

2019 PLAN GUIDE

What you need to know about your Medicare Advantage Plan.

San Juan Unified School District

UnitedHealthcare® Group Medicare Advantage (HMO)

Effective: January 1, 2019 through December 31, 2019

Group Number: 518729



Table of Contents

Introduction..... 3



Plan Information

Benefit Highlights..... 6
Plan Information..... 9
Summary of Benefits..... 19



Drug List

Drug List..... 36
Additional Drug Coverage..... 53



What's Next

Here's What You Can Expect Next..... 58
How to Enroll..... 59
Enrollment Request Form..... 61
Statements of Understanding..... 77

Introducing the UnitedHealthcare® Medicare Advantage Plan

Dear Retiree,

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

Let us help you:

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

In this book you will find:

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

Enrolling is easy

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

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

Healthy extras by UnitedHealthcare



HOUSECALLS



GYM
MEMBERSHIP



HEALTH & WELLNESS
EXPERIENCE

Visit us online anytime

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Plan Information

Benefit Highlights

San Juan Unified School District 518729

Effective January 1, 2019 to December 31, 2019

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

Medical Benefits

Benefits covered by Original Medicare and your plan

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

Additional benefits and programs not covered by Original Medicare

	In-Network
Routine physical	\$0 copay; 1 per plan year
Chiropractic care	\$10 copay (Up to 12 visits per plan year)
Foot care - routine	\$20 copay (Up to 6 visits per plan year)
Hearing - routine exam	\$0 copay (1 exam every 12 months)
Hearing aids	Plan pays up to \$500 (every 3 years)

	In-Network
Vision - routine eye exams	\$10 copay (1 exam every 12 months)
Vision - eyewear	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .

Prescription Drugs

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

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

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

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

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

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

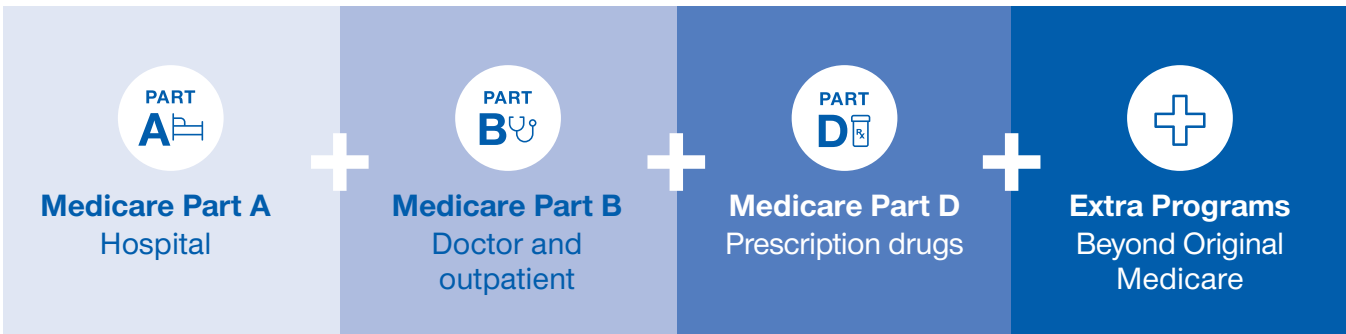
Plan Details

UnitedHealthcare® Group Medicare Advantage (HMO)

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

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

There are multiple coverage options



Make sure you know what parts of Medicare you have



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. To find an office where you live, visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- 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.

How your Group Medicare Advantage plan works

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



One plan at a time

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



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

Visit us online anytime

Learn more at
www.UHCRetiree.com

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

How your medical coverage works

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

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

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

View your plan information online



Once your plan is effective, create your secure online account at: **www.UHCRetiree.com**

You'll be able to view benefit information and plan materials, look up your latest claim information, review your personal health record, and access lifestyle and learning articles, recipes, educational videos and more.

How your prescription drug coverage works

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

Here are answers to common questions



What pharmacies can I use?

You can choose from over 68,000 pharmacies across the United States, including national chain, regional and independent local retail pharmacies.



What is a drug cost tier?

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



What will I pay for my prescription drugs?

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



Can I have more than one prescription drug plan?

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

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

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Prescription drug coverage plan basics



What is IRMAA?

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



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

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

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

Call Social Security to see if you qualify for Extra Help

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



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

Getting the health care coverage you may need



Your care begins with your doctor

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



Finding a doctor is easy

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

The UnitedHealthcare Network of Doctors

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



Filling your prescriptions is convenient

UnitedHealthcare has over 68,000 national, regional, local chains and independent neighborhood pharmacies in its network.¹

¹2018 Internal Report Data

Visit us online anytime

Learn more at
www.UHCRetiree.com

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

Additional support and programs



Annual Wellness Visit¹ and many preventive services at \$0 copay

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



Enjoy a clinical visit in the privacy of your own home

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

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

HouseCalls may not be available in all areas.



You are never alone with NurseLine

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

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



Virtual Visits

Virtual Doctor Visits

See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you're able to live video chat with a doctor from your computer, tablet or smartphone — anytime, day or night. You can ask questions, get a diagnosis, or even get medication prescribed² and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomach ache

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

²Doctors can't prescribe medications in all states.

