

2018 PLAN GUIDE

What you need to know about your Prescription Drug Plan.

ARLINGTON PUBLIC SCHOOLS

UnitedHealthcare® MedicareRx for Groups (PDP)

Effective: January 1, 2018 through December 31, 2018

Group Number: 23707



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ENJOY THE BENEFITS OF A UNITEDHEALTHCARE® PRESCRIPTION DRUG PLAN

You can reach us online, anytime.

Learn more at www.UHCRetiree.com

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

Dear Retiree,

Your employer group or plan sponsor has selected UnitedHealthcare® to offer prescription drug coverage for all eligible retirees. We believe you should have more than just a good insurance plan to help maintain your health and well-being. We want to work with you to help you live a healthier life.

We want to:

- Give you tools and resources to help you be in more control of your health
- Try to help you find ways to save money, so you can spend more on what matters most to you

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

Your 2018 plan information will be available online. Go to the website above and click “Download your plan materials.” You will need your Group Number found on the front cover of this book to access your materials.

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.

Take advantage of healthy extras.

 <p>GET A 90-DAY SUPPLY¹</p>	 <p>OVER 68,000 PHARMACIES</p>	 <p>OPTUM® HOME DELIVERY PHARMACY</p>
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¹Your employer group or plan sponsor may provide coverage beyond 90 days. Please refer to the Benefit Highlights or Summary of Benefits 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.



Plan information

Benefit Highlights

ARLINGTON PUBLIC SCHOOLS 23707

Effective January 1, 2018 to December 31, 2018

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

Prescription Drugs

Initial Coverage Stage	Your Cost	
	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 \$3,750, 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 \$5,000, you will pay the greater of \$3.35 copay for generic (including brand drugs treated as generic), \$8.35 copay for all 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 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. Formulary, pharmacy network, premium and/or copayments/coinsurance may change each plan year.



UNITEDHEALTHCARE MedicareRxSM FOR GROUPS (PDP)

Your employer group or plan sponsor has selected a UnitedHealthcare MedicareRxSM 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.[®]

The UnitedHealthcare MedicareRxSM for Groups (PDP) plan could help you save time and money when it comes to your prescription drugs.

Make sure you are signed up for Medicare.



You must be entitled to Medicare Part A 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 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.

When to enroll in a Medicare Part D plan:

- **You turn 65 or become Medicare eligible.** This is your Initial Enrollment Period. It's your first chance to enroll in Medicare Part D.
- **You need a Medicare Part D plan but have never had one before.** Or, you want to change to a different group-sponsored plan. Enroll during the annual Open Enrollment Period for your employer group or plan sponsor.
- **You retire and move out of a different group-sponsored plan.** Or, you move out of the plan's service area. These are examples of Special Election Periods that may happen for various reasons.



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.

1

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 UnitedHealthcare® Group Medicare Part D prescription drug 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.



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.

2

Rule 2: You must have “like” 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, so if you want medical coverage, you may have other options. If you are interested in a Medicare Advantage plan, it must also come through a group, like your employer group or plan sponsored Part D prescription drug plan or you may be disenrolled from this group-sponsored prescription drug plan.

You can reach us online, anytime.

Learn more at
www.UHCRetiree.com

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 MedicareRxSM for Groups 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
PHARMACIES¹**

¹2017 Optum Internal Report Data

You can reach us online, anytime.

Learn more at
www.UHCRetiree.com

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



PRESCRIPTION DRUG COVERAGE PLAN BASICS

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.¹



**EASY ACCESS
TO PHARMACIES
NATIONWIDE**

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



PRESCRIPTION DRUG COVERAGE PLAN BASICS



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), which you will get in your Welcome Packet.

Call Medicare to see if you qualify for Extra Help.

If you have a limited income, you may be able to get Extra Help from Medicare. If you qualify, Medicare 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 **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week



HOW YOUR PRESCRIPTION DRUG COVERAGE WORKS

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

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)	High	Includes unique or very high-cost drugs.

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
<p>In this drug payment stage:</p> <ul style="list-style-type: none"> You pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest You stay in this stage until your total drug costs reach \$3,750 	<p>Your plan provides additional coverage through the gap.</p> <ul style="list-style-type: none"> You continue to pay the same copay or coinsurance as you did in the initial coverage stage You stay in this stage until your total out-of-pocket costs reach \$5,000 	<p>After your total out-of-pocket costs reach \$5,000:</p> <ul style="list-style-type: none"> You pay a small copay or coinsurance amount You stay in this stage for the rest of the plan year

Total Drug Costs: The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2018. 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 2018. 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 90-day¹ supply at retail pharmacies.

In addition to OptumRx® home delivery, most retail pharmacies offer 90-day supplies for some prescription drugs.

