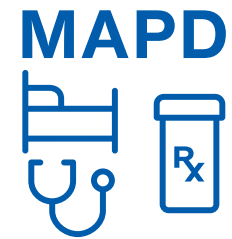


Enrollment Guide 2020



Take advantage of the
UnitedHealthcare® Medicare National Network.*

Piedmont Select Medicare Option One (PPO)

H1659-001-000

Service area: Virginia - Amherst, Appomattox, Bedford, Campbell, Charlotte, Danville City, Halifax, Lynchburg City, Pittsylvania, Prince Edward counties

Plan Year: January 1, 2020 through December 31, 2020



Benefits that exceed expectations. Take advantage of it.



Take advantage of the UnitedHealthcare® Medicare National Network.¹

The freedom of nationwide access to care at in-network costs using the UnitedHealthcare® Medicare National Network. Whether you're at home or traveling, you can rest assured knowing you have access to the nation's largest network of top doctors and specialists.²



More choice and more guidance.

When it comes to Medicare, one size does not fit all. That's why UnitedHealthcare offers a broad range of Medicare products, so you have options to fit your health care needs. Our advisors and agents will guide you through choosing the plan that's right for you.



A health care company you can rely on.

More people choose UnitedHealthcare for their Medicare coverage than any other company.³



Member-only Health & Wellness Experience.

Renew by UnitedHealthcare can be your guide to living a healthier, happier life. With Renew, you'll have access to brain games, recipes, learning courses, fitness activities, rewards, videos and more — all at no additional cost.⁴



¹Exclusions may apply.

²Networks vary by market

³July 2018 CMS and Internal Company Enrollment Data

⁴Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare.

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Questions? We can help.

Call toll-free **1-888-819-9932**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at
www.pchp.net

Start With Medicare Basics

Make sure this plan is a good fit by reviewing the basics

Original Medicare is provided by the federal government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. It does not include prescription drug coverage (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D. Depending on your needs, you may want to add on more coverage.

Original Medicare
Provided by the federal government

PART A

Helps pay for hospital stays and inpatient care

PART B

Helps pay for doctor visits and outpatient care

Your options for more coverage:

OPTION 1

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance Plan
Offered by private companies

↓

MED SUPP

↑

Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan
Offered by private companies

PART D

Helps pay for prescription drugs

OR

OPTION 2

Choose a Medicare Advantage plan:

Medicare Advantage Plan
Offered by private companies

PART C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

PART D

Usually includes prescription drug coverage

+

May offer additional benefits not provided by Original Medicare

Medicare Made Clear™ brought to you by **UnitedHealthcare®**

This is a Medicare Advantage Part C Preferred Provider Organization (PPO) plan

Your plan is a Preferred Provider Organization (PPO) plan that includes the nation’s largest health care network¹. With this plan, you have access to a local network of doctors and hospitals, plus you have the freedom to access care across the country at in-network costs when you choose doctors participating in the UnitedHealthcare Medicare National Network².

You can also see any provider outside the network nationwide that participates in Medicare and accepts the plan. You may pay a higher copay or coinsurance when you see an out-of-network provider.

Here’s how your PPO plan works



Select a primary care provider (PCP) from the network.

It’s important to select a PCP from the network when you enroll in this plan. However, you are not limited to this PCP. You can visit any PCP in or out of the network. Your PCP can oversee and help manage your care, but you don’t need referrals from your PCP to see in- or out-of-network doctors.



You have coverage for emergency care.

Emergency Services and Urgently Needed Services are covered no matter where you go.



There’s an out-of-pocket spending limit for in-network care.

Once you reach that limit, the plan pays 100% of the future costs for network covered services for the rest of the plan year. Some plans have an out-of-pocket spending limit for out-of-network care.

You have flexibility in provider choice

The chart below shows what happens when you use network versus out-of-network resources with this plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Providers have the choice to accept the plan.
Does this plan require a referral to see a Specialist or other providers?	No	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	You may pay a higher copay or coinsurance.

There’s a Medicare Part D Late Enrollment Penalty



Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D.

¹ Networks vary by market.
² Exclusions may apply.
*Plan copay or coinsurance amounts apply. You can find a complete listing of network providers and facilities within your plan on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.

Are you eligible for this plan?

