

Enrollment Guide 2021

Medicare Advantage Plan
with Prescription Drugs

**Take advantage of all your Medicare Advantage plan
has to offer.**

AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)
H4590-041-000

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, 2021 through December 31, 2021

Get more for your Medicare dollar.



More choice and more guidance.

When it comes to Medicare, one size does not fit all. That's why UnitedHealthcare® offers a broad range of Medicare products, so you have options to fit your health care needs. UnitedHealthcare's experienced advisors and licensed sales agents will guide you through choosing the plan that's right for you.



Get the care you need when — and where — you need it.

Whether it's an appointment with your doctor online, a call with a nurse at 3 a.m. or taking care of a wellness visit from the comfort of your home, UnitedHealthcare makes it easier to connect you with care so you can stay on top of your health — when, where, and how you need it.



One-on-one help using your Medicare plan.

At UnitedHealthcare®, it's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.

Renew, our health and wellness program.

Renew can help by inspiring you to take charge of your health and wellness every day. It provides a wide variety of useful resources and activities — including brain games, healthy recipes, learning courses, fitness activities, and more. All at no additional cost.¹

The only Medicare plans that carry the AARP name.

UnitedHealthcare has an exclusive relationship with AARP to offer Medicare plans with the AARP name.

¹Renew by UnitedHealthcare is not available in all plans. Resources may vary.
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Questions? We're here to help.

 www.AARPMedicarePlans.com



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

Start With Medicare Basics

Review the basics to make sure this plan is a good fit

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:

Choose a **Medicare Advantage plan**:

Medicare Supplement Insurance Plan

Offered by private companies



Medicare Supplement

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

Medicare Part D Plan

Offered by private companies



Part D

Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Part C

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



Part D

Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

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

This is a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

Your plan is a Health Maintenance Organization – Point of Service (HMO-POS) plan. That means you can get care through a network of local doctors and hospitals. This plan also gives you access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

Here’s how your HMO-POS 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 can oversee and help manage your care.
- ✓ **You have coverage for emergency care.**
Emergency Services and Urgently Needed Services are covered no matter where you go.
- ✓ **There’s an out-of-pocket spending limit for in-network care.**
Once you reach that limit, the plan pays 100% of the future costs for network Medicare-covered services for the rest of the plan year.

Use network 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	Providers have the choice to accept the plan.
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.*	You may pay a higher copay or coinsurance.



There’s a Medicare Part D Late Enrollment Penalty

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

* 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 services area

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](https://www.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



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This information is not a complete description of benefits. Call 1-844-723-6473, TTY 711 for more information.

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Plan Information

Benefit Highlights

AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)

This is a short description of your 2021 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	\$73
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Medical Benefits

	Your Cost
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,200 In-Network
Doctor's office visit	Primary Care Provider: \$0 copay Specialist: \$20 copay (referral needed) Virtual medical visits: \$0 copay
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 \$184 copay per day: days 21-38 \$0 copay per day: days 39-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply.)	\$0 - \$150 copay
Mental health (outpatient and virtual)	Group therapy: \$15 copay
	Individual therapy: \$25 copay
	Virtual visits: \$0 copay
Diabetes monitoring supplies	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$125 copay
Diagnostic tests and procedures (non-radiological)	\$20 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$250 copay for ground or air

Medical Benefits

	Your Cost
Emergency care	\$90 copay; \$0 copay worldwide
Urgently needed services	\$40 copay; \$0 copay worldwide

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$200 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.
Dental - preventive (covered in-network and out-of-network).	\$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network).	\$0 copay for comprehensive dental services*
Dental - benefit limit (covered in-network and out-of-network).	\$1,000 limit on all covered dental services*
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$175 - \$1,875 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
Fitness program through Renew Active™	Renew Active fitness membership, classes and online brain exercises at no cost to you.
Personal Emergency Response System	Emergency monitoring device at no cost.
Foot care - routine	\$20 copay; 6 visits per year
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription (Part D) deductible	\$0	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay
Tier 2: Generic Drugs ¹	\$14 copay	\$0 copay

Prescription Drugs

	Your Cost	
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay
Select Insulin Drugs ²	\$35 copay	\$95 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	N/A ³
Coverage gap stage	After your total drug costs reach \$4,130, you will pay no more than 25% 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 \$6,550, you will pay the greater of \$3.70 copay for generic (Including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

¹ Tier includes enhanced drug coverage

² For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

³ Limited to a 30-day supply



This information is not a complete description of benefits. Contact the plan for more information.

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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 [AARPMedicarePlans.com](https://www.aarpmedicareplans.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



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.

¹And select Insulin Drugs*

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 drug payment 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.
- *For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for insulin through the different Part D benefit coverage stages.



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.

Get your prescriptions delivered to your door



Stable, predictable insulin copays

For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for insulin through the different Part D benefit coverage stages.



Try OptumRx® home delivery

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

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Save time by registering 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 **AARPMedicarePlans.com** to determine your potential savings.



Use lower-tier drugs

Prescription drugs are grouped into 5 tiers. 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

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. 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 **[socialsecurity.gov/prescriptionhelp](https://www.socialsecurity.gov/prescriptionhelp)**.



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.

\$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.

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

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

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Explore Your Additional Services

Get all the benefits of Original Medicare – and more.

With the AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS) Plan, you get additional services designed to help you live a healthier life. Limitations, exclusions and restrictions may apply. For more detailed information, please contact UnitedHealthcare Customer Service.

Social and Government Referral Assistance

At UnitedHealthcare®, we care about the people we serve. But it's how we care that makes us different. We know the health care system can be difficult to navigate —that's why we work to make it easier for you.

Get connected to the care and support you need

There's much more to good health than what happens in the doctor's office. Other factors—such as access to food, housing, transportation and financial stability—are just as important. We may be able to connect you to discounts and services that make your life easier—all at no added cost to you. These services may help you:

- ☐ Save on utility bills, prescription drug expenses and even home repair costs
- ☐ Find low-cost, easy-to-use transportation
- ☐ Determine Medicaid eligibility, depending on your income
- ☐ Find local support groups
- ☐ Learn about Veterans' Services and Support

Questions? We are here to help.

If you are a veteran, please call **1-866-427-1873**, TTY **711**, 8 a.m. – 8 p.m., local time, Monday – Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **1-855-368-9643**, 9 a.m. – 6 p.m. local time, Monday – Friday.



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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, you get:			
✓	No deductible.	✓	Freedom to see any dentist you choose. Seeing an out-of-network dentist may cost more.
✓	\$0 copay for covered fillings and for preventive and diagnostic services such as oral exams, x-rays, routine cleanings, and fluoride.	✓	For help scheduling a dental appointment, call the Customer Service number on the back of your ID card.
✓	Other comprehensive dental services, as listed below.	✓	Up to \$1000.00 per year for covered dental services.

For assistance finding a provider, please use the dental provider search tool at www.AARPMedicarePlans.com. For all other questions or more information, please call the number on the back of your member ID card.

Covered Routine Dental Services – Level 4

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
Covered dental procedures are listed by ADA code. These codes are used by dentists to submit dental claims. Categories provide easy reference.	Easy to interpret description of the dental procedure code	How often UnitedHealthcare will pay for the dental procedure	Conditions under which UnitedHealthcare would pay for this procedure and situations where UnitedHealthcare would NOT pay for the procedure	* If you choose to see an Out-of-Network dentist you might be billed for charges above what the plan pays, even for services listed as \$0 copayment
Exams				
D0120	Routine periodic exam completed during check-up	Two procedures per plan year	Covers periodic, limited, comprehensive, and detailed/ extensive oral exams. Does not cover periodontal exams separate from periodic, limited, or comprehensive exams. Only one exam code covered per appointment.	\$0 *
D0140	Limited exam to evaluate a problem	One procedure per plan year		\$0 *
D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	One procedure every three plan years		\$0 *
D0160	Detailed and extensive problem focused exam	One procedure per plan year		\$0 *
X-Rays				
D0210	Full-mouth/ Complete x-ray set for	One procedure every three plan years	Covers intraoral complete series of radiographs. Does	\$0 *

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
	evaluation of the teeth and mouth		not cover CTs, cephalograms, or MRIs.	
D0220, D0230	X-rays for closer evaluation around the roots of teeth	Unlimited per plan year	Covers periapical x-rays. Does not cover CTs, cephalograms, or MRIs. Not covered on the same day as intraoral complete series of radiographs (D0210).	\$0*
D0270, D0272, D0273, D0274, D0277	Bitewing x-rays for evaluation of the teeth and bone	One procedure per plan year	Not covered in the same year as a full mouth set of x-rays (D0210)	\$0*
D0330	Panoramic x-ray for evaluation of the teeth and mouth	One procedure every three plan years	Covers panoramic radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*
Cleanings				
D1110	Standard adult dental cleaning	Two procedures per plan year	Covers adult prophylaxis. Not covered on the same day as D4910 or D4355.	\$0*
D4910	Routine dental cleaning for an adult who has documented history of gum disease	Three procedures per plan year	Covers periodontal maintenance. Only covered with history of scaling and root planing (deep cleaning) or periodontal surgery.	\$0*
Other Preventive Services				
D1206, D1208	Fluoride	Two procedures per plan year	Covers topical application of fluoride (either varnish or excluding varnish)	\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
D1310	Nutritional Counseling	One procedure per plan year	Covers counseling on dietary habits as a part of treatment and control of gum disease and/or cavities	\$0*
D1354	Application of medication to a tooth to stop or inhibit cavity formation	Unlimited per plan year	Covers application of interim caries arresting medicament-per tooth to a non-symptomatic carious tooth	\$0*
Fillings				
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2940	Metal or tooth-colored fillings placed directly into the mouth on front, middle or back teeth.	Unlimited per plan year	Covers amalgam and resin-based composite fillings. Does not cover gold foil fillings, sealants, or preventive resin restorations.	\$0*
D3110, D3120	Medicine placed under fillings to promote pulp healing	Unlimited per plan year	Covers pulp capping for an exposed or nearly exposed pulp. Does not cover bases and liners when all caries has been removed.	\$0*
Crowns, Inlays, and Onlays				
D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794	Cap (crown) or partial crown called an inlay or onlay - made of metal, porcelain/ ceramic, porcelain fused to metal, or titanium. Made outside the	One procedure per tooth every five plan years	Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps.	\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
	mouth and then placed into the mouth.		Veneers are not covered. Implant crowns are not covered. Does not cover "3/4" crowns.	
Other Restorative Services				
D2920	Recementing a crown that has fallen off	Unlimited per plan year	Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery.	\$0*
D2949	Small filling needed prior to fitting a tooth with a crown	One procedure per tooth every five plan years	Has to be performed together with a crown	\$0*
D2950	Filling or pins placed when preparing a tooth for a crown	One procedure per tooth every five plan years		\$0*
D2952, D2953, D2954, D2957	Buildup of filling around a post to prepare the tooth for a crown	One D2952 and D2953, or one D2954 and D2957 per tooth every five plan years	Has to be performed together with a crown. Tooth also has to have had root canal treatment. Covers both indirectly fabricated and prefabricated posts and cores.	\$0*
Root Canals (Endodontic Services)				
D3310, D3320, D3330, D3346, D3347, D3348	Root canal treatment for a front, middle, or back tooth (excluding filling or crown	One initial root canal procedure (D3310, D3320, or D3330) and one retreatment procedure (D3346, D3347,	This is a root canal performed on a tooth for the first time or as retreatment to a tooth that had a root canal	\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
	needed after the root canal)	or D3348) per tooth per lifetime of the member	completed previously. Does not include root canals performed from the root tip by access through the gums, incomplete root canal treatment, or internal root repair of perforation defects.	
Scaling and Root Planing				
D4341	Deep cleaning for 4 or more teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the x-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning.	\$0*
D4342	Deep cleaning for 1-3 teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years		\$0*
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	One procedure every three plan years	Used when there is extensive buildup that needs to be removed in order to perform an exam. Cannot be performed same day as a dental cleaning (D1110 or D4910)	\$0*
D4381	Medicine applied to gum space around a	Unlimited per plan year	Cannot be used same day as scaling and root	\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
	tooth (per tooth) for management of gum disease		planing (D4341 or D4342)	
Complete Dentures				
D5110	Complete upper denture	One procedure every five plan years	Denture covered when there are no erupted teeth remaining in the mouth	\$0 *
D5120	Complete lower denture	One procedure every five plan years		\$0 *
D5130	Complete upper denture delivered at the time of extracting remaining upper teeth	One procedure per lifetime of member		\$0 *
D5140	Complete lower denture delivered at the time of extraction of remaining lower teeth	One procedure per lifetime of member		\$0 *
Partials (Removable Partial Dentures)				
D5211	Upper partial denture - resin base	One procedure every five plan years	Partial denture covered when remaining/	\$0 *
D5212	Lower partial denture - resin base	One procedure every five plan years	supporting teeth are free of cavities and have good bone to support the partial denture. Includes retentive/ clasping materials, rests and teeth.	\$0 *
D5213	Upper partial dentures - cast metal framework with resin denture bases	One procedure every five plan years		\$0 *
D5214	Lower partial denture - cast metal framework with	One procedure every five plan years		\$0 *

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
	resin denture base			
D5221	Upper partial denture delivered at the time of extractions - resin base	One procedure every five plan years		\$0 *
D5222	Lower partial denture delivered at the time of extractions - resin base	One procedure every five plan years		\$0 *
D5225	Upper partial denture - flexible base	One procedure every five plan years		\$0 *
D5226	Lower partial denture - flexible base	One procedure every five plan years		\$0 *
Adjustments and Repairs for Complete Dentures				
D5410, D5411, D5850, D5851	Denture adjustments or tissue conditioning for complete upper and/or lower denture	Two of each type of procedure per denture per plan year	Covers adjustments, relines, repairs, tissue conditioning, and replacing of missing or broken teeth for complete dentures. Cannot be billed within 6 months of delivery of the new denture	\$0 *
D5511, D5512, D5520, D5730, D5731, D5750, D5751	Repairs and relines for broken complete upper and/or lower dentures	One of each type of procedure per denture per plan year		\$0 *
Adjustments and Repairs for Partial Dentures				
D5421, D5422	Adjustment of upper and/or lower partial denture	Two procedures per denture per plan year	Covers partial denture adjustments and relines. Covers repairs to framework of the partial denture, repair or	\$0 *
D5611, D5612, D5621, D5622,	Repair or reline for upper and/	One procedure of each procedure		\$0 *

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
D5630, D5640, D5650, D5660, D5740, D5741, D5760, D5761	or lower partial denture	type per partial denture per plan year	replacement of missing or broken partial denture teeth, and addition of clasps or denture teeth to an existing partial denture. Cannot be billed within 6 months of delivery of the new partial denture.	
Bridges				
D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245	Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	One procedure per tooth every five plan years	Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominately base, or noble metal; full cast high noble, predominately base, or noble metal; and titanium. Does not cover any part of an implant supported bridge.	\$0*
D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6794,	Crowns that are placed on teeth supporting the bridge (retainer crowns)	One procedure per tooth every five plan years	Only covers crowns that are part of a bridge. Does not support any part of an implant supported bridge.	\$0*
D6930	Re-cementing a bridge that has fallen off	Unlimited per plan year	Does not cover cementing a bridge	\$0*

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
			on the day of initial bridge delivery	
Extractions and Oral Surgery Procedures				
D7111, D7140, D7210, D7250	Extractions	One procedure per tooth per lifetime of the member	Covers extraction of erupted permanent teeth, exposed tooth roots, and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth.	\$0 *
D7310, D7311, D7320, D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	One procedure per quadrant per plan year, up to four procedures on different/ unique quadrants per plan year	Covers alveoloplasty either in conjunction with or not in conjunction with extractions.	\$0 *
D7510, D7511	Surgical drainage of an abscess	Unlimited per plan year	Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral).	\$0 *
Emergency Treatment of Pain and Other				
D9110	Minor procedure for emergency treatment of dental pain	Unlimited per plan year	Covered for an urgent or emergent visit only	\$0 *

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
D9910	Application of desensitizing agent to a tooth or teeth	Unlimited per plan year	Covered once per visit. Does not cover bases, liners or adhesives used under restorations.	\$0 *
Nitrous Oxide and Sedation				
D9219	Evaluation for sedation or general anesthesia	Unlimited per plan year	Covers administration of, evaluation for, and monitoring for intravenous moderate (conscious) sedation/analgesia, deep sedation/general anesthesia, and nitrous oxide/analgesia - anxiolysis. Medications used for these procedures is considered included in the procedure code and cannot be billed for separately.	\$0 *
D9222, D9223	Deep Sedation/ General Anesthesia	Unlimited per plan year		\$0 *
D9230	Nitrous Oxide	Unlimited per plan year		\$0 *
D9239, D9243	IV sedation	Unlimited per plan year		\$0 *
Splints				
D7880	Splint used to treat the TMJ	One procedure every three plan years	Covers occlusal orthotic devices provided for treatment of TMJ dysfunction	\$0 *
D9943	Adjustment of occlusal guard	Two procedures per plan year	Not covered within 6 months of occlusal guard delivery	\$0 *
D9944	Top or bottom, full-arch hard occlusal guard	One procedure every three plan years	Only covered in association with documented tooth	\$0 *

American Dental Association (ADA) Codes:	Description of Dental Procedure:	Frequency:	Criteria and Exclusions:	Copayment
			clenching or grinding. Does not cover any type of sleep apnea, snoring or TMD appliances.	

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
14. Any services not listed above are not covered.



UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

This information is not a complete description of benefits. Call the plan for more information.

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

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

Routine Vision Benefit

Take advantage of comprehensive exams and eyewear benefits worth looking at.

With UnitedHealthcare Vision, you'll have access to a professional, nationwide network of providers and benefits that are easy to use and help deliver simplicity and savings. Take advantage of a wide range of retailer options, including online — from high-end to high value, with choices members want and expect.

Vision benefits include:



\$0 copay for an annual routine eye exam and a \$200 allowance toward frames or contacts every two years.



Nationwide network of providers to serve your vision needs.



Standard lenses covered in full — including single vision, bifocals, trifocals and standard progressives — with scratch-resistant coating.



An allowance for frames or contacts — can also be used toward contact fittings and evaluations.



Discounts on lens upgrades — including tinting, UV/anti-reflective coating and polycarbonate lenses.



Convenient home delivery when ordering from online network providers.

How it works:

- 1 To find an UnitedHealthcare Vision provider, go to **medicare.myuhcvision.com**.
- 2 Call UnitedHealthcare Customer Service to answer questions about your routine vision benefits or to get help finding a network provider.

Renew Active™

Stay fit. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind — available at no additional cost. Stay active with a free gym membership, a personalized fitness plan, group fitness classes, an online brain health program and more. If you don't want to go to the gym, there are ways for you to stay active at home.

Renew Active includes:



A free gym membership with access to our extensive, nationwide network. It's one of the largest of all Medicare fitness programs and includes many premium gyms and fitness locations.¹



A one-on-one session with a personal trainer to set fitness-related goals and create a personalized fitness plan.



Access to Fitbit® Premium™, which includes thousands of workout videos of all levels, guided programs, personalized insights, mindfulness and more, all from the comfort of home — no Fitbit device is needed.



Social activities at local health and wellness classes and events and through the online Fitbit Community for Renew Active — no Fitbit device is needed.



An online brain health program from AARP® Staying Sharp, including a brain health assessment and exclusive content for Renew Active members.



With Renew Rewards, you may be eligible to earn up to \$120 in rewards for staying active by tracking your steps.



Renew Active is a key part of Renew, which offers a wide variety of health and wellness resources and activities that help inspire you to take charge of your well-being every day.

Renew includes:

- Brain games
- Healthy recipes
- Learning courses
- Fitness activities
- And more

How it works:

- 1 To learn more about all Renew Active has to offer, visit **UHCRenewActive.com** or contact your sales representative.
- 2 Once you become a member, you can explore all Renew Active has to offer. Sign into your plan website, go to Health & Wellness and look for Renew Active. Or you can call the Customer Service number on the back of your member ID card.

¹Based on gym and fitness location network size.

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP®. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

Routine Hearing Benefit

It's time to take advantage of hearing benefits that will be music to your ears.

With UnitedHealthcare Hearing, you'll have access to routine hearing exams, custom-programmed hearing aids and professional, nationwide support for all your hearing needs.

Hearing benefits include:



\$0 copay for an annual routine hearing exam and two hearing aids every 2 years. Hearing aid copays range from \$175 to \$1,875 when you choose from a wide selection of hearing aids.



The largest nationwide network of credentialed hearing professionals with more than 5,500 hearing locations, where professionals can provide hearing exams and hearing aid evaluations.



Customized care options, including in-person with a hearing provider or at your home with hearing aids delivered right to your door.



Access to brand-name hearing aids, including Beltone™, Oticon, Phonak, Resound, Signia, Starkey®, Unitron™, Widex® as well as UnitedHealthcare Hearing's exclusive brand Relate™, at savings up to 80% off industry prices.



Wide selection of Relate™ hearing aids that feature advanced technology, including remote fittings and adjustments, Bluetooth® streaming, rechargeable batteries and a smartphone app.



3-year warranty which covers damage and repair, a trial period and extra batteries included with each hearing aid order.



Nationwide support including on-demand video chats with hearing providers, hearing aid adjustments, online tutorials and more.

3 simple steps to receive a hearing test and order hearing aids:

- 1 Visit **UHChearing.com/Medicare** to locate a hearing provider. Click “Locations,” enter your zip code, then click “Request an Appointment” to get connected to a provider near you. You can also call **1-855-523-9355**, TTY **711**, 8 a.m. – 8 p.m. CT, Monday – Friday.
- 2 Get your hearing tested and order hearing aids. Visit a hearing provider for a hearing test, hearing aid evaluation and to place your hearing aid order.
- 3 You’ll receive your hearing aids in person through your hearing provider, including fitting and follow-up support or through home delivery within 5–10 business days.

NOTES

[illegible]

Summary of Benefits 2021

Medicare Advantage Plan
with Prescription Drugs

Plan Information

AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)
H4590-041-000

Look inside to take advantage of 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



Summary of Benefits

January 1st, 2021 - December 31st, 2021

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 Medicare Advantage SecureHorizons® Plan 2 (HMO-POS) is a Medicare Advantage HMOPOS 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 below, and be a United States citizen or lawfully present in the United States.

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.

Use network providers and pharmacies.

AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. 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 pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a 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 Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)

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)	<p>\$3,200 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>

AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)

Benefits

		In-Network
Inpatient Hospital^{1,2}		\$150 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ^{1,2}	\$0 copay for a diagnostic colonoscopy \$150 copay otherwise
	Outpatient Hospital, including surgery ^{1,2}	\$0 copay for a diagnostic colonoscopy \$150 copay otherwise
	Outpatient Hospital Observation Services ^{1,2}	\$150 copay
Doctor Visits	Primary	\$0 copay
	Specialists ^{1,2}	\$20 copay
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
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

Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
	Routine physical	\$0 copay; 1 per year
Emergency Care		<p>\$90 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
Urgently Needed Services		<p>\$40 copay</p> <p>(\$0 copay for worldwide coverage)</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ^{1,2}	<p>\$0 copay for each diagnostic mammogram</p> <p>\$125 copay otherwise</p>
	Lab services ^{1,2}	\$0 copay
	Diagnostic tests and procedures ^{1,2}	\$20 copay
	Therapeutic Radiology ^{1,2}	\$60 copay per service
	Outpatient X-rays ^{1,2}	\$0 copay per service

Benefits

		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ^{1,2}	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid ²	\$175 - \$1,875 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.
Routine Dental Benefits Covered in-network and out-of-network.	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride *
	Comprehensive ²	\$0 copay for comprehensive dental services *
	Benefit limit	\$1,000 limit on all covered dental services *
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ^{1,2}	\$0 copay
	Eyewear after cataract surgery ¹	\$0 copay
	Routine eye exam	\$0 copay; 1 every year
	Eyewear	\$0 copay every 2 years; up to \$200 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.
Mental Health	Inpatient visit ^{1,2}	\$150 copay per stay Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit ^{1,2}	\$15 copay
	Outpatient individual therapy visit ^{1,2}	\$25 copay
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.

Benefits

		In-Network
Skilled Nursing Facility (SNF) ^{1,2}		\$0 copay per day: for days 1-20 \$184 copay per day: for days 21-38 \$0 copay per day: for days 39-100 Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit ^{1,2}		\$20 copay
Ambulance ^{1,2} Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance
	Other Part B drugs ²	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 (Part D) Deductible	Since you have no deductible for Part D drugs, this payment stage doesn't apply.			
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	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs ³	\$14 copay	\$42 copay	\$0 copay	\$42 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Select Insulin Drugs ⁴	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, you will pay no more than 25% 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 \$6,550, you pay the greater of: <div><input type="checkbox"/> 5% coinsurance, or <input type="checkbox"/> \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</div>			

³ Tier includes enhanced drug coverage.

⁴ For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

⁵ Limited to a 30-day supply

Additional Benefits

		In-Network
Acupuncture	Medicare-covered acupuncture ^{1,2}	\$0 copay for services provided by a primary care physician \$20 copay for services provided by a specialist
Chiropractic Care	Manual manipulation of the spine to correct subluxation ^{1,2}	\$20 copay
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts ²	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance
Fitness program through Renew Active™		Renew Active provides a standard gym membership with access to an extensive nationwide network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.
Foot Care (podiatry services)	Foot exams and treatment ^{1,2}	\$20 copay
	Routine foot care	\$20 copay; for each visit up to 6 visits every year
Home Health Care ^{1,2}		\$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 ^{1,2}		\$20 copay
Opioid Treatment Program Services ²		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ^{1,2}	\$15 copay
	Outpatient individual therapy visit ^{1,2}	\$25 copay
Personal Emergency Response System		Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost.
Renal Dialysis ^{1,2}		20% coinsurance

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

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

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 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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 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.

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™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. 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.

2020 Medicare Star Ratings*

UnitedHealthcare - H4590

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 2020, UnitedHealthcare received the following Overall Star Rating from Medicare.

★ ★ ★ ★ ★ 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: ★ ★ ★ ★ ★ 5 stars

🌟 **This plan got Medicare's highest rating (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.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug List

Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2020. 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
 - Select Insulin Drugs*
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- ☐ This plan participates in the Insulin Senior Savings Program*. You will pay a maximum of \$35 for a 1-month supply of insulin during the deductible, initial coverage and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. Your cost may be less if you receive Extra Help from Medicare.
- ☐ 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 Sulfate (Oral Solution),T4	Acetaminophen-Codeine (120-12MG/5ML Oral Solution),T2
Abacavir Sulfate (Oral Tablet),T4	Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T2
Abacavir Sulfate-Lamivudine (Oral Tablet),T4	Acetazolamide (Oral Tablet),T3
Abacavir-Lamivudine-Zidovudine (Oral Tablet),T5	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T4
Abelcet (Intravenous Suspension),T4	Acetic Acid (Otic Solution),T2
Abilify Maintena (Intramuscular Prefilled Syringe),T5	Acetylcysteine (Inhalation Solution),T2
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5	Acitretin (Oral Capsule),T4
Abiraterone Acetate (Oral Tablet),T5	ActHIB (Intramuscular Solution Reconstituted),T3
Acamprosate Calcium (Oral Tablet Delayed Release),T4	Actemra (Subcutaneous Solution Prefilled Syringe),T5
Acarbose (Oral Tablet),T1	Actemra ACTPen (Subcutaneous Solution
Acebutolol HCl (Oral Capsule),T2	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

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Auto-Injector),T5	Alendronate Sodium (Oral Solution),T4
Actimmune (Subcutaneous Solution),T5	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2
Acyclovir (External Ointment),T4	Alinia (Oral Suspension Reconstituted),T5
Acyclovir (Oral Capsule),T2	Alinia (Oral Tablet),T5
Acyclovir (Oral Suspension),T3	Aliskiren Fumarate (Oral Tablet),T4
Acyclovir (Oral Tablet),T1	Allopurinol (Oral Tablet),T1
Acyclovir Sodium (Intravenous Solution),T4	Alocril (Ophthalmic Solution),T4
Adacel (Intramuscular Suspension),T3	Alomide (Ophthalmic Solution),T4
Adapalene (0.1% External Gel),T3	Alosetron HCl (Oral Tablet),T5
Adapalene (External Cream),T4	Alphagan P (0.1% Ophthalmic Solution),T3
Adefovir Dipivoxil (Oral Tablet),T5	Alprazolam (Oral Tablet Immediate Release),T1
Adempas (Oral Tablet),T5	Altavera (Oral Tablet),T4
Advair Diskus (Inhalation Aerosol Powder Breath Activated),T3	Alunbrig (Oral Tablet Therapy Pack),T5
Advair HFA (Inhalation Aerosol),T3	Alunbrig (Oral Tablet),T5
Afinitor (10MG Oral Tablet),T5	Alyacen 1/35 (Oral Tablet),T4
Afinitor Disperz (Oral Tablet Soluble),T5	Alyq (Oral Tablet),T4
Aimovig (Subcutaneous Solution Auto-Injector),T4	AmBisome (Intravenous Suspension Reconstituted),T5
Ala-Cort (1% External Cream),T2	Amantadine HCl (Oral Capsule),T3
Albendazole (Oral Tablet),T5	Amantadine HCl (Oral Syrup),T2
Albuterol Sulfate (Inhalation Nebulization Solution),T2	Amantadine HCl (Oral Tablet),T3
Albuterol Sulfate (Oral Syrup),T4	Ambrisentan (Oral Tablet),T5
Albuterol Sulfate (Oral Tablet Immediate Release),T4	Amethia (Oral Tablet),T4
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T2	Amikacin Sulfate (500MG/2ML Injection Solution),T4
Alclometasone Dipropionate (External Cream),T3	Amiloride HCl (Oral Tablet),T2
Alclometasone Dipropionate (External Ointment),T3	Amiloride-Hydrochlorothiazide (Oral Tablet),T2
Alcohol Prep Pads,T3	Aminosyn II (Intravenous Solution),T4
Alecensa (Oral Capsule),T5	Aminosyn-PF (7% Intravenous Solution),T4
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1	Amiodarone HCl (200MG Oral Tablet),T1
	Amitiza (Oral Capsule),T3
	Amitriptyline HCl (Oral Tablet),T4
	Amlodipine Besylate (Oral Tablet),T1
	Amlodipine-Atorvastatin (Oral Tablet),T2
	Amlodipine-Benazepril (Oral Capsule),T1
	Amlodipine-Olmesartan (Oral Tablet),T2

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Amlodipine-Valsartan (Oral Tablet),T2	Breath Activated),T3
Amlodipine-Valsartan-HCTZ (Oral Tablet),T2	Apokyn (Subcutaneous Solution Cartridge),T5
Ammonium Lactate (External Cream),T3	Apraclonidine HCl (Ophthalmic Solution),T3
Ammonium Lactate (External Lotion),T3	Aprepitant (Oral Therapy Pack, Oral Capsule),T4
Amnesteem (Oral Capsule),T4	Apri (Oral Tablet),T4
Amoxapine (Oral Tablet),T3	Apriso (Oral Capsule Extended Release 24 Hour),T3
Amoxicillin (Oral Capsule),T1	Aptiom (Oral Tablet),T5
Amoxicillin (Oral Suspension Reconstituted),T1	Aptivus (Oral Capsule),T5
Amoxicillin (Oral Tablet Chewable),T1	Aptivus (Oral Solution),T5
Amoxicillin (Oral Tablet Immediate Release),T1	Aralast NP (1000MG Intravenous Solution Reconstituted),T5
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted),T2	Aranelle (Oral Tablet),T4
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable),T2	Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe),T5
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release),T2	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T5
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour),T4	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4
Amphetamine-Dextroamphetamine (Oral Tablet),T3	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4	Arcalyst (Subcutaneous Solution Reconstituted),T5
Amphotericin B (Intravenous Solution Reconstituted),T4	Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet),T3
Ampicillin (Oral Capsule),T2	Aripiprazole (1MG/ML Oral Solution),T4
Ampicillin Sodium (10GM Intravenous Solution Reconstituted),T4	Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible),T5
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted),T4	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted),T4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted),T4	
Anadrol-50 (Oral Tablet),T5	
Anagrelide HCl (Oral Capsule),T3	
Anastrozole (Oral Tablet),T1	
Androderm (Transdermal Patch 24 Hour),T3	
Anoro Ellipta (Inhalation Aerosol Powder	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Aristada (Intramuscular Prefilled Syringe),T5

Aristada Initio (Intramuscular Prefilled Syringe),T5

Armodafinil (Oral Tablet),T4

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Ashlyna (Oral Tablet),T4

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

Atazanavir Sulfate (Oral Capsule),T4

Atenolol (Oral Tablet),T1

Atenolol-Chlorthalidone (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T4

Atorvastatin Calcium (Oral Tablet),T1

Atovaquone (Oral Suspension),T5

Atovaquone-Proguanil HCl (Oral Tablet),T3

Atripla (Oral Tablet),T5

Atropine Sulfate (1% Ophthalmic Solution),T3

Atrovent HFA (Inhalation Aerosol Solution),T4

Aubagio (Oral Tablet),T5

Aubra EQ (Oral Tablet),T4

Auryxia (Oral Tablet),T5

Austedo (Oral Tablet),T5

Aviane (Oral Tablet),T4

Avonex Pen (Intramuscular Auto-Injector Kit),T5

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5

Ayvakit (Oral Tablet),T5

Azathioprine (Oral Tablet),T2

Azelaic Acid (External Gel),T4

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

Azelastine HCl (Ophthalmic Solution),T3

Azelastine-Fluticasone (Nasal Suspension),T4

Azithromycin (Intravenous Solution Reconstituted),T4

Azithromycin (Oral Suspension

Reconstituted),T1

Azithromycin (Oral Tablet),T1

Azopt (Ophthalmic Suspension),T3

Aztreonam (1GM Injection Solution Reconstituted),T4

B

BCG Vaccine (Injection),T3

BIVIGAM (Intravenous Solution),T5

BRIVIACT (Oral Solution),T5

BRIVIACT (Oral Tablet),T5

Bacitracin (Ophthalmic Ointment),T2

Bacitracin-Polymyxin B (Ophthalmic Ointment),T2

Baclofen (Oral Tablet),T2

Balsalazide Disodium (Oral Capsule),T4

Balversa (Oral Tablet),T5

Balziva (Oral Tablet),T4

Banzel (Oral Suspension),T5

Banzel (Oral Tablet),T5

Baqsimi Two Pack (Nasal Powder),T3

Baraclude (Oral Solution),T5

Belsomra (Oral Tablet),T3

Benazepril HCl (Oral Tablet),T1

Benazepril-Hydrochlorothiazide (Oral Tablet),T1

Benlysta (Subcutaneous Solution Auto-Injector),T5

Benlysta (Subcutaneous Solution Prefilled Syringe),T5

Benznidazole (Oral Tablet),T4

Benzoyl Peroxide-Erythromycin (External Gel),T4

Benztropine Mesylate (Oral Tablet),T2

Bepreve (Ophthalmic Solution),T4

Berinert (Intravenous Kit),T5

Besivance (Ophthalmic Suspension),T4

Betamethasone Dipropionate (External Cream),T3

Betamethasone Dipropionate (External

Bold type = Brand name drug

* Insulin Senior Savings Program

Plain type = Generic drug

Lotion),T3	Suspension, 5-2.5-18.5 (0.5ML Syringe Intramuscular Suspension),T3
Betamethasone Dipropionate (External Ointment),T3	Bosentan (Oral Tablet),T5
Betamethasone Dipropionate Aug (External Cream),T3	Bosulif (Oral Tablet),T5
Betamethasone Dipropionate Aug (External Gel),T3	Braftovi (Oral Capsule),T5
Betamethasone Dipropionate Aug (External Lotion),T3	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3
Betamethasone Dipropionate Aug (External Ointment),T3	Briellyn (Oral Tablet),T4
Betamethasone Valerate (External Cream),T3	Brilinta (Oral Tablet),T3
Betamethasone Valerate (External Lotion),T3	Brimonidine Tartrate (0.15% Ophthalmic Solution),T4
Betamethasone Valerate (External Ointment),T3	Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
Betaseron (Subcutaneous Kit),T5	Bromocriptine Mesylate (Oral Capsule),T3
Betaxolol HCl (Ophthalmic Solution),T3	Bromocriptine Mesylate (Oral Tablet),T3
Betaxolol HCl (Oral Tablet),T3	Brukisa (Oral Capsule),T5
Bethanechol Chloride (Oral Tablet),T2	Budesonide (Inhalation Suspension),T4
Bethkis (Inhalation Nebulization Solution),T5	Budesonide (Oral Capsule Delayed Release Particles),T4
Betimol (Ophthalmic Solution),T4	Budesonide ER (Oral Tablet Extended Release 24 Hour),T5
Bevespi Aerosphere (Inhalation Aerosol),T3	Bumetanide (Injection Solution),T4
Bexarotene (Oral Capsule),T5	Bumetanide (Oral Tablet),T1
Bexsero (Intramuscular Suspension Prefilled Syringe),T3	Buprenorphine (Transdermal Patch Weekly),T4
BiDil (Oral Tablet),T3	Buprenorphine HCl (Tablet Sublingual),T2
Bicalutamide (Oral Tablet),T2	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4
Bicillin C-R (Intramuscular Suspension),T4	Buprenorphine HCl-Naloxone HCl (Tablet Sublingual),T2
Bicillin C-R 900/300 (Intramuscular Suspension),T4	Bupropion HCl (Oral Tablet Immediate Release),T2
Bicillin L-A (Intramuscular Suspension),T4	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Biktarvy (Oral Tablet),T5	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Bisoprolol Fumarate (Oral Tablet),T2	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T2	
Blephamide (Ophthalmic Suspension),T4	
Blephamide S.O.P. (Ophthalmic Ointment),T4	
Blisovi 24 Fe (Oral Tablet),T4	
Blisovi Fe 1.5/30 (Oral Tablet),T4	
Boostrix (5-2.5-18.5 Intramuscular	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Buspirone HCl (Oral Tablet),T2
Butalbital-Acetaminophen-Caffeine (Oral Tablet),T3
Butalbital-Aspirin-Caffeine (Oral Capsule),T3
Butorphanol Tartrate (Nasal Solution),T3
Bydureon (Subcutaneous Pen-Injector),T3
Bydureon BCise (Subcutaneous Auto-Injector),T3
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T4
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T4
Bystolic (Oral Tablet),T3
C
Cabergoline (Oral Tablet),T3
Cablivi (Injection Kit),T5
Cabometyx (Oral Tablet),T5
Calcipotriene (External Cream),T4
Calcipotriene (External Ointment),T4
Calcipotriene (External Solution),T3
Calcitonin Salmon (Nasal Solution),T3
Calcitriol (External Ointment),T4
Calcitriol (Oral Capsule),T2
Calcitriol (Oral Solution),T2
Calcium Acetate (Phosphate Binder) (Oral Capsule),T3
Calcium Acetate (Phosphate Binder) (Oral Tablet),T3
Calquence (Oral Capsule),T5
Camila (Oral Tablet),T4
Camrese Lo (Oral Tablet),T4
Candesartan Cilexetil (Oral Tablet),T1
Candesartan Cilexetil-HCTZ (Oral Tablet),T1
Caplyta (Oral Capsule),T5
Caprelsa (Oral Tablet),T5
Captopril (Oral Tablet),T1
Captopril-Hydrochlorothiazide (Oral Tablet),T1

Carbaglu (Oral Tablet),T5
Carbamazepine (Oral Suspension),T3
Carbamazepine (Oral Tablet Chewable),T3
Carbamazepine (Oral Tablet Immediate Release),T3
Carbamazepine ER (Oral Capsule Extended Release 12 Hour),T3
Carbamazepine ER (Oral Tablet Extended Release 12 Hour),T3
Carbidopa (Oral Tablet),T4
Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1
Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T2
Carbidopa-Levodopa-Entacapone (Oral Tablet),T4
Carteolol HCl (Ophthalmic Solution),T2
Cartia XT (Oral Capsule Extended Release 24 Hour),T2
Carvedilol (Oral Tablet),T1
Cayston (Inhalation Solution Reconstituted),T5
Caziant (Oral Tablet),T4
Cefaclor (Oral Capsule),T3
Cefadroxil (Oral Capsule),T2
Cefadroxil (Oral Suspension Reconstituted),T2
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4
Cefdinir (Oral Capsule),T3
Cefdinir (Oral Suspension Reconstituted),T3
Cefepime HCl (Injection Solution Reconstituted),T4
Cefixime (Oral Capsule),T3
Cefixime (Oral Suspension Reconstituted),T4
Cefotetan Disodium (Injection Solution

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Reconstituted),T4	Chloroquine Phosphate (Oral Tablet),T2
Cefoxitin Sodium (Injection Solution Reconstituted),T4	Chlorpromazine HCl (Oral Tablet),T4
Cefoxitin Sodium (Intravenous Solution Reconstituted),T4	Chlorthalidone (Oral Tablet),T2
Cefpodoxime Proxetil (Oral Suspension Reconstituted),T4	Chlorzoxazone (500MG Oral Tablet),T3
Cefpodoxime Proxetil (Oral Tablet),T4	Cholbam (Oral Capsule),T5
Cefprozil (Oral Suspension Reconstituted),T3	Cholestyramine (Oral Packet),T4
Cefprozil (Oral Tablet),T3	Cholestyramine Light (Oral Powder),T4
Ceftazidime (Injection Solution Reconstituted),T4	Ciclopirox (External Gel),T3
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted),T4	Ciclopirox (External Shampoo),T3
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4	Ciclopirox (External Solution),T3
Cefuroxime Axetil (Oral Tablet),T2	Ciclopirox Olamine (External Cream),T3
Cefuroxime Sodium (Injection Solution Reconstituted),T4	Ciclopirox Olamine (External Suspension),T3
Cefuroxime Sodium (Intravenous Solution Reconstituted),T4	Cilostazol (Oral Tablet),T2
Celecoxib (Oral Capsule),T3	Ciloxan (Ophthalmic Ointment),T4
Celontin (Oral Capsule),T4	Cimduo (Oral Tablet),T5
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2	Cimetidine (Oral Tablet),T3
Cephalexin (750MG Oral Capsule),T3	Cimetidine HCl (Oral Solution),T3
Cephalexin (Oral Suspension Reconstituted),T2	Cimzia (Subcutaneous Kit),T5
Cetirizine HCl (1MG/ML Oral Solution),T2	Cimzia Prefilled (Subcutaneous Kit),T5
Chantix (Oral Tablet),T3	Cinacalcet HCl (30MG Oral Tablet),T4
Chantix Continuing Month Pak (Oral Tablet),T3	Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T5
Chantix Starting Month Pak (Oral Tablet),T3	Cinryze (Intravenous Solution Reconstituted),T5
Chemet (Oral Capsule),T5	Cipro HC (Otic Suspension),T4
Chenodal (Oral Tablet),T5	Ciprofloxacin HCl (100MG Oral Tablet Immediate Release),T4
Chlordiazepoxide HCl (Oral Capsule),T2	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
Chlorhexidine Gluconate (Mouth Solution),T2	Ciprofloxacin HCl (Ophthalmic Solution),T2
	Ciprofloxacin in D5W (200MG/100ML Intravenous Solution),T4
	Citalopram Hydrobromide (Oral Solution),T3
	Citalopram Hydrobromide (Oral Tablet),T1
	Claravis (Oral Capsule),T4
	Clarithromycin (Oral Suspension

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Reconstituted),T4	Dispersible),T4
Clarithromycin (Oral Tablet Immediate Release),T3	Clonidine (Transdermal Patch Weekly),T4
Clarithromycin ER (Oral Tablet Extended Release 24 Hour),T3	Clonidine HCl (Oral Tablet Immediate Release),T1
Clenpiq (Oral Solution),T3	Clonidine HCl ER (Oral Tablet Extended Release 12 Hour),T4
Climara Pro (Transdermal Patch Weekly),T4	Clopidogrel Bisulfate (75MG Oral Tablet),T2
Clindacin-P (External Swab),T3	Clorazepate Dipotassium (Oral Tablet),T3
Clindamycin HCl (Oral Capsule),T2	Clotrimazole (External Cream),T2
Clindamycin Palmitate HCl (Oral Solution Reconstituted),T4	Clotrimazole (External Solution),T2
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution),T4	Clotrimazole (Mouth/Throat Troche),T2
Clindamycin Phosphate (External Gel),T3	Clotrimazole-Betamethasone (External Cream),T3
Clindamycin Phosphate (External Lotion),T3	Clotrimazole-Betamethasone (External Lotion),T4
Clindamycin Phosphate (External Solution),T3	Clovique (Oral Capsule),T5
Clindamycin Phosphate (External Swab),T3	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3
Clindamycin Phosphate (Vaginal Cream),T3	Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T4
Clindamycin Phosphate in D5W (Intravenous Solution),T4	Coartem (Oral Tablet),T4
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel),T4	Codeine Sulfate (15MG Oral Tablet),T4
Clobazam (Oral Suspension),T4	Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet),T4
Clobazam (Oral Tablet),T4	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3
Clobetasol Propionate (External Cream),T4	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3
Clobetasol Propionate (External Gel),T4	Colesevelam HCl (Oral Packet),T3
Clobetasol Propionate (External Ointment),T4	Colesevelam HCl (Oral Tablet),T3
Clobetasol Propionate (External Shampoo),T4	Colestipol HCl (Oral Packet),T4
Clobetasol Propionate (External Solution),T3	Colestipol HCl (Oral Tablet),T3
Clobetasol Propionate Emollient Base (External Cream),T4	Colistimethate Sodium (CBA) (Injection Solution Reconstituted),T5
Clomipramine HCl (Oral Capsule),T4	Combigan (Ophthalmic Solution),T3
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2	Combivent Respimat (Inhalation Aerosol
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Solution),T3	Cyclosporine (Oral Capsule),T3
Cometriq (100MG Daily Dose) (Oral Kit),T5	Cyclosporine Modified (Oral Capsule),T3
Cometriq (140MG Daily Dose) (Oral Kit),T5	Cyclosporine Modified (Oral Solution),T3
Cometriq (60MG Daily Dose) (Oral Kit),T5	Cyproheptadine HCl (Oral Syrup),T4
Complera (Oral Tablet),T5	Cyproheptadine HCl (Oral Tablet),T4
Compro (Rectal Suppository),T4	Cyred EQ (Oral Tablet),T4
Constulose (Oral Solution),T2	Cystadane (Oral Powder),T5
Copiktra (Oral Capsule),T5	Cystagon (Oral Capsule),T4
Cordran (External Tape),T4	Cystaran (Ophthalmic Solution),T5
Corlanor (Oral Solution),T4	D
Corlanor (Oral Tablet),T4	DARAPRIM (Oral Tablet),T5
Cortisone Acetate (Oral Tablet),T4	Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T3
Cortisporin (External Cream),T4	Daliresp (Oral Tablet),T4
Cortisporin (External Ointment),T4	Dalvance (Intravenous Solution Reconstituted),T5
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5	Danazol (Oral Capsule),T4
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5	Dantrolene Sodium (Oral Capsule),T4
Cotellic (Oral Tablet),T5	Dapsone (Oral Tablet),T3
Creon (Oral Capsule Delayed Release Particles),T3	Daptacel (Intramuscular Suspension),T3
Crinone (Vaginal Gel),T4	Daptomycin (Intravenous Solution Reconstituted),T5
Crixivan (Oral Capsule),T4	Daurismo (Oral Tablet),T5
Cromolyn Sodium (Inhalation Nebulization Solution),T5	Deblitane (Oral Tablet),T4
Cromolyn Sodium (Ophthalmic Solution),T2	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T5
Cromolyn Sodium (Oral Concentrate),T3	Deferasirox (Oral Tablet) (Generic Jadenu),T5
Cryselle-28 (Oral Tablet),T4	Delstrigo (Oral Tablet),T5
Cuvposa (Oral Solution),T4	Demeclocycline HCl (Oral Tablet),T4
Cyclafem 1/35 (Oral Tablet),T4	Demser (Oral Capsule),T5
Cyclafem 7/7/7 (Oral Tablet),T4	Depen Titratabs (Oral Tablet),T5
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2	Depo-Estradiol (Intramuscular Oil),T4
Cyclobenzaprine HCl (7.5MG Oral Tablet),T4	Depo-Provera (400MG/ML Intramuscular Suspension),T4
Cyclophosphamide (25MG Oral Capsule),T3	Descovy (Oral Tablet),T5
Cyclophosphamide (50MG Oral Capsule),T4	Desipramine HCl (Oral Tablet),T3
Cycloset (Oral Tablet),T4	Desmopressin Acetate (Oral Tablet),T3

T1 = Tier 1

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*Insulin Senior Savings Program

Desmopressin Acetate Spray (Nasal Solution),T4	Diclofenac Sodium (Ophthalmic Solution),T2
Desogestrel-Ethinyl Estradiol (Oral Tablet),T4	Diclofenac Sodium (Oral Tablet Delayed Release),T2
Desonide (External Ointment),T4	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Desoximetasone (External Cream),T4	Dicloxacillin Sodium (Oral Capsule),T2
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3	Dicyclomine HCl (Oral Capsule),T2
Dexamethasone (Oral Elixir),T2	Dicyclomine HCl (Oral Solution),T2
Dexamethasone (Oral Tablet),T2	Dicyclomine HCl (Oral Tablet),T2
Dexamethasone Intensol (Oral Concentrate),T2	Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release),T3
Dexilant (Oral Capsule Delayed Release),T4	Dificid (Oral Tablet),T5
Dexmethylphenidate HCl (Oral Tablet),T3	Diffunisal (Oral Tablet),T3
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour),T4	Digitek (Oral Tablet),T2
Dextroamphetamine Sulfate (Oral Tablet),T4	Digox (Oral Tablet),T2
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour),T4	Digoxin (Oral Solution),T3
Dextrose (10% Intravenous Solution),T4	Digoxin (Oral Tablet),T2
Dextrose (5% Intravenous Solution),T4	Dihydroergotamine Mesylate (Nasal Solution),T5
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.45% Intravenous Solution),T4	Dilantin (Oral Capsule),T3
Dextrose-NaCl (5-0.9% Intravenous Solution),T4	Dilantin INFATABS (Oral Tablet Chewable),T3
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2	Dilt-XR (Oral Capsule Extended Release 24 Hour),T2
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel),T4	Diltiazem HCl (Oral Tablet Immediate Release),T2
Diazepam (5MG/5ML Oral Solution),T2	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2
Diazepam Intensol (5MG/ML Oral Concentrate),T2	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T2
Diazoxide (Oral Suspension),T5	Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T2
Diclofenac Epolamine (Transdermal Patch),T4	Dipentum (Oral Capsule),T5
Diclofenac Potassium (Oral Tablet),T2	Diphenoxylate-Atropine (Oral Liquid),T4
Diclofenac Sodium (1% Transdermal Gel),T3	Diphenoxylate-Atropine (Oral Tablet),T4
Diclofenac Sodium (3% Transdermal Gel),T4	

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Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension),T3	Drospirenone-Ethinyl Estradiol (Oral Tablet),T4
Disulfiram (Oral Tablet),T3	Droxia (Oral Capsule),T4
Diuril (Oral Suspension),T4	Duavee (Oral Tablet),T4
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2	Dulera (Inhalation Aerosol),T4
Divalproex Sodium (Oral Tablet Delayed Release),T2	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2	Duramorph (Injection Solution),T4
Dofetilide (Oral Capsule),T4	Dutasteride (Oral Capsule),T3
Donepezil HCl (Oral Tablet),T1	Dymista (Nasal Suspension),T4
Donepezil HCl ODT (Oral Tablet Dispersible),T2	E
Dorzolamide HCl (Ophthalmic Solution),T2	E.E.S. Granules (Oral Suspension Reconstituted),T4
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2	Econazole Nitrate (External Cream),T4
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution),T4	Edarbi (Oral Tablet),T4
Dovato (Oral Tablet),T5	Edarbyclor (Oral Tablet),T4
Doxazosin Mesylate (Oral Tablet),T2	Edurant (Oral Tablet),T5
Doxepin HCl (External Cream),T5	Efavirenz (Oral Capsule),T4
Doxepin HCl (Oral Capsule),T3	Efavirenz (Oral Tablet),T4
Doxepin HCl (Oral Concentrate),T3	Egrifta (1MG Subcutaneous Solution Reconstituted),T5
Doxercalciferol (Oral Capsule),T4	Egrifta SV (2MG Subcutaneous Solution Reconstituted),T5
Doxy 100 (Intravenous Solution Reconstituted),T4	Elestrin (Transdermal Gel),T4
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3	Eliquis (Oral Tablet),T3
Doxycycline Hyclate (Oral Capsule),T3	Eliquis Starter Pack (Oral Tablet),T3
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule),T3	Elmiron (Oral Capsule),T5
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3	EluRyng (Vaginal Ring),T4
Doxycycline Monohydrate (Oral Suspension Reconstituted),T4	Emcyt (Oral Capsule),T5
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle),T4	Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4
Dronabinol (Oral Capsule),T4	Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4
	Emgality (Subcutaneous Solution Auto-Injector),T4
	Emoquette (Oral Tablet),T4
	Emsam (Transdermal Patch 24 Hour),T5

T1 = Tier 1

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*Insulin Senior Savings Program

Emtriva (Oral Capsule),T4	Ery (External Pad),T3
Emtriva (Oral Solution),T4	Erythrocine Lactobionate (Intravenous Solution Reconstituted),T4
Enalapril Maleate (Oral Tablet),T1	Erythromycin (External Gel),T4
Enalapril-Hydrochlorothiazide (Oral Tablet),T1	Erythromycin (External Solution),T2
Enbrel (Subcutaneous Solution Prefilled Syringe),T5	Erythromycin (Ophthalmic Ointment),T2
Enbrel (Subcutaneous Solution Reconstituted),T5	Erythromycin Base (Oral Capsule Delayed Release Particles),T4
Enbrel Mini (Subcutaneous Solution Cartridge),T5	Erythromycin Base (Oral Tablet Delayed Release),T4
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5	Erythromycin Base (Oral Tablet Immediate Release),T4
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3	Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted),T4
Engerix-B (Injection Suspension),T3	Erythromycin Ethylsuccinate (Oral Tablet),T4
Enoxaparin Sodium (Subcutaneous Solution),T4	Esbriet (Oral Capsule),T5
Enpresse-28 (Oral Tablet),T4	Esbriet (Oral Tablet),T5
Enskyce (Oral Tablet),T4	Escitalopram Oxalate (Oral Solution),T2
Entacapone (Oral Tablet),T4	Escitalopram Oxalate (Oral Tablet),T1
Entecavir (Oral Tablet),T4	Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium),T3
Entresto (Oral Tablet),T3	Estarylla (Oral Tablet),T4
Enulose (Oral Solution),T2	Estradiol (Oral Tablet),T2
Envarsus XR (Oral Tablet Extended Release 24 Hour),T4	Estradiol (Transdermal Patch Weekly),T3
Epclusa (Oral Tablet),T5	Estradiol (Vaginal Cream),T4
Epidiolex (Oral Solution),T5	Estradiol (Vaginal Tablet),T4
Epinastine HCl (Ophthalmic Solution),T3	Estradiol Valerate (Intramuscular Oil),T4
Epinephrine (Injection Solution Auto-Injector),T3	Estring (Vaginal Ring),T4
Epitol (Oral Tablet),T3	Ethacrynic Acid (Oral Tablet),T4
Epivir HBV (Oral Solution),T4	Ethambutol HCl (Oral Tablet),T3
Eplerenone (Oral Tablet),T3	Ethosuximide (Oral Capsule),T3
Ergotamine-Caffeine (Oral Tablet),T3	Ethosuximide (Oral Solution),T3
Erivedge (Oral Capsule),T5	Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet),T4
Erleada (Oral Tablet),T5	Etodolac (Oral Capsule),T3
Erlotinib HCl (Oral Tablet),T5	Etodolac (Oral Tablet Immediate Release),T3
Errin (Oral Tablet),T4	Etodolac ER (Oral Tablet Extended Release 24 Hour),T4
Ertapenem Sodium (Injection Solution Reconstituted),T4	

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Etonogestrel-Ethinyl Estradiol (Vaginal Ring),T4	Tablet),T2
Euthyrox (Oral Tablet),T3	Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet),T5	Fenofibrate Micronized (134MG Oral Capsule),T2
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T5	Fenofibrate Micronized (200MG Oral Capsule, 67MG Oral Capsule),T2
Evotaz (Oral Tablet),T5	Fenofibric Acid (Oral Capsule Delayed Release),T3
Exemestane (Oral Tablet),T4	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T4
Ezetimibe (Oral Tablet),T2	Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle),T5
Ezetimibe-Simvastatin (Oral Tablet),T3	Fentanyl Citrate (200MCG Buccal Lozenge On A Handle),T4
F	Ferriprox (Oral Solution),T5
FML (Ophthalmic Ointment),T4	Ferriprox (Oral Tablet),T5
FML Forte (Ophthalmic Suspension),T4	Fetzima (Oral Capsule Extended Release 24 Hour),T4
Falmina (Oral Tablet),T4	Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack),T4
Famciclovir (Oral Tablet),T3	Finacea (External Foam),T4
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Famotidine (Oral Suspension Reconstituted),T4	Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted),T5
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5	Firmagon (80MG Subcutaneous Solution Reconstituted),T4
Fanapt (1MG Oral Tablet, 2MG Oral Tablet),T4	Flac (Otic Oil),T4
Fanapt Titration Pack (Oral Tablet),T4	Flarex (Ophthalmic Suspension),T4
Farxiga (Oral Tablet),T3	Flebogamma DIF (5GM/50ML Intravenous Solution),T5
Farydak (Oral Capsule),T5	Flecainide Acetate (Oral Tablet),T2
Fasenra (Subcutaneous Solution Prefilled Syringe),T5	
Fasenra Pen (Subcutaneous Solution Auto-Injector),T5	
Fayosim (Oral Tablet),T4	
Febuxostat (Oral Tablet),T3	
Felbamate (Oral Suspension),T5	
Felbamate (Oral Tablet),T4	
Felodipine ER (Oral Tablet Extended Release 24 Hour),T2	
Femring (Vaginal Ring),T4	
Femynor (Oral Tablet),T4	
Fenofibrate (145MG Oral Tablet, 48MG Oral	

T1 = Tier 1

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*Insulin Senior Savings Program

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3
Flovent HFA (Inhalation Aerosol),T3
Fluconazole (Oral Suspension Reconstituted),T2
Fluconazole (Oral Tablet),T2
Fluconazole in Sodium Chloride (Intravenous Solution),T4
Flucytosine (Oral Capsule),T5
Fludrocortisone Acetate (Oral Tablet),T2
Flunisolide (Nasal Solution),T1
Fluocinolone Acetonide (External Cream),T3
Fluocinolone Acetonide (External Ointment),T3
Fluocinolone Acetonide (External Solution),T3
Fluocinolone Acetonide (Otic Oil),T4
Fluocinolone Acetonide Scalp (External Oil),T4
Fluocinonide (External Gel),T3
Fluocinonide (External Ointment),T3
Fluocinonide (External Solution),T3
Fluocinonide Emulsified Base (External Cream),T3
Fluorometholone (Ophthalmic Suspension),T3
Fluorouracil (5% External Cream),T4
Fluorouracil (External Solution),T3
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T2
Fluoxetine HCl (20MG/5ML Oral Solution),T2
Fluoxetine HCl (90MG Oral Capsule Delayed Release),T4
Fluphenazine Decanoate (Injection Solution),T4
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Fluphenazine HCl (2.5MG/5ML Oral Elixir),T4
Fluphenazine HCl (2.5MG/ML Injection Solution),T4
Fluphenazine HCl (5MG/ML Oral Concentrate),T3

Flurbiprofen (100MG Oral Tablet),T2
Flurbiprofen Sodium (Ophthalmic Solution),T2
Flutamide (Oral Capsule),T3
Fluticasone Propionate (External Cream),T3
Fluticasone Propionate (External Ointment),T3
Fluticasone Propionate (Nasal Suspension),T2
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated),T3
Fluvastatin Sodium (Oral Capsule),T2
Fluvoxamine Maleate (Oral Tablet),T3
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution),T5
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution),T4
Forteo (Subcutaneous Solution Pen-Injector),T5
Fosamprenavir Calcium (Oral Tablet),T5
Fosinopril Sodium (Oral Tablet),T1
Fosinopril Sodium-HCTZ (Oral Tablet),T1
FreAmine HBC (Intravenous Solution),T4
Furosemide (Injection Solution),T4
Furosemide (Oral Solution),T1
Furosemide (Oral Tablet),T1
Fuzeon (Subcutaneous Solution Reconstituted),T5
Fyavolv (Oral Tablet),T4
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5
Fycompa (2MG Oral Tablet),T4
Fycompa (Oral Suspension),T5
G
Gabapentin (250MG/5ML Oral Solution),T3
Gabapentin (Oral Capsule),T2
Gabapentin (Oral Tablet),T2
Galantamine Hydrobromide (Oral Solution),T4

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Galantamine Hydrobromide (Oral Tablet),T4	(Intravenous Solution),T4
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour),T4	Genvoya (Oral Tablet),T5
Gammagard (2.5GM/25ML Injection Solution),T5	Geodon (Intramuscular Solution Reconstituted),T4
Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5	Gianvi (Oral Tablet),T4
Gammaked (1GM/10ML Injection Solution),T5	Gilenya (0.5MG Oral Capsule),T5
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution),T5	Gilotrif (Oral Tablet),T5
Gamunex-C (1GM/10ML Injection Solution),T5	Glassia (Intravenous Solution),T5
Gardasil 9 (Intramuscular Suspension Prefilled Syringe),T3	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5
Gardasil 9 (Intramuscular Suspension),T3	Glatopa (Subcutaneous Solution Prefilled Syringe),T5
Gatifloxacin (Ophthalmic Solution),T3	Glimepiride (Oral Tablet),T1
Gattex (Subcutaneous Kit),T5	Glipizide (Oral Tablet Immediate Release),T1
Gauze (Non-medicated 2X2 Pad),T3	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1
GaviLyte-C (Oral Solution Reconstituted),T2	Glipizide-Metformin HCl (Oral Tablet),T1
GaviLyte-G (Oral Solution Reconstituted),T2	GlucaGen HypoKit (Injection Solution Reconstituted),T4
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted),T2	Glucagon (Injection Kit) (Lilly),T3
Gemfibrozil (Oral Tablet),T2	Glyxambi (Oral Tablet),T3
Generlac (Oral Solution),T2	Granisetron HCl (Oral Tablet),T4
Gengraf (Oral Capsule),T3	Granix (Subcutaneous Solution Prefilled Syringe),T5
Gengraf (Oral Solution),T3	Granix (Subcutaneous Solution),T5
Genotropin (Subcutaneous Solution Reconstituted),T5	Griseofulvin Microsize (Oral Suspension),T4
Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5	Griseofulvin Microsize (Oral Tablet),T4
Gentak (Ophthalmic Ointment),T2	Griseofulvin Ultramicrosize (Oral Tablet),T4
Gentamicin Sulfate (40MG/ML Injection Solution),T4	Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour),T4
Gentamicin Sulfate (External Cream),T2	Guanidine HCl (Oral Tablet),T3
Gentamicin Sulfate (External Ointment),T2	Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T3
Gentamicin Sulfate (Ophthalmic Solution),T2	Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3
Gentamicin Sulfate-0.9% Sodium Chloride	
	H
	Haegarda (Subcutaneous Solution Reconstituted),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Hailey 24 Fe (Oral Tablet),T4	(Subcutaneous Pen-Injector Kit),T5
Halobetasol Propionate (External Cream),T4	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5
Halobetasol Propionate (External Ointment),T4	Humulin 70/30 (Subcutaneous Suspension),T3*
Haloperidol (Oral Tablet),T2	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3*
Haloperidol Decanoate (Intramuscular Solution),T4	Humulin N (Subcutaneous Suspension),T3*
Haloperidol Lactate (Injection Solution),T4	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3*
Haloperidol Lactate (Oral Concentrate),T2	Humulin R (Injection Solution),T3*
Havrix (Intramuscular Suspension),T3	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3*
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution),T3	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3*
Heparin Sodium (1000UNIT/ML Injection Solution),T3	Hydralazine HCl (Oral Tablet),T2
HepatAmine (Intravenous Solution),T4	Hydrochlorothiazide (Oral Capsule),T1
Hetlioz (Oral Capsule),T5	Hydrochlorothiazide (Oral Tablet),T1
Hiberix (Injection Solution Reconstituted),T3	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3
Humalog (Subcutaneous Solution Cartridge),T3*	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution),T3
Humalog (Subcutaneous Solution),T3*	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet),T3
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocortisone (1% External Cream, 2.5% External Cream),T2
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocortisone (1% External Ointment, 2.5% External Ointment),T2
Humalog Mix 50/50 (Subcutaneous Suspension),T3*	Hydrocortisone (2.5% External Lotion),T3
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone (Oral Tablet),T3
Humalog Mix 75/25 (Subcutaneous Suspension),T3*	Hydrocortisone (Rectal Enema),T4
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone Butyrate (External Ointment),T3
Humira (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone Valerate (External Cream),T4
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone Valerate (External Ointment),T4
Humira Pen (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone-Acetic Acid (Otic Solution),T3
Humira Pen Crohns Disease Starter	Hydromorphone HCl (1MG/ML Oral Liquid),T4
	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Immediate Release, 8MG Oral Tablet Immediate Release),T2	Incassia (Oral Tablet),T4
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent),T4	Increlex (Subcutaneous Solution),T5
Hydromorphone HCl Preservative Free (10MG/ ML Injection Solution, 50MG/5ML Injection Solution),T4	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3
Hydroxychloroquine Sulfate (Oral Tablet),T2	Indapamide (Oral Tablet),T2
Hydroxyurea (Oral Capsule),T2	Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release),T2
Hydroxyzine HCl (Oral Syrup),T3	Infanrix (Intramuscular Suspension),T3
Hydroxyzine HCl (Oral Tablet),T3	Ingrezza (Oral Capsule Therapy Pack),T5
Hydroxyzine Pamoate (Oral Capsule),T3	Ingrezza (Oral Capsule),T5
I	Inlyta (Oral Tablet),T5
IDHIFA (Oral Tablet),T5	Inrebic (Oral Capsule),T5
IPOL (Injection),T3	Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*
Ibandronate Sodium (Oral Tablet),T2	Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T3*
Ibrance (Oral Capsule),T5	Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*
Ibrance (Oral Tablet),T5	Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T3*
Ibu (600MG Oral Tablet, 800MG Oral Tablet),T2	Insulin Syringes, Needles,T3
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T2	Intelence (100MG Oral Tablet, 200MG Oral Tablet),T5
Ibuprofen (Oral Suspension),T2	Intelence (25MG Oral Tablet),T4
Icatibant Acetate (Subcutaneous Solution),T5	Intralipid (Intravenous Emulsion),T4
Iclusig (Oral Tablet),T5	Intron A (Injection Solution Reconstituted),T5
Ilevro (Ophthalmic Suspension),T3	Intron A (Injection Solution),T5
Imatinib Mesylate (Oral Tablet),T5	Introvale (Oral Tablet),T4
Imbruvica (Oral Capsule),T5	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5
Imbruvica (Oral Tablet),T5	
Imipenem-Cilastatin (Intravenous Solution Reconstituted),T4	
Imipramine HCl (Oral Tablet),T4	
Imipramine Pamoate (Oral Capsule),T4	
Imiquimod (5% External Cream),T4	
Imiquimod Pump (3.75% External Cream),T5	
Imovax Rabies (Intramuscular Injectable),T3	
Imvexxy Maintenance Pack (Vaginal Insert),T3	
Imvexxy Starter Pack (Vaginal Insert),T3	

T1 = Tier 1

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*Insulin Senior Savings Program

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4
Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5
Invirase (Oral Tablet),T5
Ipratropium Bromide (Inhalation Solution),T2
Ipratropium Bromide (Nasal Solution),T2
Ipratropium-Albuterol (Inhalation Solution),T1
Irbesartan (Oral Tablet),T1
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1
Iressa (Oral Tablet),T5
Isentress (100MG Oral Tablet Chewable),T4
Isentress (25MG Oral Tablet Chewable),T3
Isentress (Oral Packet),T4
Isentress (Oral Tablet),T5
Isentress HD (Oral Tablet),T5
Isibloom (Oral Tablet),T4
Isolyte-P in D5W (Intravenous Solution),T4
Isolyte-S (Intravenous Solution),T4
Isoniazid (Oral Syrup),T4
Isoniazid (Oral Tablet),T2
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2
Isosorbide Mononitrate (Oral Tablet Immediate Release),T2
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2
Isotretinoin (Oral Capsule),T4
Itraconazole (Oral Capsule),T4
Itraconazole (Oral Solution),T5
Ivermectin (Oral Tablet),T3
Ixiaro (Intramuscular Suspension),T3
J
Jadenu Sprinkle (Oral Packet),T5

Bold type = Brand name drug

*Insulin Senior Savings Program

Jakafi (Oral Tablet),T5
Jantoven (Oral Tablet),T1
Janumet (Oral Tablet Immediate Release),T3
Janumet XR (Oral Tablet Extended Release 24 Hour),T3
Januvia (Oral Tablet),T3
Jardiance (Oral Tablet),T3
Jasmiel (Oral Tablet),T4
Jentaduetto (Oral Tablet Immediate Release),T3
Jentaduetto XR (Oral Tablet Extended Release 24 Hour),T3
Jinteli (Oral Tablet),T4
Jublia (External Solution),T4
Juleber (Oral Tablet),T4
Juluca (Oral Tablet),T5
Junel 1.5/30 (Oral Tablet),T4
Junel 1/20 (Oral Tablet),T4
Junel Fe 1.5/30 (Oral Tablet),T4
Junel Fe 1/20 (Oral Tablet),T4
Junel Fe 24 (Oral Tablet),T4
Juxtapid (Oral Capsule),T5
K
KCl in Dextrose-NaCl (Intravenous Solution),T4
KCl-Lactated Ringers-D5W (Intravenous Solution),T4
Kaitlib Fe (Oral Tablet Chewable),T4
Kaletra (100-25MG Oral Tablet),T4
Kaletra (200-50MG Oral Tablet),T5
Kalydeco (Oral Packet),T5
Kalydeco (Oral Tablet),T5
Kariva (Oral Tablet),T4
Kelnor 1/35 (Oral Tablet),T4
Kelnor 1/50 (Oral Tablet),T4
Ketoconazole (External Cream),T2
Ketoconazole (External Shampoo),T2

Plain type = Generic drug

Ketoconazole (Oral Tablet),T2	Lamivudine (100MG Oral Tablet),T3
Ketoprofen (Oral Capsule Immediate Release),T3	Lamivudine (10MG/ML Oral Solution),T3
Ketorolac Tromethamine (Ophthalmic Solution),T3	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3
Kineret (Subcutaneous Solution Prefilled Syringe),T5	Lamivudine-Zidovudine (Oral Tablet),T4
Kinrix (Intramuscular Suspension),T3	Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release),T2
Kionex (Oral Suspension),T3	Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable),T3
Kisqali (200MG Dose) (Oral Tablet),T5	Lanoxin (Oral Tablet),T4
Kisqali (400MG Dose) (Oral Tablet),T5	Lansoprazole (Oral Capsule Delayed Release),T2
Kisqali (600MG Dose) (Oral Tablet),T5	Lanthanum Carbonate (Oral Tablet Chewable),T5
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack),T5	Lantus (Subcutaneous Solution),T3*
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack),T5	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3*
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack),T5	Larissia (Oral Tablet),T4
Klor-Con (Oral Packet),T3	Lastacraft (Ophthalmic Solution),T3
Klor-Con 10 (Oral Tablet Extended Release),T2	Latanoprost (Ophthalmic Solution),T1
Klor-Con 8 (Oral Tablet Extended Release),T2	Latuda (Oral Tablet),T5
Klor-Con M10 (Oral Tablet Extended Release),T2	Layolis Fe (Oral Tablet Chewable),T4
Klor-Con M15 (Oral Tablet Extended Release),T2	Leena (Oral Tablet),T4
Klor-Con M20 (Oral Tablet Extended Release),T2	Leflunomide (Oral Tablet),T2
Korlym (Oral Tablet),T5	Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack),T5
Koselugo (Oral Capsule),T5	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack),T5
Kurvelo (Oral Tablet),T4	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack),T5
Kuvan (Oral Packet),T5	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack),T5
Kuvan (Oral Tablet Soluble),T5	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack),T5
L	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN 1.5/30 (Oral Tablet),T4	
LARIN 1/20 (Oral Tablet),T4	
LARIN Fe 1.5/30 (Oral Tablet),T4	
LARIN Fe 1/20 (Oral Tablet),T4	
Labetalol HCl (Oral Tablet),T2	
Lacrisert (Ophthalmic Insert),T4	
Lactulose (10GM/15ML Oral Solution),T2	

T1 = Tier 1

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*Insulin Senior Savings Program

Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack),T5
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack),T5
Lessina (Oral Tablet),T4
Letrozole (Oral Tablet),T2
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet),T3
Leucovorin Calcium (25MG Oral Tablet),T4
Leukeran (Oral Tablet),T5
Leukine (Injection Solution Reconstituted),T5
Leuprolide Acetate (Injection Kit),T4
Levalbuterol HCl (Inhalation Nebulization Solution),T4
Levemir (Subcutaneous Solution),T3*
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3*
Levetiracetam (Oral Solution),T2
Levetiracetam (Oral Tablet Immediate Release),T2
Levetiracetam ER (Oral Tablet Extended Release 24 Hour),T3
Levo-T (Oral Tablet),T3
Levobunolol HCl (Ophthalmic Solution),T2
Levocarnitine (1GM/10ML Oral Solution),T3
Levocarnitine (330MG Oral Tablet),T3
Levocetirizine Dihydrochloride (Oral Tablet),T1
Levofloxacin (0.5% Ophthalmic Solution),T3
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet),T1
Levofloxacin (25MG/ML Intravenous Solution),T4
Levofloxacin (25MG/ML Oral Solution),T4
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution),T4
Levonest (Oral Tablet),T4
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet),T4

Levonorgestrel-Ethinyl Estradiol (Oral Tablet),T4
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet),T4
Levora 0.15/30 (28) (Oral Tablet),T4
Levorphanol Tartrate (Oral Tablet),T5
Levothyroxine Sodium (Oral Tablet),T1
Levoxyl (Oral Tablet),T3
Lexiva (Oral Suspension),T4
Lidocaine (5% External Ointment),T4
Lidocaine (5% External Patch),T4
Lidocaine HCl (4% External Solution),T4
Lidocaine HCl (External Gel),T2
Lidocaine Viscous (2% Mouth/Throat Solution),T2
Lidocaine-Prilocaine (External Cream),T3
Linezolid (Intravenous Solution),T4
Linezolid (Oral Suspension Reconstituted),T5
Linezolid (Oral Tablet),T4
Linzess (Oral Capsule),T3
Liothyronine Sodium (Oral Tablet),T2
Lisinopril (Oral Tablet),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1
Lithium (Oral Solution),T3
Lithium Carbonate (Oral Capsule),T2
Lithium Carbonate (Oral Tablet Immediate Release),T2
Lithium Carbonate ER (Oral Tablet Extended Release),T2
Lithostat (Oral Tablet),T5
Livalo (Oral Tablet),T3
Lokelma (Oral Packet),T4
Lonhala Magnair (Inhalation Solution),T5
Lonsurf (Oral Tablet),T5
Loperamide HCl (Oral Capsule),T2
Lopinavir-Ritonavir (Oral Solution),T4
Lorazepam (Oral Tablet),T1
Lorazepam Intensol (Oral Concentrate),T2

Bold type = Brand name drug
 *Insulin Senior Savings Program

Plain type = Generic drug

Lorbrena (Oral Tablet),T5	Marlissa (Oral Tablet),T4
Lorcet (Oral Tablet),T3	Marplan (Oral Tablet),T4
Lorcet HD (Oral Tablet),T3	Matulane (Oral Capsule),T5
Lorcet Plus (7.5-325MG Oral Tablet),T3	Matzim LA (Oral Tablet Extended Release 24 Hour),T2
Loryna (Oral Tablet),T4	Mavyret (Oral Tablet),T5
Losartan Potassium (Oral Tablet),T1	Mayzent (Oral Tablet),T5
Losartan Potassium-HCTZ (Oral Tablet),T1	Meclizine HCl (Oral Tablet),T2
Lotemax (Ophthalmic Gel),T4	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Lotemax (Ophthalmic Ointment),T4	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe),T4
Lotemax (Ophthalmic Suspension),T4	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4
Lotemax SM (Ophthalmic Gel),T4	Mefloquine HCl (Oral Tablet),T2
Loteprednol Etabonate (Ophthalmic Suspension),T4	Megestrol Acetate (40MG/ML Oral Suspension),T3
Lovastatin (Oral Tablet),T1	Megestrol Acetate (625MG/5ML Oral Suspension),T4
Low-Ogestrel (Oral Tablet),T4	Megestrol Acetate (Oral Tablet),T3
Loxapine Succinate (Oral Capsule),T2	Mekinist (Oral Tablet),T5
Lumigan (Ophthalmic Solution),T3	Mektovi (Oral Tablet),T5
Lupaneta Pack (Combination Kit),T5	Melodetta 24 Fe (Oral Tablet Chewable),T4
Lupron Depot (1-Month) (Intramuscular Kit),T5	Meloxicam (Oral Tablet),T1
Lupron Depot (3-Month) (Intramuscular Kit),T5	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2
Lupron Depot (4-Month) (Intramuscular Kit),T5	Memantine HCl (2MG/ML Oral Solution),T4
Lupron Depot (6-Month) (Intramuscular Kit),T5	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3
Lutera (Oral Tablet),T4	Memantine HCl Titration Pak (Oral Tablet),T3
Lynparza (Oral Tablet),T5	Menactra (Intramuscular Injectable),T3
Lysodren (Oral Tablet),T5	Menest (Oral Tablet),T3
Lyza (Oral Tablet),T4	Mentax (External Cream),T4
M	Menveo (Intramuscular Solution Reconstituted),T3
M-M-R II (Injection Solution Reconstituted),T3	Mercaptopurine (Oral Tablet),T3
Magnesium Sulfate (50% (10ML Syringe) Injection Solution),T4	Meropenem (Intravenous Solution Reconstituted),T4
Magnesium Sulfate (50% Injection Solution),T4	
Malathion (External Lotion),T4	
Maprotiline HCl (Oral Tablet),T4	

T1 = Tier 1

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*Insulin Senior Savings Program

Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3	Metoclopramide HCl (5MG/5ML Oral Solution),T2
Mesalamine (Rectal Enema),T4	Metoclopramide HCl (Oral Tablet),T1
Mesalamine (Rectal Suppository),T4	Metolazone (Oral Tablet),T3
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso),T3	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Mesnex (Oral Tablet),T5	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Metaproterenol Sulfate (Oral Syrup),T4	Metoprolol-Hydrochlorothiazide (Oral Tablet),T2
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1	Metronidazole (0.75% External Cream),T4
Metformin HCl (500MG/5ML Oral Solution),T4	Metronidazole (0.75% External Gel, 1% External Gel),T4
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1	Metronidazole (0.75% External Lotion),T4
Methadone HCl (Oral Solution),T3	Metronidazole (0.75% Vaginal Gel),T3
Methadone HCl (Oral Tablet),T3	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2
Methazolamide (Oral Tablet),T4	Metronidazole in NaCl 0.79% (Intravenous Solution),T4
Methenamine Hippurate (Oral Tablet),T3	Mexiletine HCl (Oral Capsule),T3
Methimazole (Oral Tablet),T1	Mibelas 24 Fe (Oral Tablet Chewable),T4
Methotrexate (Oral Tablet),T2	Micafungin Sodium (Intravenous Solution Reconstituted),T4
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe),T2	Miconazole 3 (Vaginal Suppository),T3
Methotrexate Sodium (50MG/2ML Injection Solution),T2	Microgestin 1.5/30 (Oral Tablet),T4
Methoxsalen Rapid (Oral Capsule),T5	Microgestin 1/20 (Oral Tablet),T4
Methscopolamine Bromide (Oral Tablet),T4	Microgestin Fe 1.5/30 (Oral Tablet),T4
Methyldopa (Oral Tablet),T3	Microgestin Fe 1/20 (Oral Tablet),T4
Methyldopa-Hydrochlorothiazide (Oral Tablet),T3	Midodrine HCl (Oral Tablet),T3
Methylphenidate HCl (Oral Solution),T4	Migergot (Rectal Suppository),T5
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3	Miglitol (Oral Tablet),T4
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release),T4	Miglustat (Oral Capsule),T5
Methylprednisolone (Oral Tablet Therapy Pack),T2	Mili (Oral Tablet),T4
Methylprednisolone (Oral Tablet),T2	Minitran (Transdermal Patch 24 Hour),T2
	Minocycline HCl (Oral Capsule),T2
	Minocycline HCl (Oral Tablet Immediate Release),T4
	Minoxidil (Oral Tablet),T2
	Mirtazapine (Oral Tablet),T2

Bold type = Brand name drug

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Plain type = Generic drug

Mirtazapine ODT (Oral Tablet Dispersible),T2	Release),T4
Mirvaso (External Gel),T4	Myorisan (Oral Capsule),T4
Misoprostol (Oral Tablet),T3	Myrbetriq (Oral Tablet Extended Release 24 Hour),T3
Modafinil (Oral Tablet),T3	N
Moexipril HCl (Oral Tablet),T1	Nabumetone (Oral Tablet),T2
Molindone HCl (Oral Tablet),T4	Nadolol (Oral Tablet),T4
Mometasone Furoate (External Cream),T2	Nafcillin Sodium (10GM Intravenous Solution Reconstituted),T4
Mometasone Furoate (External Ointment),T2	Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted),T4
Mometasone Furoate (External Solution),T2	Naftifine HCl (External Cream),T4
Mometasone Furoate (Nasal Suspension),T4	Naftin (2% External Gel),T4
Montelukast Sodium (Oral Packet),T2	Naloxone HCl (0.4MG/ML Injection Solution),T2
Montelukast Sodium (Oral Tablet Chewable),T2	Naloxone HCl (Injection Solution Cartridge),T2
Montelukast Sodium (Oral Tablet),T1	Naloxone HCl (Injection Solution Prefilled Syringe),T2
Morphine Sulfate (Oral Solution),T3	Naltrexone HCl (Oral Tablet),T3
Morphine Sulfate (Oral Tablet Immediate Release),T3	Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3	Namzaric (Oral Capsule Extended Release 24 Hour),T3
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4	Naproxen (Oral Suspension),T5
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox),T4	Naproxen (Oral Tablet Immediate Release),T2
Moxifloxacin HCl (Oral Tablet),T3	Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn),T2
Moxifloxacin HCl in NaCl (Intravenous Solution),T4	Naratriptan HCl (Oral Tablet),T3
Multaq (Oral Tablet),T3	Narcan (Nasal Liquid),T3
Mupirocin (External Ointment),T2	Natacyn (Ophthalmic Suspension),T4
Mupirocin Calcium (External Cream),T4	Nateglinide (Oral Tablet),T1
Myalept (Subcutaneous Solution Reconstituted),T5	Natpara (Subcutaneous Cartridge),T5
Mycophenolate Mofetil (Oral Capsule),T3	Nayzilam (Nasal Solution),T4
Mycophenolate Mofetil (Oral Suspension Reconstituted),T5	Necon 0.5/35 (28) (Oral Tablet),T4
Mycophenolate Mofetil (Oral Tablet),T3	Nefazodone HCl (Oral Tablet),T4
Mycophenolate Sodium (Oral Tablet Delayed	Neomycin Sulfate (Oral Tablet),T2
	Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment),T3
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension),T2
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment),T2
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution),T3
Neomycin-Polymyxin-HC (1% Otic Solution),T3
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4
Neomycin-Polymyxin-HC (Otic Suspension),T3
NephrAmine (Intravenous Solution),T4
Nerlynx (Oral Tablet),T5
Neulasta (Subcutaneous Solution Prefilled Syringe),T5
Neupogen (Injection Solution Prefilled Syringe),T5
Neupogen (Injection Solution),T5
Neupro (Transdermal Patch 24 Hour),T4
Nevirapine (Oral Suspension),T4
Nevirapine (Oral Tablet Immediate Release),T3
Nevirapine ER (Oral Tablet Extended Release 24 Hour),T4
Nexavar (Oral Tablet),T5
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T3
Niacor (Oral Tablet),T4
Nicardipine HCl (Oral Capsule),T4
Nicotrol (Inhalation Inhaler),T4
Nicotrol NS (Nasal Solution),T4
Nifedipine ER (Oral Tablet Extended Release 24 Hour),T2
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T2
Nikki (Oral Tablet),T4
Nilutamide (Oral Tablet),T5
Nimodipine (Oral Capsule),T4

Ninlaro (Oral Capsule),T5
Nitisinone (Oral Capsule),T5
Nitro-Bid (Transdermal Ointment),T4
Nitrofurantoin (Oral Suspension),T4
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3
Nitrofurantoin Monohydrate (Generic Macrobid),T3
Nitroglycerin (Tablet Sublingual),T2
Nitroglycerin (Transdermal Patch 24 Hour),T2
Nitroglycerin (Translingual Solution),T3
Nitrostat (Tablet Sublingual),T3
Nizatidine (Oral Capsule),T3
Nora-BE (Oral Tablet),T4
Norethindrone (0.35MG Oral Tablet),T4
Norethindrone Acetate (5MG Oral Tablet),T2
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet),T4
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable),T4
Norgestimate-Ethinyl Estradiol (Oral Tablet),T4
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet),T4
Normosol-M in D5W (Intravenous Solution),T4
Normosol-R (Intravenous Solution),T4
Northera (Oral Capsule),T5
Nortrel 0.5/35 (28) (Oral Tablet),T4
Nortrel 1/35 (21) (Oral Tablet),T4
Nortrel 1/35 (28) (Oral Tablet),T4
Nortrel 7/7/7 (Oral Tablet),T4
Nortriptyline HCl (Oral Capsule),T2
Nortriptyline HCl (Oral Solution),T2
Norvir (Oral Packet),T4
Norvir (Oral Solution),T4

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Noxafil (Oral Suspension),T5	Olanzapine (10MG Intramuscular Solution Reconstituted),T4
Nubeqa (Oral Tablet),T5	
Nucala (Subcutaneous Solution Auto-Injector),T5	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T2
Nucala (Subcutaneous Solution Prefilled Syringe),T5	Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible),T4
Nucala (Subcutaneous Solution Reconstituted),T5	
Nucynta ER (Oral Tablet Extended Release 12 Hour),T3	Olmesartan Medoxomil (Oral Tablet),T1
Nuedexta (Oral Capsule),T4	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1
Nuplazid (Oral Capsule),T5	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T2
Nuplazid (Oral Tablet),T5	Olopatadine HCl (Ophthalmic Solution),T3
Nutrilipid (Intravenous Emulsion),T4	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T4
Nyamyc (External Powder),T2	Omeprazole (10MG Oral Capsule Delayed Release),T2
Nymalize (6MG/ML Oral Solution),T5	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2
Nystatin (External Cream),T2	
Nystatin (External Ointment),T2	Ondansetron HCl (Oral Solution),T4
Nystatin (External Powder),T2	Ondansetron HCl (Oral Tablet),T2
Nystatin (Mouth/Throat Suspension),T2	Ondansetron ODT (Oral Tablet Dispersible),T2
Nystatin (Oral Tablet),T2	
Nystop (External Powder),T2	Opsumit (Oral Tablet),T5
O	Orencia (Subcutaneous Solution Prefilled Syringe),T5
Ocaliva (Oral Tablet),T5	Orencia ClickJect (Subcutaneous Solution Auto-Injector),T5
Ocella (Oral Tablet),T4	
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution),T5	Orenitram (0.125MG Oral Tablet Extended Release),T4
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution),T5	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution),T4	Orfadin (20MG Oral Capsule),T5
Odefsey (Oral Tablet),T5	Orfadin (Oral Suspension),T5
Odomzo (Oral Capsule),T5	Orkambi (Oral Packet),T5
Ofev (Oral Capsule),T5	Orkambi (Oral Tablet),T5
Ofloxacin (Ophthalmic Solution),T2	Orsythia (Oral Tablet),T4
Ofloxacin (Oral Tablet),T3	
Ofloxacin (Otic Solution),T3	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Oseltamivir Phosphate (Oral Capsule),T3
Oseltamivir Phosphate (Oral Suspension Reconstituted),T3
Osphena (Oral Tablet),T3
Otezla (Oral Tablet Therapy Pack),T5
Otezla (Oral Tablet),T5
Oxacillin Sodium (Injection Solution Reconstituted),T4
Oxacillin Sodium (Intravenous Solution Reconstituted),T4
Oxacillin Sodium in Dextrose (Intravenous Solution),T4
Oxandrolone (10MG Oral Tablet),T4
Oxandrolone (2.5MG Oral Tablet),T3
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet),T3
Oxcarbazepine (300MG/5ML Oral Suspension),T4
Oxybutynin Chloride (Oral Syrup),T2
Oxybutynin Chloride (Oral Tablet Immediate Release),T2
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2
Oxycodone HCl (100MG/5ML Oral Concentrate),T4
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2
Oxycodone HCl (5MG/5ML Oral Solution),T4
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3
Oxycodone-Aspirin (Oral Tablet),T3
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T3
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector),T3

Bold type = Brand name drug

*Insulin Senior Savings Program

P
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY),T2
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY),T2
Pacerone (200MG Oral Tablet),T1
Paliperidone ER (Oral Tablet Extended Release 24 Hour),T4
Pantoprazole Sodium (Oral Tablet Delayed Release),T1
Panzyla (Intravenous Solution),T5
Paricalcitol (Oral Capsule),T4
Paromomycin Sulfate (Oral Capsule),T4
Paroxetine HCl (Oral Tablet Immediate Release),T2
Paser (Oral Packet),T4
Paxil (Oral Suspension),T4
Pazeo (Ophthalmic Solution),T3
Pediarix (Intramuscular Suspension),T3
Pedvax HIB (Intramuscular Suspension),T3
Peganone (Oral Tablet),T4
Pegasys ProClick (Subcutaneous Solution),T5
Pemazyre (Oral Tablet),T5
Penicillamine (250MG Oral Capsule),T5
Penicillamine (250MG Oral Tablet),T5
Penicillin G Potassium (2000000UNIT Injection Solution Reconstituted),T4
Penicillin G Procaine (Intramuscular Suspension),T4
Penicillin G Sodium (Injection Solution Reconstituted),T5
Penicillin V Potassium (Oral Solution Reconstituted),T2
Penicillin V Potassium (Oral Tablet),T2
Pentamidine Isethionate (Inhalation Solution Reconstituted),T4
Pentamidine Isethionate (Injection Solution Reconstituted),T4

Plain type = Generic drug

Pentasa (Oral Capsule Extended Release),T4

Pentoxifylline ER (Oral Tablet Extended Release),T2

Perforomist (Inhalation Nebulization Solution),T4

Perindopril Erbumine (Oral Tablet),T1

Permethrin (External Cream),T3

Perphenazine (Oral Tablet),T4

Perseris (Subcutaneous Prefilled Syringe),T5

Phenelzine Sulfate (Oral Tablet),T3

Phenobarbital (Oral Elixir),T2

Phenobarbital (Oral Tablet),T2

Phenoxybenzamine HCl (Oral Capsule),T5

Phenytek (Oral Capsule),T2

Phenytoin (125MG/5ML Oral Suspension),T2

Phenytoin (Oral Tablet Chewable),T2

Phenytoin Sodium Extended (Oral Capsule),T2

Phoslyra (Oral Solution),T3**Phospholine Iodide (Ophthalmic Solution Reconstituted),T4****Picato (External Gel),T3****Pifeltro (Oral Tablet),T5**

Pilocarpine HCl (Ophthalmic Solution),T3

Pilocarpine HCl (Oral Tablet),T4

Pimecrolimus (External Cream),T4

Pimozide (Oral Tablet),T4

Pimtrea (Oral Tablet),T4

Pindolol (Oral Tablet),T3

Pioglitazone HCl (Oral Tablet),T1

Pioglitazone HCl-Glimepiride (Oral Tablet),T1

Pioglitazone HCl-Metformin HCl (Oral Tablet),T1

Piperacillin-Tazobactam (Intravenous Solution Reconstituted),T4

Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack),T5**Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack),T5****Piqray (300MG Daily Dose) (Oral Tablet****Therapy Pack),T5**

Pirmella 1/35 (Oral Tablet),T4

Piroxicam (Oral Capsule),T3

Plasma-Lyte 148 (Intravenous Solution),T4**Plasma-Lyte A (Intravenous Solution),T4**

Plenamine (Intravenous Solution),T4

Podofilox (External Solution),T3

Polymyxin B Sulfate (Injection Solution Reconstituted),T4

Polymyxin B-Trimethoprim (Ophthalmic Solution),T2

Pomalyst (Oral Capsule),T5

Portia-28 (Oral Tablet),T4

Posaconazole (Oral Tablet Delayed Release),T5

Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution),T4

Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution),T4

Potassium Chloride (Oral Packet),T3

Potassium Chloride (Oral Solution),T3

Potassium Chloride CR (Oral Tablet Extended Release),T2

Potassium Chloride ER (Oral Capsule Extended Release),T2

Potassium Chloride in Dextrose (20MEQ/L Intravenous Solution),T4

Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution),T4

Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution),T4

Potassium Citrate ER (Oral Tablet Extended Release),T3

Praluent (Subcutaneous Solution Auto-Injector),T3

Pramipexole Dihydrochloride (Oral Tablet

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Immediate Release),T2	Prezista (75MG Oral Tablet),T4
Prasugrel HCl (Oral Tablet),T3	Prezista (Oral Suspension),T5
Pravastatin Sodium (Oral Tablet),T1	Priftin (Oral Tablet),T4
Praziquantel (Oral Tablet),T4	Prilosec (Oral Packet),T4
Prazosin HCl (Oral Capsule),T2	Primaquine Phosphate (Oral Tablet),T4
Pred Mild (Ophthalmic Suspension),T4	Primidone (Oral Tablet),T2
Pred-G (Ophthalmic Suspension),T4	Privigen (20GM/200ML Intravenous Solution),T5
Pred-G S.O.P. (Ophthalmic Ointment),T4	ProAir HFA (Inhalation Aerosol Solution),T3
Prednicarbate (External Cream),T4	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3
Prednicarbate (External Ointment),T4	ProQuad (Subcutaneous Suspension Reconstituted),T3
Prednisolone (Oral Solution),T2	Probenecid (Oral Tablet),T2
Prednisolone Acetate (Ophthalmic Suspension),T3	Probenecid-Colchicine (Oral Tablet),T2
Prednisolone Sodium Phosphate (1% Ophthalmic Solution),T2	Procalamine (Intravenous Solution),T4
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution),T2	Prochlorperazine (Rectal Suppository),T4
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack),T1	Prochlorperazine Maleate (Oral Tablet),T2
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4
Prednisone (5MG/5ML Oral Solution),T2	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5
Prednisone Intensol (Oral Concentrate),T2	Procto-Med HC (External Cream),T2
Pregabalin (Oral Capsule),T3	Procto-Pak (External Cream),T2
Pregabalin (Oral Solution),T3	Proctosol HC (External Cream),T2
Premarin (Oral Tablet),T4	Proctozone-HC (External Cream),T2
Premarin (Vaginal Cream),T3	Procysbi (Oral Packet),T5
Premasol (Intravenous Solution),T4	Progesterone Micronized (Oral Capsule),T2
Premphase (Oral Tablet),T4	Prograf (Oral Packet),T4
Prempro (Oral Tablet),T4	Prolastin-C (Intravenous Solution Reconstituted),T5
Prevalite (Oral Packet),T4	Prolensa (Ophthalmic Solution),T4
Previfem (Oral Tablet),T4	Prolia (Subcutaneous Solution Prefilled Syringe),T4
Prezcobix (Oral Tablet),T5	Promacta (Oral Packet),T5
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T5	Promacta (Oral Tablet),T5

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Promethazine HCl (Oral Syrup),T3
Promethazine HCl (Oral Tablet),T3
Promethazine HCl (Rectal Suppository),T4
Promethegan (25MG Rectal Suppository),T4
Propafenone HCl (Oral Tablet),T2
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour),T4
Proparacaine HCl (Ophthalmic Solution),T2
Propranolol HCl (Oral Solution),T2
Propranolol HCl (Oral Tablet),T2
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2
Propranolol-HCTZ (Oral Tablet),T2
Propylthiouracil (Oral Tablet),T2
Prosol (Intravenous Solution),T4
Protriptyline HCl (Oral Tablet),T4
Pulmozyme (Inhalation Solution),T5
Purixan (Oral Suspension),T5
Pyrazinamide (Oral Tablet),T4
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3
Pyridostigmine Bromide (Oral Solution),T5
Pyridostigmine Bromide ER (Oral Tablet Extended Release),T4
Pyrimethamine (Oral Tablet),T5
Q
Qinlock (Oral Tablet),T5
Quadracel (Intramuscular Suspension),T3
Quetiapine Fumarate (Oral Tablet Immediate Release),T2
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T3
Quinapril HCl (Oral Tablet),T1
Quinapril-Hydrochlorothiazide (Oral Tablet),T1
Quinidine Gluconate ER (Oral Tablet Extended Release),T4
Quinidine Sulfate (Oral Tablet),T2
Quinine Sulfate (Oral Capsule),T4

R
RAVICTI (Oral Liquid),T5
RabAvert (Intramuscular Suspension Reconstituted),T3
Rabeprazole Sodium (Oral Tablet Delayed Release),T3
Raloxifene HCl (Oral Tablet),T3
Ramelteon (Oral Tablet),T4
Ramipril (Oral Capsule),T1
Ranolazine ER (Oral Tablet Extended Release 12 Hour),T3
Rasagiline Mesylate (Oral Tablet),T4
Rasuvo (Subcutaneous Solution Auto-Injector),T4
Rayaldee (Oral Capsule Extended Release),T5
Rebif (Subcutaneous Solution Prefilled Syringe),T5
Rebif Rebidoso (Subcutaneous Solution Auto-Injector),T5
Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector),T5
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5
Reclipsen (Oral Tablet),T4
Recombivax HB (Injection Suspension),T3
Rectiv (Rectal Ointment),T4
Regranex (External Gel),T5
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated),T3
Relistor (Oral Tablet),T5
Relistor (Subcutaneous Solution),T5
Repaglinide (Oral Tablet),T1
Repatha (Subcutaneous Solution Prefilled Syringe),T3
Repatha Pushtronex System (Subcutaneous Solution Cartridge),T3
Repatha SureClick (Subcutaneous Solution Auto-Injector),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Restasis Single-Use Vials (Ophthalmic Emulsion),T3

Retacrit (Injection Solution),T4

Retevmo (Oral Capsule),T5

Revlimid (Oral Capsule),T5

Rexulti (Oral Tablet),T5

Reyataz (Oral Packet),T5

Rhopressa (Ophthalmic Solution),T3

Ribavirin (Oral Tablet),T3

Ridaura (Oral Capsule),T5

Rifabutin (Oral Capsule),T4

Rifampin (150MG Oral Capsule, 300MG Oral Capsule),T3

Rifampin (600MG Intravenous Solution Reconstituted),T4

Riluzole (Oral Tablet),T3

Rimantadine HCl (Oral Tablet),T4

Riomet ER (Oral Suspension Reconstituted ER),T4

Risedronate Sodium (Oral Tablet Immediate Release),T3

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5

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

Risperidone (1MG/ML Oral Solution),T4

Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible),T4

Ritonavir (Oral Tablet),T3

Rivastigmine (Transdermal Patch 24 Hour),T4

Rivastigmine Tartrate (Oral Capsule),T3

Rivelsa (Oral Tablet),T4

Rizatriptan Benzoate (Oral Tablet),T3

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3

Rocklatan (Ophthalmic Solution),T3

Ropinirole HCl (Oral Tablet Immediate Release),T2

Rosuvastatin Calcium (Oral Tablet),T1

RotaTeq (Oral Solution),T3

Rotarix (Oral Suspension Reconstituted),T3

Roweepra (Oral Tablet Immediate Release),T2

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

Rozlytrek (Oral Capsule),T5

Rubraca (Oral Tablet),T5

Ruconest (Intravenous Solution Reconstituted),T5

Rybelsus (Oral Tablet),T3

Rydapt (Oral Capsule),T5

Rytary (Oral Capsule Extended Release),T4

S

SPS (Oral Suspension),T3

SSD (External Cream),T3

Sancuso (Transdermal Patch),T5

Sandimmune (Oral Solution),T5

Santyl (External Ointment),T4

Saphris (Tablet Sublingual),T5

Savella (Oral Tablet),T3

Savella Titration Pack (Oral Tablet),T3

Scopolamine (Transdermal Patch 72 Hour),T4

Secuado (Transdermal Patch 24 Hour),T5

Selegiline HCl (Oral Capsule),T3

Selegiline HCl (Oral Tablet),T3

Selenium Sulfide (External Lotion),T2

Selzentry (150MG Oral Tablet, 300MG Oral

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Tablet, 75MG Oral Tablet),T5	Sodium Phenylbutyrate (Oral Tablet),T5
Selzentry (25MG Oral Tablet),T3	Sodium Polystyrene Sulfonate (Oral Powder),T3
Selzentry (Oral Solution),T5	Sodium Polystyrene Sulfonate (Oral Suspension),T3
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3	Sofosbuvir-Velpatasvir (Oral Tablet),T5
Serostim (Subcutaneous Solution Reconstituted),T5	Solifenacin Succinate (Oral Tablet),T3
Sertraline HCl (Oral Concentrate),T4	Soliqua (Subcutaneous Solution Pen-Injector),T3*
Sertraline HCl (Oral Tablet),T1	Soltamox (Oral Solution),T5
Setlakin (Oral Tablet),T4	Somatuline Depot (Subcutaneous Solution),T5
Sevelamer Carbonate (Oral Packet),T5	Somavert (Subcutaneous Solution Reconstituted),T5
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4	Sotalol HCl (Oral Tablet),T2
Sharobel (Oral Tablet),T4	Sotalol HCl AF (Oral Tablet),T2
Shingrix (Intramuscular Suspension Reconstituted),T3	Sovaldi (400MG Oral Tablet),T5
Signifor (Subcutaneous Solution),T5	Sovaldi (Oral Packet),T5
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3	Spiriva HandiHaler (Inhalation Capsule),T3
Silodosin (Oral Capsule),T3	Spiriva Respimat (Inhalation Aerosol Solution),T3
Silver Sulfadiazine (External Cream),T3	Spironolactone (Oral Tablet),T2
Simbrinza (Ophthalmic Suspension),T3	Spironolactone-HCTZ (Oral Tablet),T2
Simponi (Subcutaneous Solution Auto-Injector),T5	Sprintec 28 (Oral Tablet),T4
Simponi (Subcutaneous Solution Prefilled Syringe),T5	Spritam ODT (Oral Tablet Disintegrating Soluble),T4
Simvastatin (Oral Tablet),T1	Sprycel (Oral Tablet),T5
Sirolimus (Oral Solution),T5	Sronyx (Oral Tablet),T4
Sirolimus (Oral Tablet),T4	Stavudine (Oral Capsule),T3
Sirturo (100MG Oral Tablet),T5	Stelara (Subcutaneous Solution Prefilled Syringe),T5
Sodium Chloride (0.45% Intravenous Solution),T4	Stelara (Subcutaneous Solution),T5
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution),T4	Stiolto Respimat (Inhalation Aerosol Solution),T3
Sodium Chloride (5% Intravenous Solution),T4	Stivarga (Oral Tablet),T5
Sodium Chloride (Irrigation Solution),T3	Streptomycin Sulfate (Intramuscular Solution Reconstituted),T5
Sodium Fluoride (Oral Tablet),T2	Stribild (Oral Tablet),T5
Sodium Phenylbutyrate (Oral Powder),T5	Suboxone (Sublingual Film),T4
	Sucraid (Oral Solution),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Sucralfate (Oral Suspension),T4
Sucralfate (Oral Tablet),T2
Sulfacetamide Sodium (Ophthalmic Ointment),T2
Sulfacetamide Sodium (Ophthalmic Solution),T2
Sulfadiazine (Oral Tablet),T4
Sulfamethoxazole-Trimethoprim (Oral Suspension),T3
Sulfamethoxazole-Trimethoprim (Oral Tablet),T2
Sulfamylon (External Cream),T4
Sulfasalazine (Oral Tablet Delayed Release),T2
Sulfasalazine (Oral Tablet Immediate Release),T2
Sulindac (Oral Tablet),T2
Sumatriptan (Nasal Solution),T4
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector),T4
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T4
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge),T4
Suprax (500MG/5ML Oral Suspension Reconstituted),T3
Suprax (Oral Capsule),T3
Suprax (Oral Tablet Chewable),T3
Suprep Bowel Prep Kit (Oral Solution),T3
Sutent (Oral Capsule),T5
Syeda (Oral Tablet),T4
Sylatron (200MCG Subcutaneous Kit, 300MCG Subcutaneous Kit),T5
Symbicort (Inhalation Aerosol),T3
Symfi (Oral Tablet),T5

Bold type = Brand name drug

*Insulin Senior Savings Program

Symfi Lo (Oral Tablet),T5
SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5
SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5
Sympazan (10MG Oral Film, 20MG Oral Film),T5
Sympazan (5MG Oral Film),T4
Symtuza (Oral Tablet),T5
Synarel (Nasal Solution),T5
Synjardy (Oral Tablet Immediate Release),T3
Synjardy XR (Oral Tablet Extended Release 24 Hour),T3
Synribo (Subcutaneous Solution Reconstituted),T5
Synthroid (Oral Tablet),T3
T
TDVAX (Intramuscular Suspension),T3
TOBI Podhaler (Inhalation Capsule),T5
TPN Electrolytes (Intravenous Concentrate),T4
Tabloid (Oral Tablet),T4
Tabrecta (Oral Tablet),T5
Tacrolimus (External Ointment),T4
Tacrolimus (Oral Capsule),T3
Tadalafil (PAH) (20MG Oral Tablet),T4
Tafinlar (Oral Capsule),T5
Tagrisso (Oral Tablet),T5
Talzenna (Oral Capsule),T5
Tamoxifen Citrate (Oral Tablet),T2
Tamsulosin HCl (Oral Capsule),T1
Targretin (External Gel),T5
Tarina 24 Fe (Oral Tablet),T4
Tarina Fe 1/20 EQ (Oral Tablet),T4
Tasigna (Oral Capsule),T5
Tazarotene (External Cream),T4
Tazicef (Injection Solution Reconstituted),T4

Plain type = Generic drug

Taztia XT (Oral Capsule Extended Release 24 Hour),T2	Thioridazine HCl (Oral Tablet),T3
Tazverik (Oral Tablet),T5	Thiothixene (Oral Capsule),T3
Tecfidera (Oral Capsule Delayed Release),T5	Tiadylt ER (Oral Capsule Extended Release 24 Hour),T2
Tecfidera Starter Pack (Oral),T5	Tiagabine HCl (Oral Tablet),T4
Tegsedi (Subcutaneous Solution Prefilled Syringe),T5	Tibsovo (Oral Tablet),T5
Telmisartan (Oral Tablet),T1	Tigecycline (Intravenous Solution Reconstituted),T5
Telmisartan-Amlodipine (Oral Tablet),T1	Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2
Telmisartan-HCTZ (Oral Tablet),T1	Timolol Maleate (Oral Tablet),T3
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3
Tenivac (Intramuscular Injectable),T3	Tinidazole (Oral Tablet),T4
Tenofovir Disoproxil Fumarate (Oral Tablet),T4	Tivicay (10MG Oral Tablet),T4
Terazosin HCl (Oral Capsule),T2	Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T5
Terbinafine HCl (Oral Tablet),T2	Tizanidine HCl (Oral Tablet),T2
Terconazole (Vaginal Cream),T3	TobraDex (Ophthalmic Ointment),T3
Terconazole (Vaginal Suppository),T3	TobraDex ST (Ophthalmic Suspension),T4
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T5	Tobramycin (Inhalation Nebulization Solution),T5
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel),T4	Tobramycin (Ophthalmic Solution),T2
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel),T3	Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution),T4
Testosterone Cypionate (Intramuscular Solution),T2	Tobramycin-Dexamethasone (Ophthalmic Suspension),T3
Testosterone Enanthate (Intramuscular Solution),T3	Tobrex (Ophthalmic Ointment),T4
Tetrabenazine (Oral Tablet),T5	Tolcapone (Oral Tablet),T5
Tetracycline HCl (Oral Capsule),T4	Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour),T4
Thalomid (Oral Capsule),T5	Topiramate (Oral Capsule Sprinkle Immediate Release),T2
Theophylline (Oral Solution),T2	Topiramate (Oral Tablet),T2
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T2	Toremifene Citrate (Oral Tablet),T5
Theophylline ER (Oral Tablet Extended Release 24 Hour),T2	Torsemide (Oral Tablet),T2
	Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3*

T1 = Tier 1

T2 = Tier 2

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*Insulin Senior Savings Program

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3*	Tri-Lo-Sprintec (Oral Tablet),T4
Tracleer (Oral Tablet Soluble),T5	Tri-Mili (Oral Tablet),T4
Tradjenta (Oral Tablet),T3	Tri-Previfem (Oral Tablet),T4
Tramadol HCl (50MG Oral Tablet Immediate Release),T2	Tri-Sprintec (Oral Tablet),T4
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour),T3	Tri-VyLibra (Oral Tablet),T4
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour),T3	Tri-VyLibra Lo (Oral Tablet),T4
Tramadol-Acetaminophen (Oral Tablet),T2	TriLyte (Oral Solution Reconstituted),T2
Trandolapril (Oral Tablet),T1	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2
Tranexamic Acid (Oral Tablet),T3	Triamcinolone Acetonide (Dental Paste),T3
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T4	Triamcinolone Acetonide (External Cream),T2
Tranlycypromine Sulfate (Oral Tablet),T4	Triamcinolone Acetonide (External Lotion),T2
Travasol (Intravenous Solution),T4	Triamterene (Oral Capsule),T4
Travoprost (BAK Free) (Ophthalmic Solution),T3	Triamterene-HCTZ (Oral Capsule),T2
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1	Triamterene-HCTZ (Oral Tablet),T2
Trazodone HCl (300MG Oral Tablet),T2	Triderm (0.1% External Cream),T2
Trecator (Oral Tablet),T4	Trientine HCl (Oral Capsule),T5
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3	Trifluoperazine HCl (Oral Tablet),T3
Trelstar Mixject (Intramuscular Suspension Reconstituted),T5	Trifluridine (Ophthalmic Solution),T3
Tresiba (Subcutaneous Solution),T3*	Trihexyphenidyl HCl (Oral Solution),T2
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3*	Trihexyphenidyl HCl (Oral Tablet),T2
Tretinoin (0.01% External Gel, 0.025% External Gel),T4	Trimethoprim (Oral Tablet),T2
Tretinoin (External Cream),T4	Trimipramine Maleate (Oral Capsule),T4
Tretinoin (Oral Capsule),T5	Trintellix (Oral Tablet),T4
Tretinoin Microsphere (External Gel),T4	Triumeq (Oral Tablet),T5
Trexall (Oral Tablet),T4	Trivora (28) (Oral Tablet),T4
Tri-Estarylla (Oral Tablet),T4	TrophAmine (10% Intravenous Solution),T4
Tri-Legest Fe (Oral Tablet),T4	Trulicity (Subcutaneous Solution Pen-Injector),T3
Tri-Lo-Estarylla (Oral Tablet),T4	Trumenba (Intramuscular Suspension Prefilled Syringe),T3
	Truvada (Oral Tablet),T5
	Tukysa (Oral Tablet),T5
	Turalio (Oral Capsule),T5
	Twinrix (Intramuscular Suspension Prefilled Syringe),T3

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Tybost (Oral Tablet),T4	Reconstituted),T4
Tykerb (Oral Tablet),T5	Vancomycin HCl (250MG Intravenous Solution Reconstituted),T4
Tymlos (Subcutaneous Solution Pen-Injector),T5	Vancomycin HCl (Oral Capsule),T4
Typhim Vi (Intramuscular Solution),T3	Vandazole (Vaginal Gel),T3
U	Varivax (Subcutaneous Injectable),T3
Udenyca (Subcutaneous Solution Prefilled Syringe),T5	Varizig (Intramuscular Solution),T5
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet),T3	Vascepa (Oral Capsule),T4
Ursodiol (Oral Capsule),T3	Velivet (Oral Tablet),T4
Ursodiol (Oral Tablet),T4	Velphoro (Oral Tablet Chewable),T5
V	Veltassa (Oral Packet),T5
VAQTA (Intramuscular Suspension),T3	Vemlidy (Oral Tablet),T5
VP-PNV-DHA (Oral Capsule),T3	Venclexta (100MG Oral Tablet, 50MG Oral Tablet),T5
Valacyclovir HCl (Oral Tablet),T3	Venclexta (10MG Oral Tablet),T3
Valchlor (External Gel),T5	Venclexta Starting Pack (Oral Tablet Therapy Pack),T5
Valganciclovir HCl (450MG Oral Tablet),T3	Venlafaxine HCl (Oral Tablet Immediate Release),T3
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted),T5	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T2
Valproic Acid (Oral Capsule),T2	Ventavis (Inhalation Solution),T5
Valproic Acid (Oral Solution),T2	Verapamil HCl (Oral Tablet Immediate Release),T2
Valsartan (Oral Tablet),T1	Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3
Valsartan-Hydrochlorothiazide (Oral Tablet),T1	Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T3
Valtoco 10 MG Dose (Nasal Liquid),T4	Verapamil HCl ER (Oral Tablet Extended Release),T2
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack),T4	Versacloz (Oral Suspension),T5
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack),T4	Verzenio (Oral Tablet),T5
Valtoco 5 MG Dose (Nasal Liquid),T4	Vibramycin (50MG/5ML Oral Syrup),T4
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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T5 = Tier 5

*Insulin Senior Savings Program

Victoza (Subcutaneous Solution Pen-Injector),T3

Vienva (Oral Tablet),T4

Vigabatrin (Oral Packet),T5

Vigabatrin (Oral Tablet),T5

Vigadrone (Oral Packet),T5

Viibryd (Oral Tablet),T4**Viibryd Starter Pack (Oral Kit),T4****Vimpat (Oral Solution),T4****Vimpat (Oral Tablet),T4****Viracept (Oral Tablet),T5****Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet),T5****Viread (Oral Powder),T5****Vitrakvi (Oral Capsule),T5****Vitrakvi (Oral Solution),T5****Vivitrol (Intramuscular Suspension Reconstituted),T5****Vizimpro (Oral Tablet),T5**

Voriconazole (Intravenous Solution Reconstituted),T5

Voriconazole (Oral Suspension Reconstituted),T5

Voriconazole (Oral Tablet),T4

Vosevi (Oral Tablet),T5**Votrient (Oral Tablet),T5****Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule),T5****Vraylar (Oral Capsule Therapy Pack),T4**

VyLibra (Oral Tablet),T4

Vyfemla (Oral Tablet),T4

Vyndamax (Oral Capsule),T5**Vyndaqel (Oral Capsule),T5****Vyvanse (Oral Capsule),T4****Vyvanse (Oral Tablet Chewable),T4****Vyzulta (Ophthalmic Solution),T4****W**

WYMZYA Fe (Oral Tablet Chewable),T4

Warfarin Sodium (Oral Tablet),T1

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3

X**Xalkori (Oral Capsule),T5****Xarelto (Oral Tablet),T3****Xarelto Starter Pack (Oral Tablet Therapy Pack),T3****Xatmep (Oral Solution),T4****Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T4****Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T4****Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T5****Xcopri (200MG Oral Tablet),T5****Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack),T5****Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack),T5****Xeljanz (Oral Tablet Immediate Release),T5****Xeljanz XR (Oral Tablet Extended Release 24 Hour),T5****Xgeva (Subcutaneous Solution),T5****Xifaxan (Oral Tablet),T5****Xigduo XR (Oral Tablet Extended Release 24 Hour),T3****Xiidra (Ophthalmic Solution),T4****Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T3****Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T3****Xolair (Subcutaneous Solution Prefilled Syringe),T5****Xolair (Subcutaneous Solution****Bold type = Brand name drug**

*Insulin Senior Savings Program

Plain type = Generic drug

Reconstituted),T5	Zenpep (Oral Capsule Delayed Release Particles),T3
Xospata (Oral Tablet),T5	Zerbaxa (Intravenous Solution Reconstituted),T5
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack),T5	Zidovudine (Oral Capsule),T3
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack),T5	Zidovudine (Oral Syrup),T3
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack),T5	Zidovudine (Oral Tablet),T3
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack),T5	Zileuton ER (Oral Tablet Extended Release 12 Hour),T5
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3	Ziprasidone HCl (Oral Capsule),T3
Xtandi (Oral Capsule),T5	Ziprasidone Mesylate (Intramuscular Solution Reconstituted),T4
Xulane (Transdermal Patch Weekly),T4	Zirgan (Ophthalmic Gel),T4
Xyrem (Oral Solution),T5	Zolinza (Oral Capsule),T5
Y	Zolpidem Tartrate (Oral Tablet Immediate Release),T2
YF-Vax (Subcutaneous Injectable),T3	Zonisamide (Oral Capsule),T2
Yuvaferm (Vaginal Tablet),T4	Zorbtive (Subcutaneous Solution Reconstituted),T5
Z	Zortress (1MG Oral Tablet),T5
Zafirlukast (Oral Tablet),T3	Zostavax (19400UNT/0.65ML Subcutaneous Suspension Reconstituted),T4
Zaleplon (Oral Capsule),T3	Zovia 1/35E (28) (Oral Tablet),T4
Zarah (Oral Tablet),T4	Zyclara Pump (External Cream),T5
Zarxio (Injection Solution Prefilled Syringe),T5	Zydelig (Oral Tablet),T5
Zejula (Oral Capsule),T5	Zyflo (Oral Tablet Immediate Release),T5
Zelapar ODT (Oral Tablet Dispersible),T5	Zykadia (Oral Tablet),T5
Zelboraf (Oral Tablet),T5	Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted),T4
Zemaira (Intravenous Solution Reconstituted),T5	
Zenatane (Oral Capsule),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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*Insulin Senior Savings Program

Additional Covered Drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay when you fill prescriptions for these drugs does not count toward your total drug costs. This means, the amount you pay doesn't help you qualify for catastrophic coverage. Also, if you're receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Restrictions
Vitamins		
Folic Acid (1mg tablet)	2	
Cyanocobalamin (1000mcg/ml vial)	2	
Ergocalciferol (50000mcg capsule)	2	
Erectile Dysfunction		
Sildenafil (25mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (50mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (100mg tablet)	2	Maximum of 4 tablets per 30 days

Drug List

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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
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Cialis 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 1
Fluoxetine HCL Tablet	Fluoxetine Immediate Release Capsule – 2
Invokana	Farxiga – 3 Jardiance – 3
Invokamet and Invokamet XR	Synjardy and Synjardy XR – 3 Xigduo XR – 3
Kombiglyze and Kombiglyze XR	Janumet and Janumet XR – 3 Jentadueto and Jentadueto XR – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Movantik	Lactulose Solution – 2 Amitiza – 3 Relistor – 5
Nexium	Esomeprazole Magnesium (Generic Nexium) – 3 Lansoprazole 15mg and 30mg Capsule – 2 Omeprazole – 2 Pantoprazole Tablet – 1
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3
Onglyza	Januvia – 3 Tradjenta – 3
OxyContin	Xtampza XR – 3
Pradaxa	Eliquis – 3 Xarelto – 3

Bold type = Brand name drug Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3
Qvar Redihaler	Arnuity – 3 Flovent – 3
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg – 2
Travatan Z	Latanoprost – 1 Lumigan – 3 Travoprost – 3
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 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, 2020 and may be subject to change. Please refer to the drug list for details on drug coverage.

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

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**Ready
to Enroll**

Plan Recap

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

✓ Please fill out this plan recap with your Licensed Sales Representative (if applicable).

Plan Information

Here are some details about your new plan.

My new plan is a: ☐ Medicare Advantage plan ☐ Medicare Advantage Special Needs plan

☐ Medicare Supplement Insurance (Medigap) plan ☐ Medicare Part D 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

☐ Includes a medical deductible unless the state or another third party pays it for me

☐ Does not include a medical deductible

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. If I qualify for Extra Help, my premium may be less.* 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.

*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



Contact your Licensed Sales Representative. If I have questions about my plan,

I will call my Licensed Sales Representative, _____ at

_____ or Customer Service at _____.

TEAR HERE

TEAR HERE

Network Information

Understanding your network is important.

Circle the correct answers: I need to get my medical 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. For my dental care, I can see providers in-network and out-of-network.

List the doctors and hospitals you use in this table. Be sure to note whether they are part of the provider network and if they require referrals.

Provider Name	Provider Type (PCP/Specialist/ Hospital)	Network (Yes/No)	Referral (Yes/No)

Prescription Drug Coverage

Know how prescription drugs are covered on your plan.

My plan (circle one): **does / does not** have a prescription drug deductible.

If I have a deductible, the amount is \$ _____ and it applies to drugs in (check the answer(s)):

- ☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Tier 5 or ☐ ALL tiers

List the medications you use in this table. Be sure to note their tier level, whether there are any limits on the drug, and if the prescription drug deductible applies.

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

¹My actual out of pocket costs may vary based on: the drug stage I am in, my drug tier level, the pharmacy I use (retail/ mail-order), if I have Extra Help, and if my plan is participating in the Insulin Senior Savings Program.

²For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.

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.

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
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1170

Enrollment Request Form Checkpoints

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

Scope of Appointment Confirmation Form

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

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

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative

Today's Date

MM-DD-YYYY

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

Name (First_Last)

Relationship to Beneficiary

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

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone - - - - -	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone - - - - -	Date Appointment will be Completed MM-DD-YYYY
Beneficiary Address		

Initial Method of Contact

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

Licensed Sales Representative Signature

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Ready to Enroll

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.

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.

Other Related Products

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.

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.



2021 Enrollment Request Form

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

☐ **AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS) H4590-041-000 - AP8**

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

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

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

Birth Date MM - DD - YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> 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

Enrollee Name _____

Agent Name / ID No. _____

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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

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. Name (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.

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.

How do you want to pay?

Response to these questions is optional.

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 (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT), online or by mail.

If you don't choose an option below, we'll send a bill each month to your mailing address. Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

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

I get monthly benefits from: ☐ Social Security ☐ RRB

We will bill you directly until the Social Security Administration or Railroad Retirement Board approves the deduction. It could take up to 90 days after the approval for the first deduction to occur, so please continue to make payments. If the Social Security Administration or Railroad Retirement Board does not approve your request for automatic deduction, we will notify you and continue to send a paper bill for your monthly premiums.

- ☐ **I want to pay directly from a bank account.**

Enrollee Name _____

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- ☐ 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.

The bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). The bank will pay the funds from a 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 the account, I will tell both UHIC and the bank. I will give them a reasonable amount of time to change the 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 or a Visa, Mastercard or Discover credit card.

- ☐ **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 automatically charged to a Visa, Mastercard or Discover credit card. Until then, we'll send you a bill each month.

A few notes about your costs.

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

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

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

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

Need help with your prescription drug costs?

If you have a limited income, you may be able to get Extra Help with your prescription drug costs.

If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription

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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.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

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

If yes, please give us your Medicaid number: _____

3. 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		

4. 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.

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5. 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

6. 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**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 (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

If you would rather have hard copies of required materials mailed to you, please check here

- ☐ 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.

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 must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.

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- ☐ 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 an 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 Annual 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 serves a specific service area. If I move out of the area that this plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of this plan I have the right to appeal plan decisions about payment or services if I disagree.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- ☐ I understand that beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If I happen to pay full price for any network or out-of-network services received, this plan provides refunds for all medically necessary covered benefits.
- ☐ 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.
- ☐ **Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.

Enrollee Name _____
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Ready to Enroll

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- ☐ 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 intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ Your response to this form is voluntary. However, failure to respond may affect enrollment in 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**

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

***NOT A SALES AGENT**

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

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For licensed sales representative/agency use only.
☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

Branch ID

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM - DD - YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM - DD - YYYY

Licensed Sales Representative Phone Number

Where did this application originate?

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

How was this application submitted?

☐ Mail☐ Fax☐ Online**Agent must complete**☐ IEP (MA-PD enrollees)☐ ICEP (MA enrollees)☐ IEP (MA-PD enrollees eligible for 2nd IEP)☐ OEP (Jan1 – Mar 31)☐ OEP (newly eligible)☐ SEP (Dual LIS change of status)☐ SEP (change in residence)☐ SEP (loss of EGHP coverage)☐ SEP (Chronic)☐ SEP (Dual LIS maintaining)☐ AEP (October 15-December 7)☐ OEPI☐ SEP (SEP Reason) _____☐ SEP Eligibility Date MM - DD - YYYY**Licensed Sales Representative Signature (required)****Date:** MM - DD - YYYY**Please mail or fax this completed form to:**

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770

Fax: 1-888-950-1170

Enrollee Name _____

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PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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.

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.

OMB No. 0938-1378

Expires: 7/31/2023

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Ready to Enroll

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2021 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.

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Applicant 1:

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your 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 UnitedHealthcare® 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 don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.

AARP | **Medicare Advantage**
from  **UnitedHealthcare**

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Ready to Enroll

Take Advantage of What's Next

Your enrollment application has been submitted, and we want to help you get ready to use your plan. Use this page to track your progress as you go. We're here to help every step of the way.



You are Here
Enrollment Submitted



Welcome Call



**Quick Start Guide
and UnitedHealthcare
Member ID Card**



**Explore Your
Member Website**



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



Go online to manage your plan

Once you receive your UnitedHealthcare member ID card, you can use it to create your online account at **MyAARPMedicare.com** to:

- Find providers and pharmacies in your area.
- View plan documents.
- Review your drug list (Formulary).
- Complete your Health Assessment.
- Explore health and wellness activities and resources from Renew.



Once your coverage begins

- Call to schedule your Annual Physical and Wellness Visit to begin your preventive care.
- Sign up for home delivery and save when you get a 3-month supply of medication conveniently mailed to your home.
- Add an Authorized Representative to your account. You can name someone you trust to speak with us about your account.



Thank you for choosing UnitedHealthcare®

If you have any questions, you can call the UnitedHealthcare Customer Service number on the back of your UnitedHealthcare member ID card.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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[illegible]

[illegible]

NOTES

[illegible]

Vendor Information

AARP Medicare Advantage SecureHorizons® Plan 2 (HMO-POS)

Take advantage of your additional plan benefits, once you're enrolled, by using the providers below or contacting UnitedHealthcare Customer Service: 1-800-950-9355, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355 www.UHChearing.com/Medicare
Vision Services	Plan network providers in your service area or plan network providers	1-800-950-9355 www.myAARPMedicare.com If you belong to a medical group or IPA, refer to the Provider Directory.
Additional Dental Benefits	UnitedHealthcare Dental	1-800-950-9355 www.myAARPMedicare.com
NurseLine	Nurseline	1-877-365-7949
Personal Emergency Response System	Philips Lifeline	1-855-596-7612 www.lifeline.philips.com/UHCMedicare
Fitness Program	Renew Active™	1-800-950-9355 www.UHCRenewActive.com

For 1-on-1 support, please contact the plan or your Licensed Sales Representative.



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



www.AARPMedicarePlans.com