Check your UnitedHealthcare pharmacy directory to see if a retail pharmacy offers 90-day supplies noted with a  symbol. An online pharmacy directory is available at 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.

¹Your employer group or plan sponsor may provide coverage beyond 90 days. 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.

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.

2018 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® MedicareRxSM 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



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

Summary of Benefits

January 1, 2018 - December 31, 2018

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 or you can call Customer Service with questions you may have. You get an EOC when you enroll in the plan.

About this plan.

UnitedHealthcare® MedicareRxSM for Groups (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join UnitedHealthcare® MedicareRxSM 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® MedicareRxSM 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 an in-network pharmacy.

You can go to www.UHCRetiree.com to search for a network pharmacy using the online directory. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare® MedicareRxSM for Groups (PDP)

Premiums and Benefits	Cost-Share
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual Prescription Drug Deductible	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.

Stage 1: Annual Prescription Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	One-month supply	Three-month supply
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
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,750, 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 \$5,000, you pay the greater of:

- 5% coinsurance, or
- \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs.

Required Information

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

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

Premium and/or co-payments/co-insurance may change at the beginning of each plan year.

You must continue to pay your Medicare Part B premium.

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

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.



Required information

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.

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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.

The Formulary and/or pharmacy network 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-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता 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 kenyam. 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 shqódí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'i 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



2018 Drug list

This is a partial alphabetical list of prescription drugs covered by the plan. This is not a complete list of the drugs we cover. Please call Customer Service for more information or for a complete list of covered drugs. Our contact information is on the cover of this book.

- **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Each covered drug is in 1 of 4 cost-sharing tiers
- Drug tier description:
 - 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
- For a description of the tiers, see the Summary of Benefits in this book
- Some drugs may have coverage rules or limits on the amount you can get

PA Prior authorization	The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used and covered correctly by Medicare for your medical condition. Certain drugs may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs) depending on how it is used. If you don't get prior approval, the plan may not cover the drug.
QL Quantity limits	The plan will cover only a certain amount of this drug for 1 copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. 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.
ST Step therapy	There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.
B/D Medicare Part B or Part D	Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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HRM High-risk medication	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.
LA Limited access	Drugs are considered “limited access” if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can’t be done at a network pharmacy.
MED Morphine equivalent dose	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for those 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.

A

Acamprosate Calcium DR (Tablet Delayed-Release),T3
 Acetaminophen/Codeine (Tablet),T1 - QL,MED
 Acetazolamide (Tablet Immediate-Release),T2
 Acetazolamide ER (Capsule Extended-Release 12 Hour),T3
 Acyclovir (Tablet),T1
Adacel (Injection),T2
Adcirca (Tablet),T4 - PA,QL
Advair Diskus, Advair HFA (Aerosol),T2 - QL
Aggrenox (Capsule Extended-Release 12 Hour),T3 - QL
Albenza (Tablet),T4 - QL
 Alcohol Prep Pads,T2
 Alendronate Sodium (Tablet),T1 - QL
 Alfuzosin HCl ER (Tablet Extended-Release 24 Hour),T1
 Allopurinol (Tablet),T1
 Alprazolam (Tablet Immediate-Release),T1 - QL
 Amantadine HCl (100mg Capsule, 100mg Tablet),T2
 Amantadine HCl (50mg/5ml Syrup),T1

Amiodarone HCl (100mg Tablet, 200mg Tablet),T1
Amitiza (Capsule),T2 - QL
 Amitriptyline HCl (Tablet),T3 - PA,HRM
 Amlodipine Besylate (Tablet),T1
 Amlodipine Besylate/Benazepril HCl (Capsule),T1 - QL
 Ammonium Lactate (12% Cream, 12% Lotion),T2
 Amoxicillin (Capsule, Tablet),T1
 Amphetamine/Dextroamphetamine (Capsule Extended-Release),T3 - QL
 Amphetamine/Dextroamphetamine (Tablet Immediate-Release),T2 - QL
 Anagrelide HCl (Capsule),T1
 Anastrozole (Tablet),T1
AndroGel (Packet, Pump),T2
Androderm (Patch 24 Hour),T2 - QL
Anoro Ellipta (Aerosol Powder),T2 - QL
Apriso (Capsule Extended-Release 24 Hour),T2 - QL
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml

Bold type = Brand name drug

Plain type = Generic drug

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Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T4 - PA

Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection),T3 - PA

Argatroban (125mg/125ml-0.9% Injection),T4 - B/D,PA

Argatroban (250mg/2.5ml Injection),T4 - B/D,PA

Arnuity Ellipta (Aerosol Powder),T2 - QL

Atenolol (Tablet),T1

Atomoxetine (Capsule),T3 - QL,ST

Atorvastatin Calcium (Tablet),T1 - QL

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

Atripla (Tablet),T4 - QL

Atrovent HFA (Aerosol Solution),T3

Aubagio (Tablet),T4 - QL

Auryxia (Tablet),T4

Avastin (Injection),T4 - PA

Avonex (Injection),T4

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

Azelastine HCl (0.05% Ophthalmic Solution),T3

Azelastine HCl (0.1% Nasal Solution),T2 - QL

Azelastine HCl (0.15% Nasal Solution),T2

Azithromycin (Oral Suspension, Tablet Immediate-Release),T1

Azopt (Suspension),T2

B

BRIVIACT (Tablet),T4 - QL

Baclofen (Tablet),T1

Balsalazide Disodium (Capsule),T3

Belsomra (Tablet),T2 - QL

Benazepril HCl (Tablet),T1 - QL

Benazepril HCl/Hydrochlorothiazide (Tablet),T1 - QL

Benicar (Tablet),T3 - QL

Benicar HCT (Tablet),T3 - QL

Benlysta (Injection),T4 - PA

Benzotropine Mesylate (Tablet),T2 - PA,HRM

Betaseron (Injection),T4

Bethanechol Chloride (Tablet),T1

Bevespi Aerosphere (Aerosol),T2 - QL

Bicalutamide (Tablet),T1

Bisoprolol Fumarate (Tablet),T2

Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T2 - QL

Breo Ellipta (Aerosol Powder),T2 - QL

Brilinta (Tablet),T2 - QL

Brimonidine Tartrate (0.15% Ophthalmic Solution),T3

Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

Budesonide (Capsule Delayed-Release),T3

Bumetanide (Tablet),T1

Buprenorphine HCl (Tablet Sublingual),T2 - QL

Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet),T1

Buspirone HCl (Tablet),T1

Butrans (Patch Weekly),T2 - QL,MED

Bydureon Injection (Pen, Vial),T2 - QL

Byetta (Injection),T3 - QL

Bystolic (Tablet),T2 - QL

C

Cabergoline (Tablet),T2

Calcitriol (Capsule),T1 - B/D,PA

Calcium Acetate (Capsule),T2

Captopril (Tablet),T1 - QL

Carafate (Suspension),T3

Carbaglu (Tablet),T4 - LA

Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T2

Carbidopa/Levodopa, Carbidopa/Levodopa ER, Carbidopa/Levodopa ODT (Tablet),T1

Carbidopa/Levodopa/Entacapone (Tablet),T3

Carboplatin (Injection),T2

Carvedilol (Tablet),T1

Cayston (Inhalation Solution),T4 - PA,LA

Cefuroxime Axetil (Tablet),T1

Celecoxib (Capsule),T3 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Cephalexin (Capsule, Oral Suspension),T1

Chantix (Tablet),T2

Chlorhexidine Gluconate (Solution),T1

Chlorthalidone (Tablet),T1

Cilostazol (Tablet),T1

Cimetidine (Tablet, Oral Solution),T1

Cinryze (Injection),T4 - PA,LA

Ciprodex (Otic Suspension),T2

Ciprofloxacin HCl (Tablet Immediate-Release),T1

Citalopram HBr (Tablet),T1

Clarithromycin (Tablet),T2

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

Clonazepam (Tablet Immediate-Release),T1 - QL

Clonazepam ODT (Tablet Dispersible),T3 - QL

Clonidine HCl (Tablet Immediate-Release),T1

Clopidogrel (75mg Tablet),T1 - QL

Clozapine (Tablet Immediate-Release),T2

Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible),T2 - QL

Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible),T2 - QL

Colchicine (Tablet, Capsule),T2 - QL

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Aerosol Solution),T2

Comtan (Tablet),T3

Copaxone (Injection),T4

Cosentyx (Injection),T4 - PA

Cosentyx Sensoready Pen (Injection),T4 - PA

Creon (Capsule Delayed-Release),T2

Crestor (Tablet),T3 - QL

Crixivan (Capsule),T2 - QL

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

D

Daliresp (Tablet),T3 - PA,QL

Dapsone (Tablet),T2

Desmopressin Acetate (Tablet),T2

Dexilant (Capsule Delayed-Release),T3 - QL

Dextrose 5%/NaCl (Injection),T2

Diazepam (1mg/ml Oral Solution),T1

Diazepam (Tablet, Intensol 5mg/ml

Concentrate),T1 - QL

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

Dicyclomine HCl (10mg Capsule, 20mg Tablet),T1 - HRM

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

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

Dihydroergotamine Mesylate (Injection),T4

Diltiazem CD (Capsule Extended-Release 24 Hour),T1

Diltiazem HCl (Tablet Immediate-Release),T1

Diltiazem HCl ER (Capsule Extended-Release),T1

Diphenoxylate/Atropine (Tablet),T3 - PA,HRM

Disulfiram (Tablet),T3

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

Donepezil, Donepezil ODT (Tablet),T1 - QL

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Tablet),T1

Doxycycline Hyclate (Capsule),T2

Dronabinol (Capsule),T3 - PA,QL

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

Durezol (Emulsion),T2

Dymista (Suspension),T3

E

Edarbi (Tablet),T3 - QL

Edarbyclor (Tablet),T3 - QL

Eliquis (Tablet),T2 - QL

Elmiron (Capsule),T3

Embeda (Capsule Extended-Release),T2 - QL,MED

Enalapril Maleate (Tablet),T1 - QL

Enalapril Maleate/Hydrochlorothiazide (Tablet),T1 - QL

Enbrel (Injection),T4 - PA

Entacapone (Tablet),T3

Entecavir (Tablet),T4

Epclusa (Tablet),T4 - PA,QL

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Plain type = Generic drug

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Eplerenone (Tablet),T2

Epzicom (Tablet),T4 - QL

Equetro (Capsule Extended-Release 12 Hour),T3

Escitalopram Oxalate (Tablet),T1

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

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

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

Etoposide (Injection),T2

Exjade (Tablet Soluble),T4 - PA

F

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 - QL,MED

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

Firazyr (Injection),T4 - PA,QL

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

Fluconazole (Tablet),T1

Fluocinolone Acetonide (Otic Oil),T3

Fluphenazine HCl (Tablet),T1

Fluticasone Propionate (Suspension),T1

Fosrenol (Packet, Tablet Chewable),T4

Furosemide (Tablet),T1

Fuzeon (Injection),T4 - QL

Fycompa (Tablet),T3

G

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 Ointment, 0.3% Ophthalmic Solution),T1

Gilenya (Capsule),T4 - QL

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),T1

Harvoni (Tablet),T4 - PA,QL

Humalog (Injection),T2

Humalog Mix (Injection),T2

Humira (Injection),T4 - PA

Humulin 70/30 (Injection),T2

Humulin N (Injection),T2

Humulin R (Injection),T2

Hydralazine HCl (Tablet),T1

Hydrochlorothiazide (Capsule, Tablet),T1

Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet),T2 - QL,MED

Hydromorphone HCl (Tablet Immediate-Release),T1 - QL,MED

Hydroxychloroquine Sulfate (Tablet),T1

Hydroxyurea (Capsule),T1

Hydroxyzine HCl (Syrup),T3 - PA,HRM

Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T2 - QL,MED

I

Ibandronate Sodium (Tablet),T2 - QL

Ibuprofen (Tablet, 100mg/5ml Suspension),T1

Ilevro (Suspension),T2

Imatinib Mesylate (Tablet),T4 - PA,QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Imiquimod (Cream),T3

