

2016

Plan Guide

What you need to know about your plan.

University of Arkansas System

UnitedHealthcare® Group Medicare Advantage (PPO)

Effective: January 1, 2016 through December 31, 2016

Group Number: 13553



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

Working with you to create a positive Medicare experience.

Dear Retiree,

We are pleased that your former employer or plan sponsor has selected UnitedHealthcare® to offer health care coverage for all eligible retirees. At UnitedHealthcare we believe you deserve more than just a good insurance plan to help maintain your health. We want to work with you to help you live a healthier life.

We want to:

- Help you get access to the care you may need when you need it
- Give you tools and resources to be in control
- Try to help you find ways to save money, so you can spend less on health care coverage and more on the things that matter most to you
- Be there for you when and where you need us

In this book you will find:

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

Your 2016 plan information is also available online. You will need your Group Number found on the front cover of your booklet to access the website.



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.

We're with you every step of the way.

If you have any questions, please give us a call. Our Customer Service team has been specially trained on the details of your plan. They are happy to answer any questions you have.



Toll-Free **1-800-533-2743**, TTY **711** 8 a.m. to 8 p.m. local time, 7 days a week



Learn more online at www.UHCRetiree.com

NOTES

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Plan **INFORMATION**

Benefit highlights

University of Arkansas System 13553

Effective January 1, 2016 to December 31, 2016

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

Plan Costs	In-Network	Out-of-Network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$500 each plan year	
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year	

Medical Benefits	In-Network	Out-of-Network
Benefits covered by Original Medicare and your plan		
Doctor's office visit	Primary Care Provider: \$25 copay Specialist: \$40 copay	Primary Care Provider: \$25 copay Specialist: \$40 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Summary of Benefits or Evidence of Coverage for additional information.	
Inpatient hospital care	\$450 copay per admission	\$450 copay per admission
Skilled nursing facility (SNF)	\$25 copay per day: days 1-28 \$0 copay per additional day up to 100 days	\$25 copay per day: days 1-28 \$0 copay per additional day up to 100 days
Outpatient surgery	\$200 copay	\$200 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	20% of the cost	20% of the cost
Diagnostic radiology services (such as MRIs, CT scans)	20% of the cost	20% of the cost
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	20% of the cost	20% of the cost
Ambulance	\$100 copay	\$100 copay
Emergency care	\$65 copay (worldwide)	
Urgently needed services	\$50 copay (worldwide)	\$50 copay (worldwide)
Additional benefits and programs not covered by Original Medicare		
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Foot care - routine	\$40 copay (Up to 6 visits per plan year)*	\$40 copay (Up to 6 visits per plan year)*
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Hearing aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*
Vision - routine eye exams	\$40 copay (1 exam every 12 months)*	\$40 copay (1 exam every 12 months)*

Medical Benefits	In-Network	Out-of-Network
Fitness program through SilverSneakers® Fitness program	Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	

*Benefits are combined in and out-of-network

Prescription Drugs	Your Cost	
Initial coverage stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	\$15 copay	\$30 copay
Tier 2: Preferred brand	\$45 copay	\$90 copay
Tier 3: Non-preferred brand	\$80 copay	\$160 copay
Tier 4: Specialty tier	\$80 copay	\$160 copay
Coverage gap stage	After your total drug costs reach \$3,310, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,850, you will pay \$2.95 copay for generic, (including brand drugs treated as generic) \$7.40 copay for brand name	

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. 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 co-payments/co-insurance may change each plan year.

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UnitedHealthcare® Group Medicare Advantage (PPO)

Let's start with a quick look at how your plan works. Your plan sponsor has chosen a UnitedHealthcare® Group Medicare Advantage plan. What is a Group Medicare Advantage plan? The word "Group" means that this is a plan designed just for a plan sponsor, like yours. Only eligible retirees of your plan sponsor can enroll in this plan. You can't get it anywhere else.

"Medicare Advantage" is also known as Medicare Part C. Medicare Advantage plans are a part of Medicare that combine all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) into one convenient plan. Plus, your plan includes programs that go beyond Original Medicare Part A and Part B.



Medicare Part A
Hospital



Medicare Part B
Doctor and outpatient



Medicare Part D
Prescription drugs



Extra Programs
Beyond Original Medicare



Make sure you are signed up for Medicare.

You must be entitled to Medicare Part A and 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 your local Social Security office
- You must continue paying your Medicare Part B premium to keep your coverage under this group-sponsored plan
- If you stop your payments, you may be disenrolled from this plan

Remember: If you drop your group-sponsored retiree health coverage, you may not be able to re-enroll. Limitations and restrictions vary by plan sponsor.



Plan basics

How your medical coverage works.

Your plan is a Preferred Provider Organization (PPO) plan. With this plan, you have access to our national network of health care providers. You can see providers out-of-network at the same co-pay or co-insurance as in-network providers, as long as they participate in Medicare and accept the plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Has the choice to accept plan (except for emergencies).
What is my co-pay or co-insurance?	Co-pays and co-insurance vary by service. ¹	
Do I need to choose a primary care provider (PCP)?	No	No
Do I need a referral to see a specialist?	No	No
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard co-pay or co-insurance for the service you receive. ¹	
Is there a limit on my total out-of-pocket spending for the year?	Yes	Yes

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

Manage your account details online.



Keeping track of bills and payments can be overwhelming. Once your plan is effective, create your secure online account at **UHCRetiree.com**. After you've registered, you can track your bills and payments, view your account history and plan details and so much more in one easy location online.

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Plan basics

How your prescription drug coverage works.

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. To check if your drugs are covered, please review your plan's drug list.

	How it works
What pharmacies can I use?	You can choose from over 65,000 pharmacies across the United States including national chain, regional and independent local retail pharmacies.
What will I pay for my prescription drugs?	What you pay will depend on the coverage your plan sponsor has arranged. Your exact cost may depend on what drug cost tier your prescription belongs to. Your cost may also change during the year based on the total cost of the drugs you have taken. To learn more about your coverage, please refer to your Benefit Highlights or your Summary of Benefits.
What is a tier?	Drugs are divided into different cost levels or tiers. In general, the higher the tier, the higher the cost of the drug.
Do I need to keep paying my Part B monthly premium?	Yes. Medicare requires that you continue to pay your Part B monthly premium (to Social Security). If you stop paying your monthly Part B premium, you may be disenrolled from your plan.
Can I have more than one prescription drug plan?	No. Medicare only allows you to have one Medicare prescription drug plan at a time. If you enroll in another Medicare prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you may be disenrolled from this plan.



Plan basics

	How it works
What is IRMAA?	IRMAA stands for the Income-Related Monthly Adjustment Amount. If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is above a certain limit, you may pay a Part D income-related monthly adjustment amount (Part D-IRMAA) in addition to your monthly plan premium. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay Part D-IRMAA, based on your income.
What is a Medicare Part D Late Enrollment Penalty (LEP)?	You may pay a late enrollment penalty if, at any time after you first become eligible for Part D, there's a period of at least 63 days in a row when you don't have Part D or other creditable prescription drug coverage. Creditable coverage means that the prescription drug coverage you have had is at least as good as or better than what Medicare provides. The late enrollment penalty is an amount added to your monthly Medicare premium, which you may have to pay. When you become a member, your plan sponsor will be asked to attest or validate that you have had continuous Part D plan coverage. If your plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid the risk of paying a penalty in error. Once you become a member, more information will be available in your Evidence of Coverage (EOC).



Getting the health care coverage you may need



Your care begins with your doctor.

With this plan, you have the flexibility to see doctors that are both inside and outside the UnitedHealthcare network. Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network. 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 help you find a doctor or a specialist, and we can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

If you need to find a new doctor or specialist, we hope you will consider a doctor in the plan's network. We work closely with our network of doctors to give them access to resources and tools that can help them.



Filling your prescriptions is convenient.

UnitedHealthcare has over 65,000 national, regional and local chains, as well as thousands of independent neighborhood pharmacies in its network. Using a UnitedHealthcare network pharmacy may help make sure you are getting the lowest cost available through your plan.



We can help you find doctors in your area.



Toll-Free **1-800-533-2743**, TTY **711** 8 a.m. to 8 p.m. local time, 7 days a week



Learn more online at www.UHCRetiree.com

¹2015 Internal Report Data



Getting the health care coverage you may need

Additional support and programs.