Virtual Behavioral Health Visits

Talk to a behavioral health specialist anytime using live video chat using your computer, tablet or smartphone anytime, day or night.

Virtual Behavioral Health Visits may be best for:

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



Special programs for people with chronic or complex health needs

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



Make caring for a loved one easier

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

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

You will also have access to our Caregiver Partners website to explore our library of articles and caregiver-related products and services.



And so much more to help you live a healthier life

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

Tools and resources to put you in control



Valuable information is just a few clicks away

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

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



Get active and have fun with a gym membership

Designed for all fitness levels and abilities, SilverSneakers includes:

- Access to exercise equipment
- Group classes and more at 14,000+ fitness locations¹
- Signature classes led by certified instructors trained specifically in adult fitness

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



Go beyond the plan benefits to help live your best life

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

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

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

¹At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

²Renew by UnitedHealthcare is not available in all plans.


Ways to save on your prescription drugs

You may save on the medications you take regularly

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

Get a 3-month¹ supply at retail pharmacies

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

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

www.UHCRetiree.com

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

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

Ask your doctor about trial supplies

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

Explore lower cost options

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

Have an annual medication review

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

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

The UnitedHealthcare Savings Promise



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

2019 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® Group Medicare Advantage (HMO)

Group Name (Plan Sponsor): San Juan Unified School District
Group Number: 518729

H0543-805

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



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



www.UHCRetiree.com



Our service area includes these counties in:

California: Alameda, Amador, Contra Costa, El Dorado, Fresno, Kern, Los Angeles, Madera, Mendocino, Merced, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo.

Summary of Benefits

January 1, 2019 - December 31, 2019

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

About this plan.

UnitedHealthcare® Group Medicare Advantage (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed inside the cover, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Use network providers and pharmacies.

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

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

UnitedHealthcare® Group Medicare Advantage (HMO)

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

UnitedHealthcare® Group Medicare Advantage (HMO)

Benefits		In-Network
Inpatient Hospital		\$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital, Including Observation		\$100 copay
Doctor Visits	Primary	\$10 copay
	Specialists	\$20 copay
Preventive Care	Medicare-covered	\$0 copay
		<ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)
		Any additional preventive services approved by Medicare during the contract year will be covered.

Benefits		In-Network
		This plan covers preventive care screenings and annual physical exams at 100%.
	Routine physical	\$0 copay; 1 per plan year
Emergency Care		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services		<p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	\$25 copay
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$0 copay
	Therapeutic Radiology	\$25 copay
	Outpatient x-rays	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$20 copay
	Routine hearing exam	\$0 copay (1 exam every 12 months)
	Hearing Aids	Plan pays up to \$500 (every 3 years)
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$20 copay

Benefits		In-Network
	Eyewear after cataract surgery	\$0 copay
	Routine eye exams	\$10 copay (1 exam every 12 months)
	Eye wear	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.
Mental Health	Inpatient visit	\$200 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$10 copay
	Outpatient individual therapy visit	\$20 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: days 1-20 \$50 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF.
Physical Therapy and speech and language therapy visit		\$25 copay
Ambulance		\$50 copay
Routine Transportation		Not covered
Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	20% coinsurance

Prescription Drugs

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

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

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

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

Stage 1: Annual Prescription Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	One-month supply	Three-month supply
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand, (Includes some Generics)	\$25 copay	\$50 copay
Tier 3: Non-Preferred Drugs, (Includes some Generics)	\$50 copay	\$100 copay
Tier 4: Specialty Tier	\$50 copay	\$100 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,820, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	

**Stage 4:
Catastrophic
Coverage**

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

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

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	50% coinsurance
	Routine chiropractic care	\$10 copay (Up to 12 visits per plan year)
Diabetes Management	Diabetes monitoring supplies	\$0 copay
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Fitness program through SilverSneakers®		<p>\$0 membership fee.</p> <p>Access to a basic fitness membership offered through SilverSneakers® participating locations.</p> <p>If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga.</p>
Foot Care (podiatry services)	Foot exams and treatment	\$20 copay
	Routine foot care	\$20 copay for each visit (Up to 6 visits per plan year)
Home Health Care		\$0 copay

Additional Benefits		In-Network
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational Therapy Visit		\$25 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$10 copay
	Outpatient individual therapy visit	\$20 copay
Outpatient surgery		\$100 copay
Renal Dialysis		20% coinsurance
Virtual Behavioral Visits		See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .
Virtual Doctor Visits		See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .

Required Information

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

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

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

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

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

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

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

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

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

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Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2018. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Covered drugs are placed in tiers. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Preferred brand
 - Tier 3: Non-preferred drug
 - Tier 4: Specialty tier
- Each tier has a copay or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066_180627_035701

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

A	
Abacavir/Lamivudine (Tablet),T3 - QL	Advair Diskus, Advair HFA (Aerosol),T2 - QL
Acamprosate Calcium DR (Tablet Delayed-Release),T3	Aggrenox (Capsule Extended-Release 12 Hour),T3 - QL
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet),T1 - 7D,DL,QL,MME	Albenza (Tablet),T4 - QL
Acetazolamide (Tablet Immediate-Release),T2	Alcohol Prep Pads,T2
Acetazolamide ER (Capsule Extended-Release 12 Hour),T3	Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet),T1
Acyclovir (200mg Capsule, 400mg Tablet, 800mg Tablet),T1	Alendronate Sodium (70mg/75ml Oral Solution),T3
Acyclovir (200mg/5ml Suspension, 5% Ointment),T3	Alfuzosin HCl ER (Tablet Extended-Release 24 Hour),T1
Adacel (Injection),T2	Allopurinol (Tablet),T1
Adcirca (Tablet),T4 - PA	Alosetron HCl (Tablet),T4 - PA
	Alprazolam (Tablet Immediate-Release),T1 - QL
	Alrex (Suspension),T3
	Amantadine HCl (100mg Capsule, 100mg

Bold type = Brand name drug

Plain type = Generic drug

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

Tablet),T2

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

Amiloride HCl (Tablet),T1

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

Amiodarone HCl (400mg Tablet),T3

Amitiza (Capsule),T2 - QL

Amitriptyline HCl (Tablet),T3 - PA,HRM

Amlodipine Besylate (Tablet),T1

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

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

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

Amphetamine/Dextroamphetamine (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),T3 - QL

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),T2 - QL

Anagrelide HCl (Capsule),T2

Anastrozole (Tablet),T1

AndroGel (1.62% Packet Gel),T3

AndroGel Pump (1.62% Gel),T3

Androderm (Patch 24 Hour),T2

Anoro Ellipta (Aerosol Powder),T2 - QL

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

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

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

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

Arnuity Ellipta (Aerosol Powder),T2 - QL

Atazanavir Sulfate (Capsule),T4 - QL

Atenolol (Tablet),T1

Atomoxetine (Capsule),T2

Atorvastatin Calcium (Tablet),T1 - QL

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

Atripla (Tablet),T4 - QL

Atrovent HFA (Aerosol Solution),T3

Aubagio (Tablet),T4 - QL,LA

Auryxia (Tablet),T4 - PA

Avonex (Injection),T4

Azasite (Ophthalmic Solution),T3

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

Azelastine HCl (0.05% Ophthalmic Solution),T3

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

600mg Tablet, 500mg Injection),T1

Azithromycin (1gm Packet),T1

Azopt (Suspension),T2

B

Baclofen (Tablet),T1

Balsalazide Disodium (Capsule),T3

Belsomra (Tablet),T2 - QL

Benazepril HCl (Tablet),T1 - QL

Benazepril HCl/Hydrochlorothiazide (Tablet),T1 - QL

Benzotropine Mesylate (Tablet),T2 - PA,HRM

Bepreve (Ophthalmic Solution),T3

Berinert (Injection),T4 - PA,LA

Betaseron (Injection),T4

Bethanechol Chloride (Tablet),T1

Betimol (Ophthalmic Solution),T3

Bevespi Aerosphere (Aerosol),T2

Bicalutamide (Tablet),T1

Binosto (Tablet Effervescent),T3

Bisoprolol Fumarate (Tablet),T2

Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T2 - QL

Breo Ellipta (Aerosol Powder),T2 - QL

Brilinta (Tablet),T2 - QL

Brimonidine Tartrate (0.15% Ophthalmic Solution),T3

Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution),T4 - QL

Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension),T3 - B/D,PA

Budesonide (3mg Capsule Delayed-Release),T3

Bumetanide (0.25mg/ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet),T1

Buprenorphine HCl (Tablet Sublingual),T1 - QL

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

Buspirone HCl (Tablet),T1

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

Bydureon Injection (Pen, Vial),T2 - QL

Byetta (Injection),T3 - QL

Bystolic (Tablet),T2 - QL

C

Cabergoline (Tablet),T2

Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution),T1 - B/D,PA

Calcitriol (3mcg/gm Ointment),T3

Calcium Acetate (667mg Capsule, 667mg Tablet),T2

Captopril (Tablet),T1 - QL

Carafate (1gm Tablet, 1gm/10ml Suspension),T3

Carbaglu (Tablet),T4 - LA

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

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

Carbidopa/Levodopa/Entacapone (Tablet),T3

Carvedilol (Tablet),T1

Cayston (75mg Solution),T4 - PA,LA

Cefuroxime Axetil (Tablet),T1

Celecoxib (Capsule),T3 - QL

Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg

Bold type = Brand name drug

Plain type = Generic drug

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

Capsule, 750mg Capsule),T1

Cephalexin (250mg Tablet, 500mg Tablet),T3

Chantix (Tablet),T2

Chlorhexidine Gluconate Oral Rinse (Solution),T1

Chlorthalidone (Tablet),T1

Cholestyramine Light (Powder),T3

Cilostazol (Tablet),T1

Cimetidine (Tablet),T1

Cinryze (Injection),T4 - PA,LA

Ciprodex (Otic Suspension),T2

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

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

Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet),T1

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

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

Clarithromycin (250mg Tablet, 500mg Tablet),T2

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

Clonazepam (Tablet Immediate-Release),T1 - QL

Clonazepam ODT (Tablet Dispersible),T3 - QL

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

Clonidine HCl (Tablet Immediate-Release),T1

Clopidogrel (75mg Tablet),T1 - QL

Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T2

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

Clozapine ODT (200mg Tablet Dispersible),T4

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

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

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Aerosol Solution),T2

Comtan (Tablet),T4

Copaxone (Injection),T4

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

Cosopt PF (Ophthalmic Solution),T3

Creon (Capsule Delayed-Release),T2

Crestor (Tablet),T3 - QL

Crixivan (Capsule),T2 - QL

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

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

Cromolyn Sodium (4% Ophthalmic Solution),T1

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

D

Daliresp (Tablet),T3 - PA

Dapsone (100mg Tablet, 25mg Tablet),T2

Dapsone (5% Gel),T3

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

Desmopressin Acetate (0.01% Nasal Spray Solution),T3

Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet),T2

Dexilant (Capsule Delayed-Release),T3 - QL

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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

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

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

Diazepam (1mg/ml Oral Solution),T1

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

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

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

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

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

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

Dihydroergotamine Mesylate (Nasal Solution),T4

Diltiazem HCl (Capsule Extended-Release, Tablet
Immediate-Release),T1

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

Disulfiram (Tablet),T3

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

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

Donepezil HCl (23mg Tablet),T2 - QL

Donepezil HCl ODT (Tablet Dispersible),T1 - QL

Dorzolamide HCl/Timolol Maleate (Ophthalmic
Solution),T1

Doxazosin Mesylate (Tablet),T1

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

Dronabinol (Capsule),T3 - PA

Duloxetine HCl (20mg Capsule Delayed-Release,

30mg Capsule Delayed-Release, 60mg Capsule
Delayed-Release),T2 - QL

Durezol (Emulsion),T2

Dutasteride (Capsule),T2 - QL

Dymista (Suspension),T3

E

Edarbi (Tablet),T3 - QL

Edarbyclor (Tablet),T3 - QL

Elidel (Cream),T3 - ST

Eliquis (Tablet),T2 - QL

Elmiron (Capsule),T4

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

Enalapril Maleate (Tablet),T1 - QL

Enalapril Maleate/Hydrochlorothiazide (Tablet),T1
- QL

Enbrel (Injection),T4 - PA

Entacapone (Tablet),T3

Entecavir (Tablet),T3

Epclusa (Tablet),T4 - PA,QL

Eplerenone (Tablet),T2

Epzicom (Tablet),T4 - QL

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

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

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

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

Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet)
(Generic Estrace),T3 - PA,HRM

Bold type = Brand name drug

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

Exjade (Tablet Soluble),T4 - PA

Extavia (Injection),T4

Ezetimibe (Tablet),T1

F

Famotidine (20mg Tablet, 40mg Tablet),T1

Famotidine (40mg/5ml Suspension),T3

Fareston (Tablet),T4

Farxiga (Tablet),T3 - QL,ST

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

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

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

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

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

Flovent Diskus (Aerosol Powder),T2

Flovent HFA (Aerosol),T2 - QL

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

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

Fluocinolone Acetonide (0.01% Otic Oil),T3

Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet),T1

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

Fluphenazine HCl (5mg/ml Concentrate),T2

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

Fluticasone Propionate (0.05% Lotion),T3

Fluticasone Propionate (50mcg/act Suspension),T1

Forteo (Injection),T4 - PA

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

Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet),T1

Fuzeon (Injection),T4 - QL

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

G

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet),T1

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

Gammagard Liquid (Injection),T4 - PA

Gemfibrozil (Tablet),T1

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

Genotropin Miniquick (0.2mg Injection),T3 - PA

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

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

Gilenya (Capsule),T4 - QL

Glatiramer Acetate (Solution Prefilled Syringe),T4

Glimepiride (Tablet),T1 - QL

Glipizide, Glipizide ER (Tablet),T1 - QL

GlucaGen HypoKit (Injection),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Glucagon Emergency Kit (Injection),T2

Guanidine HCl (Tablet),T2

H

Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate),T1

Harvoni (Tablet),T4 - PA,QL

Humalog (Injection),T2

Humalog Mix (Injection),T2

Humira (Injection),T4 - PA

Humulin 70/30 Vial (Injection),T2

Humulin N Vial (Injection),T2

Humulin R Vial (Injection),T2

Hydralazine HCl (Tablet),T1

Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet),T1

Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet),T3 - 7D,DL,QL,MME

Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution),T2 - 7D,DL,QL,MME

Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection),T3 - 7D,DL

Hydromorphone HCl (1mg/ml Liquid),T3 - 7D,DL,QL,MME

Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release),T1 - 7D,DL,QL,MME

Hydromorphone HCl (2mg/ml Injection),T3 - 7D,DL

Hydroxychloroquine Sulfate (Tablet),T1

Hydroxyurea (Capsule),T1

Hydroxyzine HCl (10mg/5ml Syrup),T3 - PA,HRM

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

I

Ibandronate Sodium (Tablet),T2

Ibuprofen (Tablets, Suspension),T1

Ilevro (Suspension),T2

Imatinib Mesylate (Tablet),T4 - PA,QL

Imiquimod (Cream),T3

Incruse Ellipta (Aerosol Powder),T2 - QL

Insulin Syringes, Needles,T2

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

Intron A (Injection),T4 - PA,LA

Invanz (Injection),T4

Invokamet, Invokamet XR (Tablet),T2 - QL

Invokana (Tablet),T2 - QL

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

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

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

Irbesartan (Tablet),T1 - QL

Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL

Isentress (100mg Tablet Chewable, 400mg Tablet),T4 - QL

Isoniazid (100mg Tablet, 300mg Tablet),T1

Isoniazid (50mg/5ml Syrup),T3

Isosorbide Dinitrate (Tablet Immediate-Release, Tablet Extended-Release),T1

Isosorbide Mononitrate (Tablet Immediate-Release, Tablet Extended-Release 24 Hour),T1

Ivermectin (Tablet),T2

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J

Jadenu (Tablet),T4 - PA

Janumet, Janumet XR (Tablet),T2 - QL

Januvia (Tablet),T2 - QL

Jardiance (Tablet),T2 - QL

Jentadueto, Jentadueto XR (Tablet),T3 - QL

Jublia (External Solution),T3

K

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

Kazano (Tablet),T3 - QL,ST

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

Ketoconazole (2% Foam),T3

Ketorolac Tromethamine (Ophthalmic Solution),T2

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

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

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

Korlym (Tablet),T4 - PA,LA

L

Lactulose (Oral Solution),T1

Lamivudine (100mg Tablet),T2

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

Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release),T1

Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable),T2

Lantus Injection (SoloStar, Vial),T2

Lastacaft (Ophthalmic Solution),T2

Latanoprost (Ophthalmic Solution),T1

Latuda (Tablet),T4 - QL

Leflunomide (Tablet),T2

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

Letrozole (Tablet),T1

Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet),T2

Leucovorin Calcium (25mg Tablet),T3

Leukeran (Tablet),T4

Levemir Injection (FlexTouch, Vial),T2

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

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

Levocarnitine (330mg Tablet),T2

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

Levocetirizine Dihydrochloride (5mg Tablet),T1

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

Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet),T1

Levofloxacin (25mg/ml Oral Solution),T3

Levothyroxine Sodium (Tablet),T1

Lialda (Tablet Delayed-Release),T2 - QL

Lidocaine (5% Ointment),T3 - QL

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

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

Lidocaine/Prilocaine (Cream),T2

Lindane (Shampoo),T3

Linzess (Capsule),T2 - QL

Liothyronine Sodium (Tablet),T1

Lisinopril (Tablet),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL	Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL
Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T1	
Loperamide HCl (Capsule),T1	Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution),T2 - 7D,DL,QL,MME
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate),T1 - QL	
Losartan Potassium (Tablet),T1 - QL	Methazolamide (Tablet),T3
Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL	Methimazole (Tablet),T1
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension),T3	Methotrexate (Tablet),T1
Lovastatin (Tablet),T1 - QL	Methscopolamine Bromide (Tablet),T3
Lumigan (Ophthalmic Solution),T2	Methyldopa (Tablet),T3 - PA,HRM
Lupron Depot (Injection),T4 - PA	Methylphenidate HCl (10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable),T3 - QL
Luzu (Cream),T3	Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin),T2 - QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution),T2 - QL	Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1
Lysodren (Tablet),T4	Metoprolol Succinate ER (Tablet Extended-Release 24 Hour),T1
M	
Mavyret (Tablet),T4 - PA,QL	Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release),T1
Meclizine HCl (12.5mg Tablet),T1 - PA,HRM	Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 375mg Capsule Immediate-Release),T3
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection),T1	Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release),T1
Meloxicam (Tablet),T1	Migergot (Suppository),T4
Memantine HCl (Tablet),T1 - PA,QL	Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule),T1
Mercaptopurine (Tablet),T2	Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release),T3
Meropenem (1gm Injection),T3	Minoxidil (Tablet),T1
Meropenem (500mg Injection),T2	
Metformin HCl (Tablet Immediate-Release),T1 - QL	
Metformin HCl ER (500mg Tablet Extended-	

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Mirtazapine, Mirtazapine ODT (Tablet),T1

Misoprostol (Tablet),T2

Modafinil (Tablet),T3 - PA,QL

Mometasone Furoate (50mcg/act Suspension),T3

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

Morphine Sulfate ER (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian), (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza),T3 - 7D,DL,QL,MME

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

Multaq (Tablet),T2

Myrbetriq (Tablet Extended-Release 24 Hour),T2

N

Nadolol (Tablet),T3

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

Naloxone (Injection),T2

Naltrexone HCl (Tablet),T2

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

Naproxen (125mg/5ml Suspension),T3

Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release),T1

Narcan (Nasal Spray),T2

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

Nesina (Tablet),T3 - QL,ST

Nevanac (Suspension),T2

Niacin ER (Tablet Extended-Release),T3

Niacor (Tablet),T1

Nicotrol Inhaler (Inhaler),T3

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

Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid),T2 - HRM

Nitrostat (Tablet Sublingual),T3

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

Norethindrone Acetate (5mg Tablet),T1

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

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

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

Nuedexta (Capsule),T3 - PA

Nutropin AQ (Injection),T4 - PA

Nuvigil (Tablet),T3 - PA,QL

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

O

Olanzapine (10mg Injection),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet),T1 - QL

Olmesartan Medoxomil (Tablet),T2 - QL

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

Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T2 - QL

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

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

Omeprazole (20mg Capsule Delayed-Release),T1

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

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

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

Onglyza (Tablet),T2 - QL

Opsumit (Tablet),T4 - PA,LA

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

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

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

Oseni (Tablet),T3 - QL,ST

Osphena (Tablet),T3 - PA,QL

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

Oxcarbazepine (300mg/5ml Suspension),T3

OxyContin (Tablet Extended-Release 12 Hour

Abuse-Deterrent),T2 - 7D,DL,QL,MME

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

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

Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T1 - 7D,DL,QL,MME

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

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

P

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

Pazeo (Ophthalmic Solution),T2

Pegasys (Injection),T4 - PA

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

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

Permethrin (Cream),T2

Phenytoin Sodium Extended (Capsule),T1

Phoslyra (Oral Solution),T2

Picato (Gel),T2

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

Pilocarpine HCl (5mg Tablet, 7.5mg Tablet),T3

Pioglitazone HCl (Tablet),T1 - QL

Polyethylene Glycol 3350 Powder (Generic MiraLAX),T1

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Pomalyst (Capsule),T4 - PA,QL

Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release),T2

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

Potassium Citrate ER (Tablet Extended-Release),T2

Pradaxa (Capsule),T3 - QL

Pramipexole Dihydrochloride (Tablet Immediate-Release),T2

Pravastatin Sodium (Tablet),T1 - QL

Prazosin HCl (Capsule),T1

Prednisolone Acetate (Suspension),T2

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

Premarin (Vaginal Cream),T2

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

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

ProAir HFA, ProAir RespiClick (Aerosol),T2

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

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

Proctosol HC (Cream),T1

Progesterone (Capsule),T1

Prolensa (Ophthalmic Solution),T3

Prolia (Injection),T3 - QL

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

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

Propylthiouracil (Tablet),T1

Pulmicort Flexhaler (Aerosol Powder),T3 - ST

Pyridostigmine Bromide (Tablet Immediate-Release),T2

Q

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

Quinapril HCl (Tablet),T1 - QL

Quinapril/Hydrochlorothiazide (Tablet),T1 - QL

R

Raloxifene HCl (Tablet),T2

Ramipril (Capsule),T1 - QL

Ranexa (Tablet Extended-Release 12 Hour),T2

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

Ranitidine HCl (150mg Tablet, 300mg Tablet),T1

Rapaflo (Capsule),T2 - QL

Rasagiline Mesylate (Tablet),T3

Rasuvo (Injection),T3 - PA

Rebif (Injection),T4

Renagel (400mg Tablet),T3

Renagel (800mg Tablet),T4

Restasis (Emulsion),T2 - QL

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

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

Rifabutin (Capsule),T3

Rifampin (150mg Capsule, 300mg Capsule),T2

Rifampin (600mg Injection),T3

Riluzole (Tablet),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Rimantadine HCl (Tablet),T2
 Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet),T1
 Risperidone (1mg/ml Oral Solution),T3
 Rivastigmine Tartrate (Capsule),T2 - QL
 Rizatriptan, Rizatriptan ODT (Tablet),T2 - QL
 Ropinirole HCl (Tablet Immediate-Release),T1
 Rosuvastatin Calcium (Tablet),T1 - QL

Rozerem (Tablet),T3

S

Sancuso (Patch),T4
Santyl (Ointment),T3
Saphris (Tablet Sublingual),T4 - QL
Savella (Tablet),T2
 Scopolamine (Patch 72 Hour),T3 - PA,HRM
 Selegiline HCl (5mg Capsule, 5mg Tablet),T2
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T4 - QL
Sensipar (Tablet),T4 - B/D,PA,QL
Serevent Diskus (Aerosol Powder),T2 - QL
 Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet),T1
 Sertraline HCl (20mg/ml Concentrate),T3
 Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet),T4
 Sevelamer Carbonate (800mg Tablet),T3
Shingrix (Injection),T2 - PA
 Sildenafil (20mg Tablet) (Generic Revatio),T2 - PA
 Silver Sulfadiazine (Cream),T2
Simbrinza (Suspension),T2
 Simvastatin (Tablet),T1 - QL
 Sodium Polystyrene Sulfonate (Powder),T2
 Sotalol HCl, Sotalol HCl AF (Tablet),T1

Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL

Spirolactone (Tablet),T1
Sprycel (Tablet),T4 - PA
Stiolto Respimat (Aerosol Solution),T2
Suboxone (Film),T3 - QL
 Sucralfate (Tablet),T1
 Sulfamethoxazole/Trimethoprim DS (Tablet),T1
 Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T1
 Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet),T1 - QL
 Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T2
 Suprax (100mg/5ml Suspension, 200mg/5ml Suspension),T3
Suprax (400mg Capsule),T2
Suprax (500mg/5ml Suspension),T3
Symbicort (Aerosol),T2 - QL
SymlinPen (Injection),T4 - PA
Synjardy (Tablet),T2 - QL
Synthroid (Tablet),T2

T

Tamoxifen Citrate (Tablet),T1
 Tamsulosin HCl (Capsule),T1
Targretin (1% Gel, 75mg Capsule),T4 - PA
Tasigna (Capsule),T4 - PA,QL
Tecfidera (Capsule Delayed-Release),T4 - QL,LA
 Telmisartan (Tablet),T1 - QL
 Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL
 Tenofovir Disoproxil Fumarate (Tablet),T4 - QL
 Terazosin HCl (Capsule),T1

Bold type = Brand name drug

Plain type = Generic drug

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

Testosterone (1% Gel),T3	Tretinoin (10mg Capsule),T4
Testosterone Cypionate (Injection),T2	Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment),T1
Testosterone Pump (1% Gel),T3	Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion),T2
Theophylline (Oral Solution),T1	Triamcinolone Acetonide (0.147mg/gm Aerosol Solution) (Generic Kenalog Spray),T3
Theophylline CR, Theophylline ER (Tablet),T1	Triamcinolone Acetonide (55mcg/act Aerosol),T3
Timolol Maleate Ophthalmic Gel Forming (Solution),T2	Triamterene/Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet),T1
Timoptic Ocudose (Ophthalmic Solution),T3	Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet),T3 - PA,HRM
Tivicay (25mg Tablet, 50mg Tablet),T4 - QL	Trintellix (Tablet),T3 - QL
Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule),T3	Trulicity (Injection),T2 - QL
Tizanidine HCl (2mg Tablet, 4mg Tablet),T1	Truvada (Tablet),T4 - QL
Tobramycin Sulfate (0.3% Ophthalmic Solution),T1	Tymlos (Injection),T4 - PA,QL
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection),T2	U
Tobramycin/Dexamethasone (Ophthalmic Suspension),T2	Uloric (Tablet),T2 - ST
Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release),T1	Ursodiol (250mg Tablet, 500mg Tablet),T3
Toujeo SoloStar (Injection),T2	Ursodiol (300mg Capsule),T2
Tradjenta (Tablet),T3 - QL	V
Tramadol HCl (Tablet Immediate-Release),T1 - 7D,DL,QL,MME	Valacyclovir HCl (Tablet),T2 - QL
Tranexamic Acid (Tablet),T2	Valganciclovir (Tablet),T4 - QL
Transderm-Scop (Patch 72 Hour),T3 - PA,HRM	Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T1
Travatan Z (Ophthalmic Solution),T2	Valsartan (Tablet),T1 - QL
Trazodone HCl (Tablet),T1	Valsartan/Hydrochlorothiazide (Tablet),T1 - QL
Trelegy Ellipta (Aerosol Powder),T2 - QL	Vascepa (Capsule),T3
Tresiba FlexTouch (Injection),T2	Velphoro (Tablet Chewable),T4
Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream),T3 - PA	Verapamil HCl (Tablet Immediate-Release, Tablet Extended-Release),T1
	Verapamil HCl ER (100mg Capsule Extended-

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour),T2

Versacloz (Suspension),T4

Vesicare (Tablet),T2 - QL

Victoza (Injection),T2 - QL

Viibryd (Tablet),T3 - QL

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

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

Vosevi (Tablet),T4 - PA,QL

Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable),T3

W

Warfarin Sodium (Tablet),T1

X

Xarelto (Tablet),T2 - QL

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

Xiidra (Ophthalmic Solution),T3 - QL

Xolair (Injection),T4 - PA,LA

Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent),T3 - 7D,DL,QL,ST,MME

Xtandi (Capsule),T4 - PA,LA

Z

Zafirlukast (Tablet),T2

Zaleplon (Capsule),T2 - PA,QL,HRM

Zenpep (Capsule Delayed-Release),T2

Zioptan (Ophthalmic Solution),T3 - ST

Zirgan (Gel),T3

Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T3 - PA,QL,HRM

Zonisamide (Capsule),T1

Bold type = Brand name drug

Plain type = Generic drug

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Additional Drug Coverage

Bonus Drug List

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

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

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

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

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

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

QL Quantity limits	The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.
-----------------------	---

Drug	Tier	Coverage Rules or Limits on use
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Cialis	3	QL (maximum of 6 tablets per month)
Levitra	3	QL (maximum of 6 tablets per month)

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

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

The drug list may change at any time. You will receive notice when necessary.

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

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment





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

Material Name	Description	Delivery Method
Member ID Card	Watch for your UnitedHealthcare Member ID card in the mail.	
Welcome Packet	Once you're enrolled in the plan, you will get a Welcome Packet to review.	
Website Access	After you receive your Member ID card, you can register online at the website listed below to get access to your plan information.	
Health Assessment	In the first 90 days after your coverage effective date, we'll give you a call. Medicare requires us to call you and ask you to complete a short health survey.	

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

We're here for you

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

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

Visit us online anytime

Learn more at
www.UHCRetiree.com

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

How to Enroll

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



By phone

Contact us at toll-free **1-877-714-0178**, TTY **711** during 8 a.m. – 8 p.m. local time, 7 days a week to enroll over the phone.



By mail

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



By fax

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

Incomplete information may delay your enrollment.

Enrollment Request Form Checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card.
- ✓ Make sure your permanent address is complete and accurate.
- ✓ Sign and date your name where indicated.
- ✓ Provide the name of your Primary Care Provider (PCP).
- ✓ Complete the questions about End-Stage Renal Disease (ESRD).
- ✓ Confirm the Plan Sponsor and Group Numbers are correct.
- ✓ Include the date you expect your proposed coverage to begin.

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2019 Enrollment Request Form

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

1. Plan information

Plan Sponsor

San Juan Unified School District

Group Number

518729

GPS Employer ID

2090

GPS Branch Number

001

Effective Date Requested: MM/DD/YYYY

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

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

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

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

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

Birth Date MM/DD/YYYY

Sex Male Female

Daytime Phone Number

() -

Mobile Phone Number

() -

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

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

City	State	ZIP Code
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Email Address

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Last Name First Name Medicare Number

Emergency Contact

Contact Phone Number () - Contact Relationship to You

3. Information about your Medicare

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

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

Name (as it appears on your Medicare card):

-OR-

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

Medicare Number: _____

Sex Male Female _____

Is Entitled to Effective Date

Hospital (Part A) MM/DD/YYYY

Medical (Part B) MM/DD/YYYY

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

4. A few questions to help us manage your plan

I prefer to receive materials in the following language:

Spanish Chinese (Spoken Cantonese Mandarin) Other _____

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

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

If “yes”, how long have you been on Medicare for ESRD? Start Date MM/DD/YYYY End Date MM/DD/YYYY

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

If “yes”, are you currently a member of UnitedHealthcare? Yes No

If “yes”, what is your UnitedHealthcare member number?

Do you or your spouse work? Yes No

If “no”, what was your retirement date? MM/DD/YYYY

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Last Name First Name Medicare Number

Please read and answer these important questions.

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

If **“yes,”** Name of Institution

Address of Institution

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

Phone Number of Institution () -	Date of Admission MM/DD/YYYY
--------------------------------------	-------------------------------------

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

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

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

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

Name of the Coverage

Member Number for Coverage	Group Number for Coverage
----------------------------	---------------------------

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

Name of the Health Insurance

Member Number for Coverage	Group Number for Coverage
----------------------------	---------------------------

Contracting Medical Group/Primary Care Physician (PCP) Name	Phone number () -
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Contracting Medical Group/Doctor Number



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

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

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Last Name First Name Medicare Number

5. ATTENTION – please sign and date

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

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

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

Authorized representative information:

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

Last Name First Name

Address

City State ZIP Code

Phone Number Relationship to Applicant
 () -

Signature **Today's Date**
 _____ **MM / DD / YYYY**

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**
 _____ **MM / DD / YYYY**

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

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

Licensed Sales Representative/Broker Signature **Today's Date**
 _____ **MM / DD / YYYY**

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Last Name	First Name	Medicare Number
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Licensed Sales Representative/Broker Name (Please Print)

Agent/Broker Number	Referring Broker Number
---------------------	-------------------------

7. For office use only

Agent Name

Agent Number	NIPR Number
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Effective Date MM/DD/YYYY	Group Number	PBP Number
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SEP Employer Group SEP ICEP/IEP AEP (type) _____

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

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Outpatient Prescription Drug Plan Enrollment Form

(Please Print)

Underwritten by
UnitedHealthcare Insurance Company

Required Information

Employer/Former Employer Name: San Juan Unified School District	
Employer ID #: 518729	Employer Subsidy Group #: 2090
Employer Billing #: 001	

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

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

1. Personal Information

Applicant Last Name	Applicant First Name	MI	Suffix
Date of Birth MM / DD / YYYY	Marital Status of Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Retiree		Relation to Retiree: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Medicare #	Part A Effective Date MM / DD / YYYY	Part B Effective Date MM / DD / YYYY	Part D Effective Date MM / DD / YYYY
Permanent Residence Street Address (P.O. Box is not allowed)			
City		State	Zip
E-mail Address			
Home Telephone # ()		Alternate Telephone # ()	
In the future, would you be willing to receive materials through electronic means? <input type="checkbox"/> Yes <input type="checkbox"/> 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#

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
			MM / DD / YYYY	
			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 #

3. Terms and Conditions

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

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

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

Print Name of Applicant:

Signature of Applicant or Authorized Representative:

Today’s Date:

MM / DD / YYYY



Authorized Representative Information

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

Name _____ Date _____

Address _____ City _____ State _____ Zip code _____

Relationship to Enrollee _____

TEAR HERE

TEAR HERE

What's Next

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Statements of Understanding

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



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

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



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

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



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

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



I will get a Plan Details book that includes information on how to get an Evidence of Coverage (EOC).

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



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

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



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

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

Questions? We're here to help.



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



www.UHCRetiree.com