2019 ENROLLMENT GUIDE

MAPD

Get familiar with your Medicare Advantage plan.

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO)

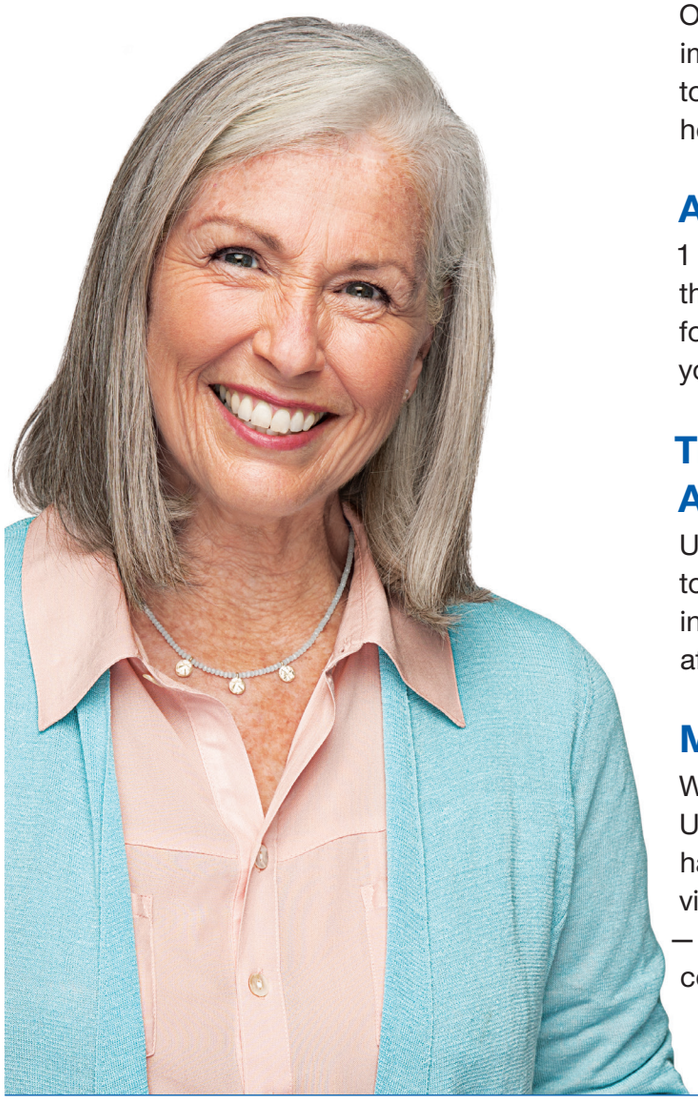
H4590-041

Service area: Texas - Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise counties

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

AARP® | MedicareComplete®
insured through UnitedHealthcare

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.

The only Medicare plans that carry the AARP name

UnitedHealthcare has an exclusive relationship with AARP to offer Medicare plans with the AARP name. We're aligned in believing Medicare beneficiaries should have access to affordable, quality health care.

Member-only Health & Wellness Experience

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide. With Renew, you'll have access to inspiring lifestyle tips, learning activities, videos, recipes, interactive health tools, rewards and more — all designed to help you live your best life at no additional cost to you.[2]

[1]2018 Internal Company Data

[2]Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare.

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Have questions? We can help

Toll-free **1-844-723-6473**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at
www.AARPMedicarePlans.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

MED SUPP	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

Choose a Medicare Advantage plan:

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®**

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

Your plan is a Health Maintenance Organization (HMO) plan. That means you need to get health care services through a network of local doctors and hospitals.

Here's how your HMO plan works

You will need to select a primary care provider (PCP).
This health plan requires you to select a PCP from the network. Your PCP will 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.

A network of providers for coordinated care

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	No
Does this plan require a referral to see a Specialist or other providers?	Yes	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	In most cases, you will have to pay the full cost for services.

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.

*Plan copay or coinsurance amounts apply. You can find a complete listing of network providers and facilities within your plan on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.

Are you eligible for this plan?

You are eligible for a Medicare Advantage plan if:

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

AND

You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

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

Helpful resources

Medicare Made Clear™

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

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

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Benefit Highlights

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO)

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

	Your Cost
Monthly plan premium	$73

Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: $0 copay Specialist: $20 copay (referral needed)
Preventive services	$0 copay
Inpatient hospital care	$150 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $160 copay per day: days 21-42 $0 copay per day: days 43-100
Outpatient surgery	$150 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	$0 copay
Home health care	$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance
Diagnostic tests and procedures (non-radiological)	20% coinsurance
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$250 copay for ground $250 copay for air
Emergency care	$90 copay (worldwide)
Urgently needed services	$20 - $40 copay ($90 copay for worldwide coverage)
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	$3,500

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	$0 copay; 1 per year
Vision - routine eye exams	$20 copay; 1 every year
Vision - eyewear	$0 copay every 2 years; up to $70 for standard lenses/frames or $105 for contacts
Dental – preventive	$0 copay for covered services (exam, cleaning, x-rays, fluoride)
Dental - comprehensive	0% - 50% coinsurance; for a complete list of services and cost shares, please contact the plan.
Dental - benefit limit	$1,000 limit on all covered dental services
Hearing - routine exam	$0 copay; 1 per year
Hearing aids	$100 - $170 copay for each hearing aid provided through hi HealthInnovations®, or $200 - $1,825 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.
Fitness program through Renew Active™	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.
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.
Personal Emergency Response System	With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.
Foot care - routine	$20 copay; 6 visits per year
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

	Your Cost
Annual prescription deductible	$0 for Tier 1, Tier 2 and Tier 3; $75 for Tier 4 and Tier 5

Prescription Drugs

	Your Cost	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (90-day)**
Tier 1: Preferred Generic Drugs	$3 copay	$0 copay
Tier 2: Generic Drugs	$14 copay	$0 copay
Tier 3: Preferred Brand Drugs	$47 copay	$131 copay
Tier 4: Non-Preferred Drugs	$100 copay	$290 copay
Tier 5: Specialty Tier Drugs	31% coinsurance	31% coinsurance
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	
Catastrophic coverage stage	After your total out-of-pocket costs reach $5,100, you will pay the greater of $3.40 copay for generic (Including brand drugs treated as generic), $8.50 copay for all other drugs, or 5% coinsurance	

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

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Explore ways to save time and money

Try OptumRx® home delivery

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

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

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 **EstimateDrugCostsAARP.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.

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.

Personal Emergency Response System (PERS)

This benefit gives you an in-home monitoring device that will allow you to get help quickly in any emergency situation, 24 hours a day at no additional cost to you, including the monthly monitoring charge.

Speak to a nurse 24/7

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

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 Dental[1], you get:

- No Deductible
- 100% coverage for preventive and diagnostic services such as oral exams, X-rays and routine cleanings[2]
- Freedom to see any IN-NETWORK dentist you choose
- Other comprehensive dental services, as listed below
- Up to $1,000 per year for covered dental services

Covered Routine Dental Services

	In-Network Providers You Pay[3]
Exams - Two procedures per plan year	
periodic oral evaluation – established patient	**0% coinsurance**
limited oral evaluation – problem focused	**0% coinsurance**
comprehensive oral evaluation – new or established patient	**0% coinsurance**
Bitewings - One set per plan year	
bitewings – two radiographic images	**0% coinsurance**
bitewings – three radiographic images	**0% coinsurance**
bitewings – four radiographic images	**0% coinsurance**
Intraoral X-rays (inside the mouth) - Frequency/Limitations vary	
intraoral – complete series of radiographic images - One procedure every three years	**0% coinsurance**
intraoral – periapical first radiographic image - Unlimited per plan year	**0% coinsurance**
intraoral – periapical each additional radiographic image - Unlimited per plan year	**0% coinsurance**

Covered Routine Dental Services

	In-Network Providers You Pay[3]
Intraoral X-rays (inside the mouth) - Frequency/Limitations vary	
intraoral – occlusal radiographic image - Unlimited per plan year	**0% coinsurance**
Full Mouth or Panoramic X-rays - One procedure every three years	
Panoramic film	**0% coinsurance**
Cleanings - Two procedures per plan year	
prophylaxis – adult	**0% coinsurance**
prophylaxis – child	**0% coinsurance**
Fluoride - Two procedures per plan year	
topical application of fluoride varnish	**0% coinsurance**
topical application of fluoride – excluding varnish	**0% coinsurance**
Restorations (Fillings) - Amalgam and/or Composite - Unlimited per plan year	
amalgam – one surface, primary or permanent	**20% coinsurance**
amalgam – two surfaces, primary or permanent	**20% coinsurance**
amalgam – three surfaces, primary or permanent	**20% coinsurance**
amalgam – four or more surfaces, primary or permanent	**20% coinsurance**
resin-based composite – one surface, anterior	**20% coinsurance**
resin-based composite – two surfaces, anterior	**20% coinsurance**
resin-based composite – three surfaces, anterior	**20% coinsurance**
resin-based composite – four or more surfaces or involving incisal angle (anterior)	**20% coinsurance**
resin-based composite – one surface, posterior	**20% coinsurance**
resin-based composite – two surfaces, posterior	**20% coinsurance**
resin-based composite – three surfaces, posterior	**20% coinsurance**
resin-based composite – four or more surfaces, posterior	**20% coinsurance**
Inlays and Onlays - One procedure every five years	
inlay - metallic - one surface	**50% coinsurance**
inlay - metallic - two surfaces	**50% coinsurance**
inlay - metallic - three or more surfaces	**50% coinsurance**
onlay metallic, two surfaces	**50% coinsurance**
onlay-metallic-three surfaces	**50% coinsurance**
onlay-metallic-four or more surfaces	**50% coinsurance**

Covered Routine Dental Services

	In-Network Providers You Pay[3]
Inlays and Onlays - One procedure every five years	
inlay - porcelain/ceramic - one surface	**50% coinsurance**
inlay - porcelain/ceramic - two surfaces	**50% coinsurance**
inlay - porcelain/ceramic - three or more surfaces	**50% coinsurance**
onlay - porcelain/ceramic - two surfaces	**50% coinsurance**
onlay - porcelain/ceramic - three surfaces	**50% coinsurance**
onlay - porcelain/ceramic - four or more surfaces	**50% coinsurance**
Crowns - One procedure every five years	
crown – resin-based composite (indirect)	**50% coinsurance**
crown – porcelain/ceramic	**50% coinsurance**
crown – porcelain fused to high noble metal	**50% coinsurance**
crown – porcelain fused to predominantly base metal	**50% coinsurance**
crown – porcelain fused to noble metal	**50% coinsurance**
crown – full cast predominantly base metal	**50% coinsurance**
crown – full cast noble metal	**50% coinsurance**
Other Restorative Services - Frequency/Limitations vary	
re-cement or re-bond crown - Unlimited per plan year	**50% coinsurance**
prefabricated stainless steel crown – primary tooth - One procedure every five years	**50% coinsurance**
prefabricated stainless steel crown – permanent tooth - One procedure every five years	**50% coinsurance**
protective restoration - Unlimited per plan year	**50% coinsurance**
core buildup, including any pins when required - Unlimited per plan year	**50% coinsurance**
prefabricated post and core in addition to crown - Unlimited per plan year	**50% coinsurance**
Endodontic Therapy - One per tooth per Lifetime	
endodontic therapy, anterior tooth (excluding final restoration)	**50% coinsurance**
endodontic therapy, premolar tooth (excluding final restoration)	**50% coinsurance**
endodontic therapy, molar tooth (excluding final restoration)	**50% coinsurance**
Scaling and Root Planing - Frequency/Limitations vary	
periodontal scaling and root planing – four or more teeth per quadrant - One procedure every two years	**50% coinsurance**

Covered Routine Dental Services

	In-Network Providers You Pay[3]
Scaling and Root Planing - Frequency/Limitations vary	
periodontal scaling and root planing – one to three teeth per quadrant - One procedure every two years	**50% coinsurance**
full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit - One procedure every three years	**50% coinsurance**
periodontal maintenance - Two procedures per plan year	**50% coinsurance**
Complete Dentures (Including Routine Post-Delivery Care) - One procedure every five years	
complete denture – maxillary	**50% coinsurance**
complete denture – mandibular	**50% coinsurance**
immediate denture – maxillary	**50% coinsurance**
immediate denture – mandibular	**50% coinsurance**
Partial Dentures (Including Routine Post-Delivery Care) - Unlimited per plan year	
maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	**50% coinsurance**
mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	**50% coinsurance**
maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	**50% coinsurance**
mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	**50% coinsurance**
Denture Adjustments - Two procedures per plan year	
adjust complete denture – maxillary	**50% coinsurance**
adjust complete denture – mandibular	**50% coinsurance**
adjust partial denture – maxillary	**50% coinsurance**
adjust partial denture – mandibular	**50% coinsurance**
repair broken complete denture base, mandibular	**50% coinsurance**
repair broken complete denture base, maxillary	**50% coinsurance**
replace missing or broken teeth – complete denture (each tooth)	**50% coinsurance**
repair resin partial denture base, mandibular	**50% coinsurance**
repair resin partial denture base, maxillary	**50% coinsurance**
repair cast partial framework, mandibular	**50% coinsurance**

Covered Routine Dental Services

	In-Network Providers You Pay[3]
Denture Adjustments - Two procedures per plan year	
repair cast partial framework, maxillary	**50% coinsurance**
repair or replace broken clasp - per tooth	**50% coinsurance**
replace broken teeth - per tooth	**50% coinsurance**
add tooth to existing partial denture	**50% coinsurance**
add clasp to existing partial denture - per tooth	**50% coinsurance**
Denture Reline Procedures - One procedure per plan year	
reline complete maxillary denture (chairside)	**50% coinsurance**
reline complete mandibular denture (chairside)	**50% coinsurance**
reline maxillary partial denture (chairside)	**50% coinsurance**
reline mandibular partial denture (chairside)	**50% coinsurance**
reline complete maxillary denture (laboratory)	**50% coinsurance**
reline complete mandibular denture (laboratory)	**50% coinsurance**
reline maxillary partial denture (laboratory)	**50% coinsurance**
reline mandibular partial denture (laboratory)	**50% coinsurance**
Fixed Partial Denture Pontics - One procedure every five years	
pontic - indirect resin based composite	**50% coinsurance**
pontic - cast high noble metal	**50% coinsurance**
pontic - cast predominantly base metal	**50% coinsurance**
pontic - cast noble metal	**50% coinsurance**
pontic - titanium	**50% coinsurance**
pontic - porcelain fused to high noble metal	**50% coinsurance**
pontic - porcelain fused to predominantly base metal	**50% coinsurance**
pontic - porcelain fused to noble metal	**50% coinsurance**
pontic-porcelain/ceramic	**50% coinsurance**
pontic - resin with high noble metal	**50% coinsurance**
pontic - resin with predominantly base metal	**50% coinsurance**
pontic - resin with noble metal	**50% coinsurance**
Extractions (Pulling Teeth) - Unlimited per plan year	
extraction, coronal remnants – primary tooth	**50% coinsurance**
extraction, erupted tooth or exposed root (elevation and/or forceps removal)	**50% coinsurance**

Covered Routine Dental Services

	In-Network Providers You Pay[3]
Extractions (Pulling Teeth) - Unlimited per plan year	
extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	**50% coinsurance**
removal of residual tooth roots (cutting procedure)	**50% coinsurance**
alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	**50% coinsurance**
alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	**50% coinsurance**
Pain Management - Unlimited per plan year	
palliative (emergency) treatment of dental pain - minor procedure	**0% coinsurance**
General Anesthesia - Unlimited per plan year	
local anesthesia not in conjunction with operative or surgical procedures	**20% coinsurance**
local anesthesia in conjunction with operative or surgical procedures	**20% coinsurance**
evaluation for deep sedation or general anesthesia	**20% coinsurance**
deep sedation/general anesthesia - first 15 minutes	**20% coinsurance**
deep sedation/general anesthesia-each subsequent 15 minute increment	**20% coinsurance**
inhalation of nitrous oxide/anxiolysis analgesia	**20% coinsurance**
intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	**20% coinsurance**
intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	**20% 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] Copays may vary depending on service area.

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NOTES

2019 SUMMARY OF BENEFITS

Overview of your plan

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO)

H4590-041

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 **1-844-723-6473**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.AARPMedicarePlans.com

AARP | MedicareComplete
insured through UnitedHealthcare

Y0066_SB_H4590_041_2019_M

Our service area includes these counties in:

Texas: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise.

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.AARPMedicarePlans.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.

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO) is a Medicare Advantage HMO 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.

Use network providers and pharmacies.

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO) has a network of doctors, hospitals, pharmacies, and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can go to www.AARPMedicarePlans.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.

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	$73
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$3,500 annually for Medicare-covered services you receive from in-network providers.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.

AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO)

Benefits		In-Network
Inpatient Hospital[1]		$150 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital[1]		$150 copay Cost sharing for additional plan covered services will apply.
Outpatient Hospital Observation Services[1]		$150 copay
Doctor Visits	Primary	$0 copay
	Specialists[1]	$20 copay
Preventive Care	Medicare-covered	$0 copay Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)

Benefits		In-Network
		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.
	Routine physical	$0 copay; 1 per year
Emergency Care		$90 copay (worldwide) 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		$20 - $40 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[1]	20% coinsurance
	Lab services[1]	$0 copay
	Diagnostic tests and procedures[1]	20% coinsurance
	Therapeutic Radiology[1]	20% coinsurance
	Outpatient X-rays[1]	$0 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues[1]	$0 copay
	Routine hearing exam	$0 copay; 1 per year
	Hearing aid	$100 - $170 copay for each hearing aid provided through hi HealthInnovations®, or $200 - $1,825 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.

Benefits		In-Network
Routine Dental Services	Preventive	$0 copay for covered services (exam, cleaning, x-rays, fluoride)
	Comprehensive	0% - 50% coinsurance; for a complete list of services and cost shares, please contact the plan.
	Benefit limit	$1,000 limit on all covered dental services
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[1]	$20 copay
	Eyewear after cataract surgery[1]	$0 copay
	Routine eye exam	$20 copay Up to 1 every year
	Eyewear	$0 copay every 2 years; up to $70 for standard lenses/frames or $105 for contacts
Mental Health	Inpatient visit[1]	$150 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit[1]	$30 copay
	Outpatient individual therapy visit[1]	$40 copay
Skilled Nursing Facility (SNF)[1]		$0 copay per day: for days 1-20 $160 copay per day: for days 21-42 $0 copay per day: for days 43-100
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit[1]		$20 copay
Ambulance		$250 copay for ground $250 copay for air
Routine Transportation		Not covered

Benefits		In-Network
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	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	$0 per year for Tier 1, Tier 2 and Tier 3; $75 for Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply	**90-day supply**	**90-day supply**	**90-day supply**
Tier 1: Preferred Generic Drugs	$3 copay	$9 copay	$0 copay	$9 copay
Tier 2: Generic Drugs	$14 copay	$42 copay	$0 copay	$42 copay
Tier 3: Preferred Brand Drugs	$47 copay	$141 copay	$131 copay	$141 copay
Tier 4: Non-Preferred Drugs	$100 copay	$300 copay	$290 copay	$300 copay
Tier 5: Specialty Tier Drugs	31% coinsurance	31% coinsurance	31% coinsurance	31% 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: □ 5% coinsurance, or □ $3.40 copay for generic (including brand drugs treated as generic) and a $8.50 copay for all other drugs.			

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation[1]	$20 copay
Diabetes Management	Diabetes monitoring supplies	$0 copay
	Diabetes Self-management training	$0 copay
	Therapeutic shoes or inserts	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Fitness program through Renew Active™		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.
Foot Care (podiatry services)	Foot exams and treatment[1]	$20 copay
	Routine foot care	$20 copay; for each visit up to 6 visits every year
Home Health Care[1]		$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.

Additional Benefits		In-Network
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational Therapy Visit[1]		$20 copay
Outpatient Substance Abuse	Outpatient group therapy visit[1]	$30 copay
	Outpatient individual therapy visit[1]	$40 copay
Outpatient Surgery[1]		$150 copay
Personal Emergency Response System		With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.
Renal Dialysis[1]		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.

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

Required Information

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

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.

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 AARP or UnitedHealthcare. AARP and UnitedHealthcare do not endorse and are 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. If they are not listed, it means you will likely have to select a new doctor.
- 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.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myAARPMedicare.com
Hearing Aids	EPIC Hearing Health Care/hi HealthInnovations®	EPIC Hearing Health Care 1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com hi HealthInnovations® 1-855-523-9355, TTY 711 9 a.m. – 5 p.m. CT, Monday - Friday www.hihealthinnovations.com You may choose to order hearing aids either through EPIC Hearing Health Care or through hi HealthInnovations®.
Vision Care	Plan network providers	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myAARPMedicare.com If you belong to a medical group or IPA, you may have to receive all vision care through them, please see the Provider Directory for more information and a list of medical groups and IPAs that are responsible for providing routine vision benefits.
Dental Services	UnitedHealthcare Dental	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a provider go to: www.UHCMedicareDentistSearch.com

Benefit Type	Vendor Name	Contact Information
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Personal Emergency Response System	Philips Lifeline	1-800-368-2925, TTY 711 8:30 a.m. - 6:30 p.m. ET, Monday - Friday
Fitness Membership	Renew Active™	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myrenewactive.com
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 - H4590

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.

★★★★½
4.5 stars

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

Health Plan Services: ★★★★½ 4.5 stars

Drug Plan Services: ★★★★½ 4.5 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 800-950-9355 (toll-free) or 711 (TTY).

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

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

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

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

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

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

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

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

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

UWAGA: Jeżeli mówisz po **polsku (Polish)**, 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 है, 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: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (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 yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

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

Drug List

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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
- Covered drugs are placed in tiers. Each tier has a different cost
  - Tier 1: Preferred generic
  - Tier 2: Generic
  - Tier 3: Preferred brand
  - Tier 4: Non-preferred drug
  - Tier 5: Specialty tier
- 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),T4
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet),T5
Abacavir/Lamivudine (Tablet),T4
Abelcet (Injection),T5
Abilify Maintena (Injection),T5
Abstral (Tablet Sublingual),T5
Acamprosate Calcium DR (Tablet Delayed-Release),T4
Acarbose (Tablet),T1
Acebutolol HCl (Capsule),T2
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet),T2
Acetazolamide (Tablet Immediate-Release),T3
Acetazolamide ER (Capsule Extended-Release 12 Hour),T4
Acetic Acid (Otic Solution),T2
Acetylcysteine (Inhalation Solution),T2
Acitretin (Capsule),T4
ActHIB (Injection),T3
Actemra (Injection),T5
Actimmune (Injection),T5
Acyclovir (200mg Capsule),T2
Acyclovir (200mg/5ml Suspension),T3
Acyclovir (400mg Tablet, 800mg Tablet),T1
Acyclovir (5% Ointment),T4
Acyclovir Sodium (Injection),T4
Adacel (Injection),T3
Adapalene (0.1% Cream),T4
Adapalene (0.1% Gel),T3
Adcirca (Tablet),T5
Adefovir Dipivoxil (Tablet),T5
Adempas (Tablet),T5
Advair Diskus (Aerosol Powder),T3
Advair HFA (Aerosol),T3
Afeditab CR (Tablet Extended-Release 24

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Hour),T2

Afinitor (Tablet),T5

Afinitor Disperz (Tablet Soluble),T5

Ala-Cort (Cream),T2

Albenza (Tablet),T5

Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution),T2

Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release),T4

Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment),T3

Alcohol Prep Pads,T3

Alecensa (Capsule),T5

Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet),T1

Alendronate Sodium (70mg/75ml Oral Solution),T4

Alfuzosin HCl ER (Tablet Extended-Release 24 Hour),T2

Alinia (100mg/5ml Suspension, 500mg Tablet),T5

Allopurinol (Tablet),T1

Alocril (Ophthalmic Solution),T4

Alomide (Ophthalmic Solution),T4

Alosetron HCl (Tablet),T5

Alphagan P (0.1% Ophthalmic Solution),T3

Alprazolam (Tablet Immediate-Release),T1

Altavera (Tablet),T4

Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet),T5

Alyacen 1/35 (Tablet),T4

AmBisome (Injection),T4

Amantadine HCl (100mg Capsule, 100mg Tablet),T3

Amantadine HCl (50mg/5ml Syrup),T2

Amethia (Tablet),T4

Amethia Lo (Tablet),T4

Amikacin Sulfate (Injection),T4

Amiloride HCl (Tablet),T2

Amiloride/Hydrochlorothiazide (Tablet),T2

Aminosyn 7%/Electrolytes (Injection),T4

Aminosyn 8.5%/Electrolytes (Injection),T4

Aminosyn II (10% Injection),T4

Aminosyn II 8.5%/Electrolytes (Injection),T4

Aminosyn-HBC (Injection),T4

Aminosyn-PF (Injection),T4

Aminosyn-RF (Injection),T4

Amiodarone HCl (200mg Tablet),T1

Amitiza (Capsule),T3

Amitriptyline HCl (Tablet),T4

Amlodipine Besylate (Tablet),T1

Amlodipine Besylate/Atorvastatin Calcium (Tablet),T2

Amlodipine Besylate/Benazepril HCl (Capsule),T1

Amlodipine Besylate/Valsartan (Tablet),T4

Amlodipine/Olmesartan Medoxomil (Tablet),T2

Amlodipine/Valsartan/Hydrochlorothiazide (Tablet),T4

Ammonium Lactate (12% Cream, 12% Lotion),T3

Amoxapine (Tablet),T3

Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet),T1

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

Bold type = Brand name drug Plain type = Generic drug

Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin),T2

Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour),T4

Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour),T4

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

Amphotericin B (Injection),T4

Ampicillin (Capsule),T2

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

Ampicillin-Sulbactam (Injection),T4

Ampyra (Tablet Extended-Release 12 Hour),T5

Anadrol-50 (Tablet),T5

Anagrelide HCl (Capsule),T3

Anastrozole (Tablet),T1

Androderm (Patch 24 Hour),T3

Anoro Ellipta (Aerosol Powder),T3

Apokyn (Injection),T5

Apraclonidine (Ophthalmic Solution),T3

Aprepitant (125mg Capsule),T5

Aprepitant (Therapy Pack, 40mg Capsule, 80mg Capsule),T4

Apri (Tablet),T4

Apriso (Capsule Extended-Release 24 Hour),T3

Aptiom (Tablet),T5

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

Aralast NP (Injection),T5

Aranelle (Tablet),T4

Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T5

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

Arcalyst (Injection),T5

Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet),T3

Aripiprazole (1mg/ml Oral Solution),T4

Aripiprazole ODT (Tablet Dispersible),T5

Aristada (Injection),T5

Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder),T3

Ashlyna (Tablet),T4

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

Atazanavir Sulfate (Capsule),T5

Atenolol (Tablet),T1

Atenolol/Chlorthalidone (Tablet),T1

Atomoxetine (Capsule),T4

Atorvastatin Calcium (Tablet),T1

Atovaquone (Suspension),T5

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

Atripla (Tablet),T5

Atropine Sulfate (Ophthalmic Solution),T3

Atrovent HFA (Aerosol Solution),T4

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Aubagio (Tablet),T5

Aubra (Tablet),T4

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

Auryxia (Tablet),T5

Avandia (Tablet),T4

Aviane (Tablet),T4

Avonex (Injection),T5

Avonex Pen (Injection),T5

Azasite (Ophthalmic Solution),T4

Azathioprine (Tablet),T2

Azelastine HCl (0.05% Ophthalmic Solution),T3

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3

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

Azithromycin (500mg Injection),T4

Azopt (Suspension),T3

Aztreonam (Injection),T4

B

BCG Vaccine (Injection),T3

BIVIGAM (Injection),T5

Bacitracin (Ophthalmic Ointment),T2

Bacitracin/Polymyxin B (Ophthalmic Ointment),T2

Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet),T2

Bactocill in Dextrose (Injection),T4

Bactroban Nasal (Ointment),T4

Balsalazide Disodium (Capsule),T4

Balziva (Tablet),T4

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

Baraclude (0.05mg/ml Oral Solution),T4

Belsomra (Tablet),T3

Benazepril HCl (Tablet),T1

Benazepril HCl/Hydrochlorothiazide (Tablet),T1

Benlysta (Injection),T5

Benznidazole (Tablet),T4

Benztropine Mesylate (Tablet),T2

Bepreve (Ophthalmic Solution),T4

Berinert (Injection),T5

Besivance (Suspension),T4

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

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

Betaseron (Injection),T5

Betaxolol HCl (0.5% Ophthalmic Solution),T3

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

Bethanechol Chloride (Tablet),T2

Bethkis (Nebulized Solution),T5

Betimol (Ophthalmic Solution),T4

Bevespi Aerosphere (Aerosol),T3

Bexarotene (Capsule),T5

Bexsero (Injection),T3

BiDil (Tablet),T3

Bicalutamide (Tablet),T2

Bicillin C-R (Injection),T4

Bicillin L-A (Injection),T4

Biktarvy (Tablet),T5

Biltricide (Tablet),T5

Binosto (Tablet Effervescent),T4

Bisoprolol Fumarate (Tablet),T2

Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T2

Blephamide (Suspension),T4

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

Blisovi 24 Fe (Tablet),T4

Blisovi Fe 1.5/30 (Tablet),T4

Blisovi Fe 1/20 (Tablet),T4

Boostrix (Injection),T3

Bold type = Brand name drug Plain type = Generic drug

Bosulif (Tablet),T5

Breo Ellipta (Aerosol Powder),T3

Briellyn (Tablet),T4

Brilinta (Tablet),T3

Brimonidine Tartrate (0.15% Ophthalmic Solution),T4

Brimonidine Tartrate (0.2% Ophthalmic Solution),T2

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

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

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

Budesonide (3mg Capsule Delayed-Release),T4

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

Bumetanide (0.25mg/ml Injection),T4

Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet),T1

Buprenorphine HCl (Tablet Sublingual),T2

Buprenorphine HCl/Naloxone HCl (Tablet Sublingual),T2

Bupropion HCl (Tablet Immediate-Release),T2

Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour),T2

Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent),T2

Bupropion HCl XL (Tablet Extended-Release 24 Hour),T2

Buspirone HCl (Tablet),T2

Butalbital/Acetaminophen/Caffeine (50mg-325mg-40mg Tablet),T3

Butalbital/Aspirin/Caffeine (50mg-325mg-40mg Capsule),T3

Butorphanol Tartrate (10mg/ml Nasal Solution),T3

Bydureon Bcise (Auto injector),T3

Bydureon Pen (Injection),T3

Bydureon Vial (Injection),T3

Byetta (Injection),T4

Bystolic (Tablet),T3

C

Cabergoline (Tablet),T3

Cabometyx (Tablet),T5

Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment),T4

Calcitonin-Salmon (Nasal Solution),T3

Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution),T2

Calcitriol (3mcg/gm Ointment),T4

Calcium Acetate (667mg Capsule, 667mg Tablet),T3

Calquence (Capsule),T5

Camila (Tablet),T3

Camrese Lo (Tablet),T4

Canasa (Suppository),T5

Candesartan Cilexetil (Tablet),T1

Candesartan Cilexetil/Hydrochlorothiazide (Tablet),T1

Caprelsa (Tablet),T5

Captopril (Tablet),T1

Captopril/Hydrochlorothiazide (Tablet),T1

Carac (Cream),T5

Carafate (1gm/10ml Suspension),T4

Carbaglu (Tablet),T5

Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T3

Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Release 12 Hour, 400mg Tablet Extended-Release 12 Hour),T3

Carbidopa (Tablet),T5

Carbidopa/Levodopa (Tablet Immediate-Release),T1

Carbidopa/Levodopa ER (Tablet Extended-Release),T1

Carbidopa/Levodopa ODT (Tablet Dispersible),T2

Carbidopa/Levodopa/Entacapone (Tablet),T4

Carimune Nanofiltered (Injection),T5

Carteolol HCl (Ophthalmic Solution),T2

Cartia XT (Capsule Extended-Release 24 Hour),T2

Carvedilol (Tablet),T1

Caspofungin Acetate (Injection),T5

Cayston (Inhalation Solution),T5

Caziant (Tablet),T4

Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release),T2

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

Cefazolin Sodium (Injection),T4

Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule),T3

Cefepime (Injection),T4

Cefixime (Suspension),T4

Cefotaxime Sodium (Injection),T4

Cefotetan (Injection),T4

Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection),T4

Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension),T4

Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet),T3

Ceftazidime (Injection),T4

Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection),T4

Cefuroxime Axetil (Tablet),T2

Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection),T4

Celecoxib (Capsule),T3

Celontin (Capsule),T4

Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule),T2

Cesamet (Capsule),T5

Cetirizine HCl (Oral Solution),T2

Chantix (Tablet),T3

Chantix Continuing Month Pak (Tablet),T3

Chantix Starting Month Pak (Tablet),T3

Chemet (Capsule),T5

Chenodal (Tablet),T5

Chlordiazepoxide HCl (Capsule),T2

Chlorhexidine Gluconate Oral Rinse (Solution),T2

Chloroquine Phosphate (Tablet),T2

Chlorothiazide (Tablet),T2

Chlorpromazine HCl (Tablet),T4

Chlorthalidone (Tablet),T2

Chlorzoxazone (500mg Tablet),T3

Cholbam (Capsule),T5

Cholestyramine (Packet),T4

Cholestyramine Light (Powder),T4

Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo),T3

Ciclopirox Nail Lacquer (External Solution),T3

Ciclopirox Olamine (Cream),T3

Cilostazol (Tablet),T2

Ciloxan (0.3% Ointment),T4

Cimetidine (Tablet),T2

Cimetidine HCl (Oral Solution),T2

Cimzia (Injection),T5

Cinryze (Injection),T5

Cipro HC (Suspension),T4

Bold type = Brand name drug Plain type = Generic drug

Ciprodex (Otic Suspension),T3

Ciprofloxacin (Oral Suspension),T4

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

Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release),T2

Ciprofloxacin HCl (100mg Tablet Immediate-Release),T3

Ciprofloxacin I.V. in D5W (Injection),T4

Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet),T1

Citalopram HBr (10mg/5ml Oral Solution),T3

Claravis (Capsule),T4

Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension),T4

Clarithromycin (250mg Tablet, 500mg Tablet),T3

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

Climara Pro (Patch Weekly),T4

Clindamycin HCl (Capsule Immediate-Release),T2

Clindamycin Palmitate HCl (Oral Solution),T2

Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab),T3

Clindamycin Phosphate (2% Cream),T3

Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection),T4

Clindamycin Phosphate in D5W (Injection),T4

Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin),T4

Clobetasol Propionate (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.05% Shampoo),T4

Clobetasol Propionate (0.05% External Solution),T3

Clobetasol Propionate E (Cream),T4

Clomipramine HCl (Capsule),T4

Clonazepam (Tablet Immediate-Release),T2

Clonazepam ODT (Tablet Dispersible),T4

Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release),T1

Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly),T4

Clonidine HCl ER (Tablet Extended-Release 12 Hour),T4

Clopidogrel (75mg Tablet),T2

Clorazepate Dipotassium (Tablet),T2

Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge),T2

Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream),T3

Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion),T4

Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T3

Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible),T3

Clozapine ODT (200mg Tablet Dispersible),T5

Coartem (Tablet),T4

Codeine Sulfate (Tablet),T3

Colchicine (0.6mg Capsule) (Generic Mitigare),T3

Colchicine (0.6mg Tablet) (Generic Colcrys),T3

Colcrys (Tablet),T3

Colesevelam HCl (Tablet),T3

Colestipol HCl (1gm Tablet),T3

Colestipol HCl (5gm Packet),T4

Colistimethate Sodium (Injection),T4

Colocort (Enema),T4

Coly-Mycin S (Suspension),T4

Combigan (Ophthalmic Solution),T3

Combivent Respimat (Aerosol Solution),T3

Cometriq (Kit),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Complera (Tablet),T5

Compro (Suppository),T4

Constulose (Oral Solution),T2

Cordran (Tape),T4

Corlanor (Tablet),T4

Cortisone Acetate (Tablet),T4

Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment),T4

Cosentyx (Injection),T5

Cosentyx Sensoready Pen (Injection),T5

Cosopt PF (Ophthalmic Solution),T4

Cotellic (Tablet),T5

Coumadin (Tablet),T4

Creon (Capsule Delayed-Release),T3

Crinone (Gel),T4

Crixivan (Capsule),T3

Cromolyn Sodium (100mg/5ml Concentrate),T4

Cromolyn Sodium (20mg/2ml Nebulized Solution),T3

Cromolyn Sodium (4% Ophthalmic Solution),T2

Cryselle-28 (Tablet),T4

Cuprimine (Capsule),T5

Cuvposa (Oral Solution),T4

Cyclafem (Tablet),T4

Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet),T2

Cyclobenzaprine HCl (7.5mg Tablet),T4

Cyclophosphamide (Capsule),T4

Cycloset (Tablet),T4

Cyclosporine (Capsule),T3

Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution),T3

Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet),T4

Cystadane (Powder),T5

Cystagon (Capsule),T4

Cystaran (Ophthalmic Solution),T5

D

DARAPRIM (Tablet),T5

Daklinza (Tablet),T5

Daliresp (Tablet),T4

Dalvance (Injection),T5

Danazol (Capsule),T4

Dantrolene Sodium (Capsule),T4

Dapsone (Tablet),T3

Daptacel (Injection),T3

Daptomycin (Injection),T5

Deblitane (Tablet),T3

Delyla (Tablet),T4

Demeclocycline HCl (Tablet),T4

Demser (Capsule),T5

Denavir (Cream),T5

Depen Titratabs (Tablet),T5

Depo-Estradiol (Injection),T4

Depo-Provera (Injection),T4

Descovy (Tablet),T5

Desipramine HCl (Tablet),T3

Desmopressin Acetate (0.01% Nasal Spray Solution),T4

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

Desogestrel/Ethinyl Estradiol (Tablet),T4

Desonide (0.05% Ointment),T4

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

Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq),T4

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

Dexamethasone Intensol (1mg/ml Concentrate),T2

Bold type = Brand name drug Plain type = Generic drug

Dexamethasone Sodium Phosphate (Ophthalmic Solution),T2

Dexilant (Capsule Delayed-Release),T4

Dexmethylphenidate HCl (Tablet Immediate-Release),T3

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

Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet),T4

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

Dextrose 10% (Injection),T4

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

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

Dextrose 2.5%/NaCl 0.45% (Injection),T4

Dextrose 5% (Injection),T4

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

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

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

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

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

Diastat AcuDial (Gel),T4

Diastat Pediatric (Gel),T4

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

Diazepam (1mg/ml Oral Solution),T2

Diazepam Intensol (5mg/ml Concentrate),T2

Diclofenac Potassium (Tablet),T2

Diclofenac Sodium (0.1% Ophthalmic Solution),T2

Diclofenac Sodium (1% Gel),T3

Diclofenac Sodium (3% Gel),T4

Diclofenac Sodium DR (Tablet Delayed-Release),T2

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

Dicloxacillin Sodium (Capsule),T2

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

Dicyclomine HCl (Tablet),T2

Didanosine (Capsule Delayed-Release),T3

Dificid (Tablet),T5

Diflunisal (Tablet),T3

Digitek (Tablet),T2

Digox (Tablet),T2

Digoxin (0.05mg/ml Oral Solution),T3

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

Dihydroergotamine Mesylate (Nasal Solution),T5

Dilantin (Capsule),T3

Dilantin INFATABS (Tablet Chewable),T3

Dilt-XR (Capsule Extended-Release 24 Hour),T2

Diltiazem HCl (Tablet Immediate-Release),T2

Diltiazem HCl ER (Capsule Extended-Release),T2

Dipentum (Capsule),T5

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

Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection),T3

Disulfiram (Tablet),T3

Diuril (Suspension),T4

Divalproex Sodium (Capsule Sprinkle Delayed-Release),T2

Divalproex Sodium DR (Tablet Delayed-Release),T2

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

Dofetilide (Capsule),T4

Donepezil HCl (Tablet),T1

Donepezil HCl ODT (Tablet Dispersible),T2

Doripenem (Injection),T3

Dorzolamide HCl (Ophthalmic Solution),T2

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T2

Doxazosin Mesylate (Tablet),T2

Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Capsule, 75mg Capsule, 10mg/ml Concentrate),T3

Doxepin HCl (Cream),T5

Doxercalciferol (Capsule),T4

Doxy 100 (Injection),T4

Doxycycline (25mg/5ml Suspension),T4

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

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

Dronabinol (Capsule),T4

Drospirenone/Ethinyl Estradiol (Tablet),T4

Droxia (Capsule),T4

Duavee (Tablet),T4

Dulera (Aerosol),T4

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

Duramorph (Injection),T4

Durezol (Emulsion),T3

Dutasteride (Capsule),T3

Dymista (Suspension),T4

Dyrenium (Capsule),T4

E

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

Econazole Nitrate (Cream),T4

Edarbi (Tablet),T4

Edarbyclor (Tablet),T4

Edurant (Tablet),T5

Efavirenz (200mg Capsule, 600mg Tablet),T5

Efavirenz (50mg Capsule),T4

Egrifta (Injection),T5

Elestrin (Gel),T4

Elidel (Cream),T4

Eliquis (Tablet),T3

Eliquis Starter Pack (Tablet),T3

Elmiron (Capsule),T5

Embeda (Capsule Extended-Release),T3

Emcyt (Capsule),T5

Emend (125mg Suspension),T4

Emoquette (Tablet),T4

Emsam (Patch 24 Hour),T5

Emtriva (10mg/ml Oral Solution, 200mg Capsule),T4

Enalapril Maleate (Tablet),T1

Enalapril Maleate/Hydrochlorothiazide (Tablet),T1

Enbrel (Injection),T5

Enbrel SureClick (Injection),T5

Endocet (Tablet),T3

Engerix-B (Injection),T3

Enoxaparin Sodium (Injection),T4

Enpresse-28 (Tablet),T4

Enskyce (Tablet),T4

Entacapone (Tablet),T4

Entecavir (Tablet),T4

Entresto (Tablet),T3

Enulose (Oral Solution),T2

Epclusa (Tablet),T5

EpiPen (Injection),T3

Epinastine HCl (Ophthalmic Solution),T3

Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen),T3

Epitol (Tablet),T3

Epivir HBV (5mg/ml Oral Solution),T4

Eplerenone (Tablet),T3

Eprosartan Mesylate (Tablet),T1

Eraxis (100mg Injection),T5

Eraxis (50mg Injection),T4

Ergotamine Tartrate/Caffeine (Tablet),T3

Erivedge (Capsule),T5

Erleada (Tablet),T5

Errin (Tablet),T3

Bold type = Brand name drug Plain type = Generic drug

Ery (2% Pad),T3

Ery-Tab (Tablet Delayed-Release),T4

EryPed 200 (Suspension),T4

EryPed 400 (Suspension),T5

Erythrocin Lactobionate (Injection),T4

Erythromycin (2% External Solution),T2

Erythromycin (2% Gel),T4

Erythromycin (250mg Capsule Delayed-Release),T4

Erythromycin (5mg/gm Ophthalmic Ointment),T2

Erythromycin Base (Tablet),T4

Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet),T4

Erythromycin/Benzoyl Peroxide (Gel),T4

Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet),T5

Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet),T1

Escitalopram Oxalate (5mg/5ml Oral Solution),T2

Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium),T3

Estarylla (Tablet),T4

Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly),T3

Estradiol (0.1mg/gm Cream),T4

Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace),T3

Estradiol (10mcg Tablet),T4

Estradiol Valerate (Injection),T4

Estring (Ring),T4

Ethacrynic Acid (Tablet),T5

Ethambutol HCl (Tablet),T3

Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution),T3

Ethynodiol Diacetate/Ethinyl Estradiol (Tablet),T4

Etidronate Disodium (Tablet),T4

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

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

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

Evotaz (Tablet),T5

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

Exemestane (Tablet),T4

Exjade (Tablet Soluble),T5

Ezetimibe (Tablet),T2

Ezetimibe/Simvastatin (Tablet),T3

F

FML (Ointment),T4

FML Forte (Suspension),T4

Falmina (Tablet),T4

Famciclovir (Tablet),T3

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

Famotidine (40mg/5ml Suspension),T4

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

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

Fanapt Titration Pack (Tablet),T4

Fareston (Tablet),T5

Farydak (Capsule),T5

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

Felbamate (600mg/5ml Suspension),T5

Felodipine ER (Tablet Extended-Release 24 Hour),T2

Femring (Ring),T4

Femynor (Tablet),T4

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

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

Fenofibrate Micronized (Capsule),T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Fenofibric Acid (105mg Tablet),T3

Fenofibric Acid (35mg Tablet),T3

Fenofibric Acid DR (Capsule Delayed-Release),T3

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

Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle),T5

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

Fetzima (Capsule Extended-Release 24 Hour),T4

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

Finacea (15% Foam, 15% Gel),T4

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

Firazyr (Injection),T5

Firmagon (120mg Injection),T5

Firmagon (80mg Injection),T4

Flarex (Suspension),T4

Flebogamma DIF (Injection),T5

Flecainide Acetate (Tablet),T2

Flector (Patch),T4

Flovent Diskus (Aerosol Powder),T3

Flovent HFA (Aerosol),T3

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

Fluconazole in NaCl (Injection),T4

Flucytosine (Capsule),T5

Fludrocortisone Acetate (Tablet),T2

Flunisolide (Nasal Solution),T1

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

Fluocinolone Acetonide (0.01% Otic Oil),T4

Fluocinolone Acetonide Scalp (Oil),T4

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

Fluocinonide Emulsified Base (Cream),T3

Fluorometholone (Ophthalmic Suspension),T3

Fluorouracil (0.5% Cream),T5

Fluorouracil (2% External Solution, 5% External Solution),T3

Fluorouracil (5% Cream),T4

Fluoxetine DR (Capsule Delayed-Release),T4

Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution),T2

Fluphenazine Decanoate (Injection),T4

Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet),T2

Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection),T4

Fluphenazine HCl (5mg/ml Concentrate),T3

Flurbiprofen (Tablet),T2

Flurbiprofen Sodium (Ophthalmic Solution),T2

Flutamide (Capsule),T3

Fluticasone Propionate (0.005% Ointment, 0.05% Cream),T3

Fluticasone Propionate (50mcg/act Suspension),T2

Fluticasone Propionate/Salmeterol (Aerosol Powder),T3

Fluvastatin (Capsule Immediate-Release),T2

Fluvoxamine Maleate (Tablet),T3

Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection),T5

Fondaparinux Sodium (2.5mg/0.5ml Injection),T4

Forteo (Injection),T5

Fosamprenavir Calcium (Tablet),T5

Fosinopril Sodium (Tablet),T1

Fosinopril Sodium/Hydrochlorothiazide (Tablet),T1

Bold type = Brand name drug Plain type = Generic drug

FreAmine HBC 6.9% (Injection),T4

Furosemide (10mg/ml Injection),T4

Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution),T2

Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet),T1

Fuzeon (Injection),T5

Fyavolv (Tablet),T4

Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet),T4

G

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet),T2

Gabapentin (250mg/5ml Oral Solution),T3

Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution),T4

Galantamine HBr ER (Capsule Extended-Release 24 Hour),T4

Gammagard Liquid (Injection),T5

Gammagard S/D IGA Less Than 1 mcg/ml (Injection),T5

Gammaked (Injection),T5

Gammaplex (Injection),T5

Gamunex-C (Injection),T5

Gardasil 9 (Injection),T3

Gatifloxacin (Ophthalmic Solution),T3

Gattex (Injection),T5

Gauze (Non-medicated 2X2),T3

GaviLyte-C (Oral Solution),T2

GaviLyte-G (Oral Solution),T2

GaviLyte-N/Flavor Pack (Oral Solution),T1

Gemfibrozil (Tablet),T2

Generlac (Oral Solution),T2

Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution),T3

Genotropin (12mg Injection, 5mg Injection),T5

Genotropin Miniquick (0.2mg Injection),T4

Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T5

Gentak (Ophthalmic Ointment),T2

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

Gentamicin Sulfate (40mg/ml Injection),T4

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

Genvoya (Tablet),T5

Geodon (20mg Injection),T4

Gianvi (Tablet),T4

Gilenya (Capsule),T5

Gilotrif (Tablet),T5

Glassia (Injection),T5

Glatiramer Acetate (Solution Prefilled Syringe),T5

Glatopa (Injection),T5

Gleostine (100mg Capsule, 40mg Capsule),T4

Gleostine (10mg Capsule),T3

Glimepiride (Tablet),T1

Glipizide (Tablet Immediate-Release),T1

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

Glipizide/Metformin HCl (Tablet),T1

GlucaGen HypoKit (Injection),T4

Glucagon Emergency Kit (Injection),T3

Glyxambi (Tablet),T3

Granisetron HCl (Tablet),T4

Granix (Injection),T5

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

Griseofulvin Ultramicrosize (Tablet),T4

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

Guanidine HCl (Tablet),T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

H

Haegarda (Injection),T5

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

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

Haloperidol Decanoate (Injection),T4

Haloperidol Lactate (Injection),T4

Harvoni (Tablet),T5

Havrix (Injection),T3

Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection),T3

Heparin Sodium (1000unit/ml Injection),T3

HepatAmine (Injection),T4

Hetlioz (Capsule),T5

Hexalen (Capsule),T5

Hiberix (Injection),T3

Humalog Cartridge (Injection),T3

Humalog Junior KwikPen (Injection),T3

Humalog KwikPen (Injection),T3

Humalog Mix 50/50 KwikPen (Injection),T3

Humalog Mix 50/50 Vial (Injection),T3

Humalog Mix 75/25 KwikPen (Injection),T3

Humalog Mix 75/25 Vial (Injection),T3

Humalog Vial (Injection),T3

Humatrope (Injection),T5

Humatrope Combo Pack (Injection),T5

Humira (Injection),T5

Humira Pediatric Crohns Disease Starter Pack (Injection),T5

Humira Pen (Injection),T5

Humira Pen Crohns Disease Starter Pack (Injection),T5

Humira Pen-Psoriasis Starter (Injection),T5

Humulin 70/30 KwikPen (Injection),T3

Humulin 70/30 Vial (Injection),T3

Humulin N KwikPen (Injection),T3

Humulin N Vial (Injection),T3

Humulin R U-500 KwikPen (Injection),T3

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

Humulin R Vial (Injection),T3

Hydralazine HCl (Tablet),T2

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

Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution),T3

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

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

Hydrocortisone (100mg/60ml Enema),T4

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

Hydrocortisone Butyrate (0.1% Ointment),T3

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

Hydrocortisone/Acetic Acid (Otic Solution),T3

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

Hydromorphone HCl (1mg/ml Liquid),T4

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

Hydromorphone HCl (2mg/ml Injection),T4

Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent),T4

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

Hydroxychloroquine Sulfate (Tablet),T2
Hydroxyurea (Capsule),T2
Hydroxyzine HCl (10mg/5ml Syrup),T3
Hydroxyzine HCl (Tablet),T3
Hydroxyzine Pamoate (Capsule),T3
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T3

I

IPOL Inactivated IPV (Injection),T3
Ibandronate Sodium (Tablet),T3
Ibrance (Capsule),T5
Ibu (Tablet),T2
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet),T2
Iclusig (Tablet),T5
Idhifa (Tablet),T5
Ilevro (Suspension),T3
Imatinib Mesylate (Tablet),T5
Imbruvica (140mg Capsule, 70mg Capsule),T5
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet),T5
Imipenem/Cilastatin (Injection),T4
Imipramine HCl (Tablet),T4
Imipramine Pamoate (Capsule),T4
Imiquimod (Cream),T4
Imovax Rabies (H.D.C.V.) (Injection),T3
Increlex (Injection),T5
Incruse Ellipta (Aerosol Powder),T3
Indapamide (Tablet),T2
Indomethacin (25mg Capsule, 50mg Capsule),T2
Infanrix (Injection),T3
Inlyta (Tablet),T5
Insulin Syringes, Needles,T3
Intelence (100mg Tablet, 200mg Tablet),T5
Intelence (25mg Tablet),T4
Intralipid (Injection),T4
Intron A (Injection),T5
Introvale (Tablet),T4
Invanz (Injection),T5
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection),T5
Invega Sustenna (39mg/0.25ml Injection),T4
Invega Trinza (Injection),T5
Invirase (200mg Capsule, 500mg Tablet),T5
Invokamet (Tablet),T3
Invokamet XR (Tablet Extended-Release 24 Hour),T3
Invokana (Tablet),T3
Ionosol-MB/Dextrose 5% (Injection),T4
Ipratropium Bromide (0.02% Inhalation Solution),T2
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T2
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution),T1
Irbesartan (Tablet),T1
Irbesartan/Hydrochlorothiazide (Tablet),T1
Iressa (Tablet),T5
Isentress (100mg Packet, 25mg Tablet Chewable),T3
Isentress (100mg Tablet Chewable, 400mg Tablet),T5
Isentress HD (Tablet),T5
Isibloom (Tablet),T4
Isolyte-P/Dextrose 5% (Injection),T4
Isolyte-S (Injection),T4
Isoniazid (100mg Tablet, 300mg Tablet),T2
Isoniazid (50mg/5ml Syrup),T4
Isosorbide Dinitrate (Tablet Immediate-Release),T2
Isosorbide Dinitrate ER (Tablet Extended-Release),T2
Isosorbide Mononitrate (Tablet Immediate-

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Release),T2

Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour),T2

Isotonic Gentamicin (Injection),T4

Isotretinoin (Capsule),T4

Itraconazole (Capsule),T4

Ivermectin (Tablet),T3

Ixiaro (Injection),T3

J

Jadenu (Tablet),T5

Jadenu Sprinkle (Packet),T5

Jakafi (Tablet),T5

Jantoven (Tablet),T1

Janumet (Tablet Immediate-Release),T3

Janumet XR (Tablet Extended-Release 24 Hour),T3

Januvia (Tablet),T3

Jardiance (Tablet),T3

Jentadueto (Tablet),T4

Jentadueto XR (Tablet Extended-Release 24 Hour),T4

Jinteli (Tablet),T4

Jolivette (Tablet),T3

Jublia (External Solution),T4

Juleber (Tablet),T4

Juluca (Tablet),T5

Junel 1.5/30 (Tablet),T4

Junel 1/20 (Tablet),T4

Junel Fe 1.5/30 (Tablet),T4

Junel Fe 1/20 (Tablet),T4

Junel Fe 24 (Tablet),T4

Juxtapid (Capsule),T5

K

KCl 0.075%/D5W/NaCl 0.45% (Injection),T4

KCl 0.15%/D5W/NaCl 0.2% (Injection),T4

KCl 0.15%/D5W/NaCl 0.45% (Injection),T4

KCl 0.15%/D5W/NaCl 0.9% (Injection),T4

KCl 0.3%/D5W/NaCl 0.45% (Injection),T4

KCl 0.3%/D5W/NaCl 0.9% (Injection),T4

Kaitlib Fe (Tablet Chewable),T4

Kaletra (100mg-25mg Tablet),T4

Kaletra (200mg-50mg Tablet),T5

Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet),T5

Kariva (Tablet),T4

Kelnor 1/35 (Tablet),T4

Kelnor 1/50 (Tablet),T4

Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet),T2

Ketoconazole (2% Foam),T4

Ketoprofen (Capsule Immediate-Release),T3

Ketorolac Tromethamine (Ophthalmic Solution),T3

Kimidess (Tablet),T4

Kineret (Injection),T5

Kinrix (Injection),T3

Kionex (Suspension),T3

Kisqali (Tablet),T5

Kisqali Femara 200 Dose (Tablet Therapy Pack),T5

Kisqali Femara 400 Dose (Tablet Therapy Pack),T5

Kisqali Femara 600 Dose (Tablet Therapy Pack),T5

Klor-Con (Packet),T3

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

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

Klor-Con M10 (Tablet Extended-Release),T2

Klor-Con M15 (Tablet Extended-Release),T2

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

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

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

Korlym (Tablet),T5

Bold type = Brand name drug Plain type = Generic drug

Kurvelo (Tablet),T4

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

Kynamro (Injection),T5

L

LARIN 1.5/30 (Tablet),T4

LARIN 1/20 (Tablet),T4

LARIN Fe 1.5/30 (Tablet),T4

LARIN Fe 1/20 (Tablet),T4

Labetalol HCl (Tablet),T2

Lacrisert (Insert),T4

Lactulose (Oral Solution),T2

Lamivudine (100mg Tablet),T3

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

Lamivudine/Zidovudine (Tablet),T4

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

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

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

Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release),T3

Lanthanum Carbonate (Tablet Chewable),T5

Lantus SoloStar (Injection),T3

Lantus Vial (Injection),T3

Larissia (Tablet),T4

Lastacaft (Ophthalmic Solution),T3

Latanoprost (Ophthalmic Solution),T1

Latuda (Tablet),T5

Layolis Fe (Tablet Chewable),T4

Leena (Tablet),T4

Leflunomide (Tablet),T2

Lenvima (Capsule Therapy Pack),T5

Lessina (Tablet),T4

Letrozole (Tablet),T2

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

Leucovorin Calcium (25mg Tablet),T4

Leukeran (Tablet),T5

Leukine (Injection),T5

Leuprolide Acetate (Injection),T4

Levalbuterol (Nebulized Solution),T4

Levemir FlexTouch (Injection),T3

Levemir Vial (Injection),T3

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

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

Levobunolol HCl (Ophthalmic Solution),T2

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

Levocarnitine (330mg Tablet),T3

Levocetirizine Dihydrochloride (5mg Tablet),T1

Levofloxacin (0.5% Ophthalmic Solution),T3

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

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

Levofloxacin in D5W (Injection),T4

Levonest (Tablet),T4

Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet),T4

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),T4

Levora 0.15/30-28 (Tablet),T4

Levorphanol Tartrate (Tablet),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Levothyroxine Sodium (Tablet),T1

Levoxyl (Tablet),T3

Lexiva (50mg/ml Suspension),T4

Lialda (Tablet Delayed-Release),T3

Lidocaine (5% Ointment),T4

Lidocaine (5% Patch),T4

Lidocaine HCl (4% External Solution),T2

Lidocaine HCl (Gel),T2

Lidocaine Viscous (Solution),T2

Lidocaine/Prilocaine (Cream),T3

Lindane (Shampoo),T4

Linezolid (100mg/5ml Suspension),T5

Linezolid (600mg Tablet),T4

Linezolid (600mg/300ml Injection),T4

Linzess (Capsule),T3

Liothyronine Sodium (Tablet),T2

Lisinopril (Tablet),T1

Lisinopril/Hydrochlorothiazide (Tablet),T1

Lithium (Oral Solution),T3

Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release),T2

Lithium Carbonate ER (Tablet Extended-Release),T2

Lithostat (Tablet),T5

Livalo (Tablet),T3

Lonsurf (Tablet),T5

Loperamide HCl (Capsule),T2

Lopinavir/Ritonavir (Oral Solution),T4

Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet),T1

Lorazepam (2mg/ml Concentrate),T2

Lorcet (Tablet),T3

Lorcet HD (Tablet),T3

Lorcet Plus (Tablet),T3

Loryna (Tablet),T4

Losartan Potassium (Tablet),T1

Losartan Potassium/Hydrochlorothiazide (Tablet),T1

Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension),T4

Lovastatin (Tablet),T1

Low-Ogestrel (Tablet),T4

Loxapine Succinate (Capsule),T2

Lumigan (Ophthalmic Solution),T3

Lupaneta Pack (Kit),T5

Lupron Depot (1-Month) (Injection),T5

Lupron Depot (3-Month) (Injection),T5

Lupron Depot (4-Month) (Injection),T5

Lupron Depot (6-Month) (Injection),T5

Lutera (Tablet),T4

Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule),T5

Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution),T3

Lysodren (Tablet),T5

Lyza (Tablet),T3

M

M-M-R II (Injection),T3

Magnesium Sulfate (1gm/2ml-50% Injection),T4

Magnesium Sulfate (5gm/10ml-50% Injection),T4

Malathion (Lotion),T4

Maprotiline HCl (Tablet),T4

Marlissa (Tablet),T4

Marplan (Tablet),T4

Matulane (Capsule),T5

Matzim LA (Tablet Extended-Release 24 Hour),T2

Mavyret (Tablet),T5

Meclizine HCl (Tablet),T2

Medroxyprogesterone Acetate (10mg Tablet,

Bold type = Brand name drug Plain type = Generic drug

2.5mg Tablet, 5mg Tablet),T2

Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe),T4

Mefloquine HCl (Tablet),T2

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

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

Mekinist (Tablet),T5

Melodetta 24 Fe (Tablet Chewable),T4

Meloxicam (Tablet),T1

Memantine HCl (10mg Tablet, 5mg Tablet),T2

Memantine HCl (2mg/ml Oral Solution),T4

Memantine HCl ER (Capsule Extended-Release 24 Hour),T3

Memantine HCl Titration Pak (Tablet),T3

Menactra (Injection),T3

Menest (Tablet),T3

Mentax (Cream),T4

Menveo (Injection),T3

Mercaptopurine (Tablet),T3

Meropenem (Injection),T4

Mesalamine (Enema),T4

Mesalamine DR (1.2gm Tablet Delayed-Release),T3

Mesnex (400mg Tablet),T5

Mestinon (60mg/5ml Syrup),T5

Metadate ER (Tablet Extended-Release),T4

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

Metformin HCl (Tablet Immediate-Release),T1

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

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

Methazolamide (Tablet),T4

Methenamine Hippurate (Tablet),T4

Methimazole (Tablet),T2

Methotrexate (Tablet),T2

Methotrexate Sodium (Injection),T4

Methoxsalen (Capsule),T5

Methscopolamine Bromide (Tablet),T4

Methyclothiazide (Tablet),T3

Methyldopa (Tablet),T3

Methyldopa/Hydrochlorothiazide (Tablet),T3

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

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

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

Methylprednisolone (Tablet),T2

Methylprednisolone Dose Pack (Tablet Therapy Pack),T2

Metipranolol (Ophthalmic Solution),T2

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

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

Metolazone (Tablet),T3

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

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

Metoprolol/Hydrochlorothiazide (Tablet),T2

Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion),T4

Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release),T2

Metronidazole Vaginal (Gel),T3

Metronidazole in NaCl 0.79% (Injection),T4

Mexiletine HCl (Capsule),T3

Mibelas 24 Fe (Tablet Chewable),T4

Miconazole 3 (Suppository),T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Microgestin 1.5/30 (Tablet),T4

Microgestin 1/20 (Tablet),T4

Microgestin Fe (Tablet),T4

Microgestin Fe 1.5/30 (Tablet),T4

Midodrine HCl (Tablet),T3

Migergot (Suppository),T5

Miglitol (Tablet),T4

Miglustat (Capsule),T5

Mili (Tablet),T4

Minitran (Patch 24 Hour),T2

Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule),T2

Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release),T4

Minoxidil (Tablet),T2

Mirtazapine (Tablet),T2

Mirtazapine ODT (Tablet Dispersible),T2

Mirvaso (Gel),T4

Misoprostol (Tablet),T3

Modafinil (Tablet),T4

Moexipril HCl (Tablet),T1

Moexipril/Hydrochlorothiazide (Tablet),T1

Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment),T3

Mometasone Furoate (50mcg/act Suspension),T4

MonoNessa (Tablet),T4

Montelukast Sodium (10mg Tablet),T1

Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable),T2

Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution),T3

Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection),T4

Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release),T3

Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection),T4

Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin),T3

Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin),T4

Moxeza (Ophthalmic Solution),T4

Moxifloxacin HCl/Sodium HCl (Injection),T4

Moxifloxacin HCl (Ophthalmic Solution),T4

Moxifloxacin HCl (Tablet),T3

Multaq (Tablet),T3

Mupirocin (2% Cream),T4

Mupirocin (2% Ointment),T2

Myalept (Injection),T5

Mycamine (Injection),T5

Mycophenolate Mofetil (200mg/ml Suspension),T5

Mycophenolate Mofetil (250mg Capsule, 500mg Tablet),T3

Mycophenolic Acid DR (Tablet Delayed-Release),T4

Myrbetriq (Tablet Extended-Release 24 Hour),T3

N

Nabumetone (Tablet),T4

Nadolol (Tablet),T4

Nadolol/Bendroflumethiazide (Tablet),T3

Nafcillin Sodium (10gm Injection, 1gm Injection),T4

Naftifine HCl (1% Cream),T4

Naftifine HCl (2% Cream),T4

Naftin (1% Gel, 2% Gel),T4

Naloxone HCl (Injection),T3

Naltrexone HCl (Tablet),T3

Namzaric (Therapy Pack, Capsule Extended-

Release 24 Hour),T3

Naproxen (125mg/5ml Suspension),T4

Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release),T2

Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn),T2

Naratriptan HCl (Tablet),T3

Narcan (Liquid),T3

Natacyn (Suspension),T4

Nateglinide (Tablet),T1

Natpara (Injection),T5

Nebupent (Inhalation Solution),T4

Necon 0.5/35-28 (Tablet),T4

Necon 7/7/7 (Tablet),T4

Nefazodone HCl (Tablet),T4

Neomycin Sulfate (Tablet),T2

Neomycin/Bacitracin/Polymyxin (Ointment),T3

Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment),T3

Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension),T2

Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution),T3

Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension),T4

Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension),T3

Nephramine (Injection),T4

Nerlynx (Tablet),T5

Neulasta (Injection),T5

Neupogen (Injection),T5

Neupro (Patch 24 Hour),T4

Nevirapine (Tablet),T3

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

Nexavar (Tablet),T5

Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet),T3

Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T3

Niacin ER (Tablet Extended-Release),T4

Niacor (Tablet),T2

Nicardipine HCl (Capsule),T3

Nicotrol (Inhaler),T4

Nicotrol NS (Nasal Solution),T4

Nifedipine ER (Tablet Extended-Release 24 Hour),T2

Nikki (Tablet),T4

Nilutamide (Tablet),T5

Nimodipine (Capsule),T4

Ninlaro (Capsule),T5

Nitro-Bid (Ointment),T4

Nitrofurantoin (Suspension),T4

Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrodantin),T3

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

Nitroglycerin (Tablet Sublingual),T3

Nitroglycerin Lingual (Translingual Solution),T1

Nitroglycerin Transdermal (Patch 24 Hour),T2

Nitrostat (Tablet Sublingual),T3

Nora-BE (Tablet),T3

Norditropin FlexPro (Injection),T5

Norethindrone (0.35mg Tablet),T3

Norethindrone Acetate (5mg Tablet),T2

Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet, 1mg-20mcg Tablet, 1mg-5mcg Tablet),T4

Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet, Tablet Chewable),T4

Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable),T4

Norgestimate/Ethinyl Estradiol (Tablet),T4

Norlyroc (Tablet),T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Normosol-M in D5W (Injection),T4

Normosol-R (Injection),T4

Normosol-R in D5W (Injection),T4

Northera (Capsule),T5

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

Nortrel 1/35 (Tablet),T4

Nortrel 7/7/7 (Tablet),T4

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

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

Noxafil (100mg Tablet Delayed-Release),T5

Noxafil (40mg/ml Suspension),T5

Nucala (Injection),T5

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

Nuedexta (Capsule),T4

Nuplazid (Tablet),T5

Nutrilipid (Injection),T4

Nutropin AQ (Injection),T5

NuvaRing (Ring),T4

Nyamyc (Powder),T2

Nymalize (Oral Solution),T5

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

Nystop (Powder),T2

O

Ocaliva (Tablet),T5

Ocella (Tablet),T4

Octagam (Injection),T5

Octreotide Acetate (Injection),T4

Odefsey (Tablet),T5

Odomzo (Capsule),T5

Ofev (Capsule),T5

Ofloxacin (0.3% Ophthalmic Solution),T2

Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet),T3

Ogestrel (Tablet),T4

Olanzapine (10mg Injection),T4

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

Olanzapine ODT (Tablet Dispersible),T4

Olmesartan Medoxomil (Tablet),T2

Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet),T2

Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T2

Olopatadine HCl (Ophthalmic Solution),T3

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

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

Omeprazole (20mg Capsule Delayed-Release),T2

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

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

Ondansetron ODT (Tablet Dispersible),T2

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

Onfi (2.5mg/ml Suspension),T5

Onglyza (Tablet),T3

Opsumit (Tablet),T5

Orencia (Injection),T5

Orencia Clickject (Injection),T5

Orenitram (0.125mg Tablet Extended-Release),T4

Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release),T5

Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension),T5

Orkambi (Tablet),T5

Orsythia (Tablet),T4

Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension),T3

Osphena (Tablet),T4

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

Oxacillin Sodium (Injection),T4

Oxandrolone (10mg Tablet),T4

Oxandrolone (2.5mg Tablet),T3

Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet),T3

Oxcarbazepine (300mg/5ml Suspension),T4

Oxiconazole Nitrate (Cream),T4

Oxistat (1% Lotion),T4

Oxsoralen Ultra (Capsule),T5

Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup),T2

Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour),T3

Oxycodone HCl (100mg/5ml Concentrate),T4

Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T2

Oxycodone HCl (5mg/5ml Oral Solution),T3

Oxycodone/Acetaminophen (Tablet),T3

Oxycodone/Aspirin (Tablet),T3

Oxycodone/Ibuprofen (Tablet),T3

P

PEG 3350/Electrolytes (Oral Solution),T3

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

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

Pacerone (200mg Tablet),T1

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

Panretin (Gel),T5

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

Paricalcitol (Capsule),T4

Paromomycin Sulfate (Capsule),T4

Paroxetine HCl (Tablet Immediate-Release),T2

Paser (Packet),T4

Paxil (10mg/5ml Suspension),T4

Pazeo (Ophthalmic Solution),T3

Pediarix (Injection),T3

Pedvax HIB (Injection),T3

Peganone (Tablet),T4

Pegasys (Injection),T5

Pegasys ProClick (Injection),T5

Penicillin G Potassium (Injection),T4

Penicillin G Procaine (Injection),T4

Penicillin G Sodium (Injection),T4

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

Pentam 300 (Injection),T4

Pentasa (Capsule Extended-Release),T4

Pentoxifylline ER (Tablet Extended-Release),T2

Perforomist (Nebulized Solution),T4

Perindopril Erbumine (Tablet),T1

Periogard (Solution),T2

Permethrin (Cream),T3

Perphenazine (Tablet),T4

Phenadoz (Suppository),T4

Phenelzine Sulfate (Tablet),T3

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

Phenoxybenzamine HCl (Capsule),T5

Phenytek (Capsule),T2

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

Phenytoin Sodium Extended (Capsule),T2

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Phoslyra (Oral Solution),T3

Phospholine Iodide (Ophthalmic Solution),T4

Picato (Gel),T3

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

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

Pimozide (Tablet),T4

Pimtrea (Tablet),T4

Pindolol (Tablet),T3

Pioglitazone HCl (Tablet),T1

Pioglitazone HCl/Glimepiride (Tablet),T1

Pioglitazone HCl/Metformin HCl (Tablet),T1

Piperacillin/Tazobactam (Injection),T4

Pirmella 1/35 (Tablet),T4

Piroxicam (Capsule),T3

Plasma-Lyte A (Injection),T4

Plasma-Lyte-148 (Injection),T4

Plenamine (Injection),T4

Podofilox (External Solution),T3

Polyethylene Glycol 3350 Powder (Generic MiraLAX),T2

Polymyxin B Sulfate (Injection),T4

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

Pomalyst (Capsule),T5

Portia-28 (Tablet),T4

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

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

Potassium Chloride (2meq/ml Injection),T4

Potassium Chloride CR (Tablet Extended-Release),T2

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

Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release),T2

Potassium Chloride/Dextrose (Injection),T4

Potassium Chloride/Dextrose/Lactated Ringers (Injection),T4

Potassium Chloride/Dextrose/Sodium Chloride (Injection),T4

Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection),T4

Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection),T4

Potassium Citrate ER (Tablet Extended-Release),T3

Pradaxa (Capsule),T4

Praluent (Injection),T5

Pramipexole Dihydrochloride (Tablet Immediate-Release),T2

Prasugrel (Tablet),T3

Pravastatin Sodium (Tablet),T1

Prazosin HCl (Capsule),T2

Pred Mild (Suspension),T4

Pred-G (Suspension),T4

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

Prednicarbate (0.1% Cream, 0.1% Ointment),T4

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

Prednisolone Acetate (Ophthalmic Suspension),T3

Prednisolone Sodium Phosphate (1% Ophthalmic Solution),T2

Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution),T4

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

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

Bold type = Brand name drug Plain type = Generic drug

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

Prednisone Intensol (5mg/ml Concentrate),T2

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

Premarin (Vaginal Cream),T3

Premasol (Injection),T4

Premphase (Tablet),T4

Prempro (Tablet),T4

Prevalite (Packet),T4

Previfem (Tablet),T4

Prezcobix (Tablet),T5

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

Prezista (150mg Tablet, 75mg Tablet),T4

Priftin (Tablet),T4

Prilosec (Packet),T4

Primaquine Phosphate (Tablet),T4

Primidone (Tablet),T2

Privigen (Injection),T5

ProAir HFA (Aerosol Solution),T3

ProAir RespiClick (Aerosol Powder),T3

ProQuad (Injection),T3

Probenecid (Tablet),T2

Probenecid/Colchicine (Tablet),T2

Procalamine (Injection),T4

Prochlorperazine (Suppository),T4

Prochlorperazine Maleate (Tablet),T2

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

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

Procto-Med HC (Cream),T2

Procto-Pak (Cream),T2

Proctosol HC (Cream),T2

Proctozone-HC (Cream),T2

Progesterone (Capsule),T2

Proglycem (Suspension),T5

Prolastin-C (Injection),T5

Prolensa (Ophthalmic Solution),T4

Prolia (Injection),T4

Promacta (Tablet),T5

Promethazine HCl (12.5mg Suppository, 25mg Suppository),T4

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

Promethegan (25mg Suppository),T4

Propafenone HCl (Tablet),T2

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

Proparacaine HCl (Ophthalmic Solution),T2

Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution),T2

Propranolol HCl (Tablet Immediate-Release),T2

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

Propranolol/Hydrochlorothiazide (Tablet),T2

Propylthiouracil (Tablet),T2

Prosol (Injection),T4

Protriptyline HCl (Tablet),T4

Prudoxin (Cream),T4

Pulmozyme (Inhalation Solution),T5

Purixan (Suspension),T5

Pyrazinamide (Tablet),T4

Pyridostigmine Bromide (Tablet Immediate-Release),T3

Pyridostigmine Bromide ER (Tablet Extended-Release),T4

Q

Quadracel (Injection),T3

Quasense (Tablet),T4

Quetiapine Fumarate (Tablet Immediate-Release),T2

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour),T3

Quinapril HCl (Tablet),T1

Quinapril/Hydrochlorothiazide (Tablet),T1

Quinidine Gluconate CR (Tablet Extended-Release),T4

Quinidine Sulfate (Tablet),T2

Quinine Sulfate (Capsule),T4

R

Rabavert (Injection),T3

Rabeprazole Sodium (Tablet Delayed-Release),T3

Raloxifene HCl (Tablet),T3

Ramipril (Capsule),T1

Ranexa (Tablet Extended-Release 12 Hour),T3

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

Ranitidine HCl (75mg/5ml Syrup),T4

Rapaflo (4mg Capsule, 8mg Capsule),T3

Rapamune (1mg/ml Oral Solution),T5

Rasagiline Mesylate (Tablet),T4

Ravicti (Liquid),T5

Rayaldee (Capsule Extended-Release),T5

Rebif (Injection),T5

Rebif Rebidose (Injection),T5

Rebif Rebidose Titration Pack (Injection),T5

Rebif Titration Pack (Injection),T5

Reclipsen (Tablet),T4

Recombivax HB (Injection),T3

Regranex (Gel),T5

Relenza Diskhaler (Aerosol Powder),T3

Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection),T5

Relistor (150mg Tablet),T5

Repaglinide (Tablet),T1

Repaglinide/Metformin HCl (Tablet),T4

Repatha (Injection),T5

Repatha Pushtronex System (Injection),T5

Repatha SureClick (Injection),T5

Rescriptor (Tablet),T4

Restasis (Emulsion),T3

Revlimid (Capsule),T5

Rexulti (Tablet),T5

Reyataz (50mg Packet),T5

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

Ribavirin (200mg Tablet),T3

Ridaura (Capsule),T5

Rifabutin (Capsule),T4

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

Rifampin (600mg Injection),T4

Rifater (Tablet),T4

Riluzole (Tablet),T3

Rimantadine HCl (Tablet),T4

Riomet (Oral Solution),T4

Risedronate Sodium (Tablet Immediate-Release),T3

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

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

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

Risperidone (1mg/ml Oral Solution),T4

Risperidone ODT (Tablet Dispersible),T4

Ritonavir (Tablet),T4

Rivastigmine Tartrate (Capsule),T3

Rivastigmine Transdermal System (Patch 24 Hour),T4

Rizatriptan Benzoate (Tablet),T3

Rizatriptan Benzoate ODT (Tablet Dispersible),T3

Ropinirole HCl (Tablet Immediate-Release),T2

Rosuvastatin Calcium (Tablet),T1

RotaTeq (Oral Solution),T3

Rotarix (Suspension),T3

Bold type = Brand name drug Plain type = Generic drug

Roweepra (Tablet),T2

Roweepra XR (Tablet Extended-Release 24 Hour),T3

Rozerem (Tablet),T4

Rubraca (Tablet),T5

Ruconest (Injection),T5

Rydapt (Capsule),T5

S

SPS (Suspension),T3

SSD (Cream),T3

Sabril (500mg Tablet),T5

Saizen (Injection),T5

Samsca (Tablet),T5

Sancuso (Patch),T5

Sandimmune (100mg/ml Oral Solution),T4

Santyl (Ointment),T4

Saphris (Tablet Sublingual),T5

Savella (Tablet),T3

Savella Titration Pack,T3

Scopolamine (Patch 72 Hour),T4

Selegiline HCl (5mg Capsule, 5mg Tablet),T3

Selenium Sulfide (Lotion),T2

Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution),T5

Selzentry (25mg Tablet),T3

Sensipar (Tablet),T5

Serevent Diskus (Aerosol Powder),T3

Serostim (Injection),T5

Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet),T1

Sertraline HCl (20mg/ml Concentrate),T4

Setlakin (Tablet),T4

Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet),T5

Sevelamer Carbonate (800mg Tablet),T4

Sharobel (Tablet),T3

Shingrix (Injection),T3

Signifor (Injection),T5

Sildenafil (20mg Tablet) (Generic Revatio),T3

Silver Sulfadiazine (Cream),T3

Simbrinza (Suspension),T3

Simponi (Injection),T5

Simvastatin (Tablet),T1

Sirolimus (Tablet),T4

Sirturo (Tablet),T5

Sodium Chloride 0.9% (Irrigation Solution),T3

Sodium Chloride (0.9% Injection),T4

Sodium Chloride (2.5meq/ml Injection),T4

Sodium Chloride (3% Injection, 5% Injection),T4

Sodium Chloride 0.45% (Injection),T4

Sodium Fluoride (Tablet),T2

Sodium Lactate (Injection),T4

Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet),T5

Sodium Polystyrene Sulfonate (Powder),T3

Sodium Sulfacetamide (Ophthalmic Solution),T2

Soliqua 100/33 (Injection),T3

Soltamox (Oral Solution),T5

Somatuline Depot (Injection),T5

Somavert (Injection),T5

Sotalol HCl (AF) (Tablet),T2

Sotalol HCl (Tablet),T2

Sovaldi (Tablet),T5

Spiriva HandiHaler (Capsule),T3

Spiriva Respimat (Aerosol Solution),T3

Spironolactone (Tablet),T2

Spironolactone/Hydrochlorothiazide (Tablet),T2

Sporanox (10mg/ml Oral Solution),T5

Sprintec 28 (Tablet),T4

Spritam (Tablet Disintegrating Soluble),T4

Sprycel (Tablet),T5

Sronyx (Tablet),T4

Stalevo 100 (Tablet),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Stalevo 125 (Tablet),T5
Stalevo 150 (Tablet),T5
Stalevo 200 (Tablet),T5
Stalevo 50 (Tablet),T4
Stalevo 75 (Tablet),T5
Stavudine (Capsule),T3
Stelara (Injection),T5
Stiolto Respimat (Aerosol Solution),T3
Stivarga (Tablet),T5
Streptomycin Sulfate (Injection),T5
Stribild (Tablet),T5
Suboxone (Film),T4
Sucraid (Oral Solution),T5
Sucralfate (Tablet),T2
Sulfacetamide Sodium (Ophthalmic Ointment),T2
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution),T2
Sulfadiazine (Tablet),T4
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet),T2
Sulfamethoxazole/Trimethoprim DS (Tablet),T2
Sulfamylon (85mg/gm Cream),T4
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T2
Sulindac (Tablet),T2
Sumatriptan (Nasal Solution),T4
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet),T2
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection),T4
Sumatriptan Succinate (6mg/0.5ml Injection),T4
Sumatriptan Succinate Refill (Injection),T4
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T3
Suprax (400mg Capsule, 500mg/5ml Suspension),T3
Suprep Bowel Prep Kit (Oral Solution),T3
Sustiva (200mg Capsule, 600mg Tablet),T5
Sustiva (50mg Capsule),T4
Sutent (Capsule),T5
Syeda (Tablet),T4
Sylatron (Injection),T5
Symbicort (Aerosol),T3
Symfi (Tablet),T5
Symfi Lo (Tablet),T5
SymlinPen 120 (Injection),T5
SymlinPen 60 (Injection),T5
Synarel (Nasal Solution),T5
Synjardy (Tablet),T3
Synjardy XR (Tablet Extended-Release 24 Hour),T3
Synribo (Injection),T5
Synthroid (Tablet),T3

T

TOBI Podhaler (Capsule),T5
TPN Electrolytes (Injection),T4
Tabloid (Tablet),T4
Tacrolimus (0.03% Ointment, 0.1% Ointment),T4
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule),T3
Tafinlar (Capsule),T5
Tagrisso (Tablet),T5
Tamoxifen Citrate (Tablet),T2
Tamsulosin HCl (Capsule),T1
Tarceva (Tablet),T5
Targretin (1% Gel),T5
Tarina Fe 1/20 (Tablet),T4
Tasigna (Capsule),T5
Tazarotene (Cream),T4
Tazicef (Injection),T4
Tazorac (0.05% Cream, 0.1% Gel),T4
Tazorac (0.05% Gel),T5
Taztia XT (Capsule Extended-Release 24 Hour),T2