You are eligible for a Medicare Advantage plan if:

 You are enrolled in Original Medicare Parts A and B and live in the plan’s service area.

 AND

 You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A and B and continue to pay your Part B premium, you are eligible to enroll in this plan.

Helpful Resources

Medicare Made Clear™
An educational program developed by UnitedHealthcare to help you better understand Medicare. Find out more at **MedicareMadeClear.com**.

You may qualify for Extra Help
Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- ☐ The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- ☐ Your state Medicaid office



Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan’s contract renewal with Medicare. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. This information is not a complete description of benefits. Call 1-844-723-6473, TTY 711 for more information.



Plan Information

Benefit Highlights

Piedmont Select Medicare Option One (PPO)

This is a short description of your 2020 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	\$119
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Medical Benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	In-Network	Out-of-Network
Annual Medical Deductible	No deductible	\$300
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$5,500 In-Network	\$10,000 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: \$0 copay	Primary Care Provider: 40% coinsurance
	Specialist: \$30 copay (no referral needed)	Specialist: 40% coinsurance (no referral needed)
Preventive services	\$0 copay	40% coinsurance
Inpatient hospital care	\$300 copay per day: for days 1-5 \$0 copay per day: for days 6-90	40% coinsurance per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$132 copay per day: days 21-100	40% coinsurance per stay, up to 100 days
Outpatient hospital, including surgery	20% coinsurance Cost sharing for additional plan covered services will apply.	40% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay	40% coinsurance
Home health care	\$0 copay	40% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$30 copay or 20% coinsurance	40% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay - 20% coinsurance	40% coinsurance
Lab services	\$0 copay - 20% coinsurance	40% coinsurance
Outpatient x-rays	\$15 - \$30 copay or 20% coinsurance	40% coinsurance

Medical Benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	In-Network	Out-of-Network
Ambulance	\$175 copay for ground \$175 copay for air	40% coinsurance for ground 40% coinsurance for air
Emergency care	\$90 copay (worldwide)	
Urgently needed services	\$30 copay	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Vision - routine eye exams	\$20 copay; 1 every year*	40% coinsurance; 1 every year*
Vision - eyewear	\$0 copay every 2 years; up to \$150 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*	\$0 copay every 2 years; up to \$150 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*
Fitness program through Renew Active™	Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises– depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or if you are an existing Privia patient, contact your provider to access virtual visits.	No coverage

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$405 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic Drugs	\$5 copay	\$10 copay
Tier 2: Generic Drugs	\$8 copay	\$13 copay
Tier 3: Preferred Brand Drugs	\$30 copay	\$40 copay

Prescription Drugs

	Your Cost	
Tier 4: Non-Preferred Drugs	\$80 copay	\$90 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 copay for all other drugs, or 5% coinsurance	



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. This information is not a complete description of benefits. Contact the plan for more information.

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Explore Your Additional Benefits

Get all the benefits of Original Medicare – and more.

With the Piedmont Select Medicare Option One (PPO) Plan, you get additional benefits and services designed to help you live a healthier life — most at little or no additional costs. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits or call the number listed on the first page of this booklet.



A health and wellness program that comes to you

With the UnitedHealthcare® HouseCalls program, you get an annual in-home preventive health care visit from one of our licensed healthcare practitioners for no additional cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.



Social and Government Referral Assistance

You may be able to get help paying for your medical costs, prescriptions, utility bills and more. To see if you may be eligible and get assistance in applying for government or other community assistance programs please call 1-866-865-3851, TTY 855-368-9643, 9 a.m. - 5 p.m. local time, Monday through Friday. If you are a Veteran, please call 1-866-427-1873, TTY 711, 9 a.m. - 5 p.m. local time, Monday through Friday.



Renew Active™

Renew Active™ is a fitness program for body and mind designed around you and your goals - available with your plan, at no additional cost. Renew Active includes: a free gym membership, access to an extensive network of gyms and fitness locations, personalized fitness plan and online brain health program, exclusively from AARP® Staying Sharp.



Vision coverage

This plan includes routine vision care and may include a credit toward eyeglasses. Help protect your eyesight and health with routine eye exams.



Speak to a nurse 24/7

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



Virtual Medical Visits

Talk to a provider wherever you are with virtual medical visits. You may have a live chat from the privacy of home with a virtual provider using your computer, tablet, smartphone.



