlar (Capsule)
Sumatriptan (Nasal Solution)	Tagrisso (Tablet)
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Tamoxifen Citrate (Tablet)
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	Tamsulosin HCl (Capsule)
Sumatriptan Succinate (6mg/0.5ml Injection)	Tarceva (Tablet)
Sumatriptan Succinate Refill (Injection)	Targretin (1% Gel)
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	Tarina Fe 1/20 (Tablet)
	Tasigna (Capsule)
	Tazarotene (Cream)
	Tazicef (Injection)
	Tazorac (0.05% Cream, 0.1% Gel)

Tazorac (0.05% Gel)	Tablet)
Taztia XT (Capsule Extended-Release 24 Hour)	Timolol Maleate Ophthalmic Gel Forming (Solution)
Tecfidera (Capsule Delayed-Release)	
Tecfidera Starter Pack	Tinidazole (Tablet)
Telmisartan (Tablet)	Tivicay (10mg Tablet)
Telmisartan/Amlodipine (Tablet)	Tivicay (25mg Tablet, 50mg Tablet)
Telmisartan/Hydrochlorothiazide (Tablet)	Tizanidine HCl (2mg Tablet, 4mg Tablet)
Temazepam (15mg Capsule, 30mg Capsule)	Tobradex (0.3%-0.1% Ophthalmic Ointment)
Tenivac (Injection)	Tobradex ST (Ophthalmic Suspension)
Tenofovir Disoproxil Fumarate (Tablet)	Tobramycin (Nebulized Solution)
Terazosin HCl (Capsule)	Tobramycin Sulfate (0.3% Ophthalmic Solution)
Terbinafine HCl (Tablet)	Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	Tobramycin/Dexamethasone (Ophthalmic Suspension)
Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel)	Tobrex (0.3% Ophthalmic Ointment)
Testosterone Cypionate (Injection)	Tolcapone (Tablet)
Testosterone Enanthate (Injection)	Topiramate (Tablet Immediate- Release, Capsule Sprinkle Immediate-Release)
Testosterone Pump (1% Gel)	Torsemide (Tablet)
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	Toujeo Max Solostar (Injection)
Tetrabenazine (Tablet)	Toujeo SoloStar (Injection)
Tetracycline HCl (Capsule)	Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)
Thalomid (Capsule)	Tradjenta (Tablet)
Theophylline (Oral Solution)	Tramadol HCl (Tablet Immediate-Release)
Theophylline CR (Tablet Extended-Release 12 Hour)	Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	Tramadol HCl/Acetaminophen (Tablet)
Thioridazine HCl (Tablet)	Trandolapril (Tablet)
Thiothixene (Capsule)	Tranexamic Acid (Tablet)
Tiagabine HCl (Tablet)	Tranylcypromine Sulfate (Tablet)
Tigecycline (Injection)	Travasol (Injection)
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	Travatan Z (Ophthalmic Solution)
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	Trazodone HCl (Tablet)
	Trecator (Tablet)

Bold type = Brand name drug

Plain type = Generic drug

Trelegy Ellipta (Aerosol Powder)	Trivora-28 (Tablet)
Trelstar Mixject (Injection)	Trophamine (10% Injection)
Tresiba FlexTouch (Injection)	Trulicity (Injection)
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	Trumenba (Injection)
Tretinoin (10mg Capsule)	Truvada (Tablet)
Tretinoin Microsphere (Gel)	Twinrix (Injection)
Trexall (Tablet)	Tybost (Tablet)
Trezix (Capsule)	Tykerb (Tablet)
Tri-Legest Fe (Tablet)	Tymlos (Injection)
Tri-Lo-Estarylla (Tablet)	Typhim Vi (Injection)
Tri-Lo-Sprintec (Tablet)	U
Tri-Mili (Tablet)	Uloric (Tablet)
Tri-Previfem (Tablet)	Unithroid (Tablet)
Tri-Sprintec (Tablet)	Ursodiol (250mg Tablet, 500mg Tablet)
Tri-Vylibra (Tablet)	Ursodiol (300mg Capsule)
TriLyte (Oral Solution)	V
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	VAQTA (Injection)
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	VP-PNV-DHA (Capsule)
Triamcinolone Acetonide (55mcg/act Aerosol)	Valacyclovir HCl (Tablet)
Triamcinolone Acetonide Dental Paste (Paste)	Valchlor (Gel)
Triamterene/Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 25mg-37.5mg Capsule)	Valganciclovir (Tablet)
Triderm (Cream)	Valganciclovir Hydrochloride (Oral Solution)
Trientine HCl (Capsule)	Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)
Trifluoperazine HCl (Tablet)	Valsartan (Tablet)
Trifluridine (Ophthalmic Solution)	Valsartan/Hydrochlorothiazide (Tablet)
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)
Trimethoprim (Tablet)	Vandazole (Gel)
Trimipramine Maleate (Capsule)	Varivax (Injection)
Trinessa (Tablet)	Varizig (Injection)
Trintellix (Tablet)	Vascepa (Capsule)
Triumeq (Tablet)	Velivet (Tablet)
	Velphoro (Tablet Chewable)
	Vemlidy (Tablet)

Venclexta (100mg Tablet, 50mg Tablet)
Venclexta (10mg Tablet)
Venclexta Starting Pack (Tablet Therapy Pack)
Venlafaxine HCl (Tablet Immediate-Release)
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)
Ventavis (Inhalation Solution)
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)
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)
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)
Verapamil HCl SR (Capsule Extended-Release 24 Hour)
Versacloz (Suspension)
Verzenio (Tablet)
Vesicare (Tablet)
Vestura (Tablet)
Vibramycin (50mg/5ml Syrup)
Victoza (Injection)
Videx EC (125mg Capsule Delayed-Release)
Videx Pediatric (Oral Solution)
Vienna (Tablet)
Vigabatrin (Packet)
Viibryd (Tablet)
Viibryd Starter Pack (Kit)
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)
Viracept (Tablet)

Bold type = Brand name drug

Viramune (50mg/5ml Suspension)
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)
Vivitrol (Injection)
Voriconazole (200mg Injection, 40mg/ml Suspension)
Voriconazole (200mg Tablet, 50mg Tablet)
Vosevi (Tablet)
Votrient (Tablet)
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)
Vraylar (Capsule Therapy Pack)
Vyfemla (Tablet)
Vylibra (Tablet)
Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)
W
WYMZYA Fe (Tablet Chewable)
Warfarin Sodium (Tablet)
Welchol (3.75gm Packet)
X
Xalkori (Capsule)
Xarelto (Tablet)
Xarelto Starter Pack (Tablet Therapy Pack)
Xatmep (Oral Solution)
Xeljanz (Tablet)
Xeljanz XR (Tablet Extended-Release 24 Hour)
Xgeva (Injection)
Xifaxan (Tablet)
Xiidra (Ophthalmic Solution)
Xolair (Injection)
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)

Plain type = Generic drug

Xtandi (Capsule)	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)
Xulane (Patch Weekly)	Zileuton ER (Tablet Extended-Release 12 Hour)
Xyrem (Oral Solution)	Ziprasidone HCl (Capsule)
Y	Zirgan (Gel)
YF-Vax (Injection)	Zolinza (Capsule)
Yuvaferm (Tablet)	Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)
Z	Zonisamide (Capsule)
Zafirlukast (Tablet)	Zorbtive (Injection)
Zaleplon (Capsule)	Zortress (Tablet)
Zarah (Tablet)	Zostavax (Injection)
Zarxio (Injection)	Zovia 1/35E (Tablet)
Zejula (Capsule)	Zyclara Pump (Cream)
Zelapar (Tablet Dispersible)	Zydelig (Tablet)
Zelboraf (Tablet)	Zyflo (Tablet)
Zemaira (Injection)	Zykadia (Capsule)
Zenchent (Tablet)	Zyprexa Relprevv (Injection)
Zenpep (Capsule Delayed-Release)	Zytiga (Tablet)
Zerbaxa (Injection)	
Zerit (1mg/ml Oral Solution)	

Alternative Covered Drugs

Your plan has a long list of covered drugs, but it doesn’t cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial list** of drugs that aren’t covered and the alternative covered drug.

Talk with your doctor or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amiodarone HCL 100mg and 400mg tablet	Amiodarone 200mg Tablet – 1
Armodafinil	Modafinil – 4 (PA Required)
Butalbital/ Acetaminophen/Caffeine Capsule	Butalbital/Acetaminophen/Caffeine Tablet – 3 Butalbital/Aspirin/Caffeine Capsule – 3
Carisoprodol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
Cialis 2.5mg and 5mg (BPH only)	Tamsulosin – 1 Alfuzosin – 2 Doxazosin – 2 Rapaflo – 3
Eszopiclone	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3
Farxiga	Invokana – 3 Jardiance – 3
Fluoxetine HCL tablets	Fluoxetine HCL Capsule – 2
Glyburide	Glimepiride –1 Glipizide – 1
Horizant	Gabapentin Capsule, Tablet – 2 Lyrica Immediate Release – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Methocarbamol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
Movantik	Lactulose – 2 Amitiza – 3
Novolin	Humulin – 3
Novolog	Humalog – 3
Proventil HFA	Proair HFA – 3

Bold type = Brand name drug Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Qvar	Arnuity – 3 Flovent – 3
Tirosint	Levothyroxine Tablet – 1
Tolterodine Tartrate Extended Release	Myrbetriq – 3 Oxybutynin Extended Release – 3 Vesicare – 3
Toviaz	Myrbetriq – 3 Oxybutynin Extended Release – 3 Vesicare – 3
Venlafaxine HCL Extended Release Tablets	Venlafaxine Extended Release Capsules – 2
Ventolin HFA	Proair HFA – 3
Xopenex HFA	Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3

Bold type = Brand name drug

Plain type = Generic drug

Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2018 and may be subject to change. Please refer to formulary materials for details on drug coverage.

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

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

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Ready to Enroll

How to enroll

You can enroll by phone, online, by mail or fax. Simply choose the way that is easiest for you and follow the directions below.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-866-367-7527, TTY 711** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face to face appointment with a licensed sales agent in your area.



Online

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



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
3315 Central AVE
Hot Springs, AR 71913



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-501-262-7070

Enrollment Request Form Checkpoints

✓ Print your name exactly as it appears on your red, white and blue Medicare card	✓ Sign and date where indicated
✓ Make sure you have chosen the plan type that works best for you	✓ Verify your Date of Birth
✓ Make sure your permanent address is correct	✓ Verify your providers accept the plan you are choosing
	✓ Provide the name of your primary care provider (PCP)
	✓ Complete your Chronic Condition Verification form and send with your application

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative:**

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

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative	Today's 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 - - - - -	Date Appointment will be Completed MM / DD / YYYY

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
---------------------------	---

Licensed Sales Representative Signature

Agent: Fax completed form 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 copays/coinsurance. 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 coinsurance 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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Chronic Condition Pre-Assessment Form

In order to enroll in a Chronic Condition Special Needs Plan, Medicare requires that your chronic condition be verified. To verify your eligibility, we need you to answer a few questions and we need your primary care provider's (or treating physician's) office to confirm your chronic condition. This is a two-part process:

- 1. Answer the questions below and complete the information requested on page two of this form so that we can have your provider verify your chronic condition.
- 2. Send the completed form along with your application.

To be completed by the Applicant or by Authorized Legal Representative

Name: _____

DOB: MM / DD / YYYY **Medicare ID (MBI/HICN):** _____

Clinical pre-qualify questions

(This is a pre-assessment, post verification by your provider will occur after you are enrolled in the plan.)

I. Diabetes Mellitus (“Yes” to 1 or 2 pre-qualifies the candidate.) *Note: A pre-diabetes diagnosis does not qualify for this plan.*

- 1. Have you ever been told by a doctor or clinic that you have diabetes (too much sugar in the blood or urine)? ☐ Yes ☐ No ☐ Not sure
- 2. Have you been prescribed or are you taking insulin or an oral medication for diabetes treatment? ☐ Yes ☐ No ☐ Not sure

II. Chronic Heart Failure (“Yes” to question 1 or questions 2 and 3 pre-qualifies the candidate. “Yes” to question 2 or 3 only requires further verification.)

- 1. Have you ever been told by a doctor or clinic that you have Congestive Heart Failure? ☐ Yes ☐ No ☐ Not sure
- 2. Have you had problems with fluid in your lungs and swelling in your legs in the past, accompanied by shortness of breath, due to a heart problem? ☐ Yes ☐ No ☐ Not sure
- 3. During the past 12 months, have you been counseled or educated by a health care professional about weighing yourself daily to monitor a heart problem? ☐ Yes ☐ No ☐ Not sure

Applicant/Authorized Representative	Today's Date
_____	<u>MM / DD / YYYY</u>

Completing this assessment does not guarantee enrollment in the plan. All Chronic Special Needs Plans require verification from a provider or specialist for enrollment.

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Chronic Condition Release of Information Form

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal law concerning the privacy of such information.

Use and Disclosure Authorization

APPLICANT, please complete (* indicates required field).

I, *(insert applicant name)* _____, hereby authorize the disclosure of my health information described above by:

Name of Provider (Last Name, First Name)*	Provider Telephone Number*	
Provider Address*		
City*	State*	ZIP Code*

Applicant Date of Birth: **MM / DD / YYYY**


Applicant/Authorized Representative Signature	Today's Date
_____	MM / DD / YYYY


CARE PROVIDER/SPECIALIST, please complete.


I, _____ (Primary Care Provider/Specialist/Care Provider Representative), hereby certify that _____ (Applicant) has the following health condition(s):
☐ Diabetes Mellitus (Pre-diabetetes excluded) ☐ Chronic Heart Failure

Primary Care Provider/Treating Physician/Specialist Signature	Today's Date
_____	MM / DD / YYYY

Please send the completed forms along with your application to:

**UnitedHealthcare**
P.O. Box 29675
Hot Springs, AR 71903-9802

**501-262-7070**

**If you have any questions, please call:**
1-866-868-0615, TTY 711, Monday – Friday, 8 a.m. – 5 p.m. CT

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2019 Enrollment Request Form

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

Please check the plan you want:

☐ **UnitedHealthcare Medicare Silver (Regional PPO SNP) - UMS**

This plan is designed for people who have a qualifying chronic condition with long-term medical problems. Note: Medicare will want proof from your doctor showing you have a chronic condition.

☐ **UnitedHealthcare Dual Complete Choice (Regional PPO SNP) - UCC**

This plan is designed for people with both Medicare and Medicaid. We may need to contact you to ask for proof of eligibility.

This is a Regional Preferred Provider Organization (RPPO) plan. It has a network of doctors, specialists, hospitals and other providers you can use. In some cases, you may get covered services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

Information about you. (Please type or print in black or blue ink)

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

Birth Date MM-DD-YYYY

Sex ☐ Male ☐ Female

Daytime Phone Number () -

Mobile Phone Number () -

Social Security Number
(Required for people who are enrolling in D-SNP plans):

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

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

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

Mailing Address (Only if it's different from above. You can give a P.O. Box.)

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

Email Address

Enrollee Name _____

Agent Name / ID No. _____

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To select paperless delivery complete and sign the application and provide your email address.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (Explanation of Benefits, Annual Notice of Changes, and other wellness information) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

Check here to opt out of paperless delivery.

- ☐ Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time. We will only use your email address if you change delivery preference or if we have other information to share with you.

Information about your Medicare.

Please take out your red, white and blue Medicare card to complete this section.

- ☐ Fill out this information as it appears on your Medicare card.
- OR-
- ☐ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.
- Name (as it appears on your Medicare card):

- Medicare Number: _____
- Sex: _____
- Is Entitled to _____ Effective Date _____
- Hospital (Part A) _____ MM-DD-YYYY
- Medical (Part B) _____ MM-DD-YYYY
- You must have Medicare Part A and Part B to join a Medicare Advantage plan.

If your plan has a premium how do you want to pay?

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

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it.

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

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

I get monthly benefits from: ☐ Social Security ☐ RRB

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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 or there is a delay in setup, we will send you a paper bill for your monthly premiums.

☐ **I want to pay directly from a 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. The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. 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.

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

Account Holder Name: _____

Bank Routing Number

Bank Account Number

Signature _____ **Date** **MM-DD-YYYY**

☐ **I want to pay by mail.**

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

If you want to pay by credit card.

After you become a member, you can call us to have your monthly payment charged to your Visa or Mastercard. Until then, we'll send you a bill each month.

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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 coinsurance. 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.

A few questions to help us manage your plan.

1. Would you prefer plan information in another language or an accessible 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 toll-free at 1-855-545-9340, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.UHCMedicareSolutions.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 Number _____

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

If yes, please give us your Medicaid number: _____

Enrollee Name _____

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4. Some plans are designed just for people with specific medical conditions. To learn if you qualify, you need to answer all of these questions:

Do you have diabetes?

☐ Yes ☐ No

Do you have chronic heart failure?

☐ Yes ☐ No

5. 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		

6. 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 information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

7. 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 Number
Member Number	Effective Dates (if applicable) MM-DD-YYYY - MM-DD-YYYY

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8. 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 Number	Group Number	Date Plan Started MM-DD-YYYY
---------------	--------------	---------------------------------

9. 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 Provider Directory.

Provider or PCP Full Name	Phone Number () -
---------------------------	--------------------

Provider/PCP Number: [][][][][][][][][][][][][][][][]	(Please enter the number exactly as it appears on the website or in the 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.
- ☐ 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.

Enrollee Name

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- ☐ I will receive information on how to get an Evidence of Coverage. (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 beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If I happen to pay full price for any network or out-of-network services received, this plan provides refunds for all medically necessary covered benefits.
- ☐ In order to enroll in a Chronic Condition Special Needs Plan, Medicare requires that my chronic condition be verified. The Plan may contact my physician’s office to verify my chronic condition.
- ☐ 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 I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and you have received your UnitedHealthcare member ID card, please call Customer Service at the number on the back of your UnitedHealthcare member ID card to update your authorization information on file.

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.

***NOT A SALES AGENT**

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

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM-DD-YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM-DD-YYYY

Licensed Sales Representative Phone Number ()

–

Where did this application originate?

- ☐ National Retail/Mall Program ☐ Community Meeting ☐ Appointment ☐ Other
☐ Member Meeting ☐ Local Event Outreach ☐ Walmart Program

How was this application submitted?

- ☐ Mail ☐ Fax ☐ Online

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 (Dual Eligible)
☐ OEP (Jan1 – Mar 31) ☐ OEPNEW
☐ SEP (SEP Reason) _____
☐ SEP Eligibility Date MM-DD-YYYY

Licensed Sales Representative Signature (required) MM-DD-YYYY

Please mail or fax this completed form to:

UnitedHealthcare
3315 Central AVE
Hot Springs, AR 71913

Fax: 1-501-262-7070

Enrollee Name

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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：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (聽力語言殘障服務專線 TTY : 711).

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Plan Recap

We want to make sure you know what to expect with the new plan you've chosen.

✓ Fill out this plan recap with your Licensed Sales Representative (if applicable). It will take you through some plan details to help you better understand your new plan.

i PLAN INFORMATION Here are some details about your new plan.

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

The name of my new plan is: _____

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

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

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

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

Proposed effective date: MM / DD / YYYY

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is: _____.

If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer:

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.)

\$ PREMIUM INFORMATION What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.

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.

Provider Name	Provider type (PCP/Specialist)	Network (Yes/No)	Referral (Yes/No)

Circle the correct answer: If I get my care from out-of-network providers, I may pay **less / more** of the cost. I should call before my appointment to make sure the provider will accept and bill my plan.



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

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)

- I have the option to access my plan documents, such as Explanation of Benefits (EOB), electronically.
- ☐ I have opted to access documents electronically.
 - ☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
 - ☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.
 - ☐ I do not have an email address; should I get one in the future I can provide it to the plan to provide other ways to reach me with important information.

Contact your Licensed Sales Representative.

If I have questions about my plan, I will call my Licensed Sales Representative, _____ at _____ or Customer Service at _____.

¹My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, and the pharmacy I use (retail/mail-order), and if I have Extra Help.
²For medications that have limitations, I may need to contact the plan before I can fill my prescription.
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2019 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 UnitedHealthcare® member ID card. This receipt is not a guarantee of enrollment.

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

Applicant 1:	Applicant 2 (if applicable):
Name	Name
Application Date MM / DD / YYYY	Application Date MM / DD / YYYY
Proposed Effective Date MM / DD / YYYY	Proposed Effective Date MM / DD / YYYY
Plan Name	Plan Name
Plan Type	Plan Type
Health Plan/PBP No.	Health Plan/PBP No.
Enrollment Tracking No. (if applicable)	Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □

RxBIN: 610097
Rx PCN: 9999
RxGRP: COS

We're here to help. If you have additional questions you can call Customer Service toll-free at 1-866-367-7527, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You should not have a Medicare supplement insurance plan (also called Medigap) with a Medicare Advantage plan. Once Medicare confirms your enrollment you should cancel your Medicare supplement plan by contacting the insurer.



Ready to Enroll

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[illegible]

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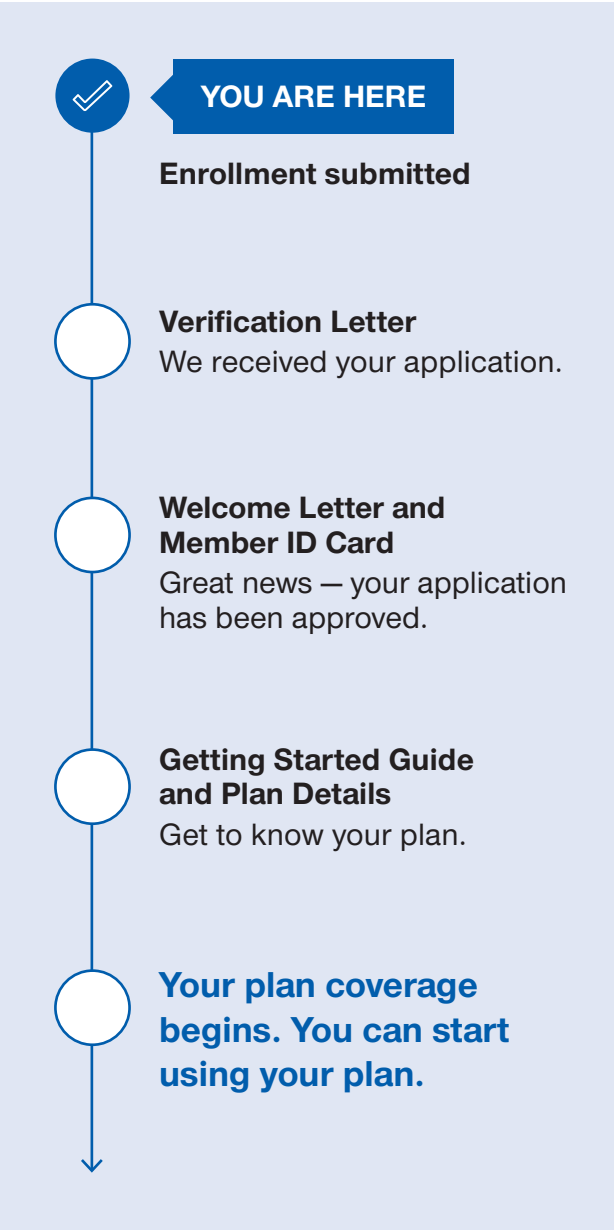
[illegible]

Here's What You Can Expect Next

We want to help you take advantage of everything your plan has to offer. Keep this page and track your progress as you go. We'll be here to help every step of the way.

TEAR HERE

TEAR HERE



Get ready to use your plan

Once your coverage begins, there are things you can do to get the most out of your plan. We'll contact you to help you:



Schedule your annual wellness visit.

Preventive care is an important step to living a healthier life. Call to schedule your visit soon after your plan coverage begins.



Take advantage of a UnitedHealthcare® HouseCalls visit. A yearly in-home preventive care visit with a health care practitioner is also included in your plan. Learn more at **UHCHouseCalls.com**.



Complete your Health Assessment. Once your coverage begins, answering a few simple questions by phone or mail will help us connect you to programs and services.



Learn about and sign up for prescription home delivery. Once your coverage begins, sign up to enjoy the convenience of having your 3-month supply of medication mailed to your home.

Thank you for choosing us

When you get your member ID card in the mail, you can call the Customer Service number on the back with any questions.

Questions? We're here to help.



For additional information, please contact the plan or your Licensed Sales Representative.



1-855-545-9340, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



Learn more online at
www.UHCMedicareSolutions.com