Plan Guide
2020

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

City of Seattle - Fire and Police

UnitedHealthcare® Group Medicare Advantage (HMO)

Effective: January 1, 2020 through December 31, 2020

Group Number: 808019

UnitedHealthcare®

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Introducing the UnitedHealthcare® Group Medicare Advantage plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare® to offer health care coverage for all eligible retirees. As a UnitedHealthcare® Medicare Advantage member, you'll have a team committed to understanding your needs, connecting you to the care you need and helping you manage your health.

Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money on health care, so you can focus more on what matters most to you
- Get access to the care you need when you need it

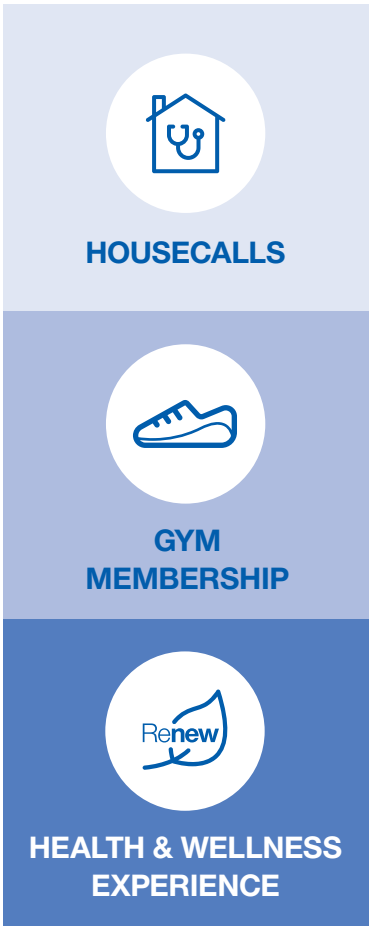
In this book you will find:

- 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

Take advantage of healthy extras with UnitedHealthcare



Visit us online anytime

www.UHCRetiree.com

Toll-free **1-877-714-0178,** TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

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Plan Information

Benefit Highlights

City of Seattle - Fire and Police 808019
Effective January 1, 2020 to December 31, 2020

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.

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network
Doctor's office visit	Primary Care Provider: $10 copay Specialist: $20 copay
Preventive services	$0 copay for Medicare-covered in-network preventive services. Refer to the Evidence of Coverage for additional information.
Inpatient hospital care	$200 copay per stay
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $50 copay per additional day up to 100 days
Outpatient surgery	$100 copay
Outpatient rehabilitation (physical, occupational, or speech/ language therapy)	$25 copay
Diagnostic radiology services (such as MRIs, CT scans)	$25 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	$25 copay
Ambulance	$50 copay
Emergency care	$50 copay (worldwide)
Urgently needed services	$35 copay (worldwide)
Annual medical out-of-pocket maximum	$2,000

Additional benefits and programs not covered by Original Medicare

	In-Network
Routine physical	$0 copay; 1 per plan year
Foot care - routine	$20 copay (Up to 6 visits per plan year)
Hearing - routine exam	$0 copay (1 exam every 12 months)
Hearing aids	The plan pays up to a $500 allowance for hearing aids every 3 years.

	In-Network
Vision - routine eye exams	$20 copay (1 exam every 12 months)
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com.
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com.

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	$4 copay	$8 copay
Tier 2: Preferred Brand	$28 copay	$74 copay
Tier 3: Non-preferred Drug	$58 copay	$164 copay
Tier 4: Specialty Tier	33% coinsurance	33% coinsurance
Coverage gap stage	After your total drug costs reach $4,020, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs	
Catastrophic coverage stage	After your total out-of-pocket costs reach $6,350, you will pay the greater of $3.60 copay for generic (including brand drugs treated as generic), $8.95 copay for all other drugs, or 5% coinsurance	

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 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.

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

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

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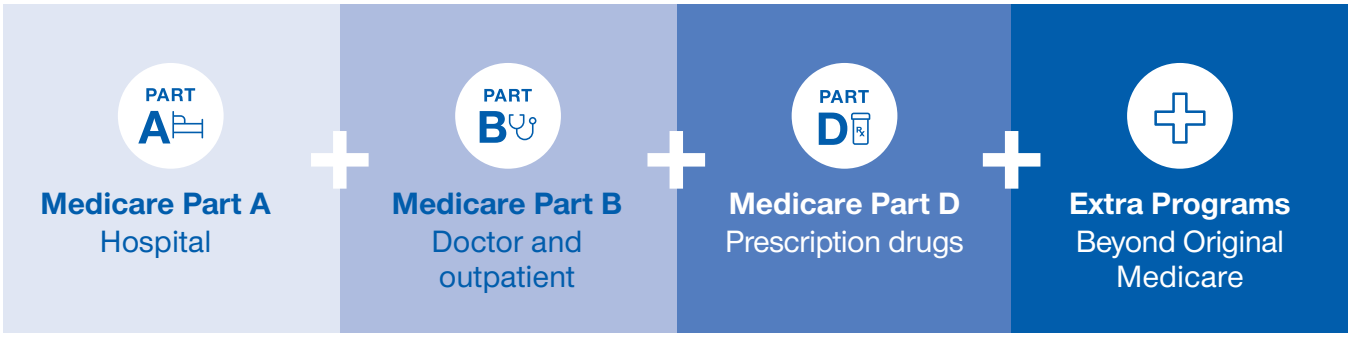
Plan Details

UnitedHealthcare® Group Medicare Advantage (HMO)

Your former employer or plan sponsor has chosen a UnitedHealthcare® Group Medicare Advantage plan. The word "Group" means this is a plan designed just for a former employer or plan sponsor, like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan.

"Medicare Advantage" is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).

Medicare Advantage coverage



Make sure you know what parts of Medicare you have

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

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security. 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.
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

How your Group Medicare Advantage plan works

Here are Medicare's rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

One plan at a time

- You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time.
- 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 Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from these plans.
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor or former employer.

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

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How your medical coverage works

Your plan is a Health Maintenance Organization (HMO) plan. That means you must get care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and, in some cases, may refer you to a specialist.

	In-Network	Out-Of-Network
Will the doctor or hospital accept my plan?	Yes	No
Do I have to pay the full cost for all covered doctor or hospital services?	No, you will pay your standard copay or coinsurance for the services you get.[1]	Yes
What is my copay or coinsurance?	Copays and coinsurance vary by service.[1]	You must pay the full cost for services except in case of emergency.
Do I need to choose a primary care provider (PCP)?	Yes	N/A
Do I need a referral to see a specialist?	Yes	N/A
Are emergency and urgently needed services covered?	Yes	Yes
Is there a limit on how much I spend on medical services each year?	Yes	N/A

[1]Refer to the Summary of Benefits or Benefit Highlights for more information.

View your plan information online

Once you receive your UnitedHealthcare Member ID card, you can create your secure online account at: **www.UHCRetiree.com**

You'll be able to view plan documents, find a provider, locate a pharmacy and access lifestyle and learning articles, recipes, educational videos and more.

How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check your plan's drug list to see if your drugs are covered.

Here are answers to common questions

What pharmacies can I use?

You can choose from over 67,000 national chain, regional and independent local retail pharmacies.

What is a drug cost tier?

Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.

What will I pay for my prescription drugs?

What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug cost tier your prescription falls in to. Your cost may also change during the year based on the total cost of the prescriptions you have filled.[1]

Can I have more than one prescription drug plan?

No. You can only have one Medicare plan that includes prescription drug coverage at a time. If you enroll in another Medicare Part D prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you will be disenrolled from this plan.

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

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Ways to save on your prescription drugs

You may 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 questions.

Get a 3 month[1] 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

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

1-877-714-0178, 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's 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

Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.

[1]Your former employer 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.

What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount Social Security determines 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)?

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare 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 former employer or plan sponsor will be asked to confirm that you have had continuous Medicare Part D coverage. If your former employer 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 Quick Start Guide 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

Getting the health care coverage you may need

Your care begins with your doctor

To get full coverage through your plan, you will need to choose a primary care provider from our local network. Your doctor may already be in our network. Your primary care provider will help refer you to specialists when needed. With your UnitedHealthcare® Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

Finding a doctor is easy

If you need help finding a doctor or a specialist, just give us a call. We can even help schedule that first appointment.

The UnitedHealthcare Network of Doctors

There is value in choosing a network doctor beyond having your benefits covered. UnitedHealthcare works closely with its network of doctors to help provide them support.

Filling your prescriptions is convenient

UnitedHealthcare has over 67,000 national chain, regional and independent local retail pharmacies in our network.[1]

[1]2019 Internal Report Data

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Take advantage of UnitedHealthcare's additional support and programs

Annual Wellness Visit[1] and many preventive services at $0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Together with your doctor, you can identify the preventive screenings you may need, review your medications and talk about any health concerns. You may even get a reward for completing your Annual Wellness Visit.

Enjoy a preventive care visit in the privacy of your own home

With UnitedHealthcare® HouseCalls, you get a yearly in-home visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care. What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health

HouseCalls may not be available in all areas.

You are never alone with NurseLine

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

- Questions about a medication
- Finding a doctor or specialist
- Understanding an ongoing health condition or new diagnosis

Virtual Visits

See a doctor or a Behavioral Health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone you can download the Doctor on Demand or Amwell apps.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches
- Bladder/urinary tract infections, rashes

[1]If additional tests are required, there may be a copay or coinsurance.

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

Special programs for people with chronic or complex health needs

UnitedHealthcare offers special programs to help members who are living with a chronic disease, like diabetes or heart disease. You get personal attention and your doctors get up-to-date information to help them make decisions.

Make caring for a loved one easier

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning.

- Get helpful advice and assistance finding services and programs from a professional care manager
- Receive a personalized care plan with recommendations and resources
- Have a registered nurse perform an in-person assessment of your situation if needed

Hear the moments that matter most with custom-programmed hearing aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to receive a hearing exam and a wide selection of custom-programmed hearing aids — available in-person at any of our 5,000* UnitedHealthcare Hearing providers nationwide* or through home delivery — so you'll get the care you need to hear better and live life to the fullest.

Other hearing exam providers are available in our network. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.

And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

*2019 UnitedHealthcare Internal Data

Tools and resources to put you in control

Get valuable plan information online

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary member ID card and request a new one
- Search for network doctors
- Search for pharmacies
- Look up drugs and how much they cost under your plan
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online

Get active and have fun with a gym membership

Designed for all fitness levels and abilities, SilverSneakers® includes:

- Access to exercise equipment
- Group classes and more at 16,000+ fitness locations[1]
- Signature classes led by certified instructors trained specifically in adult fitness

Classes, equipment, facilities and services may vary by location.

Go beyond the plan benefits to help you live your best life

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.[2] Renew, our member-only Health & Wellness Experience, includes:

- Inspiring lifestyle tips, coloring pages, recipe library, streaming music
- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards

As a UnitedHealthcare member you can explore all that Renew has to offer by logging in to your member website.

[1]At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.
[2]Renew by UnitedHealthcare is not available in all plans.

Summary of Benefits 2020

Overview of your plan

UnitedHealthcare® Group Medicare Advantage (HMO)

Group Name (Plan Sponsor): City of Seattle - Fire and Police
Group Number: 808019

H3805-806-000

Look inside to take advantage of the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.

Toll-free **1-877-714-0178**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

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UnitedHealthcare®

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Summary of Benefits

January 1, 2020 - December 31, 2020

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.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® Group Medicare Advantage (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, 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).

Our service area includes these counties in **Washington**:

Clark, Cowlitz, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston and Whatcom.

Our service area includes this ZIP code in Island county: 98282

Use network providers and pharmacies.

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

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

UnitedHealthcare® Group Medicare Advantage (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$2,000 annually for Medicare-covered services from in-network providers.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.

UnitedHealthcare® Group Medicare Advantage (HMO)

Benefits		In-Network
Inpatient Hospital[1]		$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	$100 copay
	Outpatient surgery	$100 copay
	Outpatient hospital services, including observation	$100 copay
Doctor Visits	Primary	$10 copay
	Specialists[1]	$20 copay
Preventive Care	Medicare-covered	$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling

Benefits		In-Network
		Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots "Welcome to Medicare" preventive visit (one-time)
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.
	Routine physical	$0 copay; 1 per plan year
Emergency Care		$50 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the "Inpatient Hospital" section of this booklet for other costs.
Urgently Needed Services		$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the "Inpatient Hospital" section of this booklet for other costs.
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[1]	$25 copay
	Lab services[1]	$0 copay
	Diagnostic tests and procedures[1]	$0 copay
	Therapeutic Radiology[1]	$25 copay
	Outpatient x-rays[1]	$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues[1]	$20 copay
	Routine hearing exam	$0 copay (1 exam every 12 months)

Benefits		In-Network
	Hearing Aids	The plan pays up to a $500 allowance for hearing aid(s) every 3 years.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[1]	$20 copay
	Eyewear after cataract surgery	$0 copay
	Routine eye exams	$20 copay (1 exam every 12 months)
Mental Health	Inpatient visit[1]	$200 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit[1]	$10 copay
	Outpatient individual therapy visit[1]	$20 copay
Skilled Nursing Facility (SNF)[1]		$0 copay per day: days 1-20 $50 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF.
Physical Therapy and speech and language therapy visit[1]		$25 copay
Ambulance[2]		$50 copay
Routine Transportation		Not covered
Medicare Part B Drugs	Chemotherapy drugs[1]	20% coinsurance
	Other Part B drugs[1]	20% coinsurance

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 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	$4 copay	$8 copay
Tier 2: Preferred Brand	$28 copay	$74 copay
Tier 3: Non-preferred Drug	$58 copay	$164 copay
Tier 4: Specialty Tier	33% coinsurance	33% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach $4,020, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,350, you pay the greater of: □ 5% coinsurance, or □ $3.60 copay for generic (including brand drugs treated as generic) and a $8.95 copay for all other drugs.	

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation[1]	50% coinsurance
Diabetes Management	Diabetes monitoring supplies[1]	$0 copay
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay
	Diabetes Self-management training[1]	$0 copay
	Therapeutic shoes or inserts[1]	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[1]	20% coinsurance
Fitness program through SilverSneakers®		$0 membership fee. Access to a basic fitness membership offered through SilverSneakers® participating locations. If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga.
Foot Care (podiatry services)	Foot exams and treatment[1]	$20 copay
	Routine foot care	$20 copay for each visit (Up to 6 visits per plan year)

Additional Benefits		In-Network
Home Health Care[1]		$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational Therapy Visit[1]		$25 copay
Opioid Treatment Services		$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[1]	$10 copay
	Outpatient individual therapy visit[1]	$20 copay
Renal Dialysis[1]		20% coinsurance
Virtual Behavioral Visits		See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com.
Virtual Doctor Visits		See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com.

[1] Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

[2] Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation. Emergency Ambulance does not require authorization.

Required Information

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

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

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

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

Benefits, premium and/or copayments/coinsurance may change 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 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

You must continue to pay your Medicare Part B premium.

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

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of

Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.
If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

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

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Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2019. 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. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

PA **Prior authorization**	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.
QL **Quantity limits**	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.
ST **Step therapy**	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/D **Medicare Part B or Part D**	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.
HRM **High-risk medication**	This drug is known as a high-risk medication (HRM) for patients 65 years 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
Y0066_190516_092901_M

LA **Limited access**	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
MME **Morphine milligram equivalent**	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.
7D **7-Day limit**	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.
DL **Dispensing limit**	Dispensing limits apply to this drug. This drug is limited to a 1 month supply per prescription.

A
Abacavir Sulfate-Lamivudine (Oral Tablet),T3 - QL
Acamprosate Calcium (Oral Tablet Delayed Release),T3
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL
Acetazolamide (Oral Tablet),T2
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T2
Acyclovir (Oral Capsule),T1
Acyclovir (Oral Tablet),T1
Adacel (Intramuscular Suspension),T2
Advair Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Advair HFA (Inhalation Aerosol),T2 - QL
Aggrenox (Oral Capsule Extended Release 12 Hour),T3 - QL
Albendazole (Oral Tablet),T4 - QL
Alcohol Prep Pads,T2
Alendronate Sodium (Oral Tablet),T1
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
Allopurinol (Oral Tablet),T1
Alosetron HCl (Oral Tablet),T4 - PA
Alprazolam (Oral Tablet Immediate Release),T1 - QL
Alrex (Ophthalmic Suspension),T3
Amantadine HCl (Oral Capsule),T2
Ambrisentan (Oral Tablet),T4 - PA; LA; QL
Amiloride HCl (Oral Tablet),T1
Amiodarone HCl (100MG Oral Tablet, 400MG

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.

Oral Tablet),T3

Amiodarone HCl (200MG Oral Tablet),T1

Amitiza (Oral Capsule),T2 - QL

Amitriptyline HCl (Oral Tablet),T3 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T2 - QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T2 - QL

Anagrelide HCl (Oral Capsule),T2

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T2

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

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

Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4 - PA

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe),T3 - PA

Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution),T3 - PA

Aripiprazole (Oral Tablet),T1 - QL

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

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

Atazanavir Sulfate (Oral Capsule),T4 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T3

Atorvastatin Calcium (Oral Tablet),T1 - QL

Atovaquone-Proguanil HCl (Oral Tablet),T2

Atripla (Oral Tablet),T4 - QL

Atrovent HFA (Inhalation Aerosol Solution),T3

Aubagio (Oral Tablet),T4 - LA; QL

Auryxia (Oral Tablet),T4 - PA

Avonex (30MCG Intramuscular Kit),T4

Avonex Pen (Intramuscular Auto-Injector Kit),T4

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4

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

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

Azelastine HCl (Ophthalmic Solution),T1

Azithromycin (Oral Packet),T1

Azithromycin (Oral Tablet),T1

Azopt (Ophthalmic Suspension),T2

B

BRIVIACT (Oral Solution),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.

BRIVIACT (Oral Tablet),T4 - PA; QL

Baclofen (Oral Tablet),T1

Balsalazide Disodium (Oral Capsule),T3

Belsomra (Oral Tablet),T2 - QL

Benazepril HCl (Oral Tablet),T1 - QL

Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL

Benztropine Mesylate (Oral Tablet),T2 - PA; HRM

Bepreve (Ophthalmic Solution),T3

Berinert (Intravenous Kit),T4 - PA; LA

Betaseron (Subcutaneous Kit),T4

Bethanechol Chloride (Oral Tablet),T2

Betimol (Ophthalmic Solution),T3

Bevespi Aerosphere (Inhalation Aerosol),T3 - ST

Bicalutamide (Oral Tablet),T1

Binosto (Oral Tablet Effervescent),T3

Bisoprolol Fumarate (Oral Tablet),T1

Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL

Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Brilinta (Oral Tablet),T2 - QL

Brimonidine Tartrate (0.15% Ophthalmic Solution),T3

Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

Budesonide (Inhalation Suspension),T3 - B/D,PA

Budesonide (Oral Capsule Delayed Release Particles),T3

Bumetanide (Oral Tablet),T2

Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL

Buprenorphine HCl (Tablet Sublingual),T1 - QL

Bupropion HCl (Oral Tablet Immediate Release),T1

Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3

Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1

Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1

Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1

Buspirone HCl (Oral Tablet),T1

Butrans (Transdermal Patch Weekly),T2 - 7D; DL; QL

Bydureon (Subcutaneous Pen-Injector),T3 - QL

Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL

Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL

Bystolic (Oral Tablet),T2 - QL

C

Cabergoline (Oral Tablet),T2

Calcitriol (External Ointment),T3

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

Calcium Acetate (Phosphate Binder) (Oral Capsule),T2

Calcium Acetate (Phosphate Binder) (Oral Tablet),T2

Captopril (Oral Tablet),T2 - QL

Carafate (Oral Suspension),T3

Carafate (Oral Tablet),T3

Carbamazepine (Oral 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),T2

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2

Carbidopa-Levodopa-Entacapone (Oral Tablet),T3

Carvedilol (Oral Tablet),T1

Cayston (Inhalation Solution Reconstituted),T4 - PA; LA

Cefuroxime Axetil (Oral Tablet),T1

Celecoxib (Oral Capsule),T2 - QL

Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1

Cephalexin (750MG Oral Capsule),T3

Cephalexin (Oral Tablet),T2

Chantix (Oral Tablet),T2

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Cholestyramine Light (Oral Powder),T3

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T2

Ciprodex (Otic Suspension),T2

Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T2

Clenpiq (Oral Solution),T2

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

Clonazepam (Oral Tablet),T1 - QL

Clonidine (Transdermal Patch Weekly),T3

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1 - QL

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2

Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible),T3

Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T2

Clozapine ODT (200MG Oral Tablet Dispersible),T4

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2 - QL

Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys),T2 - QL

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Inhalation Aerosol Solution),T2 - QL

Comtan (Oral Tablet),T4

Copaxone (Subcutaneous Solution Prefilled Syringe),T4

Cosentyx 300 Dose (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA

Cosopt PF (Ophthalmic Solution),T3

Creon (Oral Capsule Delayed Release Particles),T2

Crestor (Oral Tablet),T3 - QL

Crixivan (Oral Capsule),T2 - QL

Cromolyn Sodium (Inhalation Nebulization Solution),T2 - B/D,PA

Cromolyn Sodium (Oral Concentrate),T3

Cyclophosphamide (Oral Capsule),T2 - B/D,PA

Cyproheptadine HCl (Oral Tablet),T3 - PA; HRM

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.

D

Daliresp (Oral Tablet),T3 - PA

Dapsone (External Gel),T3

Dapsone (Oral Tablet),T2

Deferasirox (Oral Tablet Soluble),T4 - PA

Desmopressin Acetate (Oral Tablet),T2

Dexilant (Oral Capsule Delayed Release),T3 - QL

Diazepam (Oral Tablet),T1 - QL

Diclofenac Potassium (Oral Tablet),T2

Diclofenac Sodium (Oral Tablet Delayed Release),T1

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Digoxin (125MCG Oral Tablet),T3 - HRM; QL

Digoxin (250MCG Oral Tablet),T3 - PA; HRM

Dihydroergotamine Mesylate (Nasal Solution),T4

Diltiazem HCl (Oral Tablet Immediate Release),T1

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2

Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1

Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1

Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM

Disulfiram (Oral Tablet),T2

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2

Divalproex Sodium (Oral Tablet Delayed Release),T1

Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1

Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL

Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2

Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T3

Doxycycline Hyclate (Oral Capsule),T2

Dronabinol (Oral Capsule),T3 - PA

Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL

Durezol (Ophthalmic Emulsion),T2

Dutasteride (Oral Capsule),T2

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

Edarbyclor (Oral Tablet),T3 - QL

Eliquis (Oral Tablet),T2 - QL

Elmiron (Oral Capsule),T4

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

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

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Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA

Enbrel (Subcutaneous Solution Reconstituted),T4 - PA

Entacapone (Oral Tablet),T3

Entecavir (Oral Tablet),T3

Epclusa (Oral Tablet),T4 - PA; QL

Eplerenone (Oral Tablet),T2

Epzicom (Oral Tablet),T4 - QL

Equetro (Oral Capsule Extended Release 12 Hour),T3

Ergotamine-Caffeine (Oral Tablet),T2

Ertapenem Sodium (Injection Solution Reconstituted),T3

Escitalopram Oxalate (Oral Tablet),T1

Estradiol (Oral Tablet),T3 - PA; HRM

Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL

Estradiol (Vaginal Cream),T3

Ethosuximide (Oral Capsule),T3

Extavia (Subcutaneous Kit),T4

Ezetimibe (Oral Tablet),T1

F

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1

Farxiga (Oral Tablet),T3 - ST; QL

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1

Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL

Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T2 - 7D; MME; DL; QL

Finasteride (5MG Oral Tablet) (Generic Proscar),T1

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

Fluocinolone Acetonide (External Cream),T2

Fluocinolone Acetonide (External Ointment),T2

Fluocinolone Acetonide (Otic Oil),T2

Fluphenazine HCl (Oral Tablet),T1

Fluticasone Propionate (External Cream),T2

Fluticasone Propionate (External Lotion),T3

Fluticasone Propionate (External Ointment),T2

Fluticasone Propionate (Nasal Suspension),T1

Forteo (Subcutaneous Solution),T4 - PA

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL

Fycompa (Oral Suspension),T4

Fycompa (Oral Tablet),T4

G

Gabapentin (Oral Capsule),T1

Gabapentin (Oral Tablet),T1

Gammagard (2.5GM/25ML Injection Solution),T4 - PA

Gemfibrozil (Oral Tablet),T1

Genotropin (Subcutaneous Solution Reconstituted),T4 - PA

Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA

Gentamicin Sulfate (Ophthalmic Solution),T1

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

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Gilenya (0.5MG Oral Capsule),T4 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4

Glimepiride (Oral Tablet),T1 - QL

Glipizide (Oral Tablet Immediate Release),T1 - QL

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

GlucaGen HypoKit (Injection Solution Reconstituted),T3

Glucagon Emergency (Injection Kit),T2

Glyxambi (Oral Tablet),T2 - QL

Guanidine HCl (Oral Tablet),T2

H

Haegarda (Subcutaneous Solution Reconstituted),T4 - PA; LA

Haloperidol (Oral Tablet),T1

Harvoni (Oral Tablet),T4 - PA; QL

Humalog (Subcutaneous Solution Cartridge),T2

Humalog (Subcutaneous Solution),T2

Humalog Mix 50/50 (Subcutaneous Suspension),T2

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.4ML Subcutaneous Prefilled Syringe Kit),T4 - PA

Humulin 70/30 (Subcutaneous Suspension),T2

Humulin N (Subcutaneous Suspension),T2

Humulin R (Injection Solution),T2

Hydralazine HCl (Oral Tablet),T1

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL

Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Hydroxychloroquine Sulfate (Oral Tablet),T1

Hydroxyurea (Oral Capsule),T1

Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL

I

Ibandronate Sodium (Oral Tablet),T2

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1

Ilevro (Ophthalmic Suspension),T2

Imatinib Mesylate (Oral Tablet),T4 - PA; QL

Imiquimod (5% External Cream),T2

Imiquimod Pump (3.75% External Cream),T4 - PA

Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA; QL

Imvexxy Starter Pack (Vaginal Insert),T2 - PA; QL

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Intelence (100MG Oral Tablet, 200MG Oral Tablet),T4 - QL

Invokamet (Oral Tablet Immediate Release),T2 - QL

Invokamet XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Invokana (Oral Tablet),T2 - QL

Ipratropium Bromide (Inhalation Solution),T1 - B/

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D,PA

Ipratropium Bromide (Nasal Solution),T2

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

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Isentress (Oral Tablet),T4 - QL

Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (Oral Tablet Immediate Release),T1

Isosorbide Dinitrate ER (Oral Tablet Extended Release),T1

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1

Ivermectin (Oral Tablet),T1

J

Janumet (Oral Tablet Immediate Release),T2 - QL

Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Januvia (Oral Tablet),T2 - QL

Jardiance (Oral Tablet),T2 - QL

Jentadueto (Oral Tablet Immediate Release),T2 - QL

Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Jublia (External Solution),T3

K

Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA; LA

Kalydeco (Oral Tablet),T4 - PA; LA

Kazano (Oral Tablet),T3 - ST; QL

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T2

Klor-Con 10 (Oral Tablet Extended Release),T1

Klor-Con 8 (Oral Tablet Extended Release),T1

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

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

Korlym (Oral Tablet),T4 - PA; LA

L

Lactulose (10GM/15ML Oral Solution),T1

Lactulose (Oral Packet),T3

Lamivudine (100MG Oral Tablet),T2

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL

Lamotrigine (Oral Tablet Immediate Release),T1

Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

Lastacaft (Ophthalmic Solution),T2

Latanoprost (Ophthalmic Solution),T1

Latuda (Oral Tablet),T4 - QL

Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL

Leflunomide (Oral Tablet),T2

Letrozole (Oral Tablet),T1

Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2

Leucovorin Calcium (25MG Oral Tablet),T3

Leucovorin Calcium (5MG Oral Tablet),T1

Leukeran (Oral Tablet),T4

Levemir (Subcutaneous Solution),T2

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Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2

Levetiracetam (Oral Tablet Immediate Release),T1

Levocarnitine (Oral Tablet),T2

Levocetirizine Dihydrochloride (Oral Tablet),T1

Levofloxacin (Oral Tablet),T1

Levothyroxine Sodium (Oral Tablet),T1

Lidocaine (5% External Ointment),T3 - QL

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

Lidocaine HCl (4% External Solution),T1

Lidocaine Viscous (2% Mouth/Throat Solution),T1

Lidocaine-Prilocaine (External Cream),T2

Lindane (External Shampoo),T3

Linzess (Oral Capsule),T2 - QL

Liothyronine Sodium (Oral Tablet),T1

Lisinopril (Oral Tablet),T1 - QL

Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Lithium Carbonate (Oral Capsule),T1

Lithium Carbonate ER (Oral Tablet Extended Release),T1

Lokelma (Oral Packet),T3 - QL

Loperamide HCl (Oral Capsule),T1

Lorazepam (Oral Tablet),T1 - QL

Losartan Potassium (Oral Tablet),T1 - QL

Losartan Potassium-HCTZ (Oral Tablet),T1 - QL

Lotemax (Ophthalmic Gel),T3

Lotemax (Ophthalmic Ointment),T3

Lotemax (Ophthalmic Suspension),T3

Lovastatin (Oral Tablet),T1 - QL

Lumigan (Ophthalmic Solution),T2

Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA

Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA

Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA

Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA

Luzu (External Cream),T3 - QL

Lysodren (Oral Tablet),T4

M

Mavyret (Oral Tablet),T4 - PA; QL

Meclizine HCl (12.5MG Oral Tablet),T1 - HRM

Medroxyprogesterone Acetate (Intramuscular Suspension),T1

Medroxyprogesterone Acetate (Oral Tablet),T1

Meloxicam (Oral Tablet),T1

Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL

Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL

Mercaptopurine (Oral Tablet),T2

Meropenem (1GM Intravenous Solution Reconstituted),T3

Meropenem (500MG Intravenous Solution Reconstituted),T2

Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL

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

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

Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL

Methazolamide (Oral Tablet),T3

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Methimazole (Oral Tablet),T1

Methotrexate (Oral Tablet),T1

Methscopolamine Bromide (Oral Tablet),T3

Methyldopa (Oral Tablet),T3 - PA; HRM

Methylphenidate HCl (Oral Tablet Chewable),T3 - QL

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

Metoclopramide HCl (Oral Tablet),T1

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

Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1

Metronidazole (0.75% External Cream),T2

Metronidazole (0.75% External Gel, 1% External Gel),T3

Metronidazole (0.75% External Lotion),T3

Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1

Metronidazole (375MG Oral Capsule),T3

Minocycline HCl (Oral Capsule),T1

Minocycline HCl (Oral Tablet Immediate Release),T3

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1

Mirtazapine ODT (Oral Tablet Dispersible),T2

Misoprostol (Oral Tablet),T2

Modafinil (Oral Tablet),T3 - PA; QL

Mometasone Furoate (Nasal Suspension),T3

Montelukast Sodium (Oral Tablet),T1 - QL

Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour),T3 - 7D; MME; DL; QL

Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL

Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL

Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 7D; MME; DL; QL

Multaq (Oral Tablet),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Nadolol (Oral Tablet),T2

Naftin (External Cream),T3

Naftin (External Gel),T3

Naloxone HCl (0.4MG/ML Injection Solution),T1

Naloxone HCl (Injection Solution Cartridge),T1

Naloxone HCl (Injection Solution Prefilled Syringe),T1

Naltrexone HCl (Oral Tablet),T2

Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL

Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL

Naproxen (Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

Neomycin-Polymyxin-HC (Ophthalmic Suspension),T3

Neomycin-Polymyxin-HC (Otic Suspension),T2

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Nesina (Oral Tablet),T3 - ST; QL

Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA

Nevanac (Ophthalmic Suspension),T3

Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release),T3

Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release),T1

Nicotrol (Inhalation Inhaler),T3

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin),T2 - HRM

Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM

Nitroglycerin (Tablet Sublingual),T1

Nitrostat (Tablet Sublingual),T3

Nizatidine (Oral Capsule),T2

Norethindrone Acetate (5MG Oral Tablet),T1

Nortriptyline HCl (Oral Capsule),T1 - PA; HRM

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

Nuedexta (Oral Capsule),T3 - PA

Nutropin AQ NuSpin 10 (Subcutaneous Solution),T4 - PA

Nutropin AQ NuSpin 20 (Subcutaneous Solution),T4 - PA

Nutropin AQ NuSpin 5 (Subcutaneous Solution),T4 - PA

Nystatin (External Cream),T1

Nystatin (External Ointment),T1

Nystatin (External Powder),T1

O

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T2

Olanzapine (Oral Tablet),T1 - QL

Olmesartan Medoxomil (Oral Tablet),T1 - QL

Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL

Olmesartan-Amlodipine-HCTZ (Oral Tablet),T3 - QL

Olopatadine HCl (0.1% Ophthalmic Solution),T2

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

Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1

Ondansetron HCl (Oral Tablet),T1 - B/D,PA

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

Onglyza (Oral Tablet),T3 - QL

Opsumit (Oral Tablet),T4 - PA; LA

Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA; LA

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA; LA

Oseltamivir Phosphate (Oral Capsule),T2

Oseni (Oral Tablet),T3 - ST; QL

Osphena (Oral Tablet),T2 - PA; QL

Oxcarbazepine (Oral Tablet),T2

OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL

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

Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG

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Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Oxycodone HCl (5MG Oral Capsule),T2 - 7D; MME; DL; QL

Oxycodone-Acetaminophen (Oral Tablet),T2 - 7D; MME; DL; QL

Ozempic (Subcutaneous Solution Pen-Injector),T2 - QL

P

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

Pazeo (Ophthalmic Solution),T2

Pegasys (Subcutaneous Solution),T4 - PA

Pegasys ProClick (Subcutaneous Solution),T4 - PA

Penicillin V Potassium (Oral Tablet),T1

Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL

Permethrin (External Cream),T2

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Picato (External Gel),T2

Pilocarpine HCl (Oral Tablet),T3

Pimecrolimus (External Cream),T3 - ST

Pioglitazone HCl (Oral Tablet),T1 - QL

Pomalyst (Oral Capsule),T4 - PA

Potassium Chloride CR (Oral Tablet Extended Release),T1

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T3

Pradaxa (Oral Capsule),T3 - ST; QL

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

Prednisolone Acetate (Ophthalmic Suspension),T2

Prednisone (Oral Tablet),T1

Premarin (Vaginal Cream),T2

Prezista (150MG Oral Tablet, 75MG Oral Tablet),T3 - QL

Prezista (600MG Oral Tablet, 800MG Oral Tablet),T4 - QL

Prezista (Oral Suspension),T4 - QL

Privigen (20GM/200ML Intravenous Solution),T4 - PA

ProAir HFA (Inhalation Aerosol Solution),T2

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2

Proctosol HC (Rectal Cream),T1

Progesterone Micronized (Oral Capsule),T2

Prolensa (Ophthalmic Solution),T3

Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL

Propranolol HCl (Oral Tablet),T1

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

Propylthiouracil (Oral Tablet),T1

Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST

Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T2

Q

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

Quinapril HCl (Oral Tablet),T1 - QL

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Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

R

Raloxifene HCl (Oral Tablet),T2

Ramipril (Oral Capsule),T1 - QL

Ranitidine HCl (150MG Oral Capsule, 300MG Oral Capsule),T2

Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet),T1

Rasagiline Mesylate (Oral Tablet),T3

Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA

Rebif (Subcutaneous Solution Prefilled Syringe),T4

Renagel (Oral Tablet),T4

Restasis (Ophthalmic Emulsion),T2 - QL

Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA

Retacrit (40000UNIT/ML Injection Solution),T4 - PA

Revlimid (Oral Capsule),T4 - PA; LA

Reyataz (Oral Capsule),T4 - QL

Reyataz (Oral Packet),T4 - QL

Ribavirin (Oral Tablet),T2

Rifabutin (Oral Capsule),T3

Rifampin (Oral Capsule),T2

Riluzole (Oral Tablet),T2

Risperidone (Oral Tablet),T1

Ritonavir (Oral Tablet),T2 - QL

Rivastigmine Tartrate (Oral Capsule),T2

Rizatriptan Benzoate (Oral Tablet),T2 - QL

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

S

Sancuso (Transdermal Patch),T4

Santyl (External Ointment),T3

Saphris (Tablet Sublingual),T4

Savella (Oral Tablet),T2

Selegiline HCl (Oral Capsule),T2

Selegiline HCl (Oral Tablet),T2

Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T4 - QL

Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T4

Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T3

Shingrix (Intramuscular Suspension Reconstituted),T2 - PA

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA

Silodosin (Oral Capsule),T3 - QL

Silver Sulfadiazine (External Cream),T1

Simbrinza (Ophthalmic Suspension),T2

Simvastatin (Oral Tablet),T1 - QL

Sodium Polystyrene Sulfonate (Oral Powder),T2

Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL

Solifenacin Succinate (Oral Tablet),T2 - QL

Sotalol HCl (Oral Tablet),T1

Spiriva HandiHaler (Inhalation Capsule),T2 - QL

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Spironolactone (Oral Tablet),T1

Sprycel (Oral Tablet),T4 - PA

Stiolto Respimat (Inhalation Aerosol Solution),T2

Suboxone (Sublingual Film),T3 - QL

Sucralfate (Oral Tablet),T1

Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate Release),T1

Sumatriptan Succinate (Oral Tablet),T1 - QL

Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted),T3

Suprax (500MG/5ML Oral Suspension Reconstituted),T3

Suprax (Oral Capsule),T2

Suprax (Oral Tablet Chewable),T2

Suprep Bowel Prep Kit (Oral Solution),T2

Symbicort (Inhalation Aerosol),T2 - QL

SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA

SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA

Synjardy (Oral Tablet Immediate Release),T2 - QL

Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Synthroid (Oral Tablet),T2

T

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1

Targretin (External Gel),T4 - PA

Targretin (Oral Capsule),T4 - PA

Tasigna (Oral Capsule),T4 - PA

Tecfidera (Oral Capsule Delayed Release),T4 - LA; QL

Telmisartan (Oral Tablet),T1 - QL

Telmisartan-HCTZ (Oral Tablet),T3 - QL

Tenofovir Disoproxil Fumarate (Oral Tablet),T3 - QL

Terazosin HCl (Oral Capsule),T1

Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T3

Testosterone Cypionate (Intramuscular Solution),T1

Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour),T1

Theophylline ER (Oral Tablet Extended Release 24 Hour),T1

Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T1

Timolol Maleate (0.5% (DAILY) Ophthalmic Solution) (Generic Istalol),T3

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2

Timoptic Ocudose (Ophthalmic Solution),T3

Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T4 - QL

Tizanidine HCl (Oral Tablet),T1

Tobramycin (Ophthalmic Solution),T1

Tobramycin-Dexamethasone (Ophthalmic Suspension),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.

Topiramate (Oral Capsule Sprinkle Immediate Release),T2

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T4

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2

Tradjenta (Oral Tablet),T2 - QL

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

Tranexamic Acid (Oral Tablet),T2

Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T3 - PA; HRM

Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1

Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2

Tretinoin (External Cream),T3 - PA

Tretinoin (External Gel),T3 - PA

Tretinoin (Oral Capsule),T4

Triamcinolone Acetonide (External Cream),T1

Triamcinolone Acetonide (External Ointment),T1

Triamterene-HCTZ (Oral Capsule),T1

Triamterene-HCTZ (Oral Tablet),T1

Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM

Trintellix (Oral Tablet),T3

Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL

Truvada (Oral Tablet),T4 - QL

Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA; QL

U

Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA

Ursodiol (Oral Capsule),T2

Ursodiol (Oral Tablet),T3

V

Valacyclovir HCl (Oral Tablet),T2 - QL

Valganciclovir HCl (Oral Tablet),T4 - QL

Valproic Acid (Oral Capsule),T2

Valsartan (Oral Tablet),T1 - QL

Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Vascepa (Oral Capsule),T3

Velphoro (Oral Tablet Chewable),T4

Veltassa (Oral Packet),T4 - QL

Ventolin HFA (Inhalation Aerosol Solution),T3 - PA

Verapamil HCl (Oral Tablet Immediate Release),T1

Verapamil HCl ER (Oral Capsule Extended Release 24 Hour),T2

Verapamil HCl ER (Oral Tablet Extended Release),T1

Victoza (Subcutaneous Solution Pen-Injector),T2 - QL

Viibryd (Oral Tablet),T3

Vimpat (Oral Solution),T3 - QL

Vimpat (Oral Tablet),T3 - QL

Vosevi (Oral Tablet),T4 - PA; QL

Vyvanse (Oral Capsule),T3

Vyvanse (Oral Tablet Chewable),T3

W

Warfarin Sodium (Oral Tablet),T1

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL

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.

X
Xarelto (Oral Tablet),T2 - QL
Xigduo XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Xiidra (Ophthalmic Solution),T3 - QL
Xofluza (Oral Tablet Therapy Pack),T2 - QL
Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3 - ST; 7D; MME; DL; QL
Xtandi (Oral Capsule),T4 - PA; LA

Z
Zafirlukast (Oral Tablet),T2
Zaleplon (Oral Capsule),T2 - HRM; QL
Zarxio (Injection Solution Prefilled Syringe),T4
Zenpep (Oral Capsule Delayed Release Particles),T2
Zioptan (Ophthalmic Solution),T3
Zirgan (Ophthalmic Gel),T3
Zolpidem Tartrate (Oral Tablet Immediate Release),T3 - PA; HRM; QL
Zonisamide (Oral Capsule),T1

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.

Drug	Tier	Coverage Rules or Limits on use
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil tablets	1	QL (maximum of 6 tablets per month)

Bold type = Brand name drug Plain type = Generic drug

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Drug	Tier	Coverage Rules or Limits on use
Vardenafil orally-disintegrating tablets	1	QL (maximum of 6 tablets per month)
Stendra	3	QL (maximum of 6 tablets per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Vitamins and Minerals		
Cyanocobalamin Injection (Vitamin B12)	1	
Folic Acid 1mg (Rx only)	1	
Phytonadione	1	
M.V.I. Adult Injection	3	
Infuvite Injection	3	

Bold type = Brand name drug Plain type = Generic drug

BDL: B

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 after your enrollment.

Item	Description	Delivery Method
UnitedHealthcare Member ID Card	Watch for your UnitedHealthcare Member ID card in the mail.	✉
Quick Start Guide	Once you're enrolled, you will get a Quick Start Guide to review to help you start using your new plan.	✉
Website Access	After you receive your UnitedHealthcare Member ID card, you can register online at the website listed below to get access to plan information.	💻
Health Assessment	In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call you and ask you to complete a short health survey. You can also go to the website below and take the survey online.	📞

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 Customer Service know that you're calling about a group-sponsored plan. In addition, it will be helpful to have:

- **Your group number on the front of this book**
- **Medicare number and Medicare effective date — you can find this on your red, white and blue Medicare card**
- **Names and addresses for doctors, clinics and the name and address of your pharmacy**
- **If you're calling about drug coverage, please have a list of your current prescriptions and dosages ready**

Visit us online anytime

www.UHCRetiree.com

Toll-free **1-877-714-0178,** TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

How to Enroll

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 **1-877-714-0178**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone.

By mail

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

By fax

Fill out the Enrollment Request Form and fax it to:

888-950-1170

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.
- Provide the name of your Primary Care Provider (PCP).
- Complete the questions about End-Stage Renal Disease (ESRD).
- Confirm the Plan Sponsor and Group Numbers are correct.
- Include the date you expect your proposed coverage to begin.

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UnitedHealthcare®

2020 Enrollment Request Form

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

TEAR HERE

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1. Plan information

Plan Sponsor

City of Seattle - Fire and Police

Group Number	GPS Employer ID
808019	3916

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® Group Medicare Advantage (HMO) or (Regional PPO) plan, please provide the following:

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

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

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

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

City	State	ZIP Code	County

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

City	State	ZIP Code

Email Address

What's Next

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Last Name First Name Medicare Number

Emergency Contact

Contact Phone Number
( ) –

Contact Relationship to You

TEAR HERE

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.

-OR-

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

Name (as it appears on your Medicare card):

Medicare Number:

Sex: ☐ 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 ☐ Other

If you don't see the language or format you want, please call us toll-free at **1-877-714-0178**, (TTY **711**) during 8 a.m. - 8 p.m. local time, 7 days a week.

TEAR HERE

Do you have End-Stage Renal Disease (ESRD)? ☐ Yes ☐ No

If **"yes"**, how long have you been on Medicare for ESRD? Start Date MM–DD–YYYY
End Date MM–DD–YYYY

If you answered "yes" to this question and you don't need regular dialysis anymore or have had a successful kidney transplant, please attach a note or records from your doctor showing you don't need dialysis or have had a successful kidney transplant.

If **"yes"**, are you currently a member of UnitedHealthcare? ☐ Yes ☐ No

If **"yes"**, what is your UnitedHealthcare member number?

Do you or your spouse work? ☐ Yes ☐ No

If **"no"**, what was your retirement date? MM–DD–YYYY

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Last Name First Name Medicare Number

Please read and answer these important questions.

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

Phone Number of Institution ( ) –	Date of Admission MM – DD – YYYY

Your answer to the following questions will not keep you from being enrolled in this plan:

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 have any **health insurance** other than Medicare, such as private insurance, Worker's Compensation, VA benefits or other employer coverage? ☐ Yes ☐ No

Name of the Health Insurance

Member Number for Coverage	Group Number for Coverage

Contracting Medical Group/Primary Care Physician (PCP) Name	Phone number ( ) –

Contracting Medical Group/Doctor Number

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

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

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Last Name First Name Medicare Number

TEAR HERE

5. 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

6. Authorized representative information

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

Signature **Today's Date**

MM – DD – YYYY

7. 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

Sales Representative/Broker, please provide your signature and complete the information below:

Licensed Sales Representative/Broker Signature **Today's Date**

MM – DD – YYYY

Licensed Sales Representative/Broker Name (Please Print)

Agent/Broker Number

Referring Broker Number

TEAR HERE

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Last Name First Name Medicare Number

8. For office use only

Agent Name

Agent Number		NIPR Number
Effective Date MM–DD–YYYY	Group Number	PBP Number

☐ SEP ☐ Employer Group SEP ☐ ICEP/IEP ☐ AEP (type) _____

TEAR HERE

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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：如果您説中文，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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Statements of Understanding

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

PART C

This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.

I need to keep my Medicare Part A and/or Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party.

This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area.

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

I can only have one Medicare Advantage or Prescription Drug plan at a time.

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will get a letter making me aware of the penalty and what the next steps are.

I will receive information on how to get an Evidence of Coverage (EOC).

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

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.

For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only.

Starting on the date my coverage begins, I must get all of my health care from UnitedHealthcare Group Medicare Advantage (HMO). The only exceptions are emergency or urgently needed services, or out-of-area dialysis services.

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Questions? We're here to help.

1-877-714-0178, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Learn more at
www.UHCRetiree.com

UnitedHealthcare®