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

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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Summary of Benefits 2020



Overview of your plan

Piedmont Select Medicare Option One (PPO)

H1659-001-000

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



Toll-free 1-888-819-9932, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.pchp.net



Summary of Benefits

January 1st, 2020 - December 31st, 2020

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

Piedmont Select Medicare Option One (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

Virginia: Amherst, Appomattox, Bedford*, Campbell, Charlotte, Danville City, Halifax, Lynchburg City, Pittsylvania, Prince Edward.

Our service area includes these ZIP codes in these counties:

Virginia: Bedford*: the following ZIP codes only 24095, 24104, 24121, 24122, 24174, 24502, 24503, 24523, 24526, 24536, 24550, 24551, 24556, 24570, 24571.

Use network providers and pharmacies.

Piedmont Select Medicare Option One (PPO) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.pchp.net 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.

Piedmont Select Medicare Option One (PPO)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	\$119	
Annual Medical Deductible	No deductible	\$300 annually for covered services you receive from out-of-network providers.
	<p>The deductible applies only to the following Medicare-covered benefit categories:</p> <p>Inpatient Hospital</p> <p>Outpatient Hospital - Ambulatory Surgical Center (ASC)</p> <p>Outpatient Hospital - Outpatient Hospital, including surgery</p> <p>Outpatient Hospital Observation Services</p> <p>Doctor Visits - Primary</p> <p>Doctor Visits - Specialist</p> <p>Diagnostic Tests, Lab and Radiology Services, and X-Rays – Diagnostic radiology services (e.g. MRI)</p> <p>Diagnostic Tests, Lab and Radiology Services, and X-Rays - Lab services</p> <p>Diagnostic Tests, Lab and Radiology Services, and X-Rays - Diagnostic tests and procedures</p> <p>Diagnostic Tests, Lab and Radiology Services, and X-Rays – Therapeutic Radiology</p> <p>Diagnostic Tests, Lab and Radiology Services, and X-Rays - Outpatient X-rays</p> <p>Hearing Services - Exam to diagnose and treat hearing and balance issues</p> <p>Vision Services - Exam to diagnose and treat diseases and conditions of the eye</p> <p>Vision Services - Eyewear after cataract surgery</p> <p>Mental Health - Inpatient Visit</p> <p>Mental Health - Outpatient group therapy visit</p> <p>Mental Health - Outpatient individual therapy visit</p> <p>Skilled Nursing Facility (SNF)</p> <p>Physical therapy and speech and language therapy visit</p> <p>Ambulance for ground</p> <p>Ambulance for air</p> <p>Medicare Part B Drugs - Chemotherapy drugs</p> <p>Medicare Part B Drugs - Other Part B drugs</p> <p>Chiropractic Care - Manual manipulation of the spine to correct subluxation</p>	

Premiums and Benefits	In-Network	Out-of-Network
	Diabetes Management - Diabetes monitoring supplies Diabetes Management - Diabetes Self-management training Diabetes Management - Therapeutic shoes or inserts Durable Medical Equipment (DME) and Related Supplies - Durable Medical Equipment (e.g. wheelchairs, oxygen) Durable Medical Equipment (DME) and Related Supplies - Prosthetics (e.g., braces, artificial limbs) Foot Care (podiatry services) - Foot exams and treatment Home Health Care Occupational Therapy Visit Opioid Treatment Services Outpatient Substance Abuse - Outpatient group therapy visit Outpatient Substance Abuse - Outpatient individual therapy visit Renal Dialysis	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$5,500 annually for Medicare-covered services you receive from in-network providers.	\$10,000 annually for Medicare-covered services you receive from any provider.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.	

Piedmont Select Medicare Option One (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital ²		\$300 copay per day: for days 1-5 \$0 copay per day: for days 6-90	40% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	20% coinsurance	40% coinsurance
	Outpatient Hospital, including surgery ²	20% coinsurance	40% coinsurance
	Outpatient Hospital Observation Services ²	20% coinsurance	40% coinsurance
Doctor Visits	Primary	\$0 copay	40% coinsurance
	Specialists	\$30 copay	40% coinsurance
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or if you are an existing Privia patient, contact your provider to access virtual visits.	No coverage
Preventive Care	Medicare-covered	\$0 copay	40% coinsurance
		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	

Benefits		In-Network	Out-of-Network
		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. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
Emergency Care		\$90 copay (worldwide) per visit If you are admitted to the hospital within 23 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		\$30 copay	

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	\$30 copay in a provider office setting for diagnostic radiological services 20% coinsurance in a freestanding or hospital facility	40% coinsurance
	Lab services ²	\$0 copay in a primary care or specialist office setting 20% coinsurance for lab services in a freestanding or hospital facility	40% coinsurance
	Diagnostic tests and procedures ²	\$0 copay in a primary care or specialist office setting 20% coinsurance for diagnostic procedures in a freestanding or hospital facility	40% coinsurance
	Therapeutic Radiology ²	\$30 copay in a provider office setting 20% coinsurance in a freestanding or hospital facility	40% coinsurance
	Outpatient X-rays ²	\$15 copay in a primary care office setting \$30 copay in a specialist office setting 20% coinsurance in a freestanding or hospital facility	40% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$30 copay	40% coinsurance
Routine Dental Services		Not covered	

Benefits		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 - \$30 copay	40% coinsurance
	Eyewear after cataract surgery	\$30 copay	40% coinsurance
	Routine eye exam	\$20 copay; 1 every year*	40% coinsurance; 1 every year*
	Eyewear	\$0 copay every 2 years; up to \$150 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*	\$0 copay every 2 years; up to \$150 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*
Mental Health	Inpatient visit ²	\$175 copay per day: for days 1-5 \$0 copay per day: for days 6-90	40% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	\$15 copay	40% coinsurance
	Outpatient individual therapy visit	\$15 copay	40% coinsurance
Skilled Nursing Facility (SNF) ²		\$0 copay per day: for days 1-20 \$132 copay per day: for days 21-100	40% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit		\$15 copay	40% coinsurance
Ambulance ² Your provider must obtain prior authorization for non-emergency transportation.		\$175 copay for ground \$175 copay for air	40% coinsurance for ground 40% coinsurance for air

Benefits		In-Network	Out-of-Network
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ²	20% coinsurance	40% coinsurance
	Other Part B drugs ²	20% coinsurance	40% coinsurance

Prescription Drugs

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

Stage 1: Annual Prescription Deductible	\$0 per year for Tier 1 and Tier 2; \$405 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$5 copay	\$0 copay	\$10 copay	\$30 copay	\$0 copay	\$30 copay
Tier 2: Generic Drugs	\$8 copay	\$0 copay	\$13 copay	\$39 copay	\$0 copay	\$39 copay
Tier 3: Preferred Brand Drugs	\$30 copay	\$75 copay	\$40 copay	\$120 copay	\$75 copay	\$120 copay
Tier 4: Non-Preferred Drugs	\$80 copay	\$200 copay	\$90 copay	\$270 copay	\$200 copay	\$270 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of: <div><input type="checkbox"/> 5% coinsurance, or <input type="checkbox"/> \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</div>					

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$15 copay	40% coinsurance
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay	40% coinsurance
	Diabetes Self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts ²	\$0 copay	40% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	40% coinsurance
Fitness program through Renew Active™		Standard membership access to participating fitness locations including an in-person fitness orientation, access to group fitness classes, and online brain exercises- depending on availability or enrollment into a self-directed fitness program if a network location is not convenient, all at no additional cost.	
Foot Care (podiatry services)	Foot exams and treatment	\$30 copay	40% coinsurance
Home Health Care		\$0 copay	40% coinsurance
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		\$15 copay	40% coinsurance

Additional Benefits		In-Network	Out-of-Network
Opioid Treatment Services ²		\$30 copay	40% coinsurance
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$15 copay - 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit ²	\$15 copay - 20% coinsurance	40% coinsurance
Renal Dialysis		20% coinsurance	40% coinsurance

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

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

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

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

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

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

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

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

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

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

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

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

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 1-877-266-4832, TTY 711.

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

Vendor Information

Piedmont Select Medicare Option One (PPO)

As a member of the plan you get additional supplemental benefits not covered by Original Medicare. To get the most out of your additional benefits choose a network provider. You can find network providers online. You can also call Customer Service to help you find a network provider, or you can request to receive a paper copy.

Please see Chapter 4 of the Evidence of Coverage for details about these additional plan benefits.

Before contacting any of the providers below you must be fully enrolled in the plan.

Benefit Type	Vendor Name	Contact Information
Vision Care	UnitedHealthcare Vision®	1-866-272-1967, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a routine vision provider go to: www.medicare.myuhcvision.com .
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Fitness Membership	Renew Active™	1-866-272-1967, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCRenewActive.com
Virtual Medical Visits	American Well/Privia	1-866-272-1967, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.amwell.com or if you are an existing Privia patient, contact your provider to access virtual visits. Not all medical conditions can be treated through virtual visits. The virtual doctor will identify if you need to see an in-person doctor for treatment.



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

UnitedHealthcare - H1659

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- ☐ How our members rate our plan's services and care;
- ☐ How well our doctors detect illnesses and keep members healthy;
- ☐ How well our plan helps our members use recommended and safe prescription medications.

For 2019, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★½
3.5 stars

We received the following Summary Star Rating for UnitedHealthcare's health/drug plan services:

Health Plan Services: ★★★★★½
3.5 stars

Drug Plan Services: ★★★★★½
3.5 stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at 877-210-1719 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time.

Current members please call 877-210-1719 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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 सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

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

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

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

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

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



Drug List



Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2019. This list can change throughout the year. Call us at UnitedHealthcare or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

- Brand name drugs are in all CAPITAL letters. Generic drugs are in all lower case letters.
- Your plan may have an annual prescription deductible
- Covered drugs are placed in tiers. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Generic
 - Tier 3: Preferred brand
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- 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. For more information, please contact UnitedHealthcare or view the complete drug list on our website

A	
abacavir sulfate, T2	acetic acid .25%, T2
abacavir sulfate-lamivudine, T2	acetic acid (otic), T2
abacavir sulfate-lamivudine-zidovudine, T5	acetylcysteine SOLN 10%, 20%, T2
ABELCET, T5	acitretin, T2
ABILIFY MAINTENA, T5	ACTHIB, T3
abiraterone acetate, T5	ACTIMMUNE, T5
ABRAXANE, T5	acyclovir CAPS; TABS, T1
acamprosate calcium, T2	acyclovir SUSP, T2
acarbose TABS, T2	acyclovir sodium, T2
acebutolol hcl CAPS, T1	ADACEL, T3
acetaminophen w/ codeine 300-15mg, T2	adefovir dipivoxil, T5
acetaminophen w/ codeine 300-30mg, T2	ADEMPAS, T5
acetaminophen w/ codeine 300-60mg, T2	adriamycin SOLN, T2
acetaminophen w/ codeine soln, T2	adrucil inj, T2
acetazolamide CP12; TABS, T2	ADVAIR DISKUS, T3
	ADVAIR HFA, T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5
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AFINITOR, T5	alyacen 1/35, T2
AFINITOR DISPERZ 2mg, T5	amantadine hcl CAPS, T2
AFINITOR DISPERZ 3mg, T5	amantadine hcl SYRP, T1
AFINITOR DISPERZ 5mg, T5	amantadine hcl TABS, T2
AIMOVIG, T3	AMBISOME, T5
ala-cort, T1	ambrisentan, T5
albendazole TABS, T5	amikacin sulfate SOLN, T2
albuterol sulfate AERS 108mcg/act, T2	amiloride & hydrochlorothiazide, T1
albuterol sulfate AERS 108mcg/act, T2	amiloride hcl TABS, T1
albuterol sulfate NEBU, T2	AMINOSYN II INJ 10%, T4
albuterol sulfate SYRP, T2	AMINOSYN-PF 7%, T4
albuterol sulfate TABS, T2	AMINOSYN-PF INJ 10%, T4
albuterol sulfate TB12, T2	amiodarone hcl soln, T2
alclometasone dipropionate, T2	amiodarone tab 100mg, T2
ALDURAZYME, T5	amiodarone tab 200mg, T1
ALECENSA, T5	amiodarone tab 400mg, T2
alendronate sodium TABS 40mg, T2	AMITIZA CAP 24MCG, T3
alendronate sodium TABS 5mg, 10mg, 35mg, 70mg, