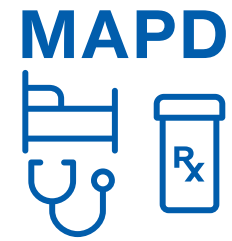


Enrollment Guide 2020



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

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

R6801-008-000

R6801-011-000

Service area: Texas

Plan Year: January 1, 2020 through December 31, 2020



Benefits that exceed expectations. Take advantage of it.

More choice and more guidance.

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

Compassionate care.

Our member advocates offer more than customer service. In addition to providing answers to your questions, they'll take extra steps to understand your needs and help you get the most out of your plan, so you can be at your best health.

A health care company you can rely on.

More people choose UnitedHealthcare for their Medicare coverage than any other company.¹ And we've been serving the health care needs of people just like you for more than 40 years — so you know we'll be here when you need us.

Member-only Health & Wellness Experience.

Renew by UnitedHealthcare can be your guide to living a healthier, happier life. With Renew, you'll have access to brain games, recipes, learning courses, fitness activities, rewards, videos and more — all at no additional cost.²



¹July 2018 CMS and Internal Company Enrollment Data

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

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Questions? We can help.

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

Learn more online at
www.UHCCommunityPlan.com

Start With Medicare Basics

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

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

Original Medicare
Provided by the federal government

PART A

Helps pay for hospital stays and inpatient care

PART B

Helps pay for doctor visits and outpatient care

Your options for more coverage:

OPTION 1

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance Plan
Offered by private companies

↓

MED SUPP

↑

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

Medicare Part D Plan
Offered by private companies

PART D

Helps pay for prescription drugs

OR

OPTION 2

Choose a Medicare Advantage plan:

Medicare Advantage Plan
Offered by private companies

PART C

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

PART D

Usually includes prescription drug coverage

+

May offer additional benefits not provided by Original Medicare

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

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

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

Here’s how your RPPO plan works



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

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



You have coverage for emergency care.

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



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

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

You have flexibility in provider choice

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

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

There’s a Medicare Part D Late Enrollment Penalty



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

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

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

Diabetes and/or heart failure

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

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

- ☒ Diabetes
- ☒ Chronic heart failure

If you have full Medicaid coverage and Extra Help, the UnitedHealthcare Medicare Silver plan also offers you:

- ☐ \$0 monthly plan premium
- ☐ \$0 cost sharing for Medicare-covered benefits

Full Medicaid

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

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

Helpful Resources

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



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. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. This information is not a complete description of benefits. Call 1-855-545-9340, TTY 711 for more information.



Plan Information

Benefit Highlights

UnitedHealthcare® Medicare Silver (Regional PPO C-SNP)

This is a short description of your 2020 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0 with full “Extra Help”	\$0
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Medical Benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Part B Deductible	\$0 for Medicare Part B Services with Medicaid cost-share assistance		\$185 [†] for Medicare Part B services without Medicaid cost-share assistance.	
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$0 In-Network	\$0 combined In and Out-of-Network	\$3,400 In-Network	\$3,400 combined In and Out-of-Network
Doctor’s office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay
	Specialist: \$0 copay (no referral needed)	Specialist: \$0 copay (no referral needed)	Specialist: \$0 copay (no referral needed)	Specialist: \$0 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay	\$1,300 copay per stay	\$1,300 copay per stay
Skilled nursing facility (SNF)(Stay must meet Medicare coverage criteria)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100	\$0 copay per day: for days 1-20 \$170.50 [†] copay per day: days 21-100	\$0 copay per day: days 1-20 \$170.50 [†] copay per day: days 21-100

Medical Benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance		Without Medicaid Cost Share Assistance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient hospital, including surgery	\$0 copay	\$0 copay	\$0 copay Cost sharing for additional plan covered services will apply.	\$0 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay	20% coinsurance for covered brands	30% coinsurance
Home health care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance
Ambulance	\$0 copay for ground \$0 copay for air	\$0 copay for ground \$0 copay for air	20% coinsurance for ground 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Emergency care	\$0 copay (worldwide)		\$90 copay (\$0 copay for worldwide coverage)	
Urgently needed services	\$0 copay (worldwide)		\$65 copay (\$0 copay for worldwide coverage)	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

†These are the 2019 Medicare-defined amounts and may change for 2020

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	\$0 copay; 1 per year*

	In-Network	Out-of-Network
Vision - routine eye exams	\$0 copay; 1 every year*	\$0 copay; 1 every year*
Vision - eyewear	\$0 copay every 2 years; up to \$150 for lenses/frames and contacts*	50% coinsurance every 2 years; up to \$150 for lenses/frames and contacts*
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
Dental - benefit limit	\$500 limit on all covered dental services	
Hearing - routine exam	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Hearing aids	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
Fitness program through Renew Active™	Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
Transportation	\$0 copay; 24 one-way trips per year to or from approved locations*	75% coinsurance*
Foot care - routine	\$0 copay; 6 visits per year*	\$0 copay; 6 visits per year*
Health Products Benefit	\$260 credit per quarter to use on approved health products.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at amwell.com	No coverage

*Benefits combined in and out-of-network

Prescription Drugs

If you qualify for Low-Income Subsidy (LIS) you pay:

	Your Cost
Annual prescription deductible	\$0 or \$89, depending on the level of “Extra Help” you receive
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.30, \$3.60 copay, or 15% coinsurance
All other drugs	\$0, \$3.90, \$8.95 copay, or 15% coinsurance

If you don't qualify for Low-Income Subsidy (LIS), you pay:

	Your Cost	
Annual prescription deductible	\$403	
Cost-Sharing for Covered Drugs	Standard Retail (30-day)	Mail Order (90-day)
Initial coverage stage	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach \$4,020, 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 \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 copay for all other drugs, or 5% coinsurance	



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone having a qualifying chronic care condition. This information is not a complete description of benefits. Contact the plan for more information.

Benefit Highlights

UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)

This is a short description of your 2020 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0
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Medical Benefits

	In-Network	Out-of-Network
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$0 In-Network	\$0 combined In and Out-of-Network
Doctor’s office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay
	Specialist: \$0 copay (no referral needed)	Specialist: \$0 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay	\$0 copay
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay
Home health care	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Ambulance	\$0 copay for ground \$0 copay for air	\$0 copay for ground \$0 copay for air

Medical Benefits

	In-Network	Out-of-Network
Emergency care	\$0 copay (worldwide)	
Urgently needed services	\$0 copay (worldwide)	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Vision - routine eye exams	\$0 copay; 1 every year*	\$0 copay; 1 every year*
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
Hearing - routine exam	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Hearing aids	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
Fitness program through Renew Active™	Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
Transportation	\$0 copay; 12 one-way trips per year to or from approved locations*	75% coinsurance*
Foot care - routine	\$0 copay; 6 visits per year*	\$0 copay; 6 visits per year*
Health Products Benefit	\$250 credit per quarter to use on approved health products.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at amwell.com	No coverage

*Benefits combined in and out-of-network

Prescription Drugs

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

Annual prescription deductible	\$0 or \$89, depending on the level of "Extra Help" you receive
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.30, \$3.60 copay, or 15% coinsurance

Prescription Drugs

All other drugs	\$0, \$3.90, \$8.95 copay, or 15% coinsurance
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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This plan is available to individuals who have Medicare and receive Medical Assistance from the State. Contact the plan for more details on eligibility. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

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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 **UHC Medicare Solutions.com**.

Know how much your drugs will cost

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

Understanding drug tiers

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

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


Note: Not all generic drugs are low cost. There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.

Your Part D prescription drug costs

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

- Part D plans may have 4 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.

Once you're a member



You can easily track how close you are getting to the coverage gap stage by signing in to your account online.

Explore ways to save time and money

✓ Consider generic drugs

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at **UHC Medicare Solutions.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

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



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.

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

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Explore Your Additional Benefits

Get all the benefits of Original Medicare – and more.

With the UnitedHealthcare® Medicare Silver (Regional PPO C-SNP) or UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP) plans, you get additional benefits and services designed to help you live a healthier life. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits or call the number listed on the first page of this booklet.



A health and wellness program that comes to you

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



Dental coverage

This plan covers dental services that may include commonly used exams, cleanings, and x-rays.



Health Products Benefit Program

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



Renew Active™

Renew Active™ is a fitness program for body and mind designed around you and your goals - available with your plan, at no additional cost. Renew Active includes: a free gym membership, access to an extensive network of gyms and fitness locations, personalized fitness plan and online brain health program, exclusively from AARP® Staying Sharp.



Transportation

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



Vision coverage

This plan includes routine vision care. Help protect your eyesight and health with routine eye exams.



Hearing coverage

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



Speak to a nurse 24/7

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



Podiatry coverage

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



Virtual Medical Visits

Talk to a provider wherever you are with virtual medical visits. You may have a live chat from the privacy of home with a virtual provider using your computer, tablet, smartphone.



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.

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.

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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
- ✓ Up to 3 cleanings per plan year to help manage gum disease
- ✓ \$0 copay for covered fillings and preventive and diagnostic services such as oral exams, X-rays, routine cleanings, and fluoride
- ✓ Freedom to see any dentist you choose

To find a network Dentist in your area, go to www.UHC MedicareDentistSearch.com and select the UHC Dental National Medicare Advantage Network.

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

Covered Routine Dental Services

Description of Dental Procedure	Frequency	Criteria and Exclusions	R6801-008-000 Copay	R6801-011-000 Copay
Exams				
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*	\$0*
Limited exam to evaluate a problem	One procedure per plan year		\$0*	n/a

Description of Dental Procedure	Frequency	Criteria and Exclusions	R6801-008-000 Copay	R6801-011-000 Copay
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	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*	\$0*
X-rays				
Full-mouth/ Complete X-ray set for evaluation of the teeth and mouth	One procedure every three plan years	Covers intraoral complete series of radiographs. Does not cover CTs, cephalograms, or MRIs.	\$0*	\$0*
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 full-mouth/ complete X-ray set for evaluation of the teeth and mouth.	\$0*	n/a
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/complete X-ray set for evaluation of the teeth and mouth.	\$0*	\$0*
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*	\$0*
Cleanings				
Standard adult dental cleaning	Two procedures per plan year	Covers adult prophylaxis. Not covered on the same day as Routine dental cleaning for an adult who has documented history of gum disease or cleaning buildup off the teeth to allow for proper visibility of the teeth for examination.	\$0*	\$0*
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*	\$0*

Description of Dental Procedure	Frequency	Criteria and Exclusions	R6801-008-000 Copay	R6801-011-000 Copay
Other Preventive Services				
Fluoride	Two procedures per plan year	Covers topical application of fluoride (either varnish or excluding varnish)	\$0*	\$0*
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*	\$0*
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*	\$0*
Fillings				
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*	n/a
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*	n/a
Nitrous Oxide				
Nitrous Oxide	Unlimited per plan year	Covered to manage dental anxiety when clinically necessary.	\$0*	n/a
*Providers are paid based on Maximum Allowable Charge (MAC). You may be billed by the out-of-network provider for any amount greater than the payment made by the plan to the provider or any services not covered by the plan. Generally, an out-of-network provider will submit a claim on your behalf. If your provider does not submit the claim on your behalf and you pay for out-of-network services.				

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.

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.

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.

Summary of Benefits 2020



Overview of your plan

UnitedHealthcare® Medicare Silver (Regional PPO C-SNP)

R6801-008-000

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



www.UHCMedicareSolutions.com



Summary of Benefits

January 1st, 2020 - December 31st, 2020

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

About this plan.

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

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

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

Our service area includes **Texas**.

Use network providers and pharmacies.

UnitedHealthcare® Medicare Silver (Regional PPO C-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

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

UnitedHealthcare® Medicare Silver (Regional PPO C-SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	<p>You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2020 which will be set by CMS in the fall of 2019. This is the 2019 deductible amount and may change for 2020. Our plan will provide updated rates as soon as they are released.</p> <p>The 2019 Medicare Deductible amount is \$185.</p> <p>The deductible applies only to the following Medicare-covered benefit categories:</p> <p>Inpatient Hospital (out-of-network) Outpatient Hospital - Ambulatory Surgical Center (ASC) Outpatient Hospital - Outpatient Hospital, including surgery Outpatient Hospital Observation Services Doctor Visits - Primary Doctor Visits - Specialist Doctor Visits - Virtual Medical Visits Diagnostic Tests, Lab and Radiology Services, and X-Rays – Diagnostic radiology services (e.g. MRI) Diagnostic Tests, Lab and Radiology Services, and X-Rays - Lab services Diagnostic Tests, Lab and Radiology Services, and X-Rays - Diagnostic tests and procedures Diagnostic Tests, Lab and Radiology Services, and X-Rays – Therapeutic Radiology Diagnostic Tests, Lab and Radiology Services, and X-Rays - Outpatient X-rays Hearing Services - Exam to diagnose and treat hearing and balance issues Vision Services - Exam to diagnose and treat diseases and conditions of the eye Vision Services - Eyewear after cataract surgery Mental Health - Inpatient Visit (out-of-network) Mental Health - Outpatient group therapy visit Mental Health - Outpatient individual therapy visit Skilled Nursing Facility (SNF) (out-of-network) Physical therapy and speech and language therapy visit</p>	

Premiums and Benefits	In-Network	Out-of-Network
	<ul style="list-style-type: none"> Ambulance for ground Ambulance for air Medicare Part B Drugs - Chemotherapy drugs Medicare Part B Drugs - Other Part B drugs Chiropractic Care - Manual manipulation of the spine to correct subluxation Diabetes Management - Diabetes monitoring supplies Diabetes Management - Diabetes Self-management training (out-of-network) Diabetes Management - Therapeutic shoes or inserts Durable Medical Equipment (DME) and Related Supplies - Durable Medical Equipment (e.g. wheelchairs, oxygen) Durable Medical Equipment (DME) and Related Supplies - Prosthetics (e.g., braces, artificial limbs) Foot Care (podiatry services) - Foot exams and treatment Home Health Care (out-of-network) Occupational Therapy Visit Opioid Treatment Services Outpatient Substance Abuse - Outpatient group therapy visit Outpatient Substance Abuse - Outpatient individual therapy visit Renal Dialysis 	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$3,400 annually for Medicare-covered services you receive from any provider.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your share of the cost for your Part D prescription drugs.</p>	

UnitedHealthcare® Medicare Silver (Regional PPO C-SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital ²		\$0 copay - \$1,300 copay per stay (or the 2020 Original Medicare amount, whichever is less).	\$1,300 copay per stay (or the 2020 Original Medicare amount, whichever is less).
		Our plan covers 90 days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay	\$0 copay
	Outpatient Hospital, including surgery ²	\$0 copay	\$0 copay
	Outpatient Hospital Observation Services ²	\$0 copay	\$0 copay
Doctor Visits	Primary	\$0 copay	\$0 copay
	Specialists ²	\$0 copay	\$0 copay
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at www.amwell.com	Not covered
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening	

Benefits		In-Network	Out-of-Network
		Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
	Routine physical	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Emergency Care		\$0 copay - \$90 copay (\$0 copay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		\$0 copay - \$65 copay	

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	\$0 copay - 20% coinsurance per service	20% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay - 20% coinsurance	20% coinsurance
	Therapeutic Radiology ²	\$0 copay - 20% coinsurance	20% coinsurance
	Outpatient X-rays ²	\$0 copay - 20% coinsurance	20% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year*	\$0 copay; 1 per year*
	Hearing aid ²	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
Routine Dental Services	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
	Comprehensive ²	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
	Benefit limit	\$500 limit on all covered dental services	

Benefits		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay - 20% coinsurance	20% coinsurance
	Routine eye exam	\$0 copay; 1 every year*	\$0 copay; 1 every year*
	Eyewear	\$0 copay every 2 years; up to \$150 for lenses/frames and contacts*	50% coinsurance every 2 years; up to \$150 for lenses/frames and contacts*
Mental Health	Inpatient visit ²	\$0 copay - \$1,300 copay per stay (or the 2020 Original Medicare amount, whichever is less).	\$1,300 copay per stay (or the 2020 Original Medicare amount, whichever is less).
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$0 copay - 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit ²	\$0 copay - 20% coinsurance	20% coinsurance

Benefits		In-Network	Out-of-Network
Skilled Nursing Facility (SNF)² (Stay must meet Medicare coverage criteria)		You pay the Original Medicare cost sharing amount for 2020 which will be set by CMS in the fall of 2019. These are 2019 cost sharing amounts and may change for 2020. Our plan will provide updated rates as soon as they are released. \$0 copay up to: \$0 copay per day: for days 1-20 \$170.50 copay per day: for days 21-100	You pay the Original Medicare cost sharing amount for 2020 which will be set by CMS in the fall of 2019. These are 2019 cost sharing amounts and may change for 2020. Our plan will provide updated rates as soon as they are released. \$0 copay per day: for days 1-20 \$170.50 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit²		\$0 copay	\$0 copay
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		\$0 copay; 24 one-way trips per year to or from approved locations*	75% coinsurance*
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs ²	\$0 copay - 20% coinsurance	20% coinsurance
	Other Part B drugs ²	\$0 copay - 20% coinsurance	20% coinsurance

Prescription Drugs

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

Stage 1: Annual Prescription Deductible	\$403 per year for Part D prescription drugs.		
Cost-sharing for covered drugs	Retail		Mail Order
	30-day supply	90-day supply	90-day supply
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	25% coinsurance	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,020, 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 \$6,350, you pay the greater of: <div><input type="checkbox"/> 5% coinsurance, or <input type="checkbox"/> \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</div>		

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation ²	\$0 copay	\$0 copay
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay - 20% coinsurance We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.	30% coinsurance
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ²	\$0 copay - 20% coinsurance	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay - 20% coinsurance	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay - 20% coinsurance	20% coinsurance
Fitness program through Renew Active™		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises- depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	

Additional Benefits		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 6 visits every year*	\$0 copay; for each visit up to 6 visits every year*
Home Health Care ²		\$0 copay	\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit ²		\$0 copay	\$0 copay
Opioid Treatment Services		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay - 20% coinsurance	20% coinsurance
	Outpatient individual therapy visit ²	\$0 copay - 20% coinsurance	20% coinsurance
Health Products Benefit		\$260 credit per quarter to use on approved health products.	
Renal Dialysis ²		\$0 copay - 20% coinsurance	20% coinsurance

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

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. The Dual Complete Choice plan is available to anyone who has both Medical Assistance from the State and Medicare. The Medicare Silver plan is available to anyone having a qualifying chronic care condition.

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

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

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

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

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

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

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill

orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew Active™ 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.

Enrollment Checklist

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

Understanding the Benefits

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

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 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.
- ✓ This plan is a Chronic Condition Special Needs Plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

NOTES

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Summary of Benefits 2020



Overview of your plan

UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)

R6801-011-000

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



www.UHCCommunityPlan.com



Summary of Benefits

January 1st, 2020 - December 31st, 2020

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.UHCCommunityPlan.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

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

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

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

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

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

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

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

Our service area includes **Texas**.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

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

UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$0 annually for Medicare-covered services from in-network providers.	\$3,400 annually for Medicare-covered services you receive from any provider.
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>	

UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital ²		\$0 copay per stay	\$1,300 copay per stay (or the 2020 Original Medicare amount, whichever is less).
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital	Ambulatory Surgical Center (ASC) ²	\$0 copay	\$0 copay
	Outpatient Hospital, including surgery ²	\$0 copay	\$0 copay
	Outpatient Hospital Observation Services ²	\$0 copay	\$0 copay
Doctor Visits	Primary	\$0 copay	\$0 copay
	Specialists ²	\$0 copay	\$0 copay
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at www.amwell.com	Not covered
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening	

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

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	\$0 copay per service	20% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay	20% coinsurance
	Therapeutic Radiology ²	\$0 copay per service	20% coinsurance
	Outpatient X-rays ²	\$0 copay per service	20% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year*	\$0 copay; 1 per year*
	Hearing aid ²	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
Routine Dental Services	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay; 1 every year*	\$0 copay; 1 every year*

Benefits		In-Network	Out-of-Network
Mental Health	Inpatient visit ²	\$0 copay per stay	\$1,300 copay per stay (or the 2020 Original Medicare amount, whichever is less).
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$0 copay	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF) ² (Stay must meet Medicare coverage criteria)		\$0 copay per day: days 1-20 \$0 copay per day: for days 21-100	You pay the Original Medicare cost sharing amount for 2020 which will be set by CMS in the fall of 2019. These are 2019 cost sharing amounts and may change for 2020. Our plan will provide updated rates as soon as they are released. \$0 copay per day: for days 1-20 \$170.50 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit ²		\$0 copay	\$0 copay
Ambulance ² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay for ground \$0 copay for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		\$0 copay; 12 one-way trips per year to or from approved locations*	75% coinsurance*

Benefits		In-Network	Out-of-Network
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs ²	\$0 copay	20% coinsurance
	Other Part B drugs ²	\$0 copay	20% coinsurance

Prescription Drugs

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

Annual Prescription Deductible	Your deductible amount is either \$0 or \$89, depending on the level of "Extra Help" you receive.
30-day or 90-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.30, \$3.60 copay, or 15% of the total cost
All Other Drugs	\$0, \$3.90, \$8.95 copay, or 15% of the total cost

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation ²	\$0 copay	\$0 copay
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.	30% coinsurance
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ²	\$0 copay	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay	20% coinsurance
Fitness program through Renew Active™		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	

Additional Benefits		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 6 visits every year*	\$0 copay; for each visit up to 6 visits every year*
Home Health Care ²		\$0 copay	\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit ²		\$0 copay	\$0 copay
Opioid Treatment Services		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay	\$0 copay
Health Products Benefit		\$250 credit per quarter to use on approved health products.	
Renal Dialysis ²		\$0 copay	20% coinsurance

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

Medicaid Benefits

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

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

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Texas Medicaid Health and Human Services Commission, 1-512-424-6500.

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

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

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

Benefits

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

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. The Dual Complete Choice plan is available to anyone who has both Medical Assistance from the State and Medicare. The Medicare Silver plan is available to anyone having a qualifying chronic care condition.

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

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

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

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

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

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

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill

orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew Active™ 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.

Enrollment Checklist

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

Understanding the Benefits

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

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 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.
- ✓ This plan is a Chronic Condition Special Needs Plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Vendor Information

UnitedHealthcare® Medicare Silver (Regional PPO C-SNP)

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

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

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

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myUHCMedicare.com
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355, TTY 711 8 a.m. - 8 p.m. CT, Monday - Friday www.uhc hearing.com
Vision Care	UnitedHealthcare Vision®	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a routine vision provider go to: www.medicare.myuhcvision.com .
Dental Services	UnitedHealthcare Dental	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a provider go to: www.UHCMedicareDentistSearch.com
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Routine Transportation (Limited to ground transportation only)	LogistiCare®	1-855-693-2897, TTY 1-866-288-3133 8 a.m. - 5 p.m. local time, Monday - Friday www.logisticare.com
Health Products Benefit Catalog	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 4 p.m. CT, Saturday www.HealthProductsBenefit.com

Benefit Type	Vendor Name	Contact Information
Fitness Membership	Renew Active™	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCRenewActive.com
Virtual Medical Visits	American Well	1-800-204-1002, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week http://www.amwell.com Not all medical conditions can be treated through virtual visits. The virtual doctor will identify if you need to see an in-person doctor for treatment.



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

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UnitedHealthcare - R6801

2019 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2019, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★½
3.5 stars

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

Health Plan Services: ★★★
3 stars

Drug Plan Services: ★★★★½
3.5 stars

The number of stars shows how well our plan performs.

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

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

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time, at 800-555-5757 (toll-free) or 711 (TTY).

Current members please call 800-204-1002 (toll-free) or 711 (TTY).

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

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते 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 kenyan. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

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

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

NOTES

[illegible]



Drug List



Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2019. This list can change throughout the year. Call us at UnitedHealthcare or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

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

A	
Abacavir Sulfate (Oral Solution)	Acetylcysteine (Inhalation Solution)
Abacavir Sulfate (Oral Tablet)	Acitretin (Oral Capsule)
Abacavir Sulfate-Lamivudine (Oral Tablet)	ActHIB (Intramuscular Solution Reconstituted)
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	Actemra (Subcutaneous Solution Prefilled Syringe)
Abelcet (Intravenous Suspension)	Actemra ACTPen (Subcutaneous Solution Auto-Injector)
Abilify Maintena (Intramuscular Prefilled Syringe)	Actimmune (Subcutaneous Solution)
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	Acyclovir (External Ointment)
Abiraterone Acetate (Oral Tablet)	Acyclovir (Oral Capsule)
Acamprosate Calcium (Oral Tablet Delayed Release)	Acyclovir (Oral Suspension)
Acarbose (Oral Tablet)	Acyclovir (Oral Tablet)
Acebutolol HCl (Oral Capsule)	Acyclovir Sodium (Intravenous Solution)
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	Adacel (Intramuscular Suspension)
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	Adapalene (0.1% External Gel)
Acetazolamide (Oral Tablet)	Adapalene (External Cream)
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	Adefovir Dipivoxil (Oral Tablet)
Acetic Acid (Otic Solution)	Adempas (Oral Tablet)
	Advair Diskus (Inhalation Aerosol Powder Breath Activated)
	Advair HFA (Inhalation Aerosol)
	Afinitor (Oral Tablet)
	Afinitor Disperz (Oral Tablet Soluble)

Aimovig (Subcutaneous Solution Auto-Injector)

- Ala-Cort (External Cream)
- Albendazole (Oral Tablet)
- Albuterol Sulfate (Inhalation Nebulization Solution)
- Albuterol Sulfate (Oral Syrup)
- Albuterol Sulfate (Oral Tablet Immediate Release)
- Alclometasone Dipropionate (External Cream)
- Alclometasone Dipropionate (External Ointment)
- Alcohol Prep Pads

Alecensa (Oral Capsule)

- Alendronate Sodium (Oral Solution)
- Alendronate Sodium (Oral Tablet)
- Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)

Alinia (Oral Suspension Reconstituted)

Alinia (Oral Tablet)

- Aliskiren Fumarate (Oral Tablet)
- Allopurinol (Oral Tablet)

Alocril (Ophthalmic Solution)

Alomide (Ophthalmic Solution)

- Alosetron HCl (Oral Tablet)

Alphagan P (0.1% Ophthalmic Solution)

- Alprazolam (Oral Tablet Immediate Release)
- Altavera (Oral Tablet)

Alunbrig (Oral Tablet Therapy Pack)

Alunbrig (Oral Tablet)

- Alyacen 1/35 (Oral Tablet)
- Alyq (Oral Tablet)

AmBisome (Intravenous Suspension Reconstituted)

- Amantadine HCl (Oral Capsule)
- Amantadine HCl (Oral Syrup)
- Amantadine HCl (Oral Tablet)
- Ambrisentan (Oral Tablet)
- Amethia (Oral Tablet)

- Amethia Lo (Oral Tablet)

- Amikacin Sulfate (500MG/2ML Injection Solution)

- Amiloride HCl (Oral Tablet)

- Amiloride-Hydrochlorothiazide (Oral Tablet)

Aminosyn II (Intravenous Solution)

Aminosyn-PF (Intravenous Solution)

- Amiodarone HCl (200MG Oral Tablet)

Amitiza (Oral Capsule)

- Amitriptyline HCl (Oral Tablet)
- Amlodipine Besylate (Oral Tablet)
- Amlodipine-Atorvastatin (Oral Tablet)
- Amlodipine-Benazepril (Oral Capsule)
- Amlodipine-Olmesartan (Oral Tablet)
- Amlodipine-Valsartan (Oral Tablet)
- Amlodipine-Valsartan-HCTZ (Oral Tablet)
- Ammonium Lactate (External Cream)
- Ammonium Lactate (External Lotion)
- Amoxapine (Oral Tablet)
- Amoxicillin (Oral Capsule)
- Amoxicillin (Oral Suspension Reconstituted)
- Amoxicillin (Oral Tablet Chewable)
- Amoxicillin (Oral Tablet)
- Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)
- Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)
- Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)
- Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)
- Amphetamine-Dextroamphetamine (Oral Tablet)
- Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)
- Amphotericin B (Intravenous Solution Reconstituted)
- Ampicillin (Oral Capsule)
- Ampicillin Sodium (10GM Intravenous Solution)

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Plain type = Generic drug

Reconstituted)	Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	Arcalyst (Subcutaneous Solution Reconstituted)
Ampyra (Oral Tablet Extended Release 12 Hour)	Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)
Anadrol-50 (Oral Tablet)	Aripiprazole (1MG/ML Oral Solution)
Anagrelide HCl (Oral Capsule)	Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)
Anastrozole (Oral Tablet)	Aristada (Intramuscular Prefilled Syringe)
Androderm (Transdermal Patch 24 Hour)	Aristada Initio (Intramuscular Prefilled Syringe)
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)
Apokyn (Subcutaneous Solution Cartridge)	Ashlyna (Oral Tablet)
Apraclonidine HCl (Ophthalmic Solution)	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)
Aprepitant (Oral Therapy Pack, Oral Capsule)	Atazanavir Sulfate (Oral Capsule)
Apri (Oral Tablet)	Atenolol (Oral Tablet)
Apriso (Oral Capsule Extended Release 24 Hour)	Atenolol-Chlorthalidone (Oral Tablet)
Aptiom (Oral Tablet)	Atomoxetine HCl (Oral Capsule)
Aptivus (Oral Capsule)	Atorvastatin Calcium (Oral Tablet)
Aptivus (Oral Solution)	Atovaquone (Oral Suspension)
Aralast NP (1000MG Intravenous Solution Reconstituted)	Atovaquone-Proguanil HCl (Oral Tablet)
Aranelle (Oral Tablet)	Atripila (Oral Tablet)
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, 60MCG/0.3ML Injection Solution Prefilled Syringe)	Atropine Sulfate (Ophthalmic Solution)
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	Atrovent HFA (Inhalation Aerosol Solution)
Aranesp (Albumin Free) (10MCG/0.4ML	Aubagio (Oral Tablet)
	Aubra (Oral Tablet)
	Auryxia (Oral Tablet)
	Austedo (Oral Tablet)
	Aviane (Oral Tablet)
	Avonex (30MCG Intramuscular Kit)

Avonex Pen (Intramuscular Auto-Injector Kit)
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)
Azasite (Ophthalmic Solution)
Azathioprine (Oral Tablet)
Azelaic Acid (External Gel)
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)
Azelastine HCl (Ophthalmic Solution)
Azithromycin (Intravenous Solution Reconstituted)
Azithromycin (Oral Suspension Reconstituted)
Azithromycin (Oral Tablet)
Azopt (Ophthalmic Suspension)
Aztreonam (1GM Injection Solution Reconstituted)
B
BCG Vaccine (Injection)
BIVIGAM (10GM/100ML Intravenous Solution)
BRIVIACT (Oral Solution)
BRIVIACT (Oral Tablet)
Bacitracin (Ophthalmic Ointment)
Bacitracin-Polymyxin B (Ophthalmic Ointment)
Baclofen (Oral Tablet)
Bactocill in Dextrose (Intravenous Solution)
Bactroban (2% Nasal Ointment)
Balsalazide Disodium (Oral Capsule)
Balversa (Oral Tablet)
Balziva (Oral Tablet)
Banzel (Oral Suspension)
Banzel (Oral Tablet)
Baraclude (Oral Solution)
Belsomra (Oral Tablet)
Benazepril HCl (Oral Tablet)
Benazepril-Hydrochlorothiazide (Oral Tablet)
Benlysta (Subcutaneous Solution Auto-Injector)

Benlysta (Subcutaneous Solution Prefilled Syringe)
Benznidazole (Oral Tablet)
Benzoyl Peroxide-Erythromycin (External Gel)
Benztropine Mesylate (Oral Tablet)
Bepreve (Ophthalmic Solution)
Berinert (Intravenous Kit)
Besivance (Ophthalmic Suspension)
Betamethasone Dipropionate (External Cream)
Betamethasone Dipropionate (External Lotion)
Betamethasone Dipropionate (External Ointment)
Betamethasone Dipropionate Aug (External Cream)
Betamethasone Dipropionate Aug (External Gel)
Betamethasone Dipropionate Aug (External Lotion)
Betamethasone Dipropionate Aug (External Ointment)
Betamethasone Valerate (External Cream)
Betamethasone Valerate (External Lotion)
Betamethasone Valerate (External Ointment)
Betaseron (Subcutaneous Kit)
Betaxolol HCl (Ophthalmic Solution)
Betaxolol HCl (Oral Tablet)
Bethanechol Chloride (Oral Tablet)
Bethkis (Inhalation Nebulization Solution)
Betimol (Ophthalmic Solution)
Bevespi Aerosphere (Inhalation Aerosol)
Bexarotene (Oral Capsule)
Bexsero (Intramuscular Suspension Prefilled Syringe)
BiDil (Oral Tablet)
Bicalutamide (Oral Tablet)
Bicillin C-R (Intramuscular Suspension)
Bicillin C-R 900/300 (Intramuscular Suspension)
Bicillin L-A (Intramuscular Suspension)

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Biktarvy (Oral Tablet)	Release 12 Hour Smoking-Deterrent)
Binosto (Oral Tablet Effervescent)	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)
Bisoprolol Fumarate (Oral Tablet)	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Buspirone HCl (Oral Tablet)
Blephamide (Ophthalmic Suspension)	Butalbital-Acetaminophen-Caffeine (Oral Tablet)
Blephamide S.O.P. (Ophthalmic Ointment)	Butalbital-Aspirin-Caffeine (Oral Capsule)
Blisovi 24 Fe (Oral Tablet)	Butorphanol Tartrate (Nasal Solution)
Blisovi Fe 1.5/30 (Oral Tablet)	Bydureon (Subcutaneous Pen-Injector)
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	Bydureon BCise (Subcutaneous Auto-Injector)
Bosentan (Oral Tablet)	Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)
Bosulif (Oral Tablet)	Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)
Braftovi (Oral Capsule)	Bystolic (Oral Tablet)
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	C
Briellyn (Oral Tablet)	Cabergoline (Oral Tablet)
Brilinta (Oral Tablet)	Cablivi (Injection Kit)
Brimonidine Tartrate (0.15% Ophthalmic Solution)	Cabometyx (Oral Tablet)
Brimonidine Tartrate (0.2% Ophthalmic Solution)	Calcipotriene (External Cream)
Bromocriptine Mesylate (Oral Capsule)	Calcipotriene (External Ointment)
Bromocriptine Mesylate (Oral Tablet)	Calcipotriene (External Solution)
Budesonide (Inhalation Suspension)	Calcitonin Salmon (Nasal Solution)
Budesonide (Oral Capsule Delayed Release Particles)	Calcitriol (External Ointment)
Budesonide ER (Oral Tablet Extended Release 24 Hour)	Calcitriol (Oral Capsule)
Bumetanide (Injection Solution)	Calcitriol (Oral Solution)
Bumetanide (Oral Tablet)	Calcium Acetate (Phosphate Binder) (Oral Capsule)
Buprenorphine (Transdermal Patch Weekly)	Calcium Acetate (Phosphate Binder) (Oral Tablet)
Buprenorphine HCl (Tablet Sublingual)	Calquence (Oral Capsule)
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	Camila (Oral Tablet)
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Camrese Lo (Oral Tablet)
Bupropion HCl (Oral Tablet Immediate Release)	Canasa (Rectal Suppository)
Bupropion HCl SR (150MG Oral Tablet Extended	Candesartan Cilexetil (Oral Tablet)
	Candesartan Cilexetil-HCTZ (Oral Tablet)

Caprelsa (Oral Tablet)

Captopril (Oral Tablet)

Captopril-Hydrochlorothiazide (Oral Tablet)

Carac (External Cream)**Carafate (Oral Suspension)****Carbaglu (Oral Tablet)**

Carbamazepine (Oral Suspension)

Carbamazepine (Oral Tablet Chewable)

Carbamazepine (Oral Tablet Immediate Release)

Carbamazepine ER (Oral Capsule Extended Release 12 Hour)

Carbamazepine ER (Oral Tablet Extended Release 12 Hour)

Carbidopa (Oral Tablet)

Carbidopa-Levodopa (Oral Tablet Immediate Release)

Carbidopa-Levodopa ER (Oral Tablet Extended Release)

Carbidopa-Levodopa ODT (Oral Tablet Dispersible)

Carbidopa-Levodopa-Entacapone (Oral Tablet)

Carteolol HCl (Ophthalmic Solution)

Cartia XT (Oral Capsule Extended Release 24 Hour)

Carvedilol (Oral Tablet)

Cayston (Inhalation Solution Reconstituted)

Caziant (Oral Tablet)

Cefaclor (Oral Capsule)

Cefadroxil (Oral Capsule)

Cefadroxil (Oral Suspension Reconstituted)

Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)

Cefdinir (Oral Capsule)

Cefdinir (Oral Suspension Reconstituted)

Cefepime HCl (Injection Solution Reconstituted)

Cefixime (Oral Suspension Reconstituted)

Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)

Cefoxitin Sodium (Injection Solution Reconstituted)

Cefoxitin Sodium (Intravenous Solution Reconstituted)

Cefpodoxime Proxetil (Oral Suspension Reconstituted)

Cefpodoxime Proxetil (Oral Tablet)

Cefprozil (Oral Suspension Reconstituted)

Cefprozil (Oral Tablet)

Ceftazidime (Injection Solution Reconstituted)

Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)

Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)

Cefuroxime Axetil (Oral Tablet)

Cefuroxime Sodium (Injection Solution Reconstituted)

Cefuroxime Sodium (Intravenous Solution Reconstituted)

Celecoxib (Oral Capsule)

Celontin (Oral Capsule)

Cephalexin (Oral Capsule)

Cephalexin (Oral Suspension Reconstituted)

Cesamet (Oral Capsule)

Cetirizine HCl (1MG/ML Oral Solution)

Chantix (Oral Tablet)**Chantix Continuing Month Pak (Oral Tablet)****Chantix Starting Month Pak (Oral Tablet)****Chemet (Oral Capsule)**

Chenodal (Oral Tablet)

Chlordiazepoxide HCl (Oral Capsule)

Chlorhexidine Gluconate (Mouth Solution)

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Chloroquine Phosphate (Oral Tablet)	Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)
Chlorothiazide (Oral Tablet)	Clarithromycin (Oral Suspension Reconstituted)
Chlorpromazine HCl (Oral Tablet)	Clarithromycin (Oral Tablet Immediate Release)
Chlorthalidone (Oral Tablet)	Clarithromycin ER (Oral Tablet Extended Release 24 Hour)
Chlorzoxazone (500MG Oral Tablet)	Clenpiq (Oral Solution)
Cholbam (Oral Capsule)	Climara Pro (Transdermal Patch Weekly)
Cholestyramine (Oral Packet)	Clindamycin HCl (Oral Capsule)
Cholestyramine Light (Oral Powder)	Clindamycin Palmitate HCl (Oral Solution Reconstituted)
Ciclopirox (External Gel)	Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)
Ciclopirox (External Shampoo)	Clindamycin Phosphate (External Gel)
Ciclopirox (External Solution)	Clindamycin Phosphate (External Lotion)
Ciclopirox Olamine (External Cream)	Clindamycin Phosphate (External Solution)
Ciclopirox Olamine (External Suspension)	Clindamycin Phosphate (External Swab)
Cilostazol (Oral Tablet)	Clindamycin Phosphate (Vaginal Cream)
Ciloxan (Ophthalmic Ointment)	Clindamycin Phosphate in D5W (Intravenous Solution)
Cimduo (Oral Tablet)	Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)
Cimetidine (Oral Tablet)	Clobazam (10MG Oral Tablet)
Cimetidine HCl (Oral Solution)	Clobazam (2.5MG/ML Oral Suspension)
Cimzia (Subcutaneous Kit)	Clobazam (20MG Oral Tablet)
Cimzia Prefilled (Subcutaneous Kit)	Clobetasol Propionate (External Cream)
Cinacalcet HCl (30MG Oral Tablet)	Clobetasol Propionate (External Gel)
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	Clobetasol Propionate (External Ointment)
Cinryze (Intravenous Solution Reconstituted)	Clobetasol Propionate (External Shampoo)
Cipro HC (Otic Suspension)	Clobetasol Propionate (External Solution)
Ciprodex (Otic Suspension)	Clobetasol Propionate Emollient Base (External Cream)
Ciprofloxacin (Oral Suspension Reconstituted)	Clomipramine HCl (Oral Capsule)
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible,
Ciprofloxacin HCl (Ophthalmic Solution)	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	
Citalopram Hydrobromide (Oral Solution)	
Citalopram Hydrobromide (Oral Tablet)	

0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)
Clonidine (Transdermal Patch Weekly)
Clonidine HCl (Oral Tablet Immediate Release)
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)
Clopidogrel Bisulfate (75MG Oral Tablet)
Clorazepate Dipotassium (Oral Tablet)
Clotrimazole (External Cream)
Clotrimazole (External Solution)
Clotrimazole (Mouth/Throat Lozenge)
Clotrimazole-Betamethasone (External Cream)
Clotrimazole-Betamethasone (External Lotion)
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)
Coartem (Oral Tablet)
Codeine Sulfate (Oral Tablet)
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)
Colcrys (Oral Tablet)
Colesevelam HCl (Oral Packet)
Colesevelam HCl (Oral Tablet)
Colestipol HCl (Oral Packet)
Colestipol HCl (Oral Tablet)
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)
Colocort (Rectal Enema)
Combigan (Ophthalmic Solution)
Combivent Respimat (Inhalation Aerosol Solution)
Cometriq (100MG Daily Dose) (Oral Kit)
Cometriq (140MG Daily Dose) (Oral Kit)

Cometriq (60MG Daily Dose) (Oral Kit)
Complera (Oral Tablet)
Compro (Rectal Suppository)
Constulose (Oral Solution)
Copiktra (Oral Capsule)
Cordran (External Tape)
Corlanor (Oral Tablet)
Cortisone Acetate (Oral Tablet)
Cortisporin (External Cream)
Cortisporin (External Ointment)
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)
Cosopt PF (Ophthalmic Solution)
Cotellic (Oral Tablet)
Coumadin (Oral Tablet)
Creon (Oral Capsule Delayed Release Particles)
Crinone (Vaginal Gel)
Crixivan (Oral Capsule)
Cromolyn Sodium (Inhalation Nebulization Solution)
Cromolyn Sodium (Ophthalmic Solution)
Cromolyn Sodium (Oral Concentrate)
Cryselle-28 (Oral Tablet)
Cuvposa (Oral Solution)
Cyclafem 1/35 (Oral Tablet)
Cyclafem 7/7/7 (Oral Tablet)
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)
Cyclobenzaprine HCl (7.5MG Oral Tablet)
Cyclophosphamide (Oral Capsule)
Cycloset (Oral Tablet)
Cyclosporine (Oral Capsule)
Cyclosporine Modified (Oral Capsule)
Cyclosporine Modified (Oral Solution)

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Cyproheptadine HCl (Oral Syrup)	Desmopressin Acetate Spray (Nasal Solution)
Cyproheptadine HCl (Oral Tablet)	Desogestrel-Ethinyl Estradiol (Oral Tablet)
Cyred (Oral Tablet)	Desonide (External Ointment)
Cystadane (Oral Powder)	Desoximetasone (External Cream)
Cystagon (Oral Capsule)	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)
Cystaran (Ophthalmic Solution)	Dexamethasone (Oral Elixir)
D	Dexamethasone (Oral Tablet)
DARAPRIM (Oral Tablet)	Dexamethasone Intensol (Oral Concentrate)
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	Dexamethasone Sodium Phosphate (Ophthalmic Solution)
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Dexilant (Oral Capsule Delayed Release)
Daliresp (Oral Tablet)	Dexmethylphenidate HCl (Oral Tablet)
Dalvance (Intravenous Solution Reconstituted)	Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)
Danazol (Oral Capsule)	Dextroamphetamine Sulfate (Oral Tablet)
Dantrolene Sodium (Oral Capsule)	Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)
Dapsone (Oral Tablet)	Dextrose (10% Intravenous Solution)
Daptacel (Intramuscular Suspension)	Dextrose (5% Intravenous Solution)
Daptomycin (350MG Intravenous Solution Reconstituted)	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, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)
Daptomycin (500MG Intravenous Solution Reconstituted)	Dextrose-NaCl (5-0.9% Intravenous Solution)
Daurismo (Oral Tablet)	Diastat AcuDial (Rectal Gel)
Deblitane (Oral Tablet)	Diastat Pediatric (Rectal Gel)
Deferasirox (Oral Tablet Soluble)	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)
Delstrigo (Oral Tablet)	Diazepam (5MG/5ML Oral Solution)
Delyla (Oral Tablet)	Diazepam Intensol (5MG/ML Oral Concentrate)
Demeclocycline HCl (Oral Tablet)	Diclofenac Epolamine (Transdermal Patch)
Demser (Oral Capsule)	Diclofenac Potassium (Oral Tablet)
Denavir (External Cream)	Diclofenac Sodium (1% Transdermal Gel)
Depen Titratabs (Oral Tablet)	Diclofenac Sodium (3% Transdermal Gel)
Depo-Estradiol (Intramuscular Oil)	Diclofenac Sodium (Ophthalmic Solution)
Depo-Provera (400MG/ML Intramuscular Suspension)	
Descovy (Oral Tablet)	
Desipramine HCl (Oral Tablet)	
Desmopressin Acetate (Oral Tablet)	

Diclofenac Sodium (Oral Tablet Delayed Release)	Divalproex Sodium (Oral Tablet Delayed Release)
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)
Dicloxacillin Sodium (Oral Capsule)	Dofetilide (Oral Capsule)
Dicyclomine HCl (Oral Capsule)	Donepezil HCl (Oral Tablet)
Dicyclomine HCl (Oral Solution)	Donepezil HCl ODT (Oral Tablet Dispersible)
Dicyclomine HCl (Oral Tablet)	Dorzolamide HCl (Ophthalmic Solution)
Didanosine (Oral Capsule Delayed Release)	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)
Dificid (Oral Tablet)	Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)
Diflunisal (Oral Tablet)	Dovato (Oral Tablet)
Digitek (Oral Tablet)	Doxazosin Mesylate (Oral Tablet)
Digox (Oral Tablet)	Doxepin HCl (External Cream)
Digoxin (Oral Solution)	Doxepin HCl (Oral Capsule)
Digoxin (Oral Tablet)	Doxepin HCl (Oral Concentrate)
Dihydroergotamine Mesylate (Nasal Solution)	Doxercalciferol (Oral Capsule)
Dilantin (Oral Capsule)	Doxy 100 (Intravenous Solution Reconstituted)
Dilantin INFATABS (Oral Tablet Chewable)	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)
Dilt-XR (Oral Capsule Extended Release 24 Hour)	Doxycycline Hyclate (Oral Capsule)
Diltiazem HCl (Oral Tablet Immediate Release)	Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	Doxycycline Monohydrate (Oral Suspension Reconstituted)
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)	Dronabinol (Oral Capsule)
Dipentum (Oral Capsule)	Drospirenone-Ethinyl Estradiol (Oral Tablet)
Diphenoxylate-Atropine (Oral Liquid)	Droxia (Oral Capsule)
Diphenoxylate-Atropine (Oral Tablet)	Duavee (Oral Tablet)
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	Dulera (Inhalation Aerosol)
Disulfiram (Oral Tablet)	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)
Diuril (Oral Suspension)	Duramorph (Injection Solution)
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	

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Durezol (Ophthalmic Emulsion)	Enskyce (Oral Tablet)
Dutasteride (Oral Capsule)	Entacapone (Oral Tablet)
Dymista (Nasal Suspension)	Entecavir (Oral Tablet)
Dyrenium (Oral Capsule)	Entresto (Oral Tablet)
E	Enulose (Oral Solution)
E.E.S. Granules (Oral Suspension Reconstituted)	Envarsus XR (Oral Tablet Extended Release 24 Hour)
Econazole Nitrate (External Cream)	Epclusa (Oral Tablet)
Edarbi (Oral Tablet)	EpiPen 2-Pak (Injection Solution Auto-Injector)
Edarbyclor (Oral Tablet)	EpiPen Jr 2-Pak (Injection Solution Auto-Injector)
Edurant (Oral Tablet)	Epidiolex (Oral Solution)
Efavirenz (Oral Capsule)	Epinastine HCl (Ophthalmic Solution)
Efavirenz (Oral Tablet)	Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen-JR), Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen)
Egrifta (Subcutaneous Solution Reconstituted)	Epitol (Oral Tablet)
Elestrin (Transdermal Gel)	Epivir HBV (Oral Solution)
Eliquis (Oral Tablet)	Eplerenone (Oral Tablet)
Eliquis Starter Pack (Oral Tablet)	Eprosartan Mesylate (Oral Tablet)
Elmiron (Oral Capsule)	Eraxis (100MG Intravenous Solution Reconstituted)
Embeda (Oral Capsule Extended Release)	Eraxis (50MG Intravenous Solution Reconstituted)
Emcyt (Oral Capsule)	Ergotamine-Caffeine (Oral Tablet)
Emoquette (Oral Tablet)	Erivedge (Oral Capsule)
Emsam (Transdermal Patch 24 Hour)	Erleada (Oral Tablet)
Emtriva (Oral Capsule)	Erlotinib HCl (Oral Tablet)
Emtriva (Oral Solution)	Errin (Oral Tablet)
Enalapril Maleate (Oral Tablet)	Ertapenem Sodium (Injection Solution Reconstituted)
Enalapril-Hydrochlorothiazide (Oral Tablet)	Ery (External Pad)
Enbrel (Subcutaneous Solution Prefilled Syringe)	Ery-Tab (Oral Tablet Delayed Release)
Enbrel (Subcutaneous Solution Reconstituted)	Erythrocine Lactobionate (Intravenous Solution Reconstituted)
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	Erythromycin (External Gel)
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Erythromycin (External Solution)
Engerix-B (Injection Suspension)	
Enoxaparin Sodium (Subcutaneous Solution)	
Enpresse-28 (Oral Tablet)	

Erythromycin (Ophthalmic Ointment)	Ezetimibe (Oral Tablet)
Erythromycin Base (Oral Capsule Delayed Release Particles)	Ezetimibe-Simvastatin (Oral Tablet)
Erythromycin Base (Oral Tablet Immediate Release)	F
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	FML (Ophthalmic Ointment)
Erythromycin Ethylsuccinate (Oral Tablet)	FML Forte (Ophthalmic Suspension)
Esbriet (Oral Capsule)	Falmina (Oral Tablet)
Esbriet (Oral Tablet)	Famciclovir (Oral Tablet)
Escitalopram Oxalate (Oral Solution)	Famotidine (20MG Oral Tablet, 40MG Oral Tablet)
Escitalopram Oxalate (Oral Tablet)	Famotidine (Oral Suspension Reconstituted)
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)
Estarylla (Oral Tablet)	Fanapt (1MG Oral Tablet, 2MG Oral Tablet)
Estradiol (Oral Tablet)	Fanapt Titration Pack (Oral Tablet)
Estradiol (Transdermal Patch Weekly)	Farydak (Oral Capsule)
Estradiol (Vaginal Cream)	Fayosim (Oral Tablet)
Estradiol (Vaginal Tablet)	Felbamate (Oral Suspension)
Estradiol Valerate (Intramuscular Oil)	Felbamate (Oral Tablet)
Estring (Vaginal Ring)	Felodipine ER (Oral Tablet Extended Release 24 Hour)
Ethacrynic Acid (Oral Tablet)	Femring (Vaginal Ring)
Ethambutol HCl (Oral Tablet)	Femynor (Oral Tablet)
Ethosuximide (Oral Capsule)	Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)
Ethosuximide (Oral Solution)	Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule)
Etodolac (Oral Capsule)	Fenofibric Acid (105MG Oral Tablet)
Etodolac (Oral Tablet Immediate Release)	Fenofibric Acid (35MG Oral Tablet)
Etodolac ER (Oral Tablet Extended Release 24 Hour)	Fenofibric Acid (Oral Capsule Delayed Release)
Eurax (External Cream)	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)
Eurax (External Lotion)	Fentanyl Citrate (Buccal Lozenge On A Handle)
Evotaz (Oral Tablet)	
Exelderm (External Cream)	
Exelderm (External Solution)	
Exemestane (Oral Tablet)	

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Ferriprox (Oral Solution)	Fluorometholone (Ophthalmic Suspension)
Ferriprox (Oral Tablet)	Fluorouracil (0.5% External Cream)
Fetzima (Oral Capsule Extended Release 24 Hour)	Fluorouracil (5% External Cream)
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	Fluorouracil (External Solution)
Finacea (External Foam)	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)
Finasteride (5MG Oral Tablet) (Generic Proscar)	Fluoxetine HCl (20MG/5ML Oral Solution)
Firazyr (Subcutaneous Solution)	Fluoxetine HCl (90MG Oral Capsule Delayed Release)
Firmagon (120MG Subcutaneous Solution Reconstituted)	Fluphenazine Decanoate (Injection Solution)
Firmagon (80MG Subcutaneous Solution Reconstituted)	Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)
Flac (Otic Oil)	Fluphenazine HCl (2.5MG/5ML Oral Elixir)
Flarex (Ophthalmic Suspension)	Fluphenazine HCl (2.5MG/ML Injection Solution)
Flebogamma DIF (5GM/50ML Intravenous Solution)	Fluphenazine HCl (5MG/ML Oral Concentrate)
Flecainide Acetate (Oral Tablet)	Flurbiprofen (Oral Tablet)
Flector (Transdermal Patch)	Flurbiprofen Sodium (Ophthalmic Solution)
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	Flutamide (Oral Capsule)
Flovent HFA (Inhalation Aerosol)	Fluticasone Propionate (External Cream)
Fluconazole (Oral Suspension Reconstituted)	Fluticasone Propionate (External Ointment)
Fluconazole (Oral Tablet)	Fluticasone Propionate (Nasal Suspension)
Fluconazole in Sodium Chloride (Intravenous Solution)	Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)
Flucytosine (Oral Capsule)	Fluvastatin Sodium (Oral Capsule)
Fludrocortisone Acetate (Oral Tablet)	Fluvoxamine Maleate (Oral Tablet)
Flunisolide (Nasal Solution)	Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)
Fluocinolone Acetonide (External Cream)	Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)
Fluocinolone Acetonide (External Ointment)	Forteo (Subcutaneous Solution)
Fluocinolone Acetonide (External Solution)	Fosamprenavir Calcium (Oral Tablet)
Fluocinolone Acetonide (Otic Oil)	Fosinopril Sodium (Oral Tablet)
Fluocinolone Acetonide Scalp (External Oil)	Fosinopril Sodium-HCTZ (Oral Tablet)
Fluocinonide (External Gel)	FreAmine HBC (Intravenous Solution)
Fluocinonide (External Ointment)	Furosemide (Injection Solution)
Fluocinonide (External Solution)	
Fluocinonide Emulsified Base (External Cream)	

Furosemide (Oral Solution)	Gengraf (Oral Solution)
Furosemide (Oral Tablet)	Genotropin (Subcutaneous Solution Reconstituted)
Fuzeon (Subcutaneous Solution Reconstituted)	Genotropin MiniQuick (Subcutaneous Solution Reconstituted)
Fyavolv (Oral Tablet)	Gentak (Ophthalmic Ointment)
Fycompa (Oral Suspension)	Gentamicin Sulfate (40MG/ML Injection Solution)
Fycompa (Oral Tablet)	Gentamicin Sulfate (External Cream)
G	Gentamicin Sulfate (External Ointment)
Gabapentin (250MG/5ML Oral Solution)	Gentamicin Sulfate (Ophthalmic Solution)
Gabapentin (Oral Capsule)	Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)
Gabapentin (Oral Tablet)	Genvoya (Oral Tablet)
Galantamine Hydrobromide (Oral Solution)	Geodon (Intramuscular Solution Reconstituted)
Galantamine Hydrobromide (Oral Tablet)	Gianvi (Oral Tablet)
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	Gilenya (0.5MG Oral Capsule)
Gammagard (2.5GM/25ML Injection Solution)	Gilotrif (Oral Tablet)
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	Glassia (Intravenous Solution)
Gammaked (1GM/10ML Injection Solution)	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	Glatopa (Subcutaneous Solution Prefilled Syringe)
Gamunex-C (1GM/10ML Injection Solution)	Gleostine (100MG Oral Capsule)
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	Gleostine (10MG Oral Capsule, 40MG Oral Capsule)
Gardasil 9 (Intramuscular Suspension)	Glimepiride (Oral Tablet)
Gatifloxacin (Ophthalmic Solution)	Glipizide (Oral Tablet Immediate Release)
Gattex (Subcutaneous Kit)	Glipizide ER (Oral Tablet Extended Release 24 Hour)
Gauze (Non-medicated 2X2 Pad)	Glipizide-Metformin HCl (Oral Tablet)
GaviLyte-C (Oral Solution Reconstituted)	GlucaGen HypoKit (Injection Solution Reconstituted)
GaviLyte-G (Oral Solution Reconstituted)	Glucagon Emergency (Injection Kit)
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	Glyxambi (Oral Tablet)
Gemfibrozil (Oral Tablet)	Granisetron HCl (Oral Tablet)
Generlac (Oral Solution)	Granix (Subcutaneous Solution Prefilled Syringe)
Gengraf (Oral Capsule)	

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Granix (Subcutaneous Solution)	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)
Griseofulvin Microsize (Oral Suspension)	
Griseofulvin Microsize (Oral Tablet)	Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)
Griseofulvin Ultramicrosize (Oral Tablet)	
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	Humira (Subcutaneous Prefilled Syringe Kit)
Guanidine HCl (Oral Tablet)	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)
H	Humira Pen (Subcutaneous Pen-Injector Kit)
Haegarda (Subcutaneous Solution Reconstituted)	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)
Hailey 24 Fe (Oral Tablet)	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)
Halobetasol Propionate (External Cream)	Humulin 70/30 (Subcutaneous Suspension)
Halobetasol Propionate (External Ointment)	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)
Haloperidol (Oral Tablet)	Humulin N (Subcutaneous Suspension)
Haloperidol Decanoate (Intramuscular Solution)	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)
Haloperidol Lactate (Injection Solution)	Humulin R (Injection Solution)
Haloperidol Lactate (Oral Concentrate)	Humulin R U-500 (Concentrated) (Subcutaneous Solution)
Havrix (Intramuscular Suspension)	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	Hydralazine HCl (Oral Tablet)
Heparin Sodium (1000UNIT/ML Injection Solution)	Hydrochlorothiazide (Oral Capsule)
HepatAmine (Intravenous Solution)	Hydrochlorothiazide (Oral Tablet)
Hetlioz (Oral Capsule)	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)
Hiberix (Injection Solution Reconstituted)	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)
Humalog (Subcutaneous Solution Cartridge)	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)
Humalog (Subcutaneous Solution)	Hydrocortisone (1% External Cream, 2.5% External Cream)
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	Hydrocortisone (1% External Ointment, 2.5% External Ointment)
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	Hydrocortisone (2.5% External Lotion)
Humalog Mix 50/50 (Subcutaneous Suspension)	Hydrocortisone (Oral Tablet)
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	
Humalog Mix 75/25 (Subcutaneous Suspension)	

Hydrocortisone (Rectal Enema)	Reconstituted)
Hydrocortisone Butyrate (External Ointment)	Imipramine HCl (Oral Tablet)
Hydrocortisone Valerate (External Cream)	Imipramine Pamoate (Oral Capsule)
Hydrocortisone Valerate (External Ointment)	Imiquimod (5% External Cream)
Hydrocortisone-Acetic Acid (Otic Solution)	Imiquimod Pump (3.75% External Cream)
Hydromorphone HCl (1MG/ML Oral Liquid)	Imovax Rabies (Intramuscular Injectable)
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	Imvexxy Maintenance Pack (Vaginal Insert)
Hydromorphone HCl (2MG/ML Injection Solution)	Imvexxy Starter Pack (Vaginal Insert)
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Incassia (Oral Tablet)
Hydromorphone HCl PF (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	Increlex (Subcutaneous Solution)
Hydroxychloroquine Sulfate (Oral Tablet)	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)
Hydroxyurea (Oral Capsule)	Indapamide (Oral Tablet)
Hydroxyzine HCl (Oral Syrup)	Indomethacin (Oral Capsule Immediate Release)
Hydroxyzine HCl (Oral Tablet)	Infanrix (Intramuscular Suspension)
Hydroxyzine Pamoate (Oral Capsule)	Ingrezza (Oral Capsule Therapy Pack)
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Ingrezza (Oral Capsule)
I	Inlyta (Oral Tablet)
IDHIFA (Oral Tablet)	Insulin Lispro (Subcutaneous Solution Pen-Injector)
IPOL (Injection)	Insulin Lispro (Subcutaneous Solution)
Ibandronate Sodium (Oral Tablet)	Insulin Syringes, Needles
Ibrance (Oral Capsule)	Intelence (100MG Oral Tablet, 200MG Oral Tablet)
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	Intelence (25MG Oral Tablet)
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	Intralipid (Intravenous Emulsion)
Ibuprofen (Oral Suspension)	Intron A (Injection Solution Reconstituted)
Iclusig (Oral Tablet)	Intron A (Injection Solution)
Ilevro (Ophthalmic Suspension)	Introvale (Oral Tablet)
Imatinib Mesylate (Oral Tablet)	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)
Imbruvica (Oral Capsule)	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)
Imbruvica (Oral Tablet)	
Imipenem-Cilastatin (Intravenous Solution	

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Invega Trinza (Intramuscular Suspension Prefilled Syringe)	J
Invirase (Oral Tablet)	Jadenu (Oral Tablet)
Invokamet (Oral Tablet Immediate Release)	Jadenu Sprinkle (Oral Packet)
Invokamet XR (Oral Tablet Extended Release 24 Hour)	Jakafi (Oral Tablet)
Invokana (Oral Tablet)	Jantoven (Oral Tablet)
Ionosol-MB in D5W (Intravenous Solution)	Janumet (Oral Tablet Immediate Release)
Ipratropium Bromide (Inhalation Solution)	Janumet XR (Oral Tablet Extended Release 24 Hour)
Ipratropium Bromide (Nasal Solution)	Januvia (Oral Tablet)
Ipratropium-Albuterol (Inhalation Solution)	Jardiance (Oral Tablet)
Irbesartan (Oral Tablet)	Jasmiel (Oral Tablet)
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Jentaduetto (Oral Tablet Immediate Release)
Iressa (Oral Tablet)	Jentaduetto XR (Oral Tablet Extended Release 24 Hour)
Isentress (100MG Oral Tablet Chewable)	Jinteli (Oral Tablet)
Isentress (25MG Oral Tablet Chewable)	Jolivette (0.35MG Oral Tablet)
Isentress (Oral Packet)	Jublia (External Solution)
Isentress (Oral Tablet)	Juleber (Oral Tablet)
Isentress HD (Oral Tablet)	Juluca (Oral Tablet)
Isibloom (Oral Tablet)	Junel 1.5/30 (Oral Tablet)
Isolyte-P in D5W (Intravenous Solution)	Junel 1/20 (Oral Tablet)
Isolyte-S (Intravenous Solution)	Junel Fe 1.5/30 (Oral Tablet)
Isoniazid (Oral Syrup)	Junel Fe 1/20 (Oral Tablet)
Isoniazid (Oral Tablet)	Junel Fe 24 (Oral Tablet)
Isosorbide Dinitrate (Oral Tablet Immediate Release)	Juxtapid (Oral Capsule)
Isosorbide Dinitrate ER (Oral Tablet Extended Release)	K
Isosorbide Mononitrate (Oral Tablet Immediate Release)	KCl in Dextrose-NaCl (Injection)
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	KCl-Lactated Ringers-D5W (Intravenous Solution)
Isotretinoin (Oral Capsule)	Kaitlib Fe (Oral Tablet Chewable)
Itraconazole (Oral Capsule)	Kaletra (100-25MG Oral Tablet)
Itraconazole (Oral Solution)	Kaletra (200-50MG Oral Tablet)
Ivermectin (Oral Tablet)	Kalydeco (Oral Packet)
Ixiaro (Intramuscular Suspension)	Kalydeco (Oral Tablet)
	Kariva (Oral Tablet)
	Kelnor 1/35 (Oral Tablet)

Kelnor 1/50 (Oral Tablet)
Ketoconazole (External Cream)
Ketoconazole (External Shampoo)
Ketoconazole (Oral Tablet)
Ketoprofen (Oral Capsule Immediate Release)
Ketorolac Tromethamine (Ophthalmic Solution)
Kineret (Subcutaneous Solution Prefilled Syringe)
Kinrix (Intramuscular Suspension)
Kionex (Oral Suspension)
Kisqali (200MG Dose) (Oral Tablet)
Kisqali (400MG Dose) (Oral Tablet)
Kisqali (600MG Dose) (Oral Tablet)
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)
Klor-Con (Oral Packet)
Klor-Con 10 (Oral Tablet Extended Release)
Klor-Con 8 (Oral Tablet Extended Release)
Klor-Con M10 (Oral Tablet Extended Release)
Klor-Con M15 (Oral Tablet Extended Release)
Klor-Con M20 (Oral Tablet Extended Release)
Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)
Korlym (Oral Tablet)
Kurvelo (Oral Tablet)
Kuvan (Oral Packet)
Kuvan (Oral Tablet Soluble)
L
LARIN 1.5/30 (Oral Tablet)
LARIN 1/20 (Oral Tablet)
LARIN Fe 1.5/30 (Oral Tablet)
LARIN Fe 1/20 (Oral Tablet)
Labetalol HCl (Oral Tablet)

Lacrisert (Ophthalmic Insert)
Lactulose (10GM/15ML Oral Solution)
Lamivudine (100MG Oral Tablet)
Lamivudine (10MG/ML Oral Solution)
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)
Lamivudine-Zidovudine (Oral Tablet)
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)
Lanoxin (Oral Tablet)
Lansoprazole (Oral Capsule Delayed Release)
Lanthanum Carbonate (Oral Tablet Chewable)
Lantus (Subcutaneous Solution)
Lantus SoloStar (Subcutaneous Solution Pen-Injector)
Larissia (Oral Tablet)
Lastacraft (Ophthalmic Solution)
Latanoprost (Ophthalmic Solution)
Latuda (Oral Tablet)
Layolis Fe (Oral Tablet Chewable)
Leena (Oral Tablet)
Leflunomide (Oral Tablet)
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)

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Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)**Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)**

Lessina (Oral Tablet)

Letrozole (Oral Tablet)

Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)

Leucovorin Calcium (25MG Oral Tablet)

Leukeran (Oral Tablet)**Leukine (Injection Solution Reconstituted)**

Leuprolide Acetate (Injection Kit)

Levalbuterol HCl (Inhalation Nebulization Solution)

Levemir (Subcutaneous Solution)**Levemir FlexTouch (Subcutaneous Solution Pen-Injector)**

Levetiracetam (Oral Solution)

Levetiracetam (Oral Tablet Immediate Release)

Levetiracetam ER (Oral Tablet Extended Release 24 Hour)

Levo-T (Oral Tablet)

Levobunolol HCl (Ophthalmic Solution)

Levocarnitine (1GM/10ML Oral Solution)

Levocarnitine (330MG Oral Tablet)

Levocetirizine Dihydrochloride (Oral Tablet)

Levofloxacin (0.5% Ophthalmic Solution)

Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)

Levofloxacin (25MG/ML Intravenous Solution)

Levofloxacin (25MG/ML Oral Solution)

Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)

Levonest (Oral Tablet)

Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)

Levonorgestrel-Ethinyl Estradiol (Oral Tablet)

Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)

Levora 0.15/30 (28) (Oral Tablet)

Levorphanol Tartrate (Oral Tablet)

Levothyroxine Sodium (Oral Tablet)

Levoxyl (Oral Tablet)**Lexiva (Oral Suspension)**

Lidocaine (5% External Ointment)

Lidocaine (5% External Patch)

Lidocaine HCl (4% External Solution)

Lidocaine HCl (External Gel)

Lidocaine Viscous (2% Mouth/Throat Solution)

Lidocaine-Prilocaine (External Cream)

Lindane (External Shampoo)

Linezolid (Intravenous Solution)

Linezolid (Oral Suspension Reconstituted)

Linezolid (Oral Tablet)

Linzess (Oral Capsule)

Liothyronine Sodium (Oral Tablet)

Lisinopril (Oral Tablet)

Lisinopril-Hydrochlorothiazide (Oral Tablet)

Lithium (Oral Solution)

Lithium Carbonate (Oral Capsule)

Lithium Carbonate (Oral Tablet Immediate Release)

Lithium Carbonate ER (Oral Tablet Extended Release)

Lithostat (Oral Tablet)**Livalo (Oral Tablet)****Lokelma (Oral Packet)****Lonhala Magnair Refill Kit (Inhalation Solution)****Lonsurf (Oral Tablet)**

Loperamide HCl (Oral Capsule)

Lopinavir-Ritonavir (Oral Solution)

Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)

Lorazepam (2MG/ML Oral Concentrate)

Lorbrena (Oral Tablet)	Matulane (Oral Capsule)
Lorcet (Oral Tablet)	Matzim LA (Oral Tablet Extended Release 24 Hour)
Lorcet HD (Oral Tablet)	Mavyret (Oral Tablet)
Lorcet Plus (Oral Tablet)	Mayzent (Oral Tablet)
Loryna (Oral Tablet)	Meclizine HCl (Oral Tablet)
Losartan Potassium (Oral Tablet)	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)
Losartan Potassium-HCTZ (Oral Tablet)	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)
Lotemax (Ophthalmic Gel)	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)
Lotemax (Ophthalmic Ointment)	Mefloquine HCl (Oral Tablet)
Lotemax (Ophthalmic Suspension)	Megestrol Acetate (40MG/ML Oral Suspension)
Lotemax SM (Ophthalmic Gel)	Megestrol Acetate (625MG/5ML Oral Suspension)
Loteprednol Etabonate (Ophthalmic Suspension)	Megestrol Acetate (Oral Tablet)
Lovastatin (Oral Tablet)	Mekinist (Oral Tablet)
Low-Ogestrel (Oral Tablet)	Mektovi (Oral Tablet)
Loxapine Succinate (Oral Capsule)	Melodetta 24 Fe (Oral Tablet Chewable)
Lumigan (Ophthalmic Solution)	Meloxicam (Oral Tablet)
Lupaneta Pack (Combination Kit)	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)
Lupron Depot (1-Month) (Intramuscular Kit)	Memantine HCl (Oral Solution)
Lupron Depot (3-Month) (Intramuscular Kit)	Memantine HCl ER (Oral Capsule Extended Release 24 Hour)
Lupron Depot (4-Month) (Intramuscular Kit)	Memantine HCl Titration Pak (Oral Tablet)
Lupron Depot (6-Month) (Intramuscular Kit)	Menactra (Intramuscular Injectable)
Lutera (Oral Tablet)	Menest (Oral Tablet)
Lynparza (Oral Tablet)	Mentax (External Cream)
Lyrica (Oral Capsule)	Menveo (Intramuscular Solution Reconstituted)
Lyrica (Oral Solution)	Mercaptopurine (Oral Tablet)
Lysodren (Oral Tablet)	Meropenem (Intravenous Solution Reconstituted)
Lyza (Oral Tablet)	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)
M	Mesalamine (Rectal Enema)
M-M-R II (Subcutaneous Injectable)	Mesalamine (Rectal Suppository)
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	
Magnesium Sulfate (50% Injection Solution)	
Malathion (External Lotion)	
Maprotiline HCl (Oral Tablet)	
Marlissa (Oral Tablet)	
Marplan (Oral Tablet)	

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Plain type = Generic drug

Mesnex (Oral Tablet)

Metadate ER (Oral Tablet Extended Release)
Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet)
Metaproterenol Sulfate (Oral Syrup)
Metformin HCl (Oral Tablet Immediate Release)
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)
Methadone HCl (Oral Solution)
Methadone HCl (Oral Tablet)
Methazolamide (Oral Tablet)
Methenamine Hippurate (Oral Tablet)
Methimazole (Oral Tablet)
Methotrexate (Oral Tablet)
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)
Methotrexate Sodium (50MG/2ML Injection Solution)
Methoxsalen Rapid (Oral Capsule)
Methscopolamine Bromide (Oral Tablet)
Methyclothiazide (5MG Oral Tablet)
Methyldopa (Oral Tablet)
Methyldopa-Hydrochlorothiazide (Oral Tablet)
Methylphenidate HCl (Oral Solution)
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)
Methylprednisolone (Oral Tablet Therapy Pack)
Methylprednisolone (Oral Tablet)
Metoclopramide HCl (5MG/5ML Oral Solution)
Metoclopramide HCl (Oral Tablet)
Metolazone (Oral Tablet)
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)

Metoprolol-Hydrochlorothiazide (Oral Tablet)
Metronidazole (0.75% External Cream)
Metronidazole (0.75% External Gel, 1% External Gel)
Metronidazole (0.75% External Lotion)
Metronidazole (0.75% Vaginal Gel)
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)
Metronidazole in NaCl 0.79% (Intravenous Solution)
Mexiletine HCl (Oral Capsule)
Mibelas 24 Fe (Oral Tablet Chewable)
Miconazole 3 (Vaginal Suppository)
Microgestin 1.5/30 (Oral Tablet)
Microgestin 1/20 (Oral Tablet)
Microgestin Fe 1.5/30 (Oral Tablet)
Microgestin Fe 1/20 (Oral Tablet)
Midodrine HCl (Oral Tablet)
Migergot (Rectal Suppository)
Miglitol (Oral Tablet)
Miglustat (Oral Capsule)
Mili (Oral Tablet)
Minitran (Transdermal Patch 24 Hour)
Minocycline HCl (Oral Capsule)
Minocycline HCl (Oral Tablet Immediate Release)
Minoxidil (Oral Tablet)
Mirtazapine (Oral Tablet)
Mirtazapine ODT (Oral Tablet Dispersible)
Mirvaso (External Gel)
Misoprostol (Oral Tablet)
Modafinil (Oral Tablet)
Moexipril HCl (Oral Tablet)
Molindone HCl (Oral Tablet)
Mometasone Furoate (External Cream)
Mometasone Furoate (External Ointment)
Mometasone Furoate (External Solution)
Mometasone Furoate (Nasal Suspension)

N	
MonoNessa (Oral Tablet)	Nabumetone (Oral Tablet)
Montelukast Sodium (Oral Packet)	Nadolol (Oral Tablet)
Montelukast Sodium (Oral Tablet Chewable)	Nadolol-Bendroflumethiazide (40-5MG Oral Tablet)
Montelukast Sodium (Oral Tablet)	Nafcillin Sodium (10GM Intravenous Solution Reconstituted)
Morphine Sulfate (100MG/5ML Oral Solution)	Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)
Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution)	Naftifine HCl (External Cream)
Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution)	Naftin (External Gel)
Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	Naloxone HCl (0.4MG/ML Injection Solution)
Morphine Sulfate (Oral Solution)	Naloxone HCl (Injection Solution Cartridge)
Morphine Sulfate (Oral Tablet Immediate Release)	Naloxone HCl (Injection Solution Prefilled Syringe)
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)	Naltrexone HCl (Oral Tablet)
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Namzarin (Oral Capsule ER 24 Hour Therapy Pack)
Moxifloxacin HCl (Ophthalmic Solution)	Namzarin (Oral Capsule Extended Release 24 Hour)
Moxifloxacin HCl (Oral Tablet)	Naproxen (Oral Suspension)
Moxifloxacin HCl in NaCl (Intravenous Solution)	Naproxen (Oral Tablet Immediate Release)
Multaq (Oral Tablet)	Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)
Mupirocin (External Ointment)	Naratriptan HCl (Oral Tablet)
Mupirocin Calcium (External Cream)	Narcan (Nasal Liquid)
Myalept (Subcutaneous Solution Reconstituted)	Natacyn (Ophthalmic Suspension)
Mycamine (Intravenous Solution Reconstituted)	Nateglinide (Oral Tablet)
Mycophenolate Mofetil (Oral Capsule)	Natpara (Subcutaneous Cartridge)
Mycophenolate Mofetil (Oral Suspension Reconstituted)	Nebupent (Inhalation Solution Reconstituted)
Mycophenolate Mofetil (Oral Tablet)	Necon 0.5/35 (28) (Oral Tablet)
Mycophenolate Sodium (Oral Tablet Delayed Release)	Nefazodone HCl (Oral Tablet)
Myrbetriq (Oral Tablet Extended Release 24 Hour)	Neomycin Sulfate (Oral Tablet)
	Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)
	Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)

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Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	Nitrofurantoin (Oral Suspension)
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	Nitrofurantoin Monohydrate (Generic Macrobid)
Neomycin-Polymyxin-HC (1% Otic Solution)	Nitroglycerin (Tablet Sublingual)
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	Nitroglycerin (Transdermal Patch 24 Hour)
Neomycin-Polymyxin-HC (Otic Suspension)	Nitroglycerin (Translingual Solution)
NephrAmine (Intravenous Solution)	Nitrostat (Tablet Sublingual)
Nerlynx (Oral Tablet)	Nora-BE (Oral Tablet)
Neulasta (Subcutaneous Solution Prefilled Syringe)	Norditropin FlexPro (Subcutaneous Solution)
Neupogen (Injection Solution Prefilled Syringe)	Norethindrone (0.35MG Oral Tablet)
Neupogen (Injection Solution)	Norethindrone Acetate (5MG Oral Tablet)
Neupro (Transdermal Patch 24 Hour)	Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)
Nevirapine (Oral Suspension)	Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)
Nevirapine (Oral Tablet Immediate Release)	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)
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)
Nexavar (Oral Tablet)	Norgestimate-Ethinyl Estradiol (Oral Tablet)
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)
Niacor (Oral Tablet)	Norlyroc (Oral Tablet)
Nicardipine HCl (Oral Capsule)	Normosol-M in D5W (Intravenous Solution)
Nicotrol (Inhalation Inhaler)	Normosol-R in D5W (Intravenous Solution)
Nicotrol NS (Nasal Solution)	Normosol-R pH 7.4 (Intravenous Solution)
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	Northera (Oral Capsule)
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	Nortrel 0.5/35 (28) (Oral Tablet)
Nikki (Oral Tablet)	Nortrel 1/35 (21) (Oral Tablet)
Nilutamide (Oral Tablet)	Nortrel 1/35 (28) (Oral Tablet)
Nimodipine (Oral Capsule)	Nortrel 7/7/7 (Oral Tablet)
Ninlaro (Oral Capsule)	Nortriptyline HCl (Oral Capsule)
Nitro-Bid (Transdermal Ointment)	Nortriptyline HCl (Oral Solution)

Norvir (Oral Packet)	50MCG/ML Injection Solution)
Norvir (Oral Solution)	Odefsey (Oral Tablet)
Noxafil (Oral Suspension)	Odomzo (Oral Capsule)
Noxafil (Oral Tablet Delayed Release)	Ofev (Oral Capsule)
Nucala (Subcutaneous Solution Auto-Injector)	Ofloxacin (Ophthalmic Solution)
Nucala (Subcutaneous Solution Prefilled Syringe)	Ofloxacin (Oral Tablet)
Nucala (Subcutaneous Solution Reconstituted)	Ofloxacin (Otic Solution)
Nucynta ER (Oral Tablet Extended Release 12 Hour)	Ogestrel (Oral Tablet)
Nuedexta (Oral Capsule)	Olanzapine (10MG Intramuscular Solution Reconstituted)
Nuplazid (Oral Capsule)	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)
Nuplazid (Oral Tablet)	Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)
Nutrilipid (Intravenous Emulsion)	Olmesartan Medoxomil (Oral Tablet)
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	Olmesartan Medoxomil-HCTZ (Oral Tablet)
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	Olmesartan-Amlodipine-HCTZ (Oral Tablet)
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	Olopatadine HCl (Ophthalmic Solution)
Nyamyc (External Powder)	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)
Nymalize (60MG/20ML Oral Solution)	Omeprazole (10MG Oral Capsule Delayed Release)
Nystatin (External Cream)	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)
Nystatin (External Ointment)	Ondansetron HCl (Oral Solution)
Nystatin (External Powder)	Ondansetron HCl (Oral Tablet)
Nystatin (Mouth/Throat Suspension)	Ondansetron ODT (Oral Tablet Dispersible)
Nystatin (Oral Tablet)	Opsumit (Oral Tablet)
Nystop (External Powder)	Orencia (Subcutaneous Solution Prefilled Syringe)
O	Orencia ClickJect (Subcutaneous Solution Auto-Injector)
Ocaliva (Oral Tablet)	Orenitram (0.125MG Oral Tablet Extended Release)
Ocella (Oral Tablet)	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution,	

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Oral Tablet Extended Release)	P
Orfadin (Oral Capsule)	PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)
Orfadin (Oral Suspension)	
Orkambi (Oral Packet)	PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)
Orkambi (Oral Tablet)	
Orsythia (Oral Tablet)	PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)
Oseltamivir Phosphate (Oral Capsule)	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	PENTAM 300 (Injection Solution Reconstituted)
Osphena (Oral Tablet)	Pacerone (200MG Oral Tablet)
Otezla (Oral Tablet Therapy Pack)	Paliperidone ER (Oral Tablet Extended Release 24 Hour)
Otezla (Oral Tablet)	
Oxacillin Sodium (Injection Solution Reconstituted)	Panretin (External Gel)
Oxandrolone (10MG Oral Tablet)	Pantoprazole Sodium (Oral Tablet Delayed Release)
Oxandrolone (2.5MG Oral Tablet)	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	Panzyla (Intravenous Solution)
Oxcarbazepine (300MG/5ML Oral Suspension)	Paricalcitol (Oral Capsule)
Oxsoralen Ultra (Oral Capsule)	Paromomycin Sulfate (Oral Capsule)
Oxybutynin Chloride (Oral Syrup)	Paroxetine HCl (Oral Tablet Immediate Release)
Oxybutynin Chloride (Oral Tablet Immediate Release)	Paser (Oral Packet)
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	Paxil (Oral Suspension)
Oxycodone HCl (100MG/5ML Oral Concentrate)	Pazeo (Ophthalmic Solution)
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)	Pediarix (Intramuscular Suspension)
Oxycodone HCl (5MG/5ML Oral Solution)	Pedvax HIB (Intramuscular Suspension)
Oxycodone-Acetaminophen (Oral Tablet)	Peganone (Oral Tablet)
Oxycodone-Aspirin (Oral Tablet)	Pegasys (Subcutaneous Solution)
Oxycodone-Ibuprofen (Oral Tablet)	Pegasys ProClick (Subcutaneous Solution)
Ozempic (Subcutaneous Solution Pen-Injector)	Penicillamine (Oral Capsule)
	Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)
	Penicillin G Procaine (Intramuscular Suspension)
	Penicillin G Sodium (Injection Solution Reconstituted)
	Penicillin V Potassium (Oral Solution Reconstituted)
	Penicillin V Potassium (Oral Tablet)
	Pentasa (Oral Capsule Extended Release)
	Pentoxifylline ER (Oral Tablet Extended Release)

Perforomist (Inhalation Nebulization Solution)	Piroxicam (Oral Capsule)
Perindopril Erbumine (Oral Tablet)	Plasma-Lyte 148 (Intravenous Solution)
Permethrin (External Cream)	Plasma-Lyte A (Intravenous Solution)
Perphenazine (Oral Tablet)	Plenamine (Intravenous Solution)
Perseris (Subcutaneous Prefilled Syringe)	Podofilox (External Solution)
Phenadoz (12.5MG Rectal Suppository)	Polymyxin B Sulfate (Injection Solution Reconstituted)
Phenelzine Sulfate (Oral Tablet)	Polymyxin B-Trimethoprim (Ophthalmic Solution)
Phenobarbital (Oral Elixir)	Pomalyst (Oral Capsule)
Phenobarbital (Oral Tablet)	Portia-28 (Oral Tablet)
Phenoxybenzamine HCl (Oral Capsule)	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)
Phenytek (Oral Capsule)	Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)
Phenytoin (Oral Suspension)	Potassium Chloride (Oral Packet)
Phenytoin (Oral Tablet Chewable)	Potassium Chloride (Oral Solution)
Phenytoin Sodium Extended (Oral Capsule)	Potassium Chloride CR (Oral Tablet Extended Release)
Phoslyra (Oral Solution)	Potassium Chloride ER (Oral Capsule Extended Release)
Phospholine Iodide (Ophthalmic Solution Reconstituted)	Potassium Chloride in Dextrose (Intravenous Solution)
Picato (External Gel)	Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)
Pifeltro (Oral Tablet)	Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)
Pilocarpine HCl (Ophthalmic Solution)	Potassium Citrate ER (Oral Tablet Extended Release)
Pilocarpine HCl (Oral Tablet)	Praluent (Subcutaneous Solution Pen-Injector)
Pimecrolimus (External Cream)	Pramipexole Dihydrochloride (Oral Tablet Immediate Release)
Pimozide (Oral Tablet)	Prasugrel HCl (Oral Tablet)
Pimtrea (Oral Tablet)	Pravastatin Sodium (Oral Tablet)
Pindolol (Oral Tablet)	Praziquantel (Oral Tablet)
Pioglitazone HCl (Oral Tablet)	Prazosin HCl (Oral Capsule)
Pioglitazone HCl-Glimepiride (Oral Tablet)	Pred Mild (Ophthalmic Suspension)
Pioglitazone HCl-Metformin HCl (Oral Tablet)	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	
Pirmella 1/35 (Oral Tablet)	

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Pred-G (Ophthalmic Suspension)	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)
Pred-G S.O.P. (Ophthalmic Ointment)	ProQuad (Subcutaneous Suspension Reconstituted)
Prednicarbate (External Cream)	Probenecid (Oral Tablet)
Prednicarbate (External Ointment)	Probenecid-Colchicine (Oral Tablet)
Prednisolone (Oral Solution)	Procalamine (Intravenous Solution)
Prednisolone Acetate (Ophthalmic Suspension)	Prochlorperazine (Rectal Suppository)
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	Prochlorperazine Maleate (Oral Tablet)
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)
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)	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	Procto-Med HC (Rectal Cream)
Prednisone (5MG/5ML Oral Solution)	Procto-Pak (Rectal Cream)
Prednisone Intensol (Oral Concentrate)	Proctosol HC (Rectal Cream)
Premarin (Oral Tablet)	Proctozone-HC (Rectal Cream)
Premarin (Vaginal Cream)	Progesterone Micronized (Oral Capsule)
Premasol (Intravenous Solution)	Proglycem (Oral Suspension)
Premphase (Oral Tablet)	Prograf (Oral Packet)
Prempro (Oral Tablet)	Prolastin-C (Intravenous Solution Reconstituted)
Prevalite (Oral Packet)	Prolensa (Ophthalmic Solution)
Previfem (Oral Tablet)	Prolia (Subcutaneous Solution Prefilled Syringe)
Prezcobix (Oral Tablet)	Promacta (Oral Packet)
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	Promacta (Oral Tablet)
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	Promethazine HCl (12.5MG Rectal Suppository, 25MG Rectal Suppository)
Prezista (Oral Suspension)	Promethazine HCl (Oral Syrup)
Priftin (Oral Tablet)	Promethazine HCl (Oral Tablet)
Prilosec (Oral Packet)	Promethegan (25MG Rectal Suppository)
Primaquine Phosphate (Oral Tablet)	Propafenone HCl (Oral Tablet)
Primidone (Oral Tablet)	Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)
Privigen (20GM/200ML Intravenous Solution)	Proparacaine HCl (Ophthalmic Solution)
ProAir HFA (Inhalation Aerosol Solution)	

Propranolol HCl (Oral Solution)	Tablet)
Propranolol HCl (Oral Tablet)	Ranitidine HCl (75MG/5ML Oral Syrup)
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	Ranolazine ER (Oral Tablet Extended Release 12 Hour)
Propranolol-HCTZ (Oral Tablet)	Rasagiline Mesylate (Oral Tablet)
Propylthiouracil (Oral Tablet)	Rasuvo (Subcutaneous Solution Auto-Injector)
Prosol (Intravenous Solution)	Rayaldee (Oral Capsule Extended Release)
Protriptyline HCl (Oral Tablet)	Rebif (Subcutaneous Solution Prefilled Syringe)
Pulmozyme (Inhalation Solution)	Rebif Rebidoso (Subcutaneous Solution Auto-Injector)
Purixan (Oral Suspension)	Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector)
Pyrazinamide (Oral Tablet)	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	Reclipsen (Oral Tablet)
Pyridostigmine Bromide (Oral Solution)	Recombivax HB (Injection Suspension)
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	Rectiv (Rectal Ointment)
Q	Regranex (External Gel)
Quadracel (Intramuscular Suspension)	Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)
Quetiapine Fumarate (Oral Tablet Immediate Release)	Relistor (Oral Tablet)
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	Relistor (Subcutaneous Solution)
Quinapril HCl (Oral Tablet)	Repaglinide (Oral Tablet)
Quinapril-Hydrochlorothiazide (Oral Tablet)	Repaglinide-Metformin HCl (Oral Tablet)
Quinidine Gluconate ER (Oral Tablet Extended Release)	Repatha (Subcutaneous Solution Prefilled Syringe)
Quinidine Sulfate (Oral Tablet)	Repatha Pushttronex System (Subcutaneous Solution Cartridge)
Quinine Sulfate (Oral Capsule)	Repatha SureClick (Subcutaneous Solution Auto-Injector)
R	Rescriptor (Oral Tablet)
RAVICTI (Oral Liquid)	Restasis (Ophthalmic Emulsion)
RabAvert (Intramuscular Suspension Reconstituted)	Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)
Rabeprazole Sodium (Oral Tablet Delayed Release)	Retacrit (40000UNIT/ML Injection Solution)
Raloxifene HCl (Oral Tablet)	
Ramipril (Oral Capsule)	
Ranitidine HCl (150MG Oral Tablet, 300MG Oral	

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Revlimid (Oral Capsule)	Ropinirole HCl (Oral Tablet Immediate Release)
Rexulti (Oral Tablet)	Rosuvastatin Calcium (Oral Tablet)
Reyataz (Oral Packet)	RotaTeq (Oral Solution)
Rhopressa (Ophthalmic Solution)	Rotarix (Oral Suspension Reconstituted)
Ribasphere (600MG Oral Tablet)	Roweepra (Oral Tablet Immediate Release)
Ribavirin (Oral Tablet)	Roweepra XR (Oral Tablet Extended Release 24 Hour)
Ridaura (Oral Capsule)	Rubraca (Oral Tablet)
Rifabutin (Oral Capsule)	Ruconest (Intravenous Solution Reconstituted)
Rifampin (Intravenous Solution Reconstituted)	Rydapt (Oral Capsule)
Rifampin (Oral Capsule)	Rytary (Oral Capsule Extended Release)
Rifater (Oral Tablet)	S
Riluzole (Oral Tablet)	SPS (Oral Suspension)
Rimantadine HCl (Oral Tablet)	SSD (External Cream)
Riomet (Oral Solution)	Saizen (Injection Solution Reconstituted)
Risedronate Sodium (Oral Tablet Immediate Release)	Saizenprep (Injection Solution Reconstituted)
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted, 25MG Intramuscular Suspension Reconstituted)	Sancuso (Transdermal Patch)
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)	Sandimmune (Oral Solution)
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	Santyl (External Ointment)
Risperidone (1MG/ML Oral Solution)	Saphris (Tablet Sublingual)
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)	Savella (Oral Tablet)
Ritonavir (Oral Tablet)	Savella Titration Pack (Oral Tablet)
Rivastigmine (Transdermal Patch 24 Hour)	Scopolamine (Transdermal Patch 72 Hour)
Rivastigmine Tartrate (Oral Capsule)	Selegiline HCl (Oral Capsule)
Rivelsa (Oral Tablet)	Selegiline HCl (Oral Tablet)
Rizatriptan Benzoate (Oral Tablet)	Selenium Sulfide (External Lotion)
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)
	Selzentry (25MG Oral Tablet)
	Selzentry (Oral Solution)
	Serevent Diskus (Inhalation Aerosol Powder Breath Activated)
	Serostim (Subcutaneous Solution Reconstituted)
	Sertraline HCl (Oral Concentrate)
	Sertraline HCl (Oral Tablet)

Setlakin (Oral Tablet)	Somavert (Subcutaneous Solution Reconstituted)
Sevelamer Carbonate (Oral Packet)	Sotalol HCl (AF) (120MG Oral Tablet)
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	Sotalol HCl (Oral Tablet)
Sharobel (Oral Tablet)	Sovaldi (Oral Tablet)
Shingrix (Intramuscular Suspension Reconstituted)	Spiriva HandiHaler (Inhalation Capsule)
Signifor (Subcutaneous Solution)	Spiriva Respimat (Inhalation Aerosol Solution)
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	Spironolactone (Oral Tablet)
Silodosin (Oral Capsule)	Spironolactone-HCTZ (Oral Tablet)
Silver Sulfadiazine (External Cream)	Sprintec 28 (Oral Tablet)
Simbrinza (Ophthalmic Suspension)	Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)
Simponi (Subcutaneous Solution Auto-Injector)	Sprycel (Oral Tablet)
Simponi (Subcutaneous Solution Prefilled Syringe)	Sronyx (Oral Tablet)
Simvastatin (Oral Tablet)	Stavudine (Oral Capsule)
Sirolimus (Oral Solution)	Stelara (Subcutaneous Solution Prefilled Syringe)
Sirolimus (Oral Tablet)	Stelara (Subcutaneous Solution)
Sirturo (Oral Tablet)	Stiolto Respimat (Inhalation Aerosol Solution)
Sodium Chloride (0.45% Intravenous Solution)	Stivarga (Oral Tablet)
Sodium Chloride (0.9% Intravenous Solution)	Streptomycin Sulfate (Intramuscular Solution Reconstituted)
Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	Stribild (Oral Tablet)
Sodium Chloride (Irrigation Solution)	Suboxone (Sublingual Film)
Sodium Fluoride (Oral Tablet)	Sucraid (Oral Solution)
Sodium Lactate (Intravenous Solution)	Sucralfate (Oral Tablet)
Sodium Phenylbutyrate (Oral Powder)	Sulfacetamide Sodium (Ophthalmic Ointment)
Sodium Phenylbutyrate (Oral Tablet)	Sulfacetamide Sodium (Ophthalmic Solution)
Sodium Polystyrene Sulfonate (Oral Powder)	Sulfacetamide-Prednisolone (Ophthalmic Solution)
Sodium Polystyrene Sulfonate (Oral Suspension)	Sulfadiazine (Oral Tablet)
Sofosbuvir-Velpatasvir (Oral Tablet)	Sulfamethoxazole-Trimethoprim (Oral Suspension)
Solifenacin Succinate (Oral Tablet)	Sulfamethoxazole-Trimethoprim (Oral Tablet)
Soliqua (Subcutaneous Solution Pen-Injector)	Sulfamylon (External Cream)
Soltamox (Oral Solution)	
Somatuline Depot (Subcutaneous Solution)	

Bold type = Brand name drug

Plain type = Generic drug

Sulfasalazine (Oral Tablet Delayed Release)	Synjardy (Oral Tablet Immediate Release)
Sulfasalazine (Oral Tablet Immediate Release)	Synjardy XR (Oral Tablet Extended Release 24 Hour)
Sulindac (Oral Tablet)	Synribo (Subcutaneous Solution Reconstituted)
Sumatriptan (Nasal Solution)	Synthroid (Oral Tablet)
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	T
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	TDVAX (Intramuscular Suspension)
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	TOBI Podhaler (Inhalation Capsule)
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	TPN Electrolytes (Intravenous Solution)
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Tabloid (Oral Tablet)
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Tacrolimus (External Ointment)
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	Tacrolimus (Oral Capsule)
Suprax (500MG/5ML Oral Suspension Reconstituted)	Tadalafil (PAH) (20MG Oral Tablet)
Suprax (Oral Capsule)	Tafinlar (Oral Capsule)
Suprax (Oral Tablet Chewable)	Tagrisso (Oral Tablet)
Suprep Bowel Prep Kit (Oral Solution)	Talzenna (Oral Capsule)
Sutent (Oral Capsule)	Tamoxifen Citrate (Oral Tablet)
Syeda (Oral Tablet)	Tamsulosin HCl (Oral Capsule)
Sylatron (Subcutaneous Kit)	Targretin (External Gel)
Symbicort (Inhalation Aerosol)	Tarina 24 Fe (Oral Tablet)
Symfi (Oral Tablet)	Tarina Fe 1/20 (Oral Tablet)
Symfi Lo (Oral Tablet)	Tasigna (Oral Capsule)
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	Tazarotene (External Cream)
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	Tazicef (Injection Solution Reconstituted)
Sympazan (Oral Film)	Tazorac (0.05% External Cream)
Symtuza (Oral Tablet)	Tazorac (0.05% External Gel)
Synarel (Nasal Solution)	Tazorac (0.1% External Gel)
	Taztia XT (Oral Capsule Extended Release 24 Hour)
	Tecfidera (Oral Capsule Delayed Release)
	Tecfidera Starter Pack (Oral)
	Tegsedi (Subcutaneous Solution Prefilled Syringe)
	Telmisartan (Oral Tablet)
	Telmisartan-Amlodipine (Oral Tablet)
	Telmisartan-HCTZ (Oral Tablet)

Temazepam (15MG Oral Capsule, 30MG Oral Capsule)
Tenivac (Intramuscular Injectable)
Tenofovir Disoproxil Fumarate (Oral Tablet)
Terazosin HCl (Oral Capsule)
Terbinafine HCl (Oral Tablet)
Terconazole (Vaginal Cream)
Terconazole (Vaginal Suppository)
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)
Testosterone Cypionate (Intramuscular Solution)
Testosterone Enanthate (Intramuscular Solution)
Tetrabenazine (Oral Tablet)
Tetracycline HCl (Oral Capsule)
Thalomid (Oral Capsule)
Theophylline (Oral Solution)
Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)
Theophylline ER (Oral Tablet Extended Release 24 Hour)
Thioridazine HCl (Oral Tablet)
Thiothixene (Oral Capsule)
Tiagabine HCl (Oral Tablet)
Tibsovo (Oral Tablet)
Tigecycline (Intravenous Solution Reconstituted)
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)
Timolol Maleate (Oral Tablet)
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)
Tinidazole (Oral Tablet)

Tivicay (10MG Oral Tablet)
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)
Tizanidine HCl (Oral Tablet)
TobraDex (Ophthalmic Ointment)
TobraDex ST (Ophthalmic Suspension)
Tobramycin (Inhalation Nebulization Solution)
Tobramycin (Ophthalmic Solution)
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)
Tobramycin-Dexamethasone (Ophthalmic Suspension)
Tobrex (Ophthalmic Ointment)
Tolak (External Cream)
Tolcapone (Oral Tablet)
Topiramate (Oral Capsule Sprinkle Immediate Release)
Topiramate (Oral Tablet)
Toremifene Citrate (Oral Tablet)
Torsemide (Oral Tablet)
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)
Tracleer (Oral Tablet Soluble)
Tradjenta (Oral Tablet)
Tramadol HCl (Oral Tablet Immediate Release)
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)
Tramadol-Acetaminophen (Oral Tablet)
Trandolapril (Oral Tablet)
Tranexamic Acid (Oral Tablet)
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)
Tranlycypromine Sulfate (Oral Tablet)
Travasol (Intravenous Solution)
Trazodone HCl (100MG Oral Tablet, 150MG Oral

Bold type = Brand name drug

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Tablet, 50MG Oral Tablet)	Trihexyphenidyl HCl (Oral Elixir)
Trazodone HCl (300MG Oral Tablet)	Trihexyphenidyl HCl (Oral Tablet)
Trecator (Oral Tablet)	Trimethoprim (Oral Tablet)
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Trimipramine Maleate (Oral Capsule)
Trelstar Mixject (Intramuscular Suspension Reconstituted)	Trintellix (Oral Tablet)
Tresiba (Subcutaneous Solution)	Triumeq (Oral Tablet)
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	Trivora (28) (Oral Tablet)
Tretinoin (0.01% External Gel, 0.025% External Gel)	TrophAmine (10% Intravenous Solution)
Tretinoin (External Cream)	Trulicity (Subcutaneous Solution Pen-Injector)
Tretinoin (Oral Capsule)	Trumenba (Intramuscular Suspension Prefilled Syringe)
Tretinoin Microsphere (External Gel)	Truvada (Oral Tablet)
Trexall (Oral Tablet)	Twinrix (Intramuscular Suspension Prefilled Syringe)
Trezix (Oral Capsule)	Tybost (Oral Tablet)
Tri-Estarylla (Oral Tablet)	Tykerb (Oral Tablet)
Tri-Legest Fe (Oral Tablet)	Tymlos (Subcutaneous Solution Pen-Injector)
Tri-Lo-Estarylla (Oral Tablet)	Typhim Vi (Intramuscular Solution)
Tri-Lo-Sprintec (Oral Tablet)	U
Tri-Mili (Oral Tablet)	Udenyca (Subcutaneous Solution Prefilled Syringe)
Tri-Previfem (Oral Tablet)	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)
Tri-Sprintec (Oral Tablet)	Ursodiol (Oral Capsule)
Tri-VyLibra (Oral Tablet)	Ursodiol (Oral Tablet)
Tri-VyLibra Lo (Oral Tablet)	V
TriLyte (Oral Solution Reconstituted)	VAQTA (Intramuscular Suspension)
Triamcinolone Acetonide (Dental Paste)	VP-PNV-DHA (Oral Capsule)
Triamcinolone Acetonide (External Cream)	Valacyclovir HCl (Oral Tablet)
Triamcinolone Acetonide (External Lotion)	Valchlor (External Gel)
Triamcinolone Acetonide (External Ointment)	Valganciclovir HCl (Oral Solution Reconstituted)
Triamterene-HCTZ (Oral Capsule)	Valganciclovir HCl (Oral Tablet)
Triamterene-HCTZ (Oral Tablet)	Valproic Acid (Oral Capsule)
Triderm (0.1% External Cream)	
Trientine HCl (Oral Capsule)	
Trifluoperazine HCl (Oral Tablet)	
Trifluridine (Ophthalmic Solution)	

Valproic Acid (Oral Solution)	Versacloz (Oral Suspension)
Valsartan (Oral Tablet)	Verzenio (Oral Tablet)
Valsartan-Hydrochlorothiazide (Oral Tablet)	Vibramycin (50MG/5ML Oral Syrup)
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	Victoza (Subcutaneous Solution Pen-Injector)
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	Videx (4GM Oral Solution Reconstituted)
Vancomycin HCl (Oral Capsule)	Videx EC (125MG Oral Capsule Delayed Release)
Vandazole (Vaginal Gel)	Vienva (Oral Tablet)
Varivax (Subcutaneous Injectable)	Vigabatrin (Oral Packet)
Varizig (Intramuscular Solution)	Vigabatrin (Oral Tablet)
Vascepa (Oral Capsule)	Vigadrone (Oral Packet)
Velivet (Oral Tablet)	Viibryd (Oral Tablet)
Velphoro (Oral Tablet Chewable)	Viibryd Starter Pack (Oral Kit)
Veltassa (Oral Packet)	Vimpat (Oral Solution)
Vemlidy (Oral Tablet)	Vimpat (Oral Tablet)
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	Viracept (Oral Tablet)
Venclexta (10MG Oral Tablet)	Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)
Venclexta Starting Pack (Oral Tablet Therapy Pack)	Viread (Oral Powder)
Venlafaxine HCl (Oral Tablet Immediate Release)	Vitrakvi (Oral Capsule)
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	Vitrakvi (Oral Solution)
Ventavis (Inhalation Solution)	Vivitrol (Intramuscular Suspension Reconstituted)
Verapamil HCl (Oral Tablet Immediate Release)	Vizimpro (Oral Tablet)
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	Voriconazole (Intravenous Solution Reconstituted)
Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	Voriconazole (Oral Suspension Reconstituted)
Verapamil HCl ER (Oral Tablet Extended Release)	Voriconazole (Oral Tablet)
	Vosevi (Oral Tablet)
	Votrient (Oral Tablet)
	Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)
	Vraylar (Oral Capsule Therapy Pack)
	VyLibra (Oral Tablet)
	Vyfemla (Oral Tablet)
	Vyvanse (Oral Capsule)

Bold type = Brand name drug

Plain type = Generic drug

Vyvanse (Oral Tablet Chewable)	Zaleplon (Oral Capsule)
Vyzulta (Ophthalmic Solution)	Zarah (Oral Tablet)
W	Zarxio (Injection Solution Prefilled Syringe)
WYMZYA Fe (Oral Tablet Chewable)	Zejula (Oral Capsule)
Warfarin Sodium (Oral Tablet)	Zelapar (Oral Tablet Dispersible)
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Zelboraf (Oral Tablet)
X	Zemaira (Intravenous Solution Reconstituted)
Xalkori (Oral Capsule)	Zenpep (Oral Capsule Delayed Release Particles)
Xarelto (Oral Tablet)	Zerbaxa (Intravenous Solution Reconstituted)
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Zidovudine (Oral Capsule)
Xatmep (Oral Solution)	Zidovudine (Oral Syrup)
Xeljanz (Oral Tablet Immediate Release)	Zidovudine (Oral Tablet)
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	Zileuton ER (Oral Tablet Extended Release 12 Hour)
Xgeva (Subcutaneous Solution)	Zioptan (Ophthalmic Solution)
Xifaxan (Oral Tablet)	Ziprasidone HCl (Oral Capsule)
Xiidra (Ophthalmic Solution)	Zirgan (Ophthalmic Gel)
Xofluza (Oral Tablet Therapy Pack)	Zolinza (Oral Capsule)
Xolair (Subcutaneous Solution Prefilled Syringe)	Zolpidem Tartrate (Oral Tablet Immediate Release)
Xolair (Subcutaneous Solution Reconstituted)	Zonisamide (Oral Capsule)
Xospata (Oral Tablet)	Zorbtive (Subcutaneous Solution Reconstituted)
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Zortress (Oral Tablet)
Xtandi (Oral Capsule)	Zostavax (Subcutaneous Suspension Reconstituted)
Xulane (Transdermal Patch Weekly)	Zovia 1/35E (28) (Oral Tablet)
Xyrem (Oral Solution)	Zyclara Pump (External Cream)
Y	Zydelig (Oral Tablet)
YF-Vax (Subcutaneous Injectable)	Zyflo (Oral Tablet Immediate Release)
Yuvaferm (Vaginal Tablet)	Zykadia (Oral Capsule)
Z	Zykadia (Oral Tablet)
Zafirlukast (Oral Tablet)	Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)

Alternative Covered Drugs

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

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

Drugs not covered by the plan	Alternative covered drugs – Tier
Amiodarone HCL 100mg and 400mg Tablet	Amiodarone 200mg Tablet – 1
Armodafinil	Modafinil – 4 (PA Required)
Cialis 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Silodosin (Generic Rapaflo) – 3 Tamsulosin – 1
Dutasteride	Finasteride – 1
Eszopiclone	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3
Farxiga	Invokana – 3 Jardiance – 3
Fluoxetine HCL Tablet	Fluoxetine HCL Capsule – 2
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
Nexium	Esomeprazole Magnesium (Generic Nexium) – 3 Lansoprazole 15mg and 30mg Capsule – 2 Omeprazole – 2 Pantoprazole Tablet – 2
Novolin	Humulin – 3
Novolog	Humalog – 3
Onglyza	Januvia – 3 Tradjenta – 3
Pradaxa	Eliquis – 3 Xarelto – 3
Proventil HFA	Proair HFA – 3

Bold type = Brand name drug Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Qvar Redihaler	Arnuity – 3 Flovent – 3
Ranexa	Ranolazine (Generic Ranexa) – 3
Rapaflo	Silodosin (Generic Rapaflo) – 3
Tolterodine Tartrate Extended Release	Oxybutynin Extended Release – 2 Solifenacin (Generic Vesicare) – 3 Myrbetriq – 3
Travatan Z	Latanoprost – 1 Lumigan – 3
Uloric	Allopurinol – 1
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Proair HFA – 3
Vesicare	Solifenacin (Generic Vesicare) – 3
Xopenex HFA	Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3

Bold type = Brand name drug

Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2019 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.

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

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**Ready
to Enroll**

How to Enroll

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



By phone

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



Online

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



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
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

✓

Make sure you have chosen the plan type that works best for you

✓

Make sure your permanent address is correct

✓

Sign and date where indicated

✓

Verify your Date of Birth

✓

Verify your providers accept the plan you are choosing

✓

Provide the name of your primary care provider (PCP)

✓

Complete your Chronic Condition Verification form and send with your application

Scope of Appointment Confirmation Form

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

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

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative	Today's Date
	MM-DD-YYYY

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

Name (First_Last)	Relationship to Beneficiary
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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

TEAR HERE

TEAR HERE

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.

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

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Chronic Condition Pre-Assessment Form

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

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

To be completed by the Applicant or by Authorized Legal Representative

Name: _____

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

Clinical pre-qualify questions

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

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

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

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

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

Applicant/Authorized Representative

Today's Date

MM - DD - YYYY

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

Ready to Enroll

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Chronic Condition Release of Information Form

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

Use and Disclosure Authorization

APPLICANT, please complete (* indicates required field).

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

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

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

Applicant/Authorized Representative Signature

Today's Date

MM - DD - YYYY

CARE PROVIDER/SPECIALIST, please complete.

I, _____ (Primary Care Provider/Specialist/Care Provider Representative), hereby certify that _____ (Applicant) has the following health condition(s):

☐ Diabetes Mellitus (Pre-diabetes excluded) ☐ Chronic Heart Failure

Primary Care Provider/Treating Physician/Specialist Signature

Today's Date

MM - DD - YYYY

Please send the completed forms along with your application to:



UnitedHealthcare

P.O. Box 30770

Salt Lake City, UT 84130-0770



Or fax to:

1-888-950-1170



If you have any questions, please call:

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

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2020 Enrollment Request Form

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

Please check the plan you want:

☐ **UnitedHealthcare® Medicare Silver (Regional PPO C-SNP) - US0**

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

☐ **UnitedHealthcare Dual Complete® Choice (Regional PPO D-SNP) - UR2**

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

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

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

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

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

Daytime Phone Number () -	Mobile Phone Number () -
--	---------------------------------------

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

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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Ready to Enroll

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

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (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.

Information about your Medicare.

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

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

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

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

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

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

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

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

I get monthly benefits from: ☐ Social Security ☐ RRB

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

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

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

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 by mail.**

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

If you want to pay by credit card.

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

Enrollee Name _____
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Ready to Enroll

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A few notes about your costs.

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

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

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

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

Need help with your prescription drug costs?

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

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

A few questions to help us manage your plan.

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

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

If you don't see the language or format you want, please call us toll-free at 1-855-545-9340, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.UHCCommunityPlan.com for online help.

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

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

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

Name of Company _____

Member Number _____

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

If yes, please give us your Medicaid number: _____

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

Do you have diabetes? ☐ Yes ☐ No

Do you have chronic heart failure? ☐ Yes ☐ No

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

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

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

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

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

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

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

If yes, please complete the following:

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

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Ready to Enroll

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

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

If yes, what is it?

Name of Other Insurance

Member Number	Group Number	Date Plan Started MM-DD-YYYY
---------------	--------------	---------------------------------

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

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

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

Provider/PCP Number: [][][][][][][][][][][][][][][][]	(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)
--	--

Are you now seeing or have you recently seen this doctor? ☐ Yes ☐ No

Please read and sign.

By completing this form, I agree to the following:

- ☐ This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- ☐ I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- ☐ If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- ☐ I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the 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 covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border.

Enrollee Name

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Ready to Enroll

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- ☐ I will receive information on how to get an Evidence of Coverage. (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- ☐ I understand that beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If I happen to pay full price for any network or out-of-network services received, this plan provides refunds for all medically necessary covered benefits.
- ☐ In order to enroll in a Chronic Condition Special Needs Plan, Medicare requires that my chronic condition be verified. The Plan may contact my physician's office to verify my chronic condition.
- ☐ If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- ☐ My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- ☐ If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- ☐ The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

TEAR HERE

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and you have received your UnitedHealthcare member ID card, please call Customer Service at the number on the back of your UnitedHealthcare member ID card to update your authorization information on file.

Signature of Applicant/Member/Authorized Representative Today's Date **MM-DD-YYYY**

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

***NOT A SALES AGENT**

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

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Enrollee Name _____
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For licensed sales representative/agency use only.

- ☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Branch ID

■ ■ ■ ■ ■ ■ ■ ■

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM-DD-YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM-DD-YYYY

Licensed Sales Representative Phone Number () -

Where did this application originate?

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

How was this application submitted?

- ☐ Mail ☐ Fax ☐ Online

Agent must complete

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees) | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan1 – Mar 31) |
| <input type="checkbox"/> OEP (newly eligible) | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (change in residence) | <input type="checkbox"/> SEP (loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic) | <input type="checkbox"/> SEP (Dual LIS maintaining) | <input type="checkbox"/> AEP (October 15-December 7) | <input type="checkbox"/> 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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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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (聽力語言殘障服務專線 TTY : 711).

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Ready to Enroll


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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 Part D plan

☐ Medicare Supplement Insurance (Medigap) plan

☐ Medicare Advantage Special Needs plan

The name of my new plan is: _____

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

My plan:

☐ Requires referrals

☐ Does not require referrals

☐ Includes a medical deductible

☐ Does not include a medical deductible

My plan will provide:

☐ all my Medicare health coverage

☐ all my Medicare prescription drug coverage

I have purchased a 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.

I must (circle one) **have Medicaid / have a qualifying chronic condition / live in an institution**, to enroll in and/or remain enrolled in this plan. If the plan cannot verify my status, I understand that I may not be enrolled in or may be disenrolled from the plan.

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

 **Premium Information** What you need to know about paying your monthly plan premium.

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

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

Ready to Enroll



Network Information

Understanding your network is important.

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

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 what is covered by your prescription drug plan.

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

I have the option to access my plan documents, such as Explanation of Benefit (EOB), electronically.

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

Contact your Licensed Sales Representative

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

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

² For medications that have limitations, I may need to contact the plan before I can fill my prescription. 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.

2020 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.

TEAR HERE

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: COS

TEAR HERE

We're here to help. If you have additional questions you can call Customer Service toll-free at 1-855-545-9340, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

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



NOTES

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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.

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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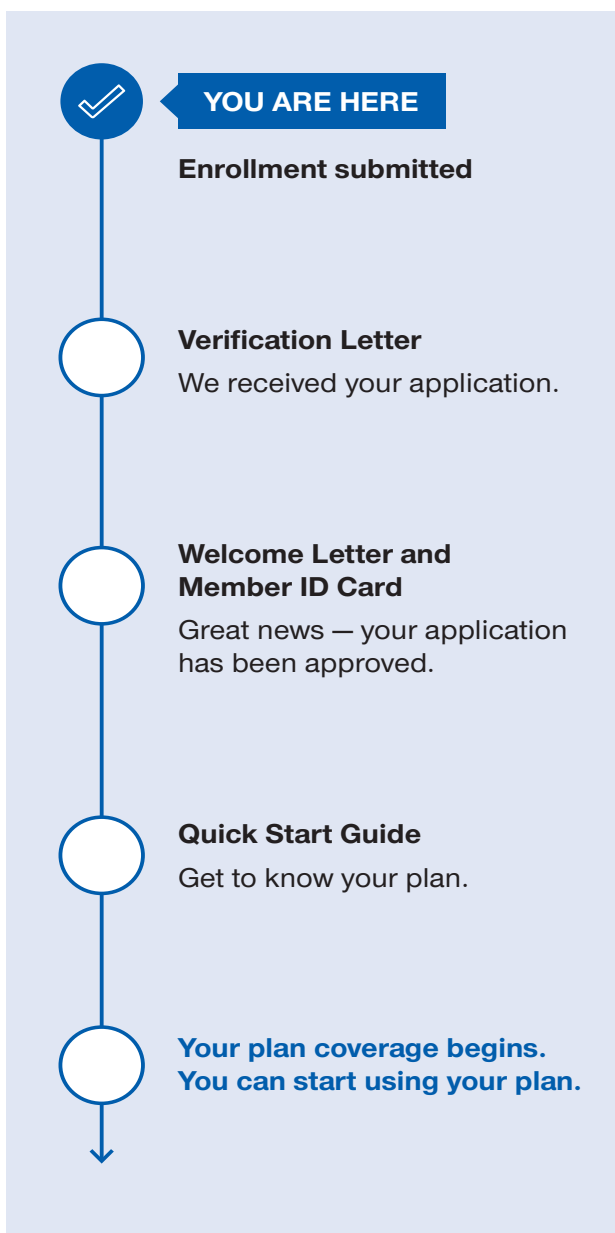
[illegible]

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.

TEAR HERE

TEAR HERE



Once your coverage begins

Once your coverage begins, there are things you can do to get the most out of your plan.



Schedule your annual physical and wellness visit. Preventive care is an important step to living a healthier life.



Take advantage of a UnitedHealthcare® HouseCalls visit. A yearly in-home preventive care visit with a health care practitioner is included in your plan. Learn more at [UHCHouseCalls.com](https://www.uhhousecalls.com).



Complete your Health Assessment. Answering a few simple questions by phone or mail will help us connect you to programs and services.



Sign up for prescription home delivery. Sign up to enjoy the convenience of having your 3-month supply of medication mailed to your home.

Thank you for choosing UnitedHealthcare®

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

Questions? We're here to help.

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



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



Learn more at
www.UHCCommunityPlan.com