At UnitedHealthcare, we want to make it easier for you and your doctor to take care of your health. Here are just a few of the ways we help.



Annual Wellness Visit and preventive services at \$0 co-pay.

One of the best ways to stay on top of your health is with an Annual Wellness Visit with your doctor. Identify the preventive screenings you may need, review all your medications and talk to your doctor about any health concerns. You can even receive a reward just for completing your Annual Wellness Visit.



You are never alone with NurseLine.SM

Doctor's office not open? Whether it's a question about a medication or a health concern in the middle of the night, with NurseLine,SM registered nurses answer your call 24 hours a day.



Special programs for people with chronic or complex health needs.

UnitedHealthcare offers special programs to doctors to help their patients who are living with chronic disease, like diabetes or heart disease. These programs can be very helpful for both patients and doctors. The patients get personal attention and the doctor gets 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. Also included is an on-site evaluation by a Registered Nurse and a personal plan of care developed by a Geriatric Case Manager. You will also have access to our Caregiver Partners website so you can explore our library of articles, buy caregiver related products and services and share information among family members to help improve communication and decision-making.



Tools and resources to put you in control

Good health care decisions can help you to live healthier and may help lower your health care costs. It's good to remember the old saying, "An ounce of prevention is worth a pound of cure," but knowing how to make those decisions may not be as easy as it used to be. It's no secret that health care has gotten more complicated. UnitedHealthcare strives to make it easier by giving you the tools and resources you may need to help make good health decisions for you.



Valuable information is just a few clicks away.

As a UnitedHealthcare member, you will have access to a safe, secure and personalized website that gives you access 24 hours a day to many valuable programs and information. Once you register, you can:

- Review your personal health record
- Look up your latest claim information
- Search for network doctors
- Search for drugs and how much they cost under your plan
- Learn more about wellness topics and sign up for healthy challenges that are based on your interests and goals



Take control of your fitness with SilverSneakers.®

Stay active with the SilverSneakers® Fitness Program. SilverSneakers members receive a basic fitness membership and access to more than 13,000 participating locations. Don't live near a fitness center? SilverSneakers Steps is a personalized fitness program for members who can't get to a SilverSneakers location. Once enrolled in Steps, you may select one of four programs that best fits your needs — general fitness, strength, walking or yoga. The Steps wellness tools can help you get fit at home or on the go.



The importance of a living will.

By completing a living will or advance directive, you control how you want to be cared for when you are not able to make decisions for yourself. If you want to learn more, give us a call. Another good resource is Aging With Dignity. They have created a very simple easy to use document called 5 Wishes. To learn more, go to **www.AgingWithDignity.org**.

We're with you every step of the way.



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Learn more online at **www.UHCRetiree.com**



Ways to help you save

One of the advantages of having your health care coverage through UnitedHealthcare is our size and experience. As one of the largest and oldest Medicare Advantage and Medicare prescription drug plans in the country, we bring you savings that are exclusive to UnitedHealthcare.



Pharmacy Saver.™ Save on the cost of generic prescription drugs. Many, but not all, of the pharmacies in UnitedHealthcare's national pharmacy network participate in a special program that could help you save more on your prescriptions drugs. This program is called the Pharmacy Saver™ program! With the Pharmacy Saver program, you can fill your prescriptions for as low as \$1.50 at participating pharmacies located in grocery, discount and drug stores where you already shop.

Best of all, Pharmacy Saver is easy. No additional enrollment is necessary. Simply take your qualifying prescription to a participating pharmacy, show your UnitedHealthcare member ID card, and they can help you switch.

Here are just some of the national and local retailers with pharmacies that participate in the Pharmacy Saver program:



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

¹Drugs 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, co-pay amounts may be higher.



To see a listing of drugs available through Pharmacy Saver or to find a participating pharmacy, visit UnitedPharmacySaver.com.



More ways you could save on your prescription drugs

You could save money on prescription drugs with exclusive member pricing at pharmacies in your local grocery, drug and discount stores.

Save on the medications you take regularly.

If you prefer the convenience of mail order, you could save time and money on your maintenance medications with our mail service pharmacy. You will have access to licensed pharmacists and, in addition, you can receive automatic refill reminders with OptumRx Mail Service Pharmacy.

Get a 90-day¹ supply at retail pharmacies.

In addition to your Mail Service Pharmacy, most retail pharmacies offer 90-day supplies for some prescription drugs.

To find out if a retail pharmacy offers 90-day supplies, you can check your UnitedHealthcare pharmacy directory and look for the  symbol.

Ask your doctor about trial supplies.

Before you get a prescription for a one-month supply, ask your doctor about a trial supply. A trial supply allows you to fill a prescription for less than 30 days. This way you can pay a reduced co-pay or co-insurance and make sure the medication works for you before getting a full month supply.

Explore lower cost options.

Each covered drug in your drug list is assigned to a tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to talk to your doctor to see 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.

¹Your plan sponsor may provide coverage beyond 90 days. Please refer to the Benefit Highlights or Summary of Benefits for more information.



The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your costs down for prescription drugs. As a member of our Medicare Advantage Prescription Drug plans, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan co-pay, the pharmacy's retail price or our contracted price with the pharmacy.

Call Medicare to see if you qualify for Extra Help.

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



Toll-Free **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week



2016 Summary of **BENEFITS**

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (plan sponsor): University of Arkansas System

Group Number: 13553

H2001-816



Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you 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. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Your Health Care Coverage

This plan is offered through your plan sponsor.

You may be able to join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare Prescription Drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other plan sponsor retirement benefits you may currently have. Once enrolled in our plan, if you choose to end your membership outside of your plan sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

For more information please call UnitedHealthcare® Group Medicare Advantage (PPO) at the number listed below.

If you want information about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://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.

Sections in this booklet

- Things to Know About UnitedHealthcare® Group Medicare Advantage (PPO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-800-533-2743**.

Things to Know About UnitedHealthcare® Group Medicare Advantage (PPO)

Hours of Operation

You can call us 8 a.m. to 8 p.m. local time, 7 days a week

UnitedHealthcare® Group Medicare Advantage (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-457-8506**.

- If you are not a member of this plan, call toll-free **1-800-533-2743**.
- Our website: **www.UHCRetiree.com**

Who can join?

To join UnitedHealthcare® Group Medicare Advantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

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

Which doctors, hospitals, and pharmacies can I use?

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (in-network or out-of-network) that participates in Medicare at the same cost share. Your copays or coinsurance will be the same.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website www.UHCRetiree.com. Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can learn about the complete plan formulary (list of Part D prescription drugs) and any restrictions by calling us.

How will I determine my drug costs?

Our plan groups each medication into one of four "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your

supplemental drug coverage. Once you are enrolled in this plan, you will receive a separate document called the “Certificate of Coverage” with more information about this supplemental drug coverage.

Summary of Benefits

January 1, 2016 - December 31, 2016

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
How much is the deductible?	This plan has deductibles for some hospital and medical services. \$500 per year for some in-network and out-of-network services. This plan does not have a deductible for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: • \$1,000 for services you receive from in-network providers. • \$1,000 for services you receive from any provider. Your limit for services received from in-network and out-of-network providers will count toward this limit. 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 and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.

Covered Medical and Hospital Benefits

Outpatient Care and Services

Ambulance	• In-network: \$100 copay • Out-of-network: \$100 copay
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): • In-network: \$20 copay • Out-of-network: \$20 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • In-network: \$40 copay • Out-of-network: \$40 copay
Diabetes	Diabetes monitoring supplies:

Supplies and Services	• In-network: You pay nothing • Out-of-network: You pay nothing Diabetes self-management training: • In-network: You pay nothing • Out-of-network: You pay nothing Therapeutic shoes or inserts: • In-network: 20% of the cost • Out-of-network: 20% of the cost For Diabetes monitoring supplies, we only cover blood glucose monitors and test strips from the following brands: OneTouch® Ultra® 2 System, OneTouch® UltraMini®, OneTouch® Verio® Sync, OneTouch® Verio® IQ, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for services may be different if received in an outpatient surgery setting)	Diagnostic radiology services (such as MRIs, CT scans): • In-network: 20% of the cost • Out-of-network: 20% of the cost Diagnostic tests and procedures: • In-network: 20% of the cost • Out-of-network: 20% of the cost Lab services: • In-network: You pay nothing • Out-of-network: You pay nothing Outpatient x-rays: • In-network: You pay nothing • Out-of-network: You pay nothing Therapeutic radiology services (such as radiation treatment for cancer): • In-network: 20% of the cost • Out-of-network: 20% of the cost
Doctor's Office Visits	Primary care physician visit: • In-network: \$25 copay • Out-of-network: \$25 copay Specialist visit: • In-network: \$40 copay • Out-of-network: \$40 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.)	• In-network: 20% of the cost • Out-of-network: 20% of the cost
Emergency Care	• \$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: \$40 copay • Out-of-network: \$40 copay Additional benefit not covered by Original Medicare Routine foot care (for up to 6 visits every year): • In-network: \$40 copay for each visit • Out-of-network: \$40 copay for each visit Benefit is combined in and out-of-network.
Hearing Services	Exam to diagnose and treat hearing and balance issues: • In-network: \$40 copay • Out-of-network: \$40 copay Additional benefit not covered by Original Medicare Routine hearing exam (for up to 1 every year): • In-network: You pay nothing for each visit • Out-of-network: You pay nothing for each visit Benefit is combined in and out-of-network Hearing aid: • In-network: Our plan pays up to a \$500 allowance for hearing aids every 3 years • Out-of-network: Our plan pays up to a \$500 allowance for hearing aids every 3 years Benefit is combined in and out-of-network
Home Health Care	• In-network: 20% of the cost • Out-of-network: 20% of the cost
Mental Health Care	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • In-network: ◦ \$250 copay per stay • Out-of-network: ◦ \$250 copay per stay Outpatient group therapy visit: • In-network: \$25 copay • Out-of-network: \$25 copay Outpatient individual therapy visit: • In-network: \$25 copay • Out-of-network: \$25 copay
Outpatient Rehabilitation	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

	• In-network: 20% of the cost • Out-of-network: 20% of the cost Occupational therapy visit: • In-network: 20% of the cost • Out-of-network: 20% of the cost Physical therapy and speech and language therapy visit: • In-network: 20% of the cost • Out-of-network: 20% of the cost
Outpatient Substance Abuse	Group therapy visit: • In-network: \$25 copay • Out-of-network: \$25 copay Individual therapy visit: • In-network: \$25 copay • Out-of-network: \$25 copay
Outpatient Surgery	Ambulatory surgical center: • In-network: \$200 copay • Out-of-network: \$200 copay Outpatient hospital: • In-network: \$200 copay • Out-of-network: \$200 copay
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: • In-network: 20% of the cost • Out-of-network: 20% of the cost Related medical supplies: • In-network: 20% of the cost • Out-of-network: 20% of the cost
Renal Dialysis	• In-network: 20% of the cost • Out-of-network: 20% of the cost
Urgently Needed Services	• \$50 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • In-network: \$0-\$40 copay, depending on the service • Out-of-network: \$0-\$40 copay, depending on the service Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing • Out-of-network: You pay nothing

Additional benefit not covered by Original Medicare

Routine eye exam (for up to 1 every year):

- In-network: \$40 copay
- Out-of-network: \$40 copay

Benefit is combined in and out-of-network.

Preventive Care

- In-network: You pay nothing
- Out-of-network: You pay nothing

Our plan covers many preventive services, including but not limited to:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Additional benefit not covered by Original Medicare

Fitness program:

\$0 membership fee.

SilverSneakers® Fitness program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.

SilverSneakers® Steps at Home program is available for members living 15 miles away or more from a SilverSneakers fitness center. Member may select one of four kits that best fit their lifestyle and fitness level - general fitness, strength, walking or yoga.

Additional benefit not covered by Original Medicare

NurselineSM:

You may call the Nurseline, 24 hours a day, 7 days a week and speak to a registered nurse (RN) about your medical concerns and questions.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Inpatient Care

Inpatient Hospital Care

Our plan covers an unlimited number of days for an inpatient hospital stay.

- In-network:
 - \$450 copay per stay
- Out-of-network:
 - \$450 copay per stay

Inpatient Mental Health Care

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

Skilled Nursing Facility (SNF)

Our plan covers up to 100 days in a SNF.

- In-network:
 - \$25 copay per day for days 1 through 28
 - You pay nothing per day for days 29 through 100
- Out-of-network:
 - \$25 copay per day for days 1 through 28
 - You pay nothing per day for days 29 through 100

Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Other Part B drugs:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Our plan covers Part D prescription drugs and the following charts below further explain your cost sharing.

Initial Coverage

You pay the following until total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Generic)	\$15 copay
Tier 2 (Preferred Brand)	\$45 copay

Tier 3 (Non-Preferred Brand)	\$80 copay
Tier 4 (Specialty Tier)	\$80 copay

Standard Mail Order Cost-Sharing

Tier	Three-month supply
Tier 1 (Generic)	\$30 copay
Tier 2 (Preferred Brand)	\$90 copay
Tier 3 (Non-Preferred Brand)	\$160 copay
Tier 4 (Specialty Tier)	\$160 copay

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310. After you enter the coverage gap, we will continue to pay our share of the cost of your drugs and you pay your share of the cost. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

Standard Retail Cost-Sharing

Tier	Drugs covered	One-month supply
Tier 1 (Generic)	All	\$15 copay
Tier 2 (Preferred Brand)	All	\$45 copay
Tier 3 (Non-Preferred Brand)	All	\$80 copay
Tier 4 (Specialty Tier)	All	\$80 copay

Standard Mail Order Cost-Sharing

Tier	Drugs Covered	Three-month supply
Tier 1 (Generic)	All	\$30 copay
Tier 2 (Preferred Brand)	All	\$90 copay
Tier 3 (Non-Preferred Brand)	All	\$160 copay
Tier 4 (Specialty Tier)	All	\$160 copay

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay:

- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copay for all other drugs.

**Non-Formulary
(drugs not
covered under
Medicare Part
D)**

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-533-2743. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-533-2743. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-533-2743。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-533-2743。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-533-2743. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-533-2743. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-533-2743 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-800-533-2743. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-533-2743번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-533-2743. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 3472-335-008-1 سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-533-2743 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-533-2743. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-533-2743. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-533-2743. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-533-2743. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、1-800-533-2743にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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

For more information, please contact Customer Service at:



Toll-Free 1-800-533-2743, TTY 711

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



www.UHCRetiree.com

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the UnitedHealthcare Customer Service number on the back of your member ID card.

A UnitedHealthcare® Medicare Solution

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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2016 Required INFORMATION

Nurseline 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. The service is not an insurance program and may be discontinued at any time.

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. SilverSneakers® is a registered trademark of Healthways, Inc. © 2014 Healthways, Inc.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

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

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

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

Benefits, premium and/or co-payments/co-insurance may change each plan year.

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

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



Drug LIST



2016 DRUG LIST

This is an alphabetical partial list of Brand name and Generic drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type

Each drug is in one of four tiers, which is listed after the drug name.

- Each tier has a co-pay or co-insurance amount
- For a full description of the tiers, see the Summary of Benefits in this book

For more information or for a complete list of covered drugs, please call Customer Service. Our contact information is on the first page of this book.

This list was last updated August 1, 2015.

A

Acamprosate Calcium DR
(Tablet Delayed-Release), T1

Acetaminophen/Codeine
(Tablet), T1

Acetazolamide (Tablet), T1

Acetazolamide ER (Capsule
Extended-Release 12
Hour), T1

Acyclovir (Tablet), T1

Adacel (Injection), T2

Adcirca (Tablet), T4

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

Advair HFA (Aerosol), T2

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

Albenza (Tablet), T4

Alcohol Prep Pads, T2

Alendronate Sodium
(Tablet), T1

Alfuzosin HCl ER (Tablet
Extended-Release 24
Hour), T1

Allopurinol (Tablet), T1

Alprazolam (Tablet

Immediate-Release), T1

Amantadine HCl (100mg
Capsule, 50mg/5ml Syrup,
100mg Tablet), T1

Amiodarone HCl (200mg
Tablet), T1

Amitiza (Capsule), T2

Amitriptyline HCl (Tablet), T1

Amlodipine Besylate
(Tablet), T1

Amlodipine Besylate/
Benazepril HCl
(Capsule), T1

Ammonium Lactate (12%
Cream, 12% Lotion), T1

Amoxicillin (250mg Capsule,
500mg Capsule, 500mg
Tablet, 875mg Tablet), T1

Amoxicillin/Clavulanate
Potassium (Tablet
Immediate-Release)
(Generic Augmentin), T1

Amphetamine/

Dextroamphetamine (10mg
Tablet Immediate-Release,
12.5mg Tablet Immediate-
Release, 15mg Tablet
Immediate-Release, 20mg
Tablet Immediate-Release,
30mg Tablet Immediate-
Release, 5mg Tablet
Immediate-Release, 7.5mg
Tablet Immediate-Release),
Amphetamine/

Dextroamphetamine ER
(10mg Capsule Extended-
Release 24 Hour, 15mg
Capsule Extended-Release
24 Hour, 20mg Capsule
Extended-Release 24 Hour,
25mg Capsule Extended-
Release 24 Hour, 30mg
Capsule Extended-Release
24 Hour, 5mg Capsule
Extended-Release 24
Hour), T1

Anagrelide HCl (Capsule), T1

Anastrozole (Tablet), T1

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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**Androgel (Packet),
Androgel Pump (Gel), T2
Anoro Ellipta (Aerosol
Powder), T2**

Argatroban (Injection), T1

Atenolol (Tablet), T1

Atenolol/Chlorthalidone
(Tablet), T1

Atorvastatin Calcium
(Tablet), T1

Atovaquone/Proguanil HCl
(Tablet) (Generic
Malarone), T1

Atripla (Tablet), T4

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

Aubagio (Tablet), T4

Avastin (Injection), T4

Avonex (Injection), T4

Azathioprine (Tablet), T1

Azelastine HCl (0.05%
Ophthalmic Solution), T1

Azelastine HCl (0.1% Nasal
Solution), T1

Azelastine HCl (0.15% Nasal
Solution), T1

Azilect (Tablet), T2

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

Azopt (Suspension), T2

B

Baclofen (Tablet), T1

Balsalazide Disodium
(Capsule), T1

Belsomra (Tablet), T2

Benazepril HCl (Tablet), T1

Benazepril HCl/
Hydrochlorothiazide
(Tablet), T1

Benicar (Tablet), T2

Benicar HCT (Tablet), T2

Benlysta (Injection), T4

Benzotropine Mesylate
(Tablet), T1

Betaseron (Injection), T4

Bethanechol Chloride
(Tablet), T1

Bicalutamide (Tablet), T1

Bisoprolol Fumarate
(Tablet), T1

Bisoprolol Fumarate/
Hydrochlorothiazide
(Tablet), T1

**Brimonidine Tartrate
(0.15% Ophthalmic
Solution), T1**

Brimonidine Tartrate (0.2%
Ophthalmic Solution), T1

Brintellix (Tablet), T3

Budesonide (3mg Capsule
Extended-Release 24
Hour), T1

Bumetanide (Tablet), T1

Buprenorphine HCl (Tablet
Sublingual), T1

Bupropion HCl (100mg
Tablet Immediate-Release,
75mg Tablet Immediate-
Release), Bupropion HCl SR
(100mg Tablet Extended-
Release 12 Hour, 150mg
Tablet Extended-Release 12
Hour, 200mg Tablet
Extended-Release 12 Hour),
Bupropion HCl XL (150mg
Tablet Extended-Release 24
Hour, 300mg Tablet
Extended-Release 24
Hour), T1

Buspirone HCl (Tablet), T1

Butrans (Patch Weekly), T2

Bydureon (Injection), T2

Byetta (Injection), T3

Bystolic (Tablet), T2

C

Cabergoline (Tablet), T1

Calcitriol (Capsule), T1

Calcium Acetate
(Capsule), T1

Captopril (Tablet), T1

Captopril/Hydrochlorothiazide
(Tablet), T1

Carafate (Suspension), T3

Carbaglu (Tablet), T4

Carbamazepine (100mg/5ml
Suspension, 200mg Tablet,
100mg Tablet Chewable),
Carbamazepine ER (100mg
Capsule Extended-Release
12 Hour, 200mg Capsule
Extended-Release 12 Hour,
300mg Capsule Extended-
Release 12 Hour, 200mg
Tablet Extended-Release 12
Hour, 400mg Tablet
Extended-Release 12
Hour), T1

Carbidopa (25mg Tablet), T1

Carbidopa/Levodopa
(10mg-100mg Tablet
Immediate-Release,
25mg-100mg Tablet
Immediate-Release,
25mg-250mg Tablet
Immediate-Release),
Carbidopa/Levodopa ER
(25mg-100mg Tablet
Extended-Release,
50mg-200mg Tablet
Extended-Release),
Carbidopa/Levodopa ODT
(10mg-100mg Tablet
Dispersible, 25mg-100mg
Tablet Dispersible,
25mg-250mg Tablet
Dispersible), T1

Carboplatin (Injection), T1

Carvedilol (Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Cayston (Inhalation Solution), T4

Cefdinir (300mg Capsule, 125mg/5ml Suspension, 250mg/5ml Suspension), T1
Cefuroxime Axetil (Tablet), T1
Celecoxib (Capsule), T1
Cephalexin (250mg Capsule, 500mg Capsule, 750mg Capsule, 125mg/5ml Suspension, 250mg/5ml Suspension), T1

Chantix (Tablet), T3

Chlorhexidine Gluconate Oral Rinse (Solution), T1
Chlorthalidone (Tablet), T1
Cilostazol (Tablet), T1
Cimetidine (Oral Solution, Tablet), T1

Cinryze (Injection), T4

Ciprodex (Otic Suspension), T2

Ciprofloxacin HCl (Tablet Immediate-Release), T1
Citalopram Hydrobromide (Tablet), T1
Clindamycin HCl (Capsule Immediate-Release, Oral Solution), T1
Clonazepam (Tablet Immediate-Release), T1
Clonazepam ODT (Tablet Dispersible), T1
Clonidine HCl (Tablet Immediate-Release), T1
Clopidogrel (75mg Tablet), T1
Clozapine (Tablet Immediate-Release), T1

Clozapine ODT (Tablet Dispersible), T1

Colchicine (0.6mg Tablet) (Generic Colcris), T2

Combigan (Ophthalmic Solution), T2

Combivent Respimat (Aerosol Solution), T2

Comtan (Tablet), T3

Copaxone (Injection), T4

Creon (Capsule Delayed-Release), T2

Crestor (Tablet), T2

Cromolyn Sodium (Ophthalmic Solution), T1

Cyclophosphamide (Capsule), T3

Cyproheptadine HCl (4mg Tablet), T1

D

Daliresp (Tablet), T3

Dapsone (Tablet), T2
Desmopressin Acetate (Tablet), T1
Dextroamphetamine Sulfate (Tablet Immediate-Release), Dextroamphetamine Sulfate ER (Capsule Extended-Release), T1

Dextrose 5%/NaCl (Injection), T1

Diazepam (1mg/ml Oral Solution), T1
Diazepam (Tablet Immediate-Release), Diazepam Intensol (5mg/ml Concentrate), T1
Diclofenac Potassium (Tablet), T1
Diclofenac Sodium DR (25mg Tablet Delayed-Release, 50mg Tablet Delayed-Release, 75mg Tablet Delayed-Release),
Diclofenac Sodium ER (100mg Tablet Extended-Release 24 Hour), T1
Dicyclomine HCl (10mg Capsule, 20mg Tablet), T1

Digoxin (125mcg Tablet), T1
Digoxin (250mcg Tablet), T1
Dihydroergotamine Mesylate (Injection), T1

Diltiazem HCl (Tablet Immediate-Release),
Diltiazem HCl ER (240mg Capsule Extended-Release, 300mg Capsule Extended-Release) (Generic Cardizem CD), (360mg Capsule Extended-Release) (Generic Tiazac), T1

Diphenoxylate/Atropine (Tablet), T1

Disulfiram (Tablet), T1

Divalproex Sodium (125mg Capsule Sprinkle),
Divalproex Sodium DR (125mg Tablet Delayed-Release, 250mg Tablet Delayed-Release, 500mg Tablet Delayed-Release),
Divalproex Sodium ER (250mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour), T1

Donepezil HCl (10mg Tablet Immediate-Release, 23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Donepezil HCl ODT (10mg Tablet Dispersible, 5mg Tablet Dispersible), T1

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T1

Doxazosin Mesylate (Tablet), T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate), T1
 Doxycycline Hyclate (Capsule Immediate-Release), T1
 Dronabinol (Capsule), T1
 Duloxetine HCl (Capsule Delayed-Release), T1
Durezol (Emulsion), T2
Dymista (Suspension), T3

E

Edarbi (Tablet), T3
Edarbyclor (Tablet), T3
Eliquis (Tablet), T2
Elmiron (Capsule), T3
 Enalapril Maleate (Tablet), T1
 Enalapril Maleate/
 Hydrochlorothiazide (Tablet), T1
Enbrel (Injection), T4
 Entacapone (Tablet), T1
 Entecavir (Tablet), T1
EpiPen (Injection), T2
 Eplerenone (Tablet), T1
Epzicom (Tablet), T4
Equetro (Capsule Extended-Release 12 Hour), T3
 Erythromycin (Ophthalmic Ointment), T1
 Erythromycin Base (Tablet), T1
 Escitalopram Oxalate (Tablet), T1
 Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace), T1
 Ethambutol HCl (Tablet), T1
 Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution), T1

Etoposide (Injection), T1
Exjade (Tablet Soluble), T4

F

Famotidine (Tablet), T1
Fareston (Tablet), T4
Farxiga (Tablet), T3
 Fenofibrate (145mg Tablet, 48mg Tablet) (Generic Tricor), (160mg Tablet, 54mg Tablet) (Generic Lofibra), T1
 Fentanyl (Patch 72 Hour), T1
 Finasteride (5mg Tablet) (Generic Proscar), T1
Firazyr (Injection), T4
 Flecainide Acetate (Tablet), T1
Flovent Diskus (Aerosol Powder), T2
Flovent HFA (Aerosol), T2
 Fluconazole (Tablet), T1
 Fluocinolone Acetonide (Otic Oil), T1
 Fluphenazine HCl (Tablet), T1
 Fluticasone Propionate (Suspension), T1
 Furosemide (Tablet), T1
Fuzeon (Injection), T4

G

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet), T1
Gammagard Liquid (Injection), T4
 Gemfibrozil (Tablet), T1
 Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution), T1
Gilenya (Capsule), T4
Gleevec (Tablet), T4

Glimepiride (Tablet), T1
 Glipizide (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Glipizide ER (10mg Tablet Extended-Release 24 Hour, 2.5mg Tablet Extended-Release 24 Hour, 5mg Tablet Extended-Release 24 Hour), T1
 Glipizide/Metformin HCl (Tablet), T1
Glucagen Hypokit (Injection), T3
Glucagon Emergency Kit (Injection), T2

H

Haloperidol (Tablet), T1
Harvoni (Tablet), T4
Humalog Kwikpen (100unit/ml Injection), Humalog Mix 50/50 Kwikpen, Humalog Mix 75/25 Kwikpen, Humalog Mix 50/50 Vial, Humalog Mix 75/25 Vial, Humalog Vial (Injection), T2
Humira (Injection), T4
Humulin 70/30 Kwikpen, Humulin N Kwikpen, Humulin 70/30 Vial, Humulin N Vial, Humulin R Vial (Injection), Humulin R U-500 Vial (Concentrated Injection), T2
 Hydralazine HCl (Tablet), T1
 Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Hydrocodone/
Acetaminophen
(10mg-325mg Tablet,
2.5mg-325mg Tablet,
5mg-325mg Tablet,
7.5mg-325mg Tablet), T1
Hydromorphone HCl (Tablet
Immediate-Release), T1
Hydroxychloroquine Sulfate
(Tablet), T1
Hydroxyurea (Capsule), T1
Hydroxyzine HCl (10mg/5ml
Oral Solution), T1

I

Ibandronate Sodium
(Tablet), T1
Ibuprofen (100mg/5ml
Suspension, 400mg Tablet,
600mg Tablet, 800mg
Tablet), T1

Ilevro (Suspension), T2

Imiquimod (Cream), T1
Insulin Syringes, Needles, T2

Intelligence (100mg Tablet, 200mg Tablet), T4

Invanz (Injection), T3

Invokamet (Tablet), T2

Invokana (Tablet), T2

Ipratropium Bromide (0.02%
Inhalation Solution), T1

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

Ipratropium Bromide/
Albuterol Sulfate (Inhalation
Solution), T1

Irbesartan (Tablet), T1

Irbesartan/
Hydrochlorothiazide
(Tablet), T1

Isentress (Tablet), T4

Isoniazid (Tablet), T1

Isosorbide Dinitrate (10mg
Tablet Immediate-Release,
20mg Tablet Immediate-
Release, 30mg Tablet
Immediate-Release, 5mg
Tablet Immediate-Release),
Isosorbide Dinitrate ER
(40mg Tablet Extended-
Release), T1

Isosorbide Mononitrate
(10mg Tablet Immediate-
Release, 20mg Tablet
Immediate-Release),
Isosorbide Mononitrate ER
(120mg Tablet Extended-
Release 24 Hour, 30mg
Tablet Extended-Release 24
Hour, 60mg Tablet
Extended-Release 24
Hour), T1

Ivermectin (Tablet), T1

J

**Janumet (50mg-1000mg
Tablet Immediate-Release,
50mg-500mg Tablet
Immediate-Release),
Janumet XR
(100mg-1000mg Tablet
Extended-Release 24
Hour, 50mg-1000mg
Tablet Extended-Release
24 Hour, 50mg-500mg
Tablet Extended-Release
24 Hour), T2**

Januvia (Tablet), T2

Jardiance (Tablet), T2

Jentadueto (Tablet), T3

K

Kalydeco (Packet), T4

Kazano (Tablet), T3

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

Ketorolac Tromethamine
(Ophthalmic Solution), T1
Kionex (Powder), T1

**Klor-Con 8 (Tablet
Extended-Release), Klor-
Con 10 (Tablet Extended-
Release), T1**

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

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

Korlym (Tablet), T4

L

Labetalol HCl (Tablet), T1
Lactulose (Oral Solution), T1
Lamivudine (Tablet), T1
Lamotrigine (Tablet
Immediate-Release), T1
Lamotrigine ODT (Tablet
Dispersible), T1

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

**Lastacraft (Ophthalmic
Solution), T2**

Latanoprost (Ophthalmic
Solution), T1

Latuda (Tablet), T4

Leflunomide (Tablet), T1

Letrozole (Tablet), T1

Leucovorin Calcium
(Tablet), T1

Leukeran (Tablet), T2

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

Levetiracetam (Tablet
Immediate-Release), T1

Levocarnitine (Tablet), T1

Levocetirizine Dihydrochloride
(Tablet), T1

Levofloxacin (Tablet), T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Levothyroxine Sodium
(Tablet), T1

Lialda (Tablet Delayed-Release), T2

Lidocaine (Gel, Ointment, 2% Viscous Solution), T1

Lidocaine/Prilocaine
(Cream), T1

Lindane (1% Lotion, 1% Shampoo), T1

Linzess (Capsule), T2

Liothyronine Sodium
(Tablet), T1

Lisinopril (Tablet), T1

Lisinopril/Hydrochlorothiazide
(Tablet), T1

Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release), Lithium Carbonate ER (300mg Tablet Extended-Release, 450mg Tablet Extended-Release), T1

Loperamide HCl
(Capsule), T1

Lorazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release), Lorazepam Intensol (2mg/ml Concentrate), T1

Losartan Potassium
(Tablet), T1

Losartan Potassium/
Hydrochlorothiazide
(Tablet), T1

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

Lovastatin (Tablet), T1

Lumigan (Ophthalmic Solution), T2

Lupron Depot (Injection), Lupron Depot-PED (Injection), T4

Lyrica (Capsule), T2

Lysodren (Tablet), T4

M

Medroxyprogesterone
Acetate (Tablet), T1

Meloxicam (Tablet), T1

Mercaptopurine (Tablet), T1

Meropenem (Injection), T1

Metformin HCl (1000mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 850mg Tablet Immediate-Release), Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR), Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet), T1

Methadone HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution, 10mg Tablet, 5mg Tablet), T1

Methimazole (Tablet), T1

Methotrexate (Tablet), T1

Methscopolamine Bromide
(Tablet), T1

Methyldopa (Tablet), T1

Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin), T1

Methylprednisolone Dose
Pack (Tablet), T1

Metoclopramide HCl
(Tablet), T1

Metolazone (Tablet), T1

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

Metoprolol Tartrate (Tablet Immediate-Release), T1

Metronidazole (Tablet Immediate-Release), T1

Midodrine HCl (Tablet), T1

Migergot (Suppository), T1

Minocycline HCl (Capsule Immediate-Release), T1

Minoxidil (Tablet), T1

Mirtazapine (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 45mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release), Mirtazapine ODT (15mg Tablet Dispersible, 30mg Tablet Dispersible, 45mg Tablet Dispersible), T1

Modafinil (Tablet), T1

Montelukast Sodium (4mg Packet, 10mg Tablet, 4mg Tablet Chewable, 5mg Tablet Chewable), T1

Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin), T1

Multaq (Tablet), T2

Mupirocin (Ointment), T1

Myrbetriq (Tablet Extended-Release 24 Hour), T2

N

Naltrexone HCl (Tablet), T1

Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T3

Namenda (10mg/5ml Oral Solution), Namenda XR (Capsule Extended-Release 24 Hour), T2

Bold type = Brand name drug

Plain type = Generic drug

Naproxen (Tablet Immediate-Release), T1

Nasonex (Suspension), T3

Neomycin/Polymyxin/
Hydrocortisone (Otic
Solution, Otic
Suspension), T1

Nesina (Tablet), T3

Nevanac (Suspension), T2

Niacin ER (Tablet Extended-Release), T1

Nicotrol Inhaler, T3

Nitrofurantoin Macrocrystals
(50mg Capsule) (Generic
Macrobid), T1

Nitrofurantoin Monohydrate
(100mg Capsule) (Generic
Macrobid), T1

**Nitrostat (Tablet
Sublingual), T2**

Norethindrone Acetate
(Tablet), T1

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

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

Nuedexta (Capsule), T3

Nutropin AQ (Injection), T4

Nuvigil (Tablet), T3

Nystatin (Cream, Ointment,
Oral Suspension, Topical
Powder), T1

Nystop (Powder), T1

O

Olanzapine (Tablet
Immediate-Release), T1

Omega-3-Acid Ethyl Esters
(Capsule) (Generic
Lovaza), T1

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

Omeprazole (20mg Capsule
Delayed-Release), T1

Ondansetron (24mg Tablet
Immediate-Release, 4mg
Tablet Immediate-Release,
8mg Tablet Immediate-
Release), Ondansetron ODT
(4mg Tablet Dispersible,
8mg Tablet Dispersible), T1

Onglyza (Tablet), T2

**Opana ER (Crush Resistant)
(Tablet Extended-Release
12 Hour Abuse-
Deterrent), T2**

Opsumit (Tablet), T4

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

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

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

Oseni (Tablet), T3

Oxcarbazepine (Tablet), T1

Oxybutynin Chloride (5mg/
5ml Syrup, 5mg Tablet), T1

Oxybutynin Chloride ER
(Tablet Extended-Release
24 Hour), T1

Oxycodone HCl (Tablet
Immediate-Release), T1

Oxycodone/Acetaminophen
(10mg-325mg Tablet,
2.5mg-325mg Tablet,
5mg-325mg Tablet,
7.5mg-325mg Tablet), T1

P

Pantoprazole Sodium (Tablet
Delayed-Release), T1

**Pataday (Ophthalmic
Solution), T2**

Pegasys (Injection), T4

Penicillin V Potassium
(Tablet), T1

**Perforomist (Nebulized
Solution), T3**

Periogard (Solution), T1

Permethrin (Cream), T1

Phenytoin Sodium Extended
(Capsule), T1

Pilocarpine HCl (Tablet), T1

Pioglitazone HCl (Tablet), T1

Pioglitazone HCl/Glimepiride
(Tablet), T1

Pioglitazone HCl/Metformin
HCl (Tablet), T1

Polyethylene Glycol 3350
(Powder) (Generic
Miralax), T1

Pomalyst (Capsule), T4

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

Potassium Citrate ER (Tablet
Extended-Release), T1

Potiga (Tablet), T4

Pradaxa (Capsule), T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Pramipexole Dihydrochloride
(Tablet Immediate-Release), T1

Pravastatin Sodium
(Tablet), T1

Prazosin HCl (Capsule), T1

**Prednisolone Acetate
(Suspension), T1**

Prednisone (5mg/5ml Oral
Solution, 10mg Tablet, 1mg
Tablet, 2.5mg Tablet, 20mg
Tablet, 50mg Tablet, 5mg
Tablet), Prednisone Intensol
(5mg/ml Concentrate), T1

**Premarin (Vaginal
Cream), T2**

**Prezista (100mg/ml
Suspension, 150mg
Tablet, 600mg Tablet,
800mg Tablet), T4**

**Pristiq (Tablet Extended-
Release 24 Hour), T3**

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

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

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

Proctosol HC (Cream), T1

Proctozone-HC (Cream), T1

Progesterone (Capsule), T1

**Prolensa (Ophthalmic
Solution), T3**

Promethazine HCl (12.5mg
Tablet, 25mg Tablet, 50mg
Tablet), T1

Propranolol HCl (10mg Tablet
Immediate-Release, 20mg
Tablet Immediate-Release,
40mg Tablet Immediate-
Release, 60mg Tablet
Immediate-Release, 80mg
Tablet Immediate-Release),
Propranolol HCl ER (120mg
Capsule Extended-Release
24 Hour, 160mg Capsule
Extended-Release 24 Hour,
60mg Capsule Extended-
Release 24 Hour, 80mg
Capsule Extended-Release
24 Hour), T1

Propylthiouracil (Tablet), T1

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

Pyridostigmine Bromide
(Tablet), T1

Q

Quetiapine Fumarate (Tablet
Immediate-Release), T1

Quinapril HCl (Tablet), T1

Quinapril/Hydrochlorothiazide
(Tablet), T1

R

Raloxifene HCl (Tablet), T1

Ramipril (Capsule), T1

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

Ranitidine HCl (Tablet), T1

Rapaflo (Capsule), T2

Rebif (Injection), T4

Renagel (Tablet), T2

Renvela (800mg Tablet), T2

Restasis (Emulsion), T2

Revlimid (Capsule), T4

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

Ribavirin (200mg Capsule,
200mg Tablet), T1

Rifabutin (Capsule), T1

Rifampin (Capsule), T1

Riluzole (Tablet), T1

Rimantadine HCl (Tablet), T1

Risperidone (Tablet), T1

Rituxan (Injection), T4

Rivastigmine Tartrate
(Capsule Immediate-
Release), T1

Rizatriptan Benzoate (10mg
Tablet Immediate-Release,
5mg Tablet Immediate-
Release), Rizatriptan
Benzoate ODT (10mg
Tablet Dispersible, 5mg
Tablet Dispersible), T1

Ropinirole HCl (Tablet
Immediate-Release), T1

Rozerem (Tablet), T3

S

Santyl (Ointment), T3

**Saphris (Tablet
Sublingual), T3**

Savella (Tablet), T2

Selegiline HCl (5mg Capsule,
5mg Tablet), T1

Selzentry (Tablet), T4

Sensipar (30mg Tablet), T2

**Sensipar (60mg Tablet,
90mg Tablet), T4**

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

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

Sertraline HCl (Tablet), T1

Sildenafil (Tablet), T1

Silver Sulfadiazine
(Cream), T1

Simvastatin (Tablet), T1

Sodium Fluoride (Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Sodium Polystyrene Sulfonate (Suspension), T1
 Sotalol HCl (Tablet), Sotalol HCl AF (Tablet), T1
Sovaldi (Tablet), T4
Spiriva Handihaler (18mcg Capsule), Spiriva Respimat (2.5mcg/ACT Aerosol Solution), T2
 Spironolactone (Tablet), T1
Strattera (Capsule), T3
Suboxone (Film), T3
 Sucralfate (Tablet), T1
 Sulfamethoxazole/Trimethoprim (Tablet), Sulfamethoxazole/Trimethoprim DS (Tablet), T1
 Sulfasalazine (Tablet Immediate-Release), T1
 Sulfazine EC (Tablet Delayed-Release), T1
 Sumatriptan Succinate (Tablet), T1
 Suprax (100mg/5ml Suspension, 200mg/5ml Suspension, 100mg Tablet Chewable, 200mg Tablet Chewable), T2
Suprax (400mg Capsule, 500mg/5ml Suspension), T2
Symbicort (Aerosol), T2
Symlinpen 120 (Injection), T4
Symlinpen 60 (Injection), T3
Synthroid (Tablet), T2

T

Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension), T3
 Tamoxifen Citrate (Tablet), T1
 Tamsulosin HCl (Capsule), T1
Tarceva (Tablet), T4
Targetin (75mg Capsule, 1% Gel), T4
Tasigna (Capsule), T4
Tecfidera (Capsule Delayed-Release), T4
 Telmisartan (Tablet), T1
 Telmisartan/Hydrochlorothiazide (Tablet), T1
 Terazosin HCl (Capsule), T1
 Terbinafine HCl (Tablet), T1
 Testosterone Cypionate (Injection), T1
 Theophylline (80mg/15ml Oral Solution), Theophylline CR (100mg Tablet Extended-Release, 200mg Tablet Extended-Release), Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour), T1
Thymoglobulin (Injection), T4
 Timolol Maleate (Ophthalmic Solution), T1
Tivicay (Tablet), T4
 Tizanidine HCl (Tablet), T1
 Tobramycin Sulfate (Ophthalmic Solution), T1

Tobramycin/Dexamethasone (Ophthalmic Suspension), T1
 Topiramate (Tablet Immediate-Release), T1
 Topotecan HCl (Injection), T1
 Torsemide (Tablet), T1
Tracleer (Tablet), T4
Tradjenta (Tablet), T3
 Tramadol HCl (Tablet Immediate-Release), T1
 Tramadol HCl/Acetaminophen (Tablet), T1
 Tranexamic Acid (100mg/ml Injection, 650mg Tablet), T1
Transderm-Scop (Patch 72 Hour), T3
Travatan Z (Ophthalmic Solution), T2
 Trazodone HCl (Tablet), T1
 Tretinoin (Capsule), T1
 Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment), T1
 Triamcinolone In Orabase (Paste), T1
 Triamterene/Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet), T1
Tribenzor (Tablet), T2
 Trihexyphenidyl HCl (Elixir), T1
Trulicity (Injection), T2
Truvada (Tablet), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

U

Uloric (Tablet), T2

Ursodiol (300mg Capsule, 250mg Tablet, 500mg Tablet), T1

V

Valacyclovir HCl (Tablet), T1
Valganciclovir (Tablet), T1
Valsartan (Tablet), T1
Valsartan/
Hydrochlorothiazide (Tablet), T1

Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release), Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release), T1

Versacloz (Suspension), T4

Vesicare (Tablet), T2

Victoza (Injection), T2

Virazole (Inhalation Solution), T4

Viread (40mg/gm Powder, 150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet), T4

Voltaren (Gel), T3

Vytorin (Tablet), T3

Vyvanse (Capsule), T3

W

Warfarin Sodium (Tablet), T1

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

X

Xarelto (Tablet), T2

Xolair (Injection), T4

Z

Zafirlukast (Tablet), T1

Zenpep (Capsule Delayed-Release), T2

Zetia (Tablet), T2

Zirgan (Gel), T3

Zolpidem Tartrate (Tablet Immediate-Release), T1

Zonisamide (Capsule), T1

Zostavax (Injection), T3

Zytiga (Tablet), T4

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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Additional DRUG COVERAGE

Bonus Drug List

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

The cost tier for each prescription drug is shown in the list.

Although you pay the same co-pay or co-insurance for these drugs as shown in your Summary of Benefits and Evidence of Coverage, the amounts you pay for these additional prescription drugs **do 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 in the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file an appeal or grievance for drugs in the bonus drug list. If you have questions, please contact 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 in 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. For a complete list, please contact Customer Service using the information on the cover of this book.

Drug	Tier	Quantity Limits
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Choline & Magnesium Salicylates	1	
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anesthetics - drugs for numbing		
Lidocaine Cream 3%	1	
Central nervous system agents - anxiolytics, sedatives, hypnotics		
Weight Loss		

Bold type = Brand name drug Plain type = Generic drug

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Drug	Tier	Quantity Limits
Phentermine	1	Maximum of 1 per day
Dermatological agents - drugs to treat skin conditions		
Sulfacetamide Sodium	1	
Dry Skin		
Urea 40% Cream	1	
Fungal Infections		
Alcortin A	3	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Irritable Bowel		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	
Irritable Bowel or Ulcers		
Donnatal	3	
Hemorrhoids		
Analpram-HC	3	
Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Cialis (10 mg, 20 mg)	3	Maximum of 6 tablets per 30 days
Edex	3	Maximum of 6 cartridges per 30 days
Levitra	3	Maximum of 6 tablets per 30 days
Viagra	3	Maximum of 6 tablets per 30 days
Urinary Tract Infection		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Urogesic Blue	3	
Ustell	1	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Cyanocobalamin (Vitamin B12) Injection	1	
Folgard Rx	3	
Folic Acid (Rx only)	1	
Mephyton	3	
Nephrocaps	3	
NephPlex Rx	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
Zinc Sulfate	1	
Potassium Supplement		
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Otic agents - drugs to treat ear conditions		
Ear Pain		
Antipyrine/Benzocaine Otic Solution	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate	1	
Bromfed DM Syrup	1	
Cheratussin AC	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Hydrocodone Polyst/Chlorphen CR Susp (generic for Tussionex)	1	
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

A UnitedHealthcare® Medicare Solution

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, co-payments, and restrictions may apply.

Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change from time to time during each plan year. 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 plan depends on the plan's contract renewal with Medicare.

NOTES

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What's
NEXT



Here's what you can expect next

1

UnitedHealthcare® will process your enrollment.

And if there are any questions or we need additional information, we will be in touch.

2

You will receive your member ID card.

You will want to put this in your wallet to start using it as soon as your plan is effective. You may not need to use your red, white and blue Medicare card very often so be sure to put that somewhere safe.

3

Review your Getting Started Guide and Plan Details.

Once you're enrolled in the plan, you will receive a Getting Started Guide and Plan Details that give you more information on how your benefits work and how to get the most out of your plan.

4

We'll give you a call.

Soon after your enrollment, you will receive a call from us asking you to complete a short health survey. Medicare requires us to ask these questions, but you don't have to complete the survey. Your answers will help us connect you to additional programs and services that may better fit your needs.

5

After your effective date, register online at the website listed below.

Get easy, convenient access to all your plan information.

Give us a call if you have any questions.

We are always ready to help you but it may save time if you have some information handy when you call. Be sure to let the Customer Service representative know that you are calling about a group-sponsored plan. In addition, it is helpful to have:

- Your group number on the front of this book
- Medicare claim number and Medicare effective date — you can find this on your red, white and blue Medicare card
- Names and addresses for doctors, specialists, hospitals and your pharmacy
- List of current prescription drugs and dosages

Give us a call if you have any questions.



Toll-Free **1-800-533-2743**, TTY **711** 8 a.m. to 8 p.m. local time, 7 days a week



Learn more online at **www.UHCRetiree.com**

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Enrollment INSTRUCTIONS

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage Plan.

UnitedHealthcare® RxSupplement™ is an Outpatient Prescription Drug Plan that works together with your Medicare Advantage plan.

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

Plan Information	Please confirm the Plan Sponsor and Group Number match what is listed on the front cover of this booklet. If the information is incorrect or missing, please provide the correct information. Include the date you expect your coverage to begin. Write in the name of the Primary Care Physician (PCP) you have selected. The provider number can be found underneath your doctor's name in the Provider Directory or by calling the number at the bottom of this page or visiting our website at www.UHCRetiree.com.
Applicant Information	You must complete a separate form for each person enrolling in this plan. Please write your name exactly as it appears on your red, white and blue Medicare card. This is how it will appear on your member ID card. Attach a copy of your Original Medicare card or your Letter of Verification from Social Security or the Railroad Retirement Board, if possible.
Medical Information	Please complete the questions about End-Stage Renal Disease (ESRD)
Sign and Date the Enrollment Request Form	In order to process this form, you must sign the form where indicated. If someone helped you complete this form, that person must also sign this form and indicate his/her relationship to you. If you are receiving assistance from a sales agent, broker, or other individual employed by or contracted with our plan, he/she may be paid a commission based on your enrollment in the plan. If your authorized representative helped you complete this form, he/she must sign the form and submit a copy of the court order or Durable Power of Attorney that allows them to act on your behalf, if requested by the plan.
Return the Enrollment Request Form	Return the completed forms in the enclosed envelope and send to: UnitedHealthcare P.O. Box 29650 Hot Springs, AR 71903-9973 Incomplete information may delay your enrollment.

Questions? Call Customer Service:



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



Learn more online at **www.UHCRetiree.com**

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

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ENROLLMENT REQUEST FORM

To enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) for Groups plan, please provide the following:

1. Plan information:

Plan Sponsor: University of Arkansas System

Group Number: 13553

GPS Employer ID: 23965

GPS Branch Number: 002

I prefer to receive materials in the following language:

- ☐ Spanish
☐ Chinese (Spoken ☐ Cantonese ☐ Mandarin)
☐ Other _____

Please contact us at **1-877-714-0178**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week if you need
information in another format such as large print.

Plan Sponsor use ONLY:

Please date stamp this document to indicate when you
received the completed and signed form.

Effective Date Requested: ____ / ____ / ____
(i.e., your proposed effective date, or on what day
your coverage should begin)

Contracting Medical Group/Primary Care Physician (PCP) Name

Contracting Medical Group/Doctor Number

Are you currently a patient of this doctor? ☐ Yes ☐ No

2. Applicant information – as it appears on your Medicare card: (Please print in black or blue ink.)

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

Birth Date Sex Home Telephone Number
____ / ____ / ____ ☐ Male ☐ Female () –

Permanent Residence Street Address (P.O. box not allowed)

City State ZIP County

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

City State ZIP

Email Address

Emergency Contact

Contact Telephone Number Contact Relationship to You
() –

In the future, would you be willing to receive materials through electronic means? ☐ Yes ☐ No

3. Please provide your Medicare insurance information:

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

You must have Medicare Part A and Part B to join a Medicare Advantage
plan. An incorrect or incomplete Medicare Claim Number may cause a delay
or denial of coverage.

Medicare Claim Number

Part A (Hospital) Effective Date
____ / ____ / ____

Part B (Medical) Effective Date
____ / ____ / ____

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Last Name First Name Medicare Claim Number

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 _____

Telephone Number of Institution () – Date of Admission ____ / ____ / ____

4. Medical information:

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

If **“yes,”** how long have you been on Medicare for ESRD?

Start Date ____ / ____ / ____

End Date ____ / ____ / ____

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 ID number?

Do you or your spouse work? ☐ Yes ☐ No

If **“no,”** retirement date ____ / ____ / ____

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 Other Coverage _____

ID 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

What is the name of the health insurance? _____

Group Number _____ ID Number _____

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.

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 Centers for Medicare & Medicaid Services (CMS) guidelines.

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

Today's Date

____ / ____ / ____

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Authorized representative information:

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

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

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

Last Name		First Name	
Address			
City		State	ZIP
Telephone Number () -		Relationship to Applicant	
Signature		Today's Date ____ / ____ / ____	

6. 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 ____ / ____ / ____
☐ 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 ____ / ____ / ____
Licensed Sales Representative/Broker Name (Please Print)		
Agent/Broker ID Number		Referring Broker ID Number

7. For office use only:

Agent Name		
Agent Number		NIPR Number
Effective Date ____ / ____ / ____	Group Number	PBP Number
☐ SEP ☐ Employer Group SEP ☐ ICEP/IEP ☐ AEP (type) _____		

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Statements of Understanding

By electing enrollment in this plan, I agree to the following:

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 Part B, and I must continue to pay my Medicare Part B premium and, if applicable, Part A premiums, if not otherwise paid for by Medicaid or another third party. I understand I can be in only one Medicare Advantage or Prescription Drug plan at a time. My enrollment in this plan will automatically end my enrollment in another Medicare health plan. If I have prescription drug coverage, or if I get prescription drug coverage from somewhere other than this plan, I will inform you.

Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

If I choose to disenroll from this plan, which is sponsored by my former employer, union or trust group plan sponsor, I will be automatically transferred to Original Medicare. Also, if I choose to enroll in a different Medicare Advantage plan not offered by my plan sponsor, I will be automatically disenrolled from this plan provided through my plan sponsor.

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 under Medicare while out of the country, with the exception of limited coverage near the U.S. border. However, under this plan, when I am outside of the United States I am covered for emergency or urgently needed care. I have the right to appeal plan decisions about payment or services if I do not agree.

Upon enrollment, I will receive a Plan Details book that includes an Evidence of Coverage document. The Evidence of Coverage will have more information about services covered by this plan, as well as the terms and conditions. If a service is not listed in the Evidence of Coverage, it will not be paid for by Medicare or this plan without authorization.

My information, including my prescription drug event data, will be released to Medicare and other plans, only as necessary, for treatment, payment and healthcare operations. Medicare may also release my information for research and other purposes which follow all applicable Federal statutes and regulations.

If I do not have prescription drug coverage, I may have to pay a late enrollment penalty for Medicare's prescription drug coverage. 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 have a late enrollment penalty from Medicare, I will receive a letter making me aware of the penalty and what the next steps are.

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

I understand that beginning on the date my UnitedHealthcare Group Medicare Advantage (HMO) coverage begins; I must get all of my health care from UnitedHealthcare Group Medicare Advantage (HMO), except for emergency or urgently needed services or out-of-area dialysis services.



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UnitedHealthcare Insurance Company

Employer/Former Employer Name: University of Arkansas System	
Employer ID #: 13553	Employer Subsidy Group #: 23965
Employer Billing #: 002	

(Please Print)

Date of Retiree's Retirement / /
mm dd yyyy

Source of Enrollment
☐ Open Enrollment ☐ Newly Eligible ☐ Special Enrollment

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

☐ Male ☐ Female	Date of Birth <u> </u> mm / <u> </u> dd / <u> </u> yyyy	Marital Status of Applicant: ☐ Single ☐ Married ☐ Divorced ☐ Widow
--	--	---

Name of Retiree	Relation to Retiree: ☐ Self ☐ Spouse ☐ Child
-----------------	--

Medicare Claim #	Part A Effective Date	Part B Effective Date	Part D Effective Date
	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy

Permanent Residence Street Address (P.O. Box is not allowed)	City	State	Zip
--	------	-------	-----

Home Telephone # ()	Alternate Telephone # ()	E-mail Address
----------------------------	---------------------------------	----------------

In the future, would you be willing to receive materials through electronic means? ☐ Yes ☐ No

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

Institution Name	Date of Admission ____/____/____ mm / dd / yyyy	Telephone # ()
------------------	---	------------------------

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

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

Applicant First Name

MI

Medicare Claim #

2. Benefit Coordination / Other Insurance Carrier Information

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

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

2a. Date disability began: / /
mm dd yyyy

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

If you have special needs, this document may be available in other formats or languages upon request. Please contact us at **1-877-714-0178**, TTY users should call **711**. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week.

Do you work or plan to work? ☐ Yes ☐ No

1a. Name	1b. Insurance Company Name	1c. Policy #	1d. Effective Date	1e. Other Employer Name and Address
			<u> </u> / <u> </u> / <u> </u> mm dd yyyy	
			<u> </u> / <u> </u> / <u> </u> mm dd yyyy	

FOR OFFICE USE ONLY

RETIREE ☐ YES ☐ NO GROUP #

PLAN CODE

SPOUSE OR CHILD

☐ YES ☐ NO VERIFICATION: DATE / /
Initial

FOR EMPLOYER USE ONLY

☐ Enrollee is eligible for retiree coverage

Effective Date: / /

Initial

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Applicant Last Name

Applicant First Name

MI

Medicare Claim #

3. Terms and Conditions

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

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

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

Print Name of Applicant:

Signature of Applicant or Authorized Representative:

Today's Date:

 **Signature**

Authorized Representative Information

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

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip code: _____

Relationship to Enrollee: _____

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Give us a call if you have any questions:



1-800-533-2743, TTY 711

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



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