Incruse Ellipta (Aerosol Powder),T2 - QL

Insulin Syringes, Needles,T2

Intence (100mg Tablet, 200mg Tablet),T4 - QL

Intron A (Injection),T4 - PA

Invanz (Injection),T3

Invokamet, Invokamet XR (Tablet),T2 - QL

Invokana (Tablet),T2 - QL

Ipratropium Bromide (0.02% Inhalation Solution),T1 - B/D,PA

Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T1

Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution),T1 - B/D,PA

Irbesartan (Tablet),T1 - QL

Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL

Isentress (400mg Tablet),T4 - QL

Isoniazid (Tablet),T1

Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet),T1

Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet),T1

Ivermectin (Tablet),T2

J

Janumet, Janumet XR (Tablet),T2 - QL

Januvia (Tablet),T2 - QL

Jardiance (Tablet),T2 - QL

Jentadueto, Jentadueto XR (Tablet),T3 - QL

K

Kalydeco (Packet),T4 - PA,QL

Kazano (Tablet),T3 - QL,ST

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

Ketorolac Tromethamine (Ophthalmic Solution),T2

Klor-Con 10, Klor-Con 8 (Tablet Extended-Release),T2

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

Kombiglyze XR (Tablet Extended-Release 24

Hour),T2 - QL

Korlym (Tablet),T4 - PA,QL

L

Lactulose (Oral Solution),T1

Lamivudine (Tablet),T2

Lamotrigine (Tablet Immediate-Release),T1

Lantus Injection (SoloStar, Vial),T2

Lastacraft (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 (Tablet),T2

Leukeran (Tablet),T3

Levemir Injection (FlexTouch, Vial),T2

Levetiracetam (Tablet Immediate-Release),T1

Levocarnitine (Tablet),T2

Levocetirizine Dihydrochloride (Tablet),T1 - QL

Levofloxacin (Tablet),T1

Levothyroxine Sodium (Tablet),T1

Lialda (Tablet Delayed-Release),T2 - QL

Lidocaine (Ointment),T3

Lidocaine HCl (Gel),T1

Lidocaine 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

Lotemax (0.5% Gel, 0.5% Ointment, 0.5%

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Suspension),T3

Lovastatin (Tablet Immediate-Release),T1 - QL

Lumigan (Ophthalmic Solution),T2

Lupron Depot, Lupron Depot-PED

(Injection),T4 - PA

Lyrica (Capsule),T2 - QL

Lysodren (Tablet),T4

M

Meclizine HCl (Tablet),T1 - PA,HRM

Medroxyprogesterone Acetate (Tablet),T1

Meloxicam (Tablet),T1

Memantine HCl (Tablet),T1 - PA,QL

Mercaptopurine (Tablet),T2

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 - QL,MED

Methazolamide (Tablet),T3

Methimazole (Tablet),T1

Methotrexate (Tablet),T1

Methscopolamine Bromide (Tablet),T3

Methyldopa (Tablet),T3 - PA,HRM

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

Metoclopramide HCl (Tablet),T1

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

Metoprolol Tartrate (Tablet Immediate-Release),T1

Metronidazole (Tablet),T1

Migergot (Suppository),T4

Minocycline HCl (Capsule),T1

Minoxidil (Tablet),T1

Mirtazapine, Mirtazapine ODT (Tablet),T1

Misoprostol (Tablet),T2

Modafinil (Tablet),T3 - PA,QL

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

Morphine Sulfate ER (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin),T3 - QL,MED

Morphine Sulfate ER (15mg Tablet Extended-Release, 30mg Tablet Extended-Release) (Generic MS Contin),T2 - QL,MED

Multaq (Tablet),T2 - QL

Myrbetriq (Tablet Extended-Release 24 Hour),T2

N

Nadolol (Tablet),T3

Naltrexone HCl (Tablet),T2

Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml Oral Solution),T3 - PA,QL

Namenda XR (Capsule Extended-Release 24 Hour),T2 - PA,QL

Naproxen (Tablet Immediate-Release),T1

Nasonex (Suspension),T3

Nesina (Tablet),T3 - QL,ST

Nevanac (Suspension),T2

Niacin ER (Tablet Extended-Release),T3

Nicotrol Inhaler,T3

Nitrofurantoin Capsules (Macrocrystals, Monohydrate),T3

Nitrostat (Tablet Sublingual),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 - QL,MED

Nuedexta (Capsule),T3 - PA

Nutropin AQ (Injection),T4 - PA

Nuvigil (Tablet),T3 - PA,QL

Nystatin (Cream, Ointment, Powder, Suspension,

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Tablet),T1

O

Olanzapine (Tablet Immediate-Release),T1 - QL

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

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

Omeprazole (20mg Capsule Delayed-Release),T1

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

Onglyza (Tablet),T2 - QL

Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent),T3 - QL,MED

Opsumit (Tablet),T4 - PA,LA

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

Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release),T4 - PA,QL

Orenitram (2.5mg Tablet Extended-Release),T4 - PA

Oseni (Tablet),T3 - QL,ST

Oxcarbazepine (Tablet),T2

OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent),T2 - QL,MED

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

Oxycodone HCl (Tablet Immediate-Release),T1 - QL,MED

Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet),T2 - QL,MED

P

Pantoprazole Sodium (Tablet Delayed-Release),T1 - QL

Pazeo (Ophthalmic Solution),T2

Pegasys (Injection),T4 - PA

Penicillin V Potassium (Tablet),T1

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

Permethrin (Cream),T2

Phenytoin Sodium Extended (Capsule),T1

Phoslyra (Oral 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, 8meq Tablet, 20meq Microencapsulated Tablet),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 (Tablet, 5mg/5ml Oral Solution),T1

Premarin (Vaginal Cream),T2

Prezista (100mg/ml Suspension, 150mg

Tablet, 600mg Tablet, 800mg Tablet),T4 - 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

Promethazine HCl (Tablet),T3 - PA,HRM

Propranolol HCl (Tablet Immediate-Release),T1

Propranolol HCl ER (Capsule Extended-Release 24 Hour),T1

Propylthiouracil (Tablet),T1

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

Pyridostigmine Bromide (Tablet),T2

Q

Quetiapine Fumarate (Tablet Immediate-

Bold type = Brand name drug

Plain type = Generic drug

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

Release),T1 - QL
Quinapril HCl (Tablet),T1 - QL
Quinapril/Hydrochlorothiazide (Tablet),T1 - QL

R

Raloxifene HCl (Tablet),T2 - QL
Ramipril (Capsule),T1 - QL
Ranexa (Tablet Extended-Release 12 Hour),T2 - QL
Ranitidine HCl (Tablet),T1
Rapaflo (Capsule),T2 - QL
Rasagiline Mesylate (Tablet),T2
Rebif (Injection),T4
Renagel (Tablet),T2 - ST
Renvela (Tablet, Packet),T2
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 (Capsule),T2
Riluzole (Tablet),T2
Rimantadine HCl (Tablet),T2
Risperidone (Tablet Immediate-Release),T1
Rituxan (Injection),T4 - PA
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 - QL

S

Santyl (Ointment),T3
Saphris (Tablet Sublingual),T3 - QL
Savella (Tablet),T2
Selegiline HCl (5mg Capsule, 5mg Tablet),T2
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T4 - QL
Sensipar (30mg Tablet),T2 - QL
Sensipar (60mg Tablet, 90mg Tablet),T4 - QL
Serevent Diskus (Aerosol Powder),T2 - QL
Sertraline HCl (Tablet),T1

Sildenafil (20mg Tablet),T2 - PA,QL
Silver Sulfadiazine (Cream),T2
Simbrinza (Suspension),T2
Simvastatin (Tablet),T1 - QL
Sodium Polystyrene Sulfonate (Suspension),T2
Sotalol HCl, Sotalol HCl AF (Tablet),T1
Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL
Spironolactone (Tablet),T1
Sprycel (Tablet),T4 - PA,QL
Stiolto Respimat (Aerosol Solution),T2 - QL
Suboxone (Film),T3 - QL
Sucralfate (Tablet),T1
Sulfamethoxazole/Trimethoprim DS (Tablet),T1
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T1
Sumatriptan Succinate (Tablet),T1 - QL
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T2
Suprax (100mg/5ml Suspension, 200mg/5ml Suspension),T3
Suprax (400mg Capsule),T2
Suprax (500mg/5ml Suspension),T3
Symbicort (Aerosol),T2 - QL
SymlinPen (Injection),T4 - PA
SymlinPen 60 (Injection),T4 - PA
Synjardy, Synjardy XR (Tablet),T2 - QL
Synthroid (Tablet),T2

T

Tamiflu (Capsule, Suspension),T3 - QL
Tamoxifen Citrate (Tablet),T1
Tamsulosin HCl (Capsule),T1
Targretin (1% Gel, 75mg Capsule),T4 - PA
Tasigna (Capsule),T4 - PA,QL
Tecfidera (Capsule Delayed-Release),T4 - QL
Telmisartan (Tablet),T1 - QL
Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL
Temazepam (Capsule),T2 - QL,HRM
Terazosin HCl (Capsule),T1
Testosterone Cypionate (Injection),T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Theophylline (Oral Solution),T1
 Theophylline CR, Theophylline ER (Tablet),T1

Thymoglobulin (Injection),T4

Timolol Maleate Ophthalmic Gel Forming (Solution),T2

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

Tizanidine HCl (Tablet),T1
 Tobramycin Sulfate (Ophthalmic Solution),T1
 Tobramycin/Dexamethasone (Ophthalmic Suspension),T2

Topiramate (Tablet Immediate-Release),T1

Topotecan HCl (Injection),T4

Toujeo SoloStar (Injection),T2

Tradjenta (Tablet),T3 - QL

Tramadol HCl (Tablet Immediate-Release),T1 - QL,MED

Tramadol HCl/Acetaminophen (Tablet),T1 - QL,MED

Tranexamic Acid (1000mg/10ml Injection),T2

Tranexamic Acid (650mg Tablet),T3

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

Travatan Z (Ophthalmic Solution),T2

Trazodone HCl (Tablet),T1

Tretinoin (Capsule),T4

Triamcinolone Acetonide (Cream, Ointment),T1

Triamterene/Hydrochlorothiazide (Capsule, Tablet),T1

Tribenzor (Tablet),T3 - QL

Trihexyphenidyl HCl (Elixir),T3 - PA,HRM

Trintellix (Tablet),T3 - QL

Trulicity (Injection),T2 - QL

Truvada (Tablet),T4 - QL

U

Uloric (Tablet),T2 - ST

Ursodiol (Capsule),T2

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),T1

Verapamil HCl ER (Tablet Extended-Release),T1

Versacloz (Suspension),T4

Vesicare (Tablet),T2 - QL

Victoza (Injection),T2 - QL

Viibryd (Tablet),T3 - QL

Vimpat (Tablet),T3 - QL

Viread (Powder, Tablet),T4 - QL

Vyvanse (Capsule),T3

W

Warfarin Sodium (Tablet),T1

Welchol (3.75gm Packet, 625mg Tablet),T2

X

Xarelto (Tablet),T2 - QL

Xigduo XR (Tablet Extended-Release 24 Hour),T3 - QL,ST

Xolair (Injection),T4 - PA

Z

Zafirlukast (Tablet),T2 - QL

Zenpep (Capsule Delayed-Release),T2

Zepatier (Tablet),T4 - PA,QL

Zetia (Tablet),T3 - QL

Zirgan (Gel),T3

Zolpidem Tartrate (Tablet Immediate-Release),T3 - PA,QL,HRM

Zonisamide (Capsule),T1

Zostavax (Injection),T2 - PA

Zytiga (Tablet),T4 - PA,QL

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.

