

# 2019 PLAN GUIDE

What you need to know about your Prescription Drug Plan.

## **ARLINGTON PUBLIC SCHOOLS**

UnitedHealthcare® MedicareRx for Groups (PDP)

**Effective:** January 1, 2019 through December 31, 2019

**Group Number:** 23707



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# Introducing the UnitedHealthcare® Prescription Drug Plan

Dear Retiree,

Your employer group or plan sponsor has selected UnitedHealthcare® to offer prescription drug coverage for all eligible retirees. We believe you should get more than a good plan, and that's why we have the people, tools and resources in place to help you live a healthier life.

## Let us help you:

- Find ways to save money, so you can spend more on what matters most to you
- Get the tools and resources you need to be in more control of your health

## In this book you will find:

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

## Enrolling is easy

- 1 Find the Enrollment Request Form(s) in the “Enrollment” section of this book.
- 2 Fill out completely — make sure you sign and date the form(s).
- 3 Return your completed form(s) in the enclosed envelope before your enrollment deadline.

You can get 2019 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your materials.

## Healthy extras by UnitedHealthcare



**GET A 3-MONTH SUPPLY<sup>1</sup>**



**OVER 68,000 PHARMACIES**



**OPTUMRx HOME DELIVERY**

<sup>1</sup> Your employer group or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

## Visit us online anytime

Learn more at  
[www.UHCRetiree.com](http://www.UHCRetiree.com)

Toll-free **1-877-558-4749**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

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# Plan Information

# Benefit Highlights

ARLINGTON PUBLIC SCHOOLS 23707

Effective January 1, 2019 to December 31, 2019

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

## Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred generic	\$10 copay	\$20 copay
Tier 2: Preferred brand (includes some generic)	\$25 copay	\$50 copay
Tier 3: Non-preferred drug (includes some generic)	\$40 copay	\$80 copay
Tier 4: Specialty tier	\$40 copay	\$80 copay
Coverage gap stage	After your total drug costs reach \$3,820, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,100, you will pay the greater of \$3.40 copay for generic (including brand drugs treated as generic), \$8.50 copay for all other drugs, or 5% coinsurance	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your drug list (formulary). Please see your Additional Drug Coverage list for more information.

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Drug lists (formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year.

## Plan Details

### UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP)

Your employer group or plan sponsor has selected a UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) plan for your prescription drug coverage. This is a plan designed just for an employer group or plan sponsor, like yours. Only eligible retirees of your employer group or plan sponsor can enroll in this plan. This plan is also known as a Medicare Part D plan.

Original Medicare (Parts A and B) helps pay for some of the costs of hospital stays and doctor visits, but it doesn't cover prescription drugs. Medicare Part D plans help with prescription drug costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare®.

### Make sure you are signed up for Medicare



You must be entitled to Medicare Part A and/or enrolled in Medicare Part B to be eligible to enroll in this plan.

- If you're not sure if you are enrolled, check with your local Social Security office. To find an office where you live, visit [www.ssa.gov/locator](http://www.ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- If you are enrolled in Part B, you need to continue to pay your Part B monthly premium to Social Security to keep your Part B coverage. If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage.

### Visit us online anytime

Learn more at  
[www.UHCRetiree.com](http://www.UHCRetiree.com)

Toll-free **1-877-558-4749**, TTY **711**,  
8 a.m. - 8 p.m. local time, 7 days a week

## How Group Medicare Part D plans work with other coverage

Medicare has certain rules about what types of coverage you can have either as an addition to or combined with a Group-sponsored Medicare Part D prescription drug plan.



### Rule 1: One plan at a time

- You may be enrolled in only one Medicare Part D prescription drug plan at a time. This means you may have one Medicare Part D plan or one Medicare Advantage plan that includes prescription drug coverage, but not both. The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any family members will also be disenrolled from their group-sponsored coverage and you and your family may not have drug coverage through your plan sponsor or employer group.



### Rule 2: You must have employer group-sponsored coverage

Your Medicare Part D plan includes only drug coverage. It does not include health care coverage. You are transitioning to a group-sponsored Medicare Part D prescription drug plan.

- If you want a Medicare Advantage plan, it must also come through a group like your employer group or plan sponsored Part D prescription drug plan.
- If you enroll in an individual medical plan, you may be disenrolled from this group-sponsored prescription drug plan.



**Remember:** If you drop or are disenrolled from your group-sponsored retiree drug coverage, you may not be able to re-enroll. Limitations and restrictions vary by employer group or plan sponsor.

### Visit us online anytime

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Toll-free **1-877-558-4749**, TTY **711**,  
8 a.m. - 8 p.m. local time, 7 days a week



## Prescription drug coverage plan basics

Your employer group or plan sponsor has selected the UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) plan as an option for your Medicare Part D prescription drug coverage.

### Here are some of the highlights of your new plan:

#### Dedicated service

We're here for you. Our Customer Service team has been specially trained to know all the ins and outs of your plan.

#### Comprehensive drug list

The plan's drug list (formulary) includes all of the drugs covered by Medicare Part D in brand or generic form. Your plan may include additional drug coverage beyond what Medicare allows.

#### Filling your prescriptions is convenient

There are more than 68,000 national, regional, local chains and independent neighborhood pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy can help make sure you are getting the lowest cost available through your plan.



**OVER 68,000  
PHARMACIES<sup>1</sup>**

<sup>1</sup>2018 Optum Internal Report Data

#### Visit us online anytime

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



### What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.



### What is a Medicare Part D Late Enrollment Penalty (LEP)?

Most people first become eligible for Medicare when they turn 65. This is your Initial Enrollment Period. If, at any time after you first become eligible for Part D, there's a period of at least 63 days in a row when you don't have Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

When you become a member, your employer group or plan sponsor will be asked to confirm that you have had continuous Part D coverage. If your employer group or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC). Your Welcome Packet will include details on how to access your EOC.

## Call Social Security to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying and you can re-apply every year.



Toll-free call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday

## How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check the complete drug list online or the partial drug list in this book to see if your drugs are covered.



### What pharmacies can I use?

You can choose from over 68,000 national, regional, local chains and independent neighborhood pharmacies.



### What is a drug cost tier?

Drugs are divided into different cost levels, or tiers. In general, the higher the tier, the higher the cost of the drug.



### What will I pay for my prescription drugs?

What you pay will depend on the coverage your employer group or plan sponsor has arranged. Your exact cost may depend on what drug cost tier your prescription belongs to. Your cost may also change during the year based on the total cost of the prescriptions you have filled.<sup>1</sup>



## EASY ACCESS TO PHARMACIES NATIONWIDE

<sup>1</sup>To learn more about your coverage, please refer to your Benefit Highlights or your Summary of Benefits.

### Visit us online anytime

Learn more at  
[www.UHCRetiree.com](http://www.UHCRetiree.com)

Toll-free **1-877-558-4749**, TTY **711**,  
8 a.m. - 8 p.m. local time, 7 days a week

## The price you pay for a covered drug will depend on two factors:

### 1. The drug cost tier for your drug

Each covered drug is assigned to a tier. Generally, the lower the tier, the less you pay.

Tier	Cost	Description
Tier 1	Low	Includes most generic prescription drugs.
Tier 2		Includes many common brand name drugs and some higher-cost generic prescription drugs.
Tier 3		Includes non-preferred generic and non-preferred brand name drugs.
Tier 4 (Specialty)		Includes unique or very high-cost drugs.

### 2. Your Medicare drug payment stages

**Annual deductible:** If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage. If you don't have a deductible, your coverage begins in the initial coverage stage.

Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage
In this drug payment stage: <ul style="list-style-type: none"> <li>You pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest</li> <li>You stay in this stage until your <b>total drug costs</b> reach \$3,820</li> </ul>	Your plan provides additional coverage through the gap. <ul style="list-style-type: none"> <li>You continue to pay the same copay or coinsurance as you did in the initial coverage stage</li> <li>You stay in this stage until your <b>out-of-pocket costs</b> reach \$5,100</li> </ul>	After your <b>out-of-pocket costs</b> reach \$5,100: <ul style="list-style-type: none"> <li>You pay a small copay or coinsurance amount</li> <li>You stay in this stage for the rest of the plan year</li> </ul>

**Total Drug Costs:** The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2019. This does not include premiums.

**Out-of-Pocket Costs:** The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2019. This does not include premiums.


## Ways to save on your prescription drugs

### You could save on the medications you take regularly

If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have a question.

### Get a 3-month<sup>1</sup> supply at retail pharmacies

In addition to OptumRx® home delivery, most retail pharmacies offer 3-month supplies for some prescription drugs.

Check your UnitedHealthcare pharmacy directory to see if a retail pharmacy offers 3-month supplies noted with a  symbol. An online pharmacy directory is available at:

**[www.UHCRetiree.com](http://www.UHCRetiree.com)**

To request a printed directory, call Customer Service toll-free at:

**1-877-558-4749, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week**

### Ask your doctor about trial supplies

A trial supply allows you to fill a prescription for less than 30 days. This way you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month supply.

### Explore lower cost options

Each covered drug in your drug list is assigned to a drug cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.

### Have an annual medication review

Make an appointment to have an annual medication review with your doctor, to make sure you are only taking the drugs you need.

<sup>1</sup>Your employer group or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

## The UnitedHealthcare Savings Promise



UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

# 2019 SUMMARY OF BENEFITS



## Overview of your plan

### UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP)

Group Name (Plan Sponsor): ARLINGTON PUBLIC SCHOOLS  
Group Number: 23707

S5820-803

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



Toll-free **1-877-558-4749**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



**[www.UHCRetiree.com](http://www.UHCRetiree.com)**



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Our service area includes the 50 United States, the District of Columbia and all US territories.

# Summary of Benefits

**January 1, 2019 - December 31, 2019**

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.UHCRetiree.com](http://www.UHCRetiree.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® MedicareRx<sup>SM</sup> for Groups (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed on the cover be a United States citizen or lawfully present in the United States and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

## Use network pharmacies.

UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP) has a network of pharmacies. If you use out-of-network pharmacies, 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.UHCRetiree.com](http://www.UHCRetiree.com) to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.



# UnitedHealthcare® MedicareRx<sup>SM</sup> for Groups (PDP)

Premiums and Benefits	Cost-Share
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Annual Prescription Drug Deductible</b>	This plan does not have a deductible.

## Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. Once you are enrolled in this plan, you will receive a separate document called the “Certificate of Coverage” with more information about this supplemental drug coverage.

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

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

<b>Stage 1: Annual Prescription Deductible</b>	Since you have no deductible, this payment stage doesn't apply.	
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>One-month supply</b>	<b>Three-month supply</b>
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand, (Includes some Generics)	\$25 copay	\$50 copay
Tier 3: Non-Preferred Drugs, (Includes some Generics)	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$40 copay	\$80 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$3,820, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	

**Stage 4:  
Catastrophic  
Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:

- 5% coinsurance, or
- \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs.

## Required Information

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

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

Premium and/or copayments/coinsurance may change each plan year.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

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 , TTY . OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

You must continue to pay your Medicare Part B premium.

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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](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क 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 yáníl'ti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jíik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodíilnih.

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



# Drug List

# Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2018. This list can change throughout the year. Call us or go online for the most complete, 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
- Covered drugs are placed in tiers. Each tier has a different cost
  - Tier 1: Preferred generic
  - Tier 2: Preferred brand
  - Tier 3: Non-preferred drug
  - Tier 4: Specialty tier
- Each tier has a copay or coinsurance amount
- 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

<b>PA</b> <b>Prior authorization</b>	The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered.
<b>QL</b> <b>Quantity limits</b>	The plan only covers a certain amount of this drug for 1 copay. Limits help make sure the drug is used safely. If your doctor prescribes more than the limit, you or your doctor can ask the plan to cover the additional quantity.
<b>ST</b> <b>Step therapy</b>	You may need to try lower-cost drugs that treat the same condition before the plan will cover your drug. If you have tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan for coverage.
<b>B/D</b> <b>Medicare Part B or Part D</b>	Depending on how this drug is used, it may be covered by Medicare Part B or Part D. Your doctor may need to give the plan more information about how this drug will be used to make sure it's covered correctly.
<b>HRM</b> <b>High-risk medication</b>	This drug is known as a high-risk medication (HRM) for Medicare members 65 and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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<b>LA Limited access</b>	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
<b>MME Morphine milligram equivalent</b>	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
<b>7D 7-Day limit</b>	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.
<b>DL Dispensing limit</b>	Dispensing limits apply to this drug. This drug is limited to a 1 month supply per prescription.

<b>A</b>	
Abacavir/Lamivudine (Tablet),T3 - QL	<b>Aggrenox (Capsule Extended-Release 12 Hour),T3 - QL</b>
Acamprosate Calcium DR (Tablet Delayed-Release),T3	<b>Albenza (Tablet),T4 - QL</b>
Acetaminophen/Codeine (Tablet),T1 - 7D,DL,QL,MME	Alcohol Prep Pads,T2
Acetazolamide (Tablet Immediate-Release),T2	Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet),T1
Acetazolamide ER (Capsule Extended-Release 12 Hour),T3	Alendronate Sodium (70mg/75ml Oral Solution),T3
Acyclovir (200mg Capsule, 400mg Tablet, 800mg Tablet),T1	Alfuzosin HCl ER (Tablet Extended-Release 24 Hour),T1
Acyclovir (200mg/5ml Suspension, 5% Ointment),T3	Allopurinol (Tablet),T1
<b>Adacel (Injection),T2</b>	Alosetron HCl (Tablet),T4 - PA
<b>Adcirca (20mg Tablet),T4 - PA</b>	Alprazolam (Tablet Immediate-Release),T1 - QL
<b>Advair Diskus, Advair HFA (Aerosol),T2 - QL</b>	<b>Alrex (Suspension),T3</b>
	Amantadine HCl (100mg Capsule, 100mg Tablet),T2

**Bold type = Brand name drug**

Plain type = Generic drug

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Amantadine HCl (50mg/5ml Syrup),T1

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Amiloride HCl (Tablet),T1

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Amiodarone HCl (100mg Tablet, 200mg Tablet),T1

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Amiodarone HCl (400mg Tablet),T3

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**Amitiza (Capsule),T2 - QL**

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Amitriptyline HCl (Tablet),T3 - PA,HRM

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Amlodipine Besylate (Tablet),T1

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Amlodipine Besylate/Benazepril HCl (Capsule),T1 - QL

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Ammonium Lactate (12% Cream, 12% Lotion),T2

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

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Amphetamine/Dextroamphetamine (Capsule Extended-Release),T3 - QL

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Amphetamine/Dextroamphetamine (Tablet Immediate-Release),T2 - QL

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Anagrelide HCl (Capsule),T2

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Anastrozole (Tablet),T1

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**AndroGel (Packet, Pump),T3**

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**Androderm (Patch 24 Hour),T2**

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**Anoro Ellipta (Aerosol Powder),T2 - QL**

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**Apriso (Capsule Extended-Release 24 Hour),T2 - QL**

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**Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T4 - PA**

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**Aranesp Albumin Free (10mcg/0.4ml**

**Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection),T3 - PA**

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Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution),T3 - QL

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**Arnuity Ellipta (Aerosol Powder),T2 - QL**

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Atazanavir Sulfate (Capsule),T4 - QL

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Atenolol (Tablet),T1

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Atomoxetine (Capsule),T2

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Atorvastatin Calcium (Tablet),T1 - QL

---

Atovaquone/Proguanil HCl (Tablet) (Generic Malarone),T2

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**Atripla (Tablet),T4 - QL**

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**Atrovent HFA (Aerosol Solution),T3**

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**Aubagio (Tablet),T4 - QL,LA**

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**Auryxia (Tablet),T4 - PA**

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**Avonex (Injection),T4**

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**Azasite (Ophthalmic Solution),T3**

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Azathioprine (Tablet),T1 - B/D,PA

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Azelastine HCl (0.05% Ophthalmic Solution),T3

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Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2

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

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**Azithromycin (1gm Packet),T1**

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**Azopt (Suspension),T2**

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**B**

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Baclofen (Tablet),T1

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Balsalazide Disodium (Capsule),T3

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**Belsomra (Tablet),T2 - QL**

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Benazepril HCl (Tablet),T1 - QL

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Benazepril HCl/Hydrochlorothiazide (Tablet),T1 -

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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QL	<b>Bydureon Injection (Pen, Vial),T2 - QL</b>
Benzotropine Mesylate (Tablet),T2 - PA,HRM	<b>Byetta (Injection),T3 - QL</b>
<b>Bepreve (Ophthalmic Solution),T3</b>	<b>Bystolic (Tablet),T2 - QL</b>
<b>Berinert (Injection),T4 - PA,LA</b>	<b>C</b>
<b>Betaseron (Injection),T4</b>	Cabergoline (Tablet),T2
Bethanechol Chloride (Tablet),T1	Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution),T1 - B/D,PA
<b>Betimol (Ophthalmic Solution),T3</b>	<b>Calcitriol (3mcg/gm Ointment),T3</b>
<b>Bevespi Aerosphere (Aerosol),T2</b>	Calcium Acetate (667mg Capsule, 667mg Tablet),T2
Bicalutamide (Tablet),T1	Captopril (Tablet),T1 - QL
<b>Binosto (Tablet Effervescent),T3</b>	<b>Carafate (1gm Tablet, 1gm/10ml Suspension),T3</b>
Bisoprolol Fumarate (Tablet),T2	<b>Carbaglu (Tablet),T4 - LA</b>
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T2 - QL	Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T2
<b>Breo Ellipta (Aerosol Powder),T2 - QL</b>	Carbidopa/Levodopa(Tablet immediate release), Carbidopa/Levodopa ER, Carbidopa/Levodopa ODT,T1
<b>Brilinta (Tablet),T2 - QL</b>	Carbidopa/Levodopa/Entacapone (Tablet),T3
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution),T3</b>	Carvedilol (Tablet),T1
Brimonidine Tartrate (0.2% Ophthalmic Solution),T1	<b>Cayston (Inhalation Solution),T4 - PA,LA</b>
<b>Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution),T4 - QL</b>	Cefuroxime Axetil (Tablet),T1
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension),T3 - B/D,PA	Celecoxib (Capsule),T3 - QL
Budesonide (3mg Capsule Delayed-Release),T3	Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule),T1
Bumetanide (Tablet),T1	Cephalexin (250mg Tablet, 500mg Tablet),T3
Buprenorphine HCl (Tablet Sublingual),T1 - QL	<b>Chantix (Tablet),T2</b>
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent),T1	Chlorhexidine Gluconate (Solution),T1
Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet),T1	Chlorthalidone (Tablet),T1
Buspironone HCl (Tablet),T1	Cholestyramine Light (Powder),T3
<b>Butrans (Patch Weekly),T2 - 7D,DL,QL</b>	Cilostazol (Tablet),T1

**Bold type = Brand name drug**

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**This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.**

**Cinryze (Injection),T4 - PA,LA**

**Ciprodex (Otic Suspension),T2**

Ciprofloxacin HCl (100mg Tablet Immediate-Release),T2

Ciprofloxacin HCl (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Immediate-Release Tablet),T1

Citalopram HBr (10mg/5ml Oral Solution),T2

Citalopram HBr (Tablet),T1

Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension),T3

Clarithromycin (Tablet),T2

**Climara Pro (Patch Weekly),T3 - PA,HRM**

Clonazepam (Tablet Immediate-Release),T1 - QL

Clonazepam ODT (Tablet Dispersible),T3 - QL

Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly),T3

Clonidine HCl (Tablet Immediate-Release),T1

Clopidogrel (75mg Tablet),T1 - QL

Clozapine (Tablet Immediate-Release),T2

Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible),T2

Clozapine ODT (200mg Tablet Dispersible),T4

**Colchicine (0.6mg Capsule) (Generic Mitigare),T2 - QL**

Colchicine (0.6mg Tablet) (Generic Colcrys),T2 - QL

**Combigan (Ophthalmic Solution),T2**

**Combivent Respimat (Aerosol Solution),T2**

**Comtan (Tablet),T4**

**Copaxone (Injection),T4**

**Cosentyx (Injection), Cosentyx Sensoready Pen (Injection),T4 - PA,LA**

**Cosopt PF (Ophthalmic Solution),T3**

**Creon (Capsule Delayed-Release),T2**

**Crestor (Tablet),T3 - QL**

**Crixivan (Capsule),T2 - QL**

Cromolyn Sodium (100mg/5ml Concentrate),T3

Cromolyn Sodium (20mg/2ml Nebulized Solution),T2 - B/D,PA

Cromolyn Sodium (4% Ophthalmic Solution),T1

Cyclophosphamide (Capsule),T3 - B/D,PA

**D**

**Daliresp (250MCG Tablet, 500MCG Tablet),T3 - PA**

Dapsone (5% Gel),T3

Dapsone (Tablet),T2

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

Desmopressin Acetate (0.01% Nasal Spray Solution),T3

Desmopressin Acetate (Tablet),T2

**Dexilant (Capsule Delayed-Release),T3 - QL**

**Dextrose 5%/NaCl 0.2% (Injection),T2**

**Dextrose 5%/NaCl 0.225% (Injection),T2**

**Dextrose 5%/NaCl 0.33% (Injection),T2**

**Dextrose 5%/NaCl 0.45% (Injection),T2**

**Dextrose 5%/NaCl 0.9% (Injection),T2 - B/D,PA**

Diazepam (1mg/ml Oral Solution),T1

Diazepam Intensol (5mg/ml Concentrate),T1 - QL

Diclofenac Tablet , Diclofenac DR Tablet, Diclofenac ER Tablet,T1

Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet),T1 - HRM

**Digoxin (0.05mg/ml Oral Solution),T3 - PA,QL,HRM**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Digoxin (125mcg Tablet),T3 - QL,HRM

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Digoxin (250mcg Tablet),T3 - PA,HRM

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Dihydroergotamine Mesylate (Nasal Solution),T4

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Diltiazem HCl (Tablet Immediate-Release),T1

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Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour) (Generic Cardizem SR) (120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD) (60mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour) (Generic Tiazac),T1

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Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid),T3 - PA,HRM

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Disulfiram (Tablet),T3

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Divalproex Capsule, Divalproex DR Tablet, Divalproex ER Tablet,T1

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Donepezil HCl (10mg Tablet immediate release, 5mg Tablet immediate release),T1 - QL

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Donepezil HCl (23mg Tablet),T2 - QL

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Donepezil HCl ODT (Tablet Dispersible),T1 - QL

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Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T1

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Doxazosin Mesylate (Tablet),T1

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Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet, 150mg Tablet, 75mg Tablet, 20mg Tablet Immediate-Release),T2

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Dronabinol (Capsule),T3 - PA

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**Duavee (Tablet),T3 - PA,HRM**

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

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**Durezol (Emulsion),T2**

Dutasteride (Capsule),T2 - QL

**Dymista (Suspension),T3**

**E**

**Edarbi (Tablet),T3 - QL**

**Edarbyclor (Tablet),T3 - QL**

**Elidel (Cream),T3 - ST**

**Eliquis (Tablet),T2 - QL**

**Elmiron (Capsule),T4**

**Embeda (Capsule Extended-Release),T2 - 7D,DL,QL,MME**

Enalapril Maleate (Tablet),T1 - QL

Enalapril Maleate/Hydrochlorothiazide (Tablet),T1 - QL

**Enbrel (Injection),T4 - PA**

Entacapone (Tablet),T3

Entecavir (Tablet),T3

**Epclusa (Tablet),T4 - PA,QL**

Eplerenone (Tablet),T2

**Epzicom (Tablet),T4 - QL**

**Equetro (Capsule Extended-Release 12 Hour),T3**

Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1

Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly, 0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly),T3 - PA,QL,HRM

Estradiol (0.1mg/gm Cream, 10mcg Tablet),T3

Estradiol (Tablet) (Generic Estrace),T3 - PA,HRM

Eszopiclone (Tablet),T3 - PA,QL,HRM

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

**Exjade (Tablet Soluble),T4 - PA**

**Extavia (Injection),T4**

Ezetimibe (Tablet),T1

**F**

Famotidine (40mg/5ml Suspension),T3

Famotidine (Tablet),T1

**Fareston (Tablet),T4**

**Farxiga (Tablet),T3 - QL,ST**

Fenofibrate (145mg Tablet, 48mg Tablet),T2

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

Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour),T3 - 7D,DL,QL,MME

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

**Firazyr (Injection),T4 - PA,QL,LA**

**Flovent Diskus (Aerosol Powder),T2**

**Flovent HFA (Aerosol),T2 - QL**

Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension),T1

Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment),T3

Fluocinolone Acetonide (0.01% Otic Oil),T3

Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection),T3

Fluphenazine HCl (5mg/ml Concentrate),T2

Fluphenazine HCl (Tablet),T1

Fluticasone Propionate (0.005% Ointment, 0.05% Cream),T2

Fluticasone Propionate (0.05% Lotion),T3

Fluticasone Propionate (Suspension),T1

**Forteo (Injection),T4 - PA**

Furosemide (10mg/ml Injection),T1 - B/D,PA

Furosemide (Tablet, Oral Solution),T1

**Fuzeon (Injection),T4 - QL**

**Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet),T3**

**G**

Gabapentin (250mg/5ml Oral Solution),T2

Gabapentin (Capsule, Tablet),T1

**Gammagard Liquid (Injection),T4 - PA**

Gemfibrozil (Tablet),T1

**Genotropin (12mg Injection, 5mg Injection),T4 - PA**

**Genotropin Miniquick (0.2mg Injection),T3 - PA**

**Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T4 - PA**

Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution),T1

**Gilenya (Capsule),T4 - QL**

Glatiramer Acetate (Solution Prefilled Syringe),T4

Glimepiride (Tablet),T1 - QL

Glipizide, Glipizide ER (Tablet),T1 - QL

**GlucaGen HypoKit (Injection),T3**

**Glucagon Emergency Kit (Injection),T2**

**Guanidine HCl (Tablet),T2**

**H**

Haloperidol (Tablet), 2mg/ml concentrate,T1

**Harvoni (Tablet),T4 - PA,QL**

T1 = Tier 1

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T4 = Tier 4

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<b>Humalog (Injection),T2</b>	Imatinib Mesylate (Tablet),T4 - PA,QL
<b>Humalog Mix (Injection),T2</b>	Imiquimod (Cream),T3
<b>Humira (Injection),T4 - PA</b>	<b>Incruse Ellipta (Aerosol Powder),T2 - QL</b>
<b>Humulin 70/30 Vial (Injection),T2</b>	<b>Intelence (100mg Tablet, 200mg Tablet),T4 - QL</b>
<b>Humulin N Vial (Injection),T2</b>	<b>Intron A (Injection),T4 - PA,LA</b>
<b>Humulin R Vial (Injection),T2</b>	<b>Invanz (Injection),T4</b>
Hydralazine HCl (Tablet),T1	<b>Invokamet, Invokamet XR (Tablet),T2 - QL</b>
Hydrochlorothiazide (Capsule, Tablet),T1	<b>Invokana (Tablet),T2 - QL</b>
Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet),T3 - 7D,DL,QL,MME	Ipratropium Bromide (0.02% Inhalation Solution),T1 - B/D,PA
Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet),T2 - 7D,DL,QL,MME	Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T1
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet),T2 - 7D,DL,QL,MME	Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution),T1 - B/D,PA
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection),T3 - 7D,DL	Irbesartan (Tablet),T1 - QL
Hydromorphone HCl (1mg/ml Liquid),T3 - 7D,DL,QL,MME	Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL
<b>Hydromorphone HCl (2mg/ml Injection),T3 - 7D,DL</b>	<b>Isentress (400mg Tablet),T4 - QL</b>
Hydromorphone HCl (Tablet Immediate-Release),T1 - 7D,DL,QL,MME	Isoniazid (50mg/5ml Syrup),T3
Hydroxychloroquine Sulfate (Tablet),T1	Isoniazid (Tablet),T1
Hydroxyurea (Capsule),T1	Isosorbide Dinitrate (Tablet Immediate-Release, Tablet Extended-Release) and Isosorbide Mononitrate (Tablet Immediate-Release, Tablet Extended-Release 24 Hour),T1
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup),T3 - PA,HRM	Ivermectin (Tablet),T2
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T2 - 7D,DL,QL,MME</b>	
	<b>J</b>
	<b>Jadenu (Tablet),T4 - PA</b>
	<b>Janumet, Janumet XR (Tablet),T2 - QL</b>
	<b>Januvia (Tablet),T2 - QL</b>
	<b>Jardiance (Tablet),T2 - QL</b>
	<b>Jentadueto, Jentadueto XR (Tablet),T3 - QL</b>
	<b>Jublia (External Solution),T3</b>
Ibandronate Sodium (Tablet),T2	
Ibuprofen (Tablets, Suspension),T1	
<b>Ilevro (Suspension),T2</b>	

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**K**

**Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet),T4 - PA,LA**

**Kazano (Tablet),T3 - QL,ST**

Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet),T1

Ketoconazole (2% Foam),T3

Ketorolac Tromethamine (10mg Tablet),T3 - PA,HRM

Ketorolac Tromethamine (Ophthalmic Solution),T2

**Klor-Con 10, Klor-Con 8 (Tablet),T2**

Klor-Con M20 (Tablet Extended-Release),T1

**Kombiglyze XR (Tablet Extended-Release 24 Hour),T2 - QL**

**Korlym (Tablet),T4 - PA,LA**

**L**

Lactulose (Oral Solution),T1

Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet),T2 - QL

Lamivudine (Tablet),T2

Lamotrigine (Tablet Immediate-Release),T1

**Lantus Injection (SoloStar, Vial),T2**

**Lastacft (Ophthalmic Solution),T2**

Latanoprost (Ophthalmic Solution),T1

**Latuda (Tablet),T4 - QL**

Leflunomide (Tablet),T2

**Letairis (Tablet),T4 - PA,QL,LA**

Letrozole (Tablet),T1

Leucovorin Calcium (25mg Tablet),T3

Leucovorin Calcium (Tablet),T2

**Leukeran (Tablet),T4**

**Levemir Injection (FlexTouch, Vial),T2**

Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution),T1

Levocarnitine (1gm/10ml Oral Solution),T2

**Levocarnitine (Tablet),T2**

Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution),T3

Levocetirizine Dihydrochloride (5mg Tablet),T1

Levofloxacin (0.5% Ophthalmic Solution, 25mg/ml Injection),T2

Levofloxacin (25mg/ml Oral Solution),T3

Levofloxacin (Tablet),T1

Levothyroxine Sodium (Tablet),T1

**Lialda (Tablet Delayed-Release),T2 - QL**

Lidocaine (5% Ointment),T3 - QL

Lidocaine (5% Patch),T3 - PA,QL

Lidocaine HCl (4% External Solution, 2% Viscous Solution),T1

Lidocaine/Prilocaine (Cream),T2

Lindane (Shampoo),T3

**Linzess (Capsule),T2 - QL**

Liothyronine Sodium (Tablet),T1

Lisinopril (Tablet),T1 - QL

Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL

Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T1

Loperamide HCl (Capsule),T1

Lorazepam (Tablet, Intensol 2mg/ml Concentrate),T1 - QL

Losartan Potassium (Tablet),T1 - QL

Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



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**Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension),T3**

Lovastatin (Tablet Immediate-Release),T1 - QL

**Lumigan (Ophthalmic Solution),T2**

**Lupron Depot (Injection),T4 - PA**

**Luzu (Cream),T3**

**Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution),T2 - QL**

**Lysodren (Tablet),T4**

**M**

**Mavyret (Tablet),T4 - PA,QL**

Meclizine HCl (Tablet),T1 - PA,HRM

Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection),T1

Meloxicam (Tablet),T1

Memantine HCl (Tablet),T1 - PA,QL

Mercaptopurine (Tablet),T2

Meropenem (1gm Injection),T3

Meropenem (Injection),T2

Metformin HCl (Tablet Immediate-Release),T1 - QL

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

Methadone HCl (Tablet, Oral Solution),T2 - 7D,DL,QL,MME

Methazolamide (Tablet),T3

Methimazole (Tablet),T1

Methotrexate (Tablet),T1

Methscopolamine Bromide (Tablet),T3

Methyldopa (Tablet),T3 - PA,HRM

Methylphenidate HCl (10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable),T3 - QL

Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin),T2 - QL

Metoclopramide HCl (Tablet), 5mg/5ml oral solution,T1

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

Metoprolol Tartrate (Tablet Immediate-Release),T1

Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 375mg Capsule Immediate-Release),T3

Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release),T1

Migergot (Suppository),T4

Minocycline HCl (100mg Tablet, 75mg Tablet, 50mg Tablet Immediate-Release),T3

Minocycline HCl (Capsule),T1

Minoxidil (Tablet),T1

Mirtazapine, Mirtazapine ODT (Tablet),T1

Misoprostol (Tablet),T2

Modafinil (Tablet),T3 - PA,QL

Mometasone Furoate (Suspension),T3

Montelukast Sodium (Tablet, Tablet Chewable, Packet),T1 - QL

Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian) (100mg Tablet Extended-Release, 200mg Tablet

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Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin) (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza),T3 - 7D,DL,QL,MME

Morphine Sulfate ER (15mg Tablet Extended-Release, 30mg Tablet Extended-Release) (Generic MS Contin),T2 - 7D,DL,QL,MME

**Multaq (Tablet),T2**

**Myrbetriq (Tablet Extended-Release 24 Hour),T2**

**N**

Nadolol (Tablet),T3

**Naftin (1% Gel, 2% Gel, 2% Cream),T3**

Naloxone (Injection),T2

Naltrexone HCl (Tablet),T2

**Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour),T2 - PA,QL**

Naproxen (125mg/5ml Suspension),T3

Naproxen (Tablet Immediate-Release),T1

**Narcan (Nasal Spray),T2**

Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension),T2

**Nesina (Tablet),T3 - QL,ST**

**Nevanac (Suspension),T2**

Niacin ER (Tablet Extended-Release),T3

Niacor (Tablet),T1

**Nicotrol Inhaler,T3**

Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin),T2 - HRM

Nitrofurantoin Monohydrate (100mg Capsule)

(Generic Macrobid),T2 - HRM

**Nitrostat (Tablet Sublingual),T3**

Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution),T3

Norethindrone Acetate (5mg Tablet),T1

Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution),T1 - PA,HRM

**Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution),T3 - QL**

**Nucynta ER (Tablet Extended-Release 12 Hour),T2 - 7D,DL,QL,MME**

**Nuedexta (Capsule),T3 - PA**

**Nutropin AQ (Injection),T4 - PA**

**Nuvigil (Tablet),T3 - PA,QL**

Nystatin (Cream, Ointment, Powder, Suspension, Tablet),T1

**O**

Olanzapine (10mg Injection),T3

Olanzapine (Tablet Immediate-Release),T1 - QL

Olmesartan Medoxomil (Tablet),T2 - QL

Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet),T2 - QL

Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T2 - QL

Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza),T3

Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T1 - QL

Omeprazole (20mg Capsule Delayed-Release),T1

Ondansetron HCl (24mg Tablet immediate release, 4mg Tablet immediate release, 8mg Tablet immediate release),T1 - B/D,PA

Ondansetron HCl (4mg/5ml Oral Solution),T3 - B/D,PA

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Ondansetron ODT (Tablet Dispersible),T1 - B/  
D,PA

**Onglyza (Tablet),T2 - QL**

**Opsumit (Tablet),T4 - PA,LA**

**Orenitram (0.125mg Tablet Extended-  
Release),T3 - PA,LA**

**Orenitram (0.25mg Tablet Extended-Release,  
1mg Tablet Extended-Release, 2.5mg Tablet  
Extended-Release, 5mg Tablet Extended-  
Release),T4 - PA,LA**

Oseltamivir Phosphate (30mg Capsule, 45mg  
Capsule, 75mg Capsule, 6mg/ml  
Suspension),T2 - QL

**Oseni (Tablet),T3 - QL,ST**

**Osphena (Tablet),T3 - PA,QL**

Oxcarbazepine (150mg Tablet, 300mg Tablet,  
600mg Tablet),T2

Oxcarbazepine (300mg/5ml Suspension),T3

Oxcarbazepine (Tablet),T2

**OxyContin (Tablet Extended-Release 12 Hour  
Abuse-Deterrent),T2 - 7D,DL,QL,MME**

Oxybutynin Chloride ER (Tablet Extended-  
Release 24 Hour),T2 - QL

Oxycodone HCl (100mg/5ml Concentrate, 5mg  
Capsule Immediate-Release),T3 -  
7D,DL,QL,MME

Oxycodone HCl (5mg/5ml Oral Solution),T2 -  
7D,DL,QL,MME

Oxycodone HCl (Tablet Immediate-Release),T1 -  
7D,DL,QL,MME

Oxycodone/Acetaminophen (10mg-325mg  
Tablet, 2.5mg-325mg Tablet, 5mg-325mg  
Tablet, 7.5mg-325mg Tablet),T2 -  
7D,DL,QL,MME

**P**

Pantoprazole Sodium (Tablet Delayed-

Release),T1 - QL

**Pazeo (Ophthalmic Solution),T2**

**Pegasys (Injection),T4 - PA**

Penicillin V Potassium (125mg/5ml Oral Solution,  
250mg/5ml Oral Solution, 250mg Tablet,  
500mg Tablet),T1

**Perforomist (Nebulized Solution),T3 - B/  
D,PA,QL**

Permethrin (Cream),T2

Phenytoin Sodium Extended (Capsule),T1

**Phoslyra (Oral Solution),T2**

**Picato (Gel),T2**

Pilocarpine HCl (1% Ophthalmic Solution, 2%  
Ophthalmic Solution, 4% Ophthalmic  
Solution),T2

Pilocarpine HCl (Tablet),T3

Pioglitazone HCl (Tablet),T1 - QL

Polyethylene Glycol 3350 Powder (Generic  
MiraLAX),T1

**Pomalyst (Capsule),T4 - PA,QL**

Potassium Chloride ER (10meq Tablet Extended-  
Release, 20meq Tablet Extended-Release,  
8meq Tablet Extended-Release),T1

Potassium Chloride ER (Capsule Extended-  
Release),T2

Potassium Citrate ER (Tablet Extended-  
Release),T2

**Pradaxa (Capsule),T3 - QL**

Pramipexole Dihydrochloride (Tablet Immediate-  
Release),T2

Pravastatin Sodium (Tablet),T1 - QL

Prazosin HCl (Capsule),T1

Prednisolone Acetate (Suspension),T2

Prednisone (10mg Tablet Therapy Pack, 5mg  
Tablet Therapy Pack, 10mg Tablet, 1mg Tablet,

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2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1

**Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet),T3 - PA,QL,HRM**

**Premarin (Vaginal Cream),T2**

**Premphase (Tablet),T3 - PA,QL,HRM**

**Prempro (Tablet),T3 - PA,QL,HRM**

**Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet),T4 - QL**

**Prezista (150mg Tablet, 75mg Tablet),T3 - QL**

**ProAir HFA, ProAir RespiClick (Aerosol),T2**

**Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T3 - PA**

**Procrit (20000unit/ml Injection, 40000unit/ml Injection),T4 - PA**

Proctosol HC (Cream),T1

Progesterone (Capsule),T1

**Prolensa (Ophthalmic Solution),T3**

**Prolia (Injection),T3 - QL**

Promethazine HCl (12.5mg Suppository, 25mg Suppository, 50mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet),T3 - PA,HRM

Promethazine HCl Plain (6.25mg/5ML Syrup),T3 - PA,HRM

Propranolol HCl (Oral Solution, Tablet Immediate-Release, Capsule Extended-Release 24 Hour),T1

Propylthiouracil (Tablet),T1

**Pulmicort Flexhaler (Aerosol Powder),T3 - ST**

Pyridostigmine Bromide (Tablet),T2

**Q**

Quetiapine Fumarate (Tablet Immediate-Release),T1 - QL

Quinapril HCl (Tablet),T1 - QL

Quinapril/Hydrochlorothiazide (Tablet),T1 - QL

**R**

Raloxifene HCl (Tablet),T2

Ramipril (Capsule),T1 - QL

**Ranaxa (Tablet Extended-Release 12 Hour),T2**

Ranitidine HCl (150mg Capsule, 300mg Capsule, 75mg/5ml Syrup),T3

Ranitidine HCl (Tablet),T1

**Rapaflo (Capsule),T2 - QL**

Rasagiline Mesylate (Tablet),T3

**Rasuvo (Injection),T3 - PA**

**Rebif (Injection),T4**

**Renagel (400mg Tablet),T3**

**Renagel (Tablet),T4**

**Restasis (Emulsion),T2 - QL**

**Revlimid (Capsule),T4 - PA,QL,LA**

**Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet),T4 - QL**

Rifabutin (Capsule),T3

Rifampin (600mg Injection),T3

Rifampin (Capsule),T2

Riluzole (Tablet),T3

Rimantadine HCl (Tablet),T2

Risperidone (1mg/ml Oral Solution),T3

Risperidone (Tablet Immediate-Release),T1

Rivastigmine Tartrate (Capsule),T2 - QL

Rizatriptan, Rizatriptan ODT (Tablet),T2 - QL

Ropinirole HCl (Tablet Immediate-Release),T1

Rosuvastatin Calcium (Tablet),T1 - QL

**Rozerem (Tablet),T3**

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T2 = Tier 2

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S		
<b>Sancuso (Patch),T4</b>	500mg Tablet Immediate-Release),T1	
<b>Santyl (Ointment),T3</b>	Sumatriptan Succinate (Tablet),T1 - QL	
<b>Saphris (Tablet Sublingual),T4 - QL</b>	Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T2	
<b>Savella (Tablet),T2</b>	Suprax (100mg/5ml Suspension, 200mg/5ml Suspension),T3	
Scopolamine (Patch 72 Hour),T3 - PA,HRM	<b>Suprax (400mg Capsule),T2</b>	
Selegiline HCl (5mg Capsule, 5mg Tablet),T2	<b>Suprax (500mg/5ml Suspension),T3</b>	
<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T4 - QL</b>	<b>Symbicort (Aerosol),T2 - QL</b>	
<b>Sensipar (Tablet),T4 - B/D,PA,QL</b>	<b>SymlinPen (Injection),T4 - PA</b>	
<b>Serevent Diskus (Aerosol Powder),T2 - QL</b>	<b>Synjardy (Tablet),T2 - QL</b>	
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet),T1	<b>Synthroid (Tablet),T2</b>	
Sertraline HCl (20mg/ml Concentrate),T3	T	
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet),T4	Tamoxifen Citrate (Tablet),T1	
Sevelamer Carbonate (800mg Tablet),T3	Tamsulosin HCl (Capsule),T1	
<b>Shingrix (Injection),T2 - PA</b>	<b>Targretin (1% Gel, 75mg Capsule),T4 - PA</b>	
Sildenafil (20mg Tablet) (Generic Revatio),T2 - PA	<b>Tasigna (Capsule),T4 - PA,QL</b>	
Silver Sulfadiazine (Cream),T2	<b>Tecfidera (Capsule Delayed-Release),T4 - QL,LA</b>	
<b>Simbrinza (Suspension),T2</b>	Telmisartan (Tablet),T1 - QL	
Simvastatin (Tablet),T1 - QL	Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL	
Sodium Polystyrene Sulfonate (Powder),T2	Temazepam (Capsule),T2 - QL,HRM	
Sotalol HCl, Sotalol HCl AF (Tablet),T1	Tenofovir Disoproxil Fumarate (Tablet),T4 - QL	
<b>Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL</b>	Terazosin HCl (Capsule),T1	
Spironolactone (Tablet),T1	Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel),T3	
<b>Sprycel (Tablet),T4 - PA</b>	Testosterone Cypionate (Injection),T2	
<b>Stiolto Respimat (Aerosol Solution),T2</b>	Testosterone Pump (1% Gel),T3	
<b>Suboxone (Film),T3 - QL</b>	Theophylline (Oral Solution),T1	
Sucralfate (Tablet),T1	Theophylline CR, Theophylline ER (Tablet),T1	
Sulfamethoxazole/Trimethoprim DS (Tablet),T1	Timolol Maleate Ophthalmic Gel Forming (Solution),T2	
Sulfasalazine (500mg Tablet Delayed-Release,	<b>Timoptic Ocudose (Ophthalmic Solution),T3</b>	

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**Tivicay (25mg Tablet, 50mg Tablet),T4 - QL**

Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule),T3

Tizanidine HCl (Tablet),T1

Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection),T2

Tobramycin Sulfate (Ophthalmic Solution),T1

Tobramycin/Dexamethasone (Ophthalmic Suspension),T2

Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle, 25mg Capsule Sprinkle Immediate-Release),T1

**Toujeo SoloStar (Injection),T2**

**Tradjenta (Tablet),T3 - QL**

Tramadol HCl (Tablet Immediate-Release),T1 - 7D,DL,QL,MME

Tranexamic Acid (650mg Tablet),T2

**Transderm-Scop (Patch 72 Hour),T3 - PA,HRM**

**Travatan Z (Ophthalmic Solution),T2**

Trazodone HCl (Tablet),T1

**Trelegy Ellipta (Aerosol Powder),T2 - QL**

**Tresiba FlexTouch (Injection),T2**

Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream),T3 - PA

Tretinoin (Capsule),T4

Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion),T2

Triamcinolone Acetonide (0.147mg/gm Aerosol Solution) (Generic Kenalog Spray),T3

Triamcinolone Acetonide (55mcg/act Aerosol),T3

Triamcinolone Acetonide (Cream, Ointment),T1

Triamterene/Hydrochlorothiazide (Capsule, Tablet),T1

Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet,

5mg Tablet),T3 - PA,HRM

**Trintellix (Tablet),T3 - QL**

**Trulicity (Injection),T2 - QL**

**Truvada (Tablet),T4 - QL**

**Tymlos (Injection),T4 - PA,QL**

**U**

**Uloric (Tablet),T2 - ST**

Ursodiol (Tablet),T3

**V**

Valacyclovir HCl (Tablet),T2 - QL

Valganciclovir (Tablet),T4 - QL

Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T1

Valsartan (Tablet),T1 - QL

Valsartan/Hydrochlorothiazide (Tablet),T1 - QL

**Vascepa (Capsule),T3**

**Velphoro (Tablet Chewable),T4**

Verapamil HCl (Tablet Immediate-Release, Tablet Extended-Release),T1

Verapamil HCl ER (Capsule Extended-Release),T2

**Versacloz (Suspension),T4**

**Vesicare (Tablet),T2 - QL**

**Victoza (Injection),T2 - QL**

**Viibryd (Tablet),T3 - QL**

**Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution),T3 - QL**

**Viread (Powder, Tablet),T4 - QL**

**Vosevi (Tablet),T4 - PA,QL**

**Vyvanse (Capsule, Tablet Chewable),T3**

**W**

Warfarin Sodium (Tablet),T1

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T3 = Tier 3

T4 = Tier 4

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

X	Z
<b>Xarelto (Tablet),T2 - QL</b>	Zafirlukast (Tablet),T2
<b>Xigduo XR (Tablet Extended-Release 24 Hour),T3 - QL,ST</b>	Zaleplon (Capsule),T2 - PA,QL,HRM
<b>Xiidra (Ophthalmic Solution),T3 - QL</b>	<b>Zenpep (Capsule Delayed-Release),T2</b>
<b>Xolair (Injection),T4 - PA,LA</b>	<b>Zioptan (Ophthalmic Solution),T3 - ST</b>
<b>Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent),T3 - 7D,DL,QL,ST,MME</b>	<b>Zirgan (Gel),T3</b>
<b>Xtandi (Capsule),T4 - PA,LA</b>	Zolpidem Tartrate (1.75mg Tablet Sublingual, 3.5mg Tablet Sublingual),T3 - PA,HRM
	Zolpidem Tartrate (Tablet Immediate-Release),T3 - PA,QL,HRM
	Zonisamide (Capsule),T1

**Bold type = Brand name drug**

Plain type = Generic drug

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# Additional Drug Coverage

## Bonus Drug List

Your employer group or plan sponsor offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan's drug list (formulary).

The drug tier for each prescription drug is shown on the list.

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently from payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage Rules or Limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

QL Quantity limits	The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a one month's supply per prescription.

Drug	Tier	Coverage Rules or Limits on use
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Choline & Magnesium Salicylates	1	
Salsalate	1	

**Bold type = Brand name drug** Plain type = Generic drug

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Drug	Tier	Coverage Rules or Limits on use
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	
<b>Anorexiant - drugs to promote weight loss</b>		
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
<b>Dermatological agents - drugs to treat skin conditions</b>		
<b>Dry, Itchy Scalp</b>		
Sulfacetamide Sodium	1	
Sulfacetamide Sodium w/Sulfur	1	
<b>Dry Skin</b>		
Urea 40% Cream	1	
<b>Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions</b>		
<b>Irritable Bowel</b>		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
<b>Levbid</b>	3	
<b>Irritable Bowel or Ulcers</b>		
<b>Donnatal</b>	3	
<b>Hemorrhoids</b>		
<b>Analpram-HC</b>	3	
Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Erectile Dysfunction</b>		
<b>Cialis</b>	3	QL (maximum of 6 tablets per month)

**Bold type = Brand name drug** Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
<b>Edex</b>	3	QL (maximum of 6 cartridges per month)
<b>Levitra</b>	3	QL (maximum of 6 tablets per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
<b>Sexual Desire Disorder</b>		
<b>Addyi</b>	3	QL (maximum of 1 tablet per day)
<b>Urinary Tract Infection</b>		
<b>Urogesic Blue</b>	3	
Ustell	1	
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
Cyanocobalamin Injection (Vitamin B12)	1	
<b>Folgard Rx</b>	3	
Folic Acid 1mg (Rx only)	1	
<b>Galzin</b>	3	
<b>Mephyton</b>	3	
<b>NephPlex Rx</b>	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	

**Bold type = Brand name drug** Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

**Bold type = Brand name drug** Plain type = Generic drug

BDL: U

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

Benefits and/or copayments/coinsurance may change each plan/benefit year.

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 the plan depends on the plan's contract renewal with Medicare.

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# What's Next

# Here's What You Can Expect Next

## UnitedHealthcare® will process your enrollment





This chart shows you what we'll be sending and how we'll be contacting you in the coming months.

Material Name	Description	Delivery Method
Member ID Card	Watch for your UnitedHealthcare Member ID card in the mail.	
Welcome Packet	Once you're enrolled in the plan, you will get a Welcome Packet to review.	
Website Access	After you receive your Member ID card, you can register online at the website listed below to get access to your plan information.	

**Start using your plan on your effective date.** Remember to use your UnitedHealthcare Member ID card.

## We're here for you

When you call, be sure to let the Customer Service advocate know that you are calling about a group-sponsored plan. In addition, it will be helpful to have:

-  **Your group number on the front of this book**
-  **Name and address of your pharmacy**
-  **Medicare number and Medicare effective date — you can find this on your red, white and blue Medicare card**
-  **Please have a list of your current prescriptions and dosages ready**

### Visit us online anytime

Learn more at  
[www.UHCRetiree.com](http://www.UHCRetiree.com)

Toll-free **1-877-558-4749**, TTY **711**,  
8 a.m. - 8 p.m. local time, 7 days a week



# How to Enroll

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You can enroll by phone, mail or fax. Simply choose the way that is easiest for you and follow the Enrollment Request Form Checkpoints below.



## By phone

Contact us at toll-free **1-877-558-4749**, TTY **711** during 8 a.m. – 8 p.m. local time, 7 days a week to enroll over the phone.

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## By mail

UnitedHealthcare  
P.O. Box 29675  
Hot Springs, AR 71903-9675

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## By fax

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

**Incomplete information may delay your enrollment.**

### Enrollment Request Form Checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card.
- ✓ Make sure your permanent address is complete and accurate.
- ✓ Sign and date your name where indicated.
- ✓ Confirm the Plan Sponsor and Group Numbers are correct.
- ✓ Include the date you expect your proposed coverage to begin.

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## 2019 Enrollment Request Form

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

### 1. Plan information

Plan Sponsor

ARLINGTON PUBLIC SCHOOLS

GPS Employer ID

23707

GPS Branch Number

001

**Effective Date Requested:** MM/DD/YYYY

(i.e., your proposed effective date, or on what day your coverage should begin)

Plan Sponsor use ONLY: Please date stamp this document to indicate when you received the completed and signed form.

To enroll in the UnitedHealthcare® MedicareRx for Groups (PDP) plan, please provide the following:

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

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

Birth Date MM/DD/YYYY

Sex  Male  Female

Daytime Phone Number

( ) -

Mobile Phone Number

( ) -

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

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

City	State	ZIP Code
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Email Address

Emergency Contact

Contact Phone Number

( ) -

Contact Relationship to You

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Last Name First Name Medicare Number

### 3. Information about your Medicare

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

- Fill out this information as it appears on your Medicare card.

Name (as it appears on your Medicare card):

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Medicare Number: \_\_\_\_\_

Sex  Male  Female \_\_\_\_\_

Is Entitled to Effective Date

Hospital (Part A) MM/DD/YYYY

Medical (Part B) MM/DD/YYYY

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

### 4. A few questions to help us manage your plan

I prefer to receive materials in the following language:

Spanish  Chinese (Spoken  Cantonese  Mandarin)  Other \_\_\_\_\_

Please contact us toll-free at **1-877-558-4749**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week if you need information in another format such as large print.

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other **prescription drug coverage** in addition to our plan?  Yes  No

If **“yes”**, please list your other coverage and your identification (ID) number for this coverage

Name of the Coverage

Member Number for Coverage

Group Number for Coverage

Do you, on your own or through your spouse, have any additional primary, supplemental or liability plan other than Medicare that includes prescription drug coverage?  Yes  No

If **“yes”**, please list your other coverage and your identification (ID) number(s) for this coverage:

Name of the Coverage

Member Number for Coverage

Group Number for Coverage

Are you a resident in a long-term care facility, such as a nursing home?

Yes  No

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Last Name	First Name	Medicare Number
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If **“yes,”** Name of Institution

Address of Institution

City	State	ZIP Code
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Phone Number of Institution (       )       -	Date of Admission <b>MM/DD/YYYY</b>
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**5. Please read this important information**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a Late Enrollment Penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

**If you are a member of a Medicare Advantage plan** (like an HMO or PPO), you may already have prescription drug coverage through your Medicare Advantage plan that will meet your needs. By joining UnitedHealthcare® MedicareRx for Groups (PDP), your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage plan and your plan sponsor send you, and if you have questions, contact your Medicare Advantage plan or your plan sponsor.

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan available through your plan sponsor. If you enroll in an individual Prescription Drug plan in the future, you could lose your group sponsored coverage and you may not be able to re-enroll. Before you decide to change your coverage, ask your plan sponsor about your options. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

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Last Name                                      First Name                                      Medicare Number

**6. ATTENTION – please sign and date**

I understand that my signature on this Enrollment Request Form means that I have read and understood the contents of this Enrollment Request Form, including the Statements of Understanding, and that the information provided by me is accurate and complete. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

**This Enrollment Request Form must be signed, dated and received prior to your desired effective date. Upon receipt, the plan will process the form according to Medicare guidelines.**

**Signature of applicant/member/authorized representative**                                      **Today's Date**  
 \_\_\_\_\_                                      MM / DD / YYYY

**7. Authorized representative information**

If you are the authorized representative of the applicant, you must provide the following information and sign below.

If signed by an authorized representative of the applicant, this signature certifies that:

1. this person is authorized under State law to complete this enrollment and
2. documentation of this authority is available upon request by Medicare.

Last Name                                      First Name

Address

City                                      State                                      ZIP Code

Phone Number                                      Relationship to Applicant  
 (      )                                      -

**Signature**                                      **Today's Date**  
 \_\_\_\_\_                                      MM / DD / YYYY

**8. If someone assisted you in completing this form, please have that person complete the information below**

**Signature** (of individual who assisted in completing this form)                                      **Today's Date**  
 \_\_\_\_\_                                      MM / DD / YYYY

Plan Representative, check here if you signed above and assisted in completing this form.                                      Relationship to Applicant

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Last Name                                      First Name                                      Medicare Number

**9. UnitedHealthcare® MedicareRx for Groups use only**

Plan ID Number

Effective Coverage Date <b>MM/DD/YYYY</b>	<input type="checkbox"/> IEP _____ <input type="checkbox"/> AEP _____ <input type="checkbox"/> SEP (type) _____
--	--

GPS Employer ID Number	GPS Branch Number
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**Licensed Sales Representative Signature**

**Today's Date**

**MM/DD/YYYY**

Print Name

Agent ID Number	Phone Number (       )       -
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**10. Employer use only**

<input type="checkbox"/> Enrollee is Eligible for Retiree Coverage	Effective Date <b>MM/DD/YYYY</b>	Initials
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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5757 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-800-555-5757 (TTY: 711).

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# Outpatient Prescription Drug Plan Enrollment Form

(Please Print)

Underwritten by  
UnitedHealthcare Insurance Company

## Required Information

Employer/Former Employer Name: ARLINGTON PUBLIC SCHOOLS	
Employer ID #: 23707	Employer Subsidy Group #: 23707
Employer Billing #: 001	

**Please complete the entire form. Incomplete information can delay the enrollment process. (Please Print – If you need more room for your answers to any questions, please use a separate sheet of paper.)**

Date of Retiree's Retirement <b>MM / DD / YYYY</b>	Source of Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Newly Eligible <input type="checkbox"/> Special Enrollment
---	--

### 1. Personal Information

Applicant Last Name	Applicant First Name	MI	Suffix
---------------------	----------------------	----	--------

Date of Birth <b>MM / DD / YYYY</b>	Marital Status of Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	<input type="checkbox"/> Male <input type="checkbox"/> Female
--	---	--

Name of Retiree	Relation to Retiree: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
-----------------	--

Medicare #	Part A Effective Date <b>MM / DD / YYYY</b>	Part B Effective Date <b>MM / DD / YYYY</b>	Part D Effective Date <b>MM / DD / YYYY</b>
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Permanent Residence Street Address (P.O. Box is not allowed)

City	State	Zip
------	-------	-----

E-mail Address

Home Telephone # ( )	Alternate Telephone # ( )
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In the future, would you be willing to receive materials through electronic means?  Yes  No

If you are currently a resident of an institution (e.g., skilled nursing facility, rehabilitation hospital, etc.), please provide the requested information on the next three lines. Providing this information will not affect your eligibility to enroll.

Institution Name	Date of Admission <b>MM / DD / YYYY</b>	Telephone # ( )
------------------	--	--------------------

Address

City	State	Zip
------	-------	-----

Doctor's Name	Doctor's Telephone # ( )
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Applicant Last Name

Applicant First Name

MI

Medicare #

**2. Benefit Coordination / Other Insurance Carrier Information**

1. Do you have other health insurance?  Yes  No If Yes, complete Section 1a. – 1e. below.

2. Are you permanently disabled?  Yes  No If Yes, complete the following:

2a. Date disability began: **MM / DD / YYYY**

3. Do you have a disability affecting your ability to communicate or read?  Yes  No

If you have special needs, this document may be available in other formats or languages upon request. Please contact us at **1-877-558-4749**, TTY users should call **711**. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week.

Do you work or plan to work?  Yes  No

1a. Name	1b. Insurance Company Name	1c. Policy #	1d. Effective Date	1e. Other Employer Name and Address
			<b>MM / DD / YYYY</b>	
			<b>MM / DD / YYYY</b>	

**FOR OFFICE USE ONLY**

Retiree

Yes  No

Group # \_\_\_\_\_

Plan Code \_\_\_\_\_

Spouse or child

Yes  No

Verification \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial \_\_\_\_\_

**FOR EMPLOYER USE ONLY**

Enrollee is eligible for retiree coverage

Effective Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Initial

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Applicant Last Name

Applicant First Name

MI

Medicare #

**3. Terms and Conditions**

I am requesting enrollment under the UnitedHealthcare Insurance Company (“UnitedHealthcare”) Group Retiree Policy. By signing this Enrollment Form, I agree to and understand the following:

1. All coverage is subject to the terms and conditions of the UnitedHealthcare Group Policy.
2. UnitedHealthcare or its designee shall have access and use of my medical records for purposes of utilization review surveys, processing of claims, financial audit or other purposes reasonably related to the performance of this Enrollment Form.
3. Any material omission or intentional misrepresentation in answering the questions on this Enrollment Form may result in the denial of benefits and the termination of my coverage.
4. Coverage shall not begin until acceptance of this Enrollment Form by UnitedHealthcare. Acceptance will not occur until after UnitedHealthcare validates Medicare coverage and eligibility for coverage under the group retiree plan. Upon acceptance of this Enrollment Form, UnitedHealthcare shall be bound by the terms of my UnitedHealthcare Group Policy and the Amendments thereto (if applicable).
5. My current prescription drug coverage under Part D is provided by a UnitedHealthcare plan. I understand that if my coverage under the Part D plan ends, this coverage will also end.
6. All statements and descriptions in this enrollment form are deemed to be representations and not warranties.

I certify that I have read the Terms and Conditions printed on this Enrollment Form and that I accept them and will abide by them. I further certify that the information provided in the Enrollment Form is true and complete to the best of my knowledge and belief.

Print Name of Applicant:

Signature of Applicant or Authorized Representative:

Today’s Date:

MM / DD / YYYY



**Authorized Representative Information**

If you are the authorized representative (Responsible Party, Power of Attorney, Family Member, etc.), you must sign above and provide the following information:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship to Enrollee \_\_\_\_\_

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# Statements of Understanding

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By enrolling in this plan, I agree to the following:

**PART D**  **UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A and/or Part B, and I must continue to pay my Medicare Part B premium if not paid for by Medicaid or a third party.



**UnitedHealthcare MedicareRx for Groups (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.



**I can only be in one Prescription Drug Plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- If I have prescription drug coverage or if I get it from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.



**I may have to pay a late enrollment penalty for Medicare's prescription drug coverage.**

This applies if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare, or if I leave this plan and don't have or get other prescription drug coverage. If I have a late enrollment penalty, I will get a letter making me aware of the penalty and what the next steps are.



**I will get a Welcome Guide that includes information on how to get an Evidence of Coverage (EOC).**

- The EOC will have more information about the drug coverage offered by the plan, as well as the terms and conditions.
- I have the right to appeal plan decisions about payment or services if I disagree.



**My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.





































Questions? We're here to help.



**1-877-558-4749, TTY 711**  
8 a.m. - 8 p.m. local time, 7 days a week



**[www.UHCRetiree.com](http://www.UHCRetiree.com)**