Bold type = Brand name drug Plain type = Generic drug

Tecfidera (Capsule Delayed-Release),T5

Tecfidera Starter Pack,T5

Telmisartan (Tablet),T1

Telmisartan/Amlodipine (Tablet),T1

Telmisartan/Hydrochlorothiazide (Tablet),T1

Temazepam (15mg Capsule, 30mg Capsule),T2

Tenivac (Injection),T3

Tenofovir Disoproxil Fumarate (Tablet),T5

Terazosin HCl (Capsule),T2

Terbinafine HCl (Tablet),T2

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

Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel),T3

Testosterone Cypionate (Injection),T3

Testosterone Enanthate (Injection),T4

Testosterone Pump (1% Gel),T3

Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection),T3

Tetrabenazine (Tablet),T5

Tetracycline HCl (Capsule),T4

Thalomid (Capsule),T5

Theophylline (Oral Solution),T2

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

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

Thioridazine HCl (Tablet),T3

Thiothixene (Capsule),T3

Tiagabine HCl (Tablet),T4

Tigecycline (Injection),T5

Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2

Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet),T4

Timolol Maleate Ophthalmic Gel Forming (Solution),T3

Tinidazole (Tablet),T4

Tivicay (10mg Tablet),T4

Tivicay (25mg Tablet, 50mg Tablet),T5

Tizanidine HCl (2mg Tablet, 4mg Tablet),T2

Tobradex (0.3%-0.1% Ophthalmic Ointment),T3

Tobradex ST (Ophthalmic Suspension),T4

Tobramycin (Nebulized Solution),T5

Tobramycin Sulfate (0.3% Ophthalmic Solution),T2

Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection),T4

Tobramycin/Dexamethasone (Ophthalmic Suspension),T3

Tobrex (0.3% Ophthalmic Ointment),T4

Tolcapone (Tablet),T5

Topiramate (Tablet Immediate- Release, Capsule Sprinkle Immediate-Release),T2

Torsemide (Tablet),T2

Toujeo Max Solostar (Injection),T3

Toujeo SoloStar (Injection),T3

Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble),T5

Tradjenta (Tablet),T4

Tramadol HCl (Tablet Immediate-Release),T2

Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour),T3

Tramadol HCl/Acetaminophen (Tablet),T2

Trandolapril (Tablet),T1

Tranexamic Acid (Tablet),T3

Tranylcypromine Sulfate (Tablet),T4

Travasol (Injection),T4

Travatan Z (Ophthalmic Solution),T3

Trazodone HCl (Tablet),T1

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Trecator (Tablet),T4

Trelegy Ellipta (Aerosol Powder),T3

Trelstar Mixject (Injection),T5

Tresiba FlexTouch (Injection),T3

Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream),T4

Tretinoin (10mg Capsule),T5

Tretinoin Microsphere (Gel),T4

Trexall (Tablet),T4

Trezix (Capsule),T4

Tri-Legest Fe (Tablet),T4

Tri-Lo-Estarylla (Tablet),T4

Tri-Lo-Sprintec (Tablet),T4

Tri-Mili (Tablet),T4

Tri-Previfem (Tablet),T4

Tri-Sprintec (Tablet),T4

Tri-Vylibra (Tablet),T4

TriLyte (Oral Solution),T1

Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment),T2

Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion),T3

Triamcinolone Acetonide (55mcg/act Aerosol),T4

Triamcinolone Acetonide Dental Paste (Paste),T3

Triamterene/Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 25mg-37.5mg Capsule),T2

Triderm (Cream),T2

Trientine HCl (Capsule),T5

Trifluoperazine HCl (Tablet),T3

Trifluridine (Ophthalmic Solution),T3

Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet),T2

Trimethoprim (Tablet),T2

Trimipramine Maleate (Capsule),T4

Trinessa (Tablet),T4

Trintellix (Tablet),T4

Triumeq (Tablet),T5

Trivora-28 (Tablet),T4

Trophamine (10% Injection),T4

Trulicity (Injection),T3

Trumenba (Injection),T3

Truvada (Tablet),T5

Twinrix (Injection),T3

Tybost (Tablet),T4

Tykerb (Tablet),T5

Tymlos (Injection),T5

Typhim Vi (Injection),T3

U

Uloric (Tablet),T3

Unithroid (Tablet),T3

Ursodiol (250mg Tablet, 500mg Tablet),T4

Ursodiol (300mg Capsule),T3

V

VAQTA (Injection),T3

VP-PNV-DHA (Capsule),T2

Valacyclovir HCl (Tablet),T3

Valchlor (Gel),T5

Valganciclovir (Tablet),T5

Valganciclovir Hydrochlorde (Oral Solution),T5

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

Valsartan (Tablet),T1

Valsartan/Hydrochlorothiazide (Tablet),T1

Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule),T4

Vandazole (Gel),T3

Varivax (Injection),T3

Varizig (Injection),T3

Vascepa (Capsule),T4

Velivet (Tablet),T4

Velphoro (Tablet Chewable),T5

Bold type = Brand name drug Plain type = Generic drug

Vemlidy (Tablet),T5

Venclexta (100mg Tablet, 50mg Tablet),T5

Venclexta (10mg Tablet),T3

Venclexta Starting Pack (Tablet Therapy Pack),T5

Venlafaxine HCl (Tablet Immediate-Release),T3

Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour),T2

Ventavis (Inhalation Solution),T5

Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release),T2

Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour),T3

Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release),T2

Verapamil HCl SR (Capsule Extended-Release 24 Hour),T3

Versacloz (Suspension),T5

Verzenio (Tablet),T5

Vesicare (Tablet),T3

Vestura (Tablet),T4

Vibramycin (50mg/5ml Syrup),T4

Victoza (Injection),T3

Videx EC (125mg Capsule Delayed-Release),T4

Videx Pediatric (Oral Solution),T4

Vienva (Tablet),T4

Vigabatrin (Packet),T5

Viibryd (Tablet),T4

Viibryd Starter Pack (Kit),T4

Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution),T4

Viracept (Tablet),T5

Viramune (50mg/5ml Suspension),T5

Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder),T5

Vivitrol (Injection),T5

Voriconazole (200mg Injection, 40mg/ml Suspension),T5

Voriconazole (200mg Tablet, 50mg Tablet),T4

Vosevi (Tablet),T5

Votrient (Tablet),T5

Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule),T5

Vraylar (Capsule Therapy Pack),T4

Vyfemla (Tablet),T4

Vylibra (Tablet),T4

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),T4

W

WYMZYA Fe (Tablet Chewable),T4

Warfarin Sodium (Tablet),T1

Welchol (3.75gm Packet),T3

X

Xalkori (Capsule),T5

Xarelto (Tablet),T3

Xarelto Starter Pack (Tablet Therapy Pack),T3

Xatmep (Oral Solution),T4

Xeljanz (Tablet),T5

Xeljanz XR (Tablet Extended-Release 24 Hour),T5

Xgeva (Injection),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Xifaxan (Tablet),T5

Xiidra (Ophthalmic Solution),T4

Xolair (Injection),T5

Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent),T3

Xtandi (Capsule),T5

Xulane (Patch Weekly),T4

Xyrem (Oral Solution),T5

Y

YF-Vax (Injection),T3

Yuvafem (Tablet),T4

Z

Zafirlukast (Tablet),T3

Zaleplon (Capsule),T3

Zarah (Tablet),T4

Zarxio (Injection),T5

Zejula (Capsule),T5

Zelapar (Tablet Dispersible),T5

Zelboraf (Tablet),T5

Zemaira (Injection),T5

Zenchent (Tablet),T4

Zenpep (Capsule Delayed-Release),T3

Zerbaxa (Injection),T4

Zerit (1mg/ml Oral Solution),T4

Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup),T3

Zileuton ER (Tablet Extended-Release 12 Hour),T5

Ziprasidone HCl (Capsule),T3

Zirgan (Gel),T4

Zolinza (Capsule),T5

Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T2

Zonisamide (Capsule),T2

Zorbtive (Injection),T5

Zortress (Tablet),T5

Zostavax (Injection),T4

Zovia 1/35E (Tablet),T4

Zyclara Pump (Cream),T5

Zydelig (Tablet),T5

Zyflo (Tablet),T5

Zykadia (Capsule),T5

Zyprexa Relprevv (Injection),T4

Zytiga (Tablet),T5

Bold type = Brand name drug

Plain type = Generic drug

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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

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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 **1-844-723-6473, 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.AARPMedicarePlans.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
- Make sure you have chosen the plan type that works best for you
- Make sure your permanent address is correct
- Sign and date where indicated
- Verify your Date of Birth
- Verify your providers accept the plan you are choosing
- Provide the name of your primary care provider (PCP)

Scope of Appointment Confirmation Form

TEAR HERE

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

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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AARP | MedicareComplete
insured through UnitedHealthcare

2019 Enrollment Request Form

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

TEAR HERE

☐ **AARP MedicareComplete SecureHorizons Plan 2 (HMO) H4590-041 - AS2**

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

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

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

Birth Date MM-DD-YYYY	Sex ☐ Male ☐ Female
Daytime Phone Number ( ) -	Mobile Phone Number ( ) -

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

City	County	State	ZIP Code

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

City	County	State	ZIP Code

Email Address

TEAR HERE

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.

TEAR HERE

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.

TEAR HERE

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), online or by mail.

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

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

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

I get monthly benefits from: ☐ Social Security ☐ RRB

Enrollee Name _____

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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.

TEAR HERE

☐ **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 online.**

Visit www.AARPMedicarePlans.com to make a payment directly from a bank account.

TEAR HERE

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month or you will receive an email notification if you signed up for e-delivery.

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 1-844-723-6473, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.AARPMedicarePlans.com for online help.

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

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

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

Name of Company _____
Member 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. Do you live in a nursing home or a long-term care facility? ☐ Yes ☐ No

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

Name			
Address	City	State	ZIP Code
Phone Number ( ) –	Date You Moved There MM-DD-YYYY		

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

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

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

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

If yes, please complete the following:

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

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

(Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

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

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Ready to Enroll

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

You can find a list on the plan website or in the 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

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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.
- 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 I must get my health care coverage from doctors or providers that are in my plan's network. I can go to any doctor or hospital in an emergency or for urgently needed

Enrollee Name _____

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services or out-of-area dialysis services. If I happen to pay full price for any network services, this plan provides refunds for all medically necessary covered benefits.

- 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

TEAR HERE

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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	

Enrollee Name _____

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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

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Please mail or fax this completed form to:

UnitedHealthcare
3315 Central AVE
Hot Springs, AR 71913

Fax: 1-501-262-7070

Ready to Enroll

Enrollee Name _____

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

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.

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: M M / D D / Y Y Y Y

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

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

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_____.

[1]My 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.

[2]For 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: SHTX

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We're here to help. If you have additional questions you can call Customer Service toll-free at 1-844-723-6473, 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.

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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.

YOU ARE HERE

Enrollment submitted

Verification Letter
We received your application.

Welcome Call
We'll answer your questions and review your plan.

Welcome Letter and Member ID Card
Great news — your application has been approved.

Getting Started Guide and Plan Details
Get to know your plan.

Your plan coverage begins. You can start using your plan.

Get ready to use your plan to your advantage

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

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 and save by having your 3-month supply of medication conveniently mailed to your home.

Thank you for choosing UnitedHealthcare®

When you receive your UnitedHealthcare member ID card you can use it to register online at **myAARPMedicare.com**. After you register you can find providers or pharmacies in your area, view plan documents and review your drug list (Formulary). If you have any questions, you can call the Customer Service number on the back of your member ID card.

Questions? We're here to help.

AARP | MedicareComplete
insured through UnitedHealthcare

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

1-844-723-6473, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at
www.AARPMedicarePlans.com