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Additional drug coverage

Bonus Drug List

Your plan sponsor (employer, union or trust) 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 cost 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 amounts 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 you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

Drug	Tier	Quantity Limits
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Choline & Magnesium Salicylates	1	
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anesthetics - drugs for numbing		
Lidocaine Cream 3%	1	

Bold type = Brand name drug Plain type = Generic drug

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Drug	Tier	Quantity Limits
Central nervous system agents - anxiolytics, sedatives, hypnotics		
Weight Loss		
Phentermine	1	Maximum of 1 per day
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Scalp		
Sulfacetamide Sodium	1	
Sulfacetamide Sodium w/Sulfur	1	
Dry Skin		
Urea 40% Cream	1	
Fungal Infections		
Alcortin A	3	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Irritable Bowel		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	
Irritable Bowel or Ulcers		
Donnatal	3	
Hemorrhoids		
Analpram-HC	3	
Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Cialis	3	Maximum of 6 tablets per month

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Edex	3	Maximum of 6 cartridges per month
Levitra	3	Maximum of 6 tablets per month
Viagra	3	Maximum of 6 tablets per month
Sexual Desire Disorder		
Addyi	3	
Urinary Tract Infection		
Urogesic Blue	3	
Ustell	1	
Hormonal agents - hormone replacement/modifying drugs		
Menopausal Symptoms		
Osphena	3	
Thyroid Supplement		
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Cyanocobalamin Injection (Vitamin B12)	1	
Folgard Rx	3	
Folic Acid 1mg (Rx only)	1	
Galzin	3	
Mephyton	3	
Nephrocaps	3	
NephPlex Rx	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
Potassium Supplement		
K-Phos Tab	3	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Potassium Bicarbonate Effervescent Tablet	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

BDL: U

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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NOTES



**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 your coverage effective date, you can register online at the website listed below to get access to all your plan information.	

Start using your plan on your effective date. Remember to use your 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 claim 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

You can reach us online, anytime.

Learn more at
www.UHCRetiree.com

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

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.



ENROLLMENT INSTRUCTIONS

UnitedHealthcare® MedicareRx for Groups (PDP) is a Prescription Drug plan. UnitedHealthcare® RxSupplement™ is an Outpatient Prescription Drug Plan that works together with your Prescription Drug plan.

Please complete BOTH the Enrollment Request Forms on the next page using the instructions provided here. You can also enroll right over the phone by giving us a call at the number listed below.

Plan Information	<p>Please confirm the Plan Sponsor and Group Number match what is listed on the front cover of this booklet. If the information is incorrect or missing, please provide the correct information.</p> <hr/> <p>Include the date you expect your coverage to begin.</p>
Applicant Information	<p>You must complete a separate form for each person enrolling in this Prescription Drug plan.</p> <hr/> <p>Please write your name exactly as it appears on your red, white and blue Medicare card. This is how it will appear on your member ID card.</p> <hr/> <p>Attach a copy of your Original Medicare card or your Letter of Verification from Social Security or the Railroad Retirement Board, if possible.</p>
Sign and Date BOTH Enrollment Request Forms	<p>In order to process this form, you must sign the form where indicated.</p> <hr/> <p>If someone helped you complete this form, that person must also sign this form and indicate his/her relationship to you. If you are receiving assistance from a sales agent, broker, or other individual employed by or contracted with our plan, he/she may be paid a commission based on your enrollment in the plan.</p> <hr/> <p>If your authorized representative helped you complete this form, he/she must sign the form and submit a copy of the court order or Durable Power of Attorney that allows him/her to act on your behalf, if requested by the plan.</p>
Return BOTH Enrollment Request Forms	<p>Return the completed form in the enclosed envelope and send to:</p> <p>UnitedHealthcare P.O. Box 29200 Hot Springs, AR 71903-9200</p> <hr/> <p>Incomplete information may delay your enrollment.</p>

Questions? Call Customer Service:



Learn more online at www.UHCRetiree.com



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

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.

UnitedHealthcare RxSupplement is not a Medicare Part D prescription drug plan. This is an employer group retiree prescription drug plan. UnitedHealthcare RxSupplement group retiree prescription drug plans are underwritten by UnitedHealthcare Insurance Company or, in New York, UnitedHealthcare Insurance Company of New York. These are private insurance companies not connected with or endorsed by the U.S. Government or the federal Medicare program. RxSupplement plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.



2018 Enrollment Request Form

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

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.

1. Plan information

Plan Sponsor:

GPS Employer ID:

GPS Branch Number:

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.

2. Applicant information – as it appears on your Medicare card

(Please use 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone Number () -
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Permanent Residence Street Address (**P.O. Box not allowed**)

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

Mailing Address (only if different from your Permanent Street Address) (P.O. Box allowed for mailing only)

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

Email Address

Emergency Contact

Contact Telephone Number () -	Contact Relationship to You
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3. Please provide your Medicare insurance information

Use your red, white and blue Medicare card to complete this section – or – attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A or Part B (or both) to join a Medicare Prescription Drug plan. An incorrect or incomplete Medicare Claim Number may cause a delay or denial of coverage.

Medicare Claim Number

Part A (Hospital) Effective Date
MM/DD/YYYY

Part B (Medical) Effective Date
MM/DD/YYYY

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Last Name First Name Medicare Claim Number

4. Please answer the following questions

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(s) for this coverage:

Name of Other Coverage _____

ID 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 Other Coverage _____

ID Number for Coverage _____ Group Number for Coverage _____

Are you a resident in a long-term care facility, such as a nursing home? Yes No

If **“yes,”** Name of Institution _____

Address of Institution _____

City _____ State _____ ZIP Code _____

Telephone Number of Institution () - Date of Admission: **MM/DD/YYYY**

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.

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.

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.

Applicant Signature (or signature of authorized representative, please complete box below)

Today's Date

MM/DD/YYYY

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Last Name First Name Medicare Claim Number

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
Telephone 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	
<input type="checkbox"/> Plan Representative, check here if you signed above and assisted in completing this form.	Relationship to Applicant		

9. UnitedHealthcare® MedicareRx for Groups use only

Plan ID Number

Effective Coverage Date MM/DD/YYYY	IEP _____ AEP _____ SEP (type) _____
GPS Employer ID Number	GPS Branch Number

Licensed Sales Representative Signature

Print Name

Agent ID Number	Telephone Number () -
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10. Employer use only

<input type="checkbox"/> Enrollee is Eligible for Retiree Coverage	Effective Date MM/DD/YYYY	Initials
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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. 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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Required Information

Employer/Former Employer Name:	
Employer ID #:	Employer Subsidy Group #:
Employer Billing #:	

Outpatient Prescription Drug Plan Enrollment Form

(Please Print)

TEAR HERE

**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 $\frac{\text{mm}}{\text{mm}} / \frac{\text{dd}}{\text{dd}} / \frac{\text{yyyy}}{\text{yyyy}}$	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
---------------------	----------------------	----	--------

<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth $\frac{\text{mm}}{\text{mm}} / \frac{\text{dd}}{\text{dd}} / \frac{\text{yyyy}}{\text{yyyy}}$	Marital Status of Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
--	---	---

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

Medicare Claim #	Part A Effective Date $\frac{\text{mm}}{\text{mm}} / \frac{\text{dd}}{\text{dd}} / \frac{\text{yyyy}}{\text{yyyy}}$	Part B Effective Date $\frac{\text{mm}}{\text{mm}} / \frac{\text{dd}}{\text{dd}} / \frac{\text{yyyy}}{\text{yyyy}}$	Part D Effective Date $\frac{\text{mm}}{\text{mm}} / \frac{\text{dd}}{\text{dd}} / \frac{\text{yyyy}}{\text{yyyy}}$
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Permanent Residence Street Address (P.O. Box is not allowed)	City	State	Zip
--	------	-------	-----

Home Telephone # ()	Alternate Telephone # ()	E-mail Address
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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 $\frac{\text{mm}}{\text{mm}} / \frac{\text{dd}}{\text{dd}} / \frac{\text{yyyy}}{\text{yyyy}}$	Telephone # ()
------------------	--	--------------------

Address	City	State	Zip
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Doctor's Name	Doctor's Telephone # ()
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What's next

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Applicant Last Name

Applicant First Name

MI

Medicare Claim #

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
			<u> </u> / <u> </u> / <u> </u> mm / dd / yyyy	
			<u> </u> / <u> </u> / <u> </u> mm / dd / yyyy	

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 Claim #

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:

Signature

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: _____

TEAR HERE

TEAR HERE

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Statements of UNDERSTANDING

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



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 or Part B, and I must continue to pay my Medicare Part B premium if not paid for by Medicaid or a third party.



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.



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 will get a Welcome Guide that includes 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.

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.

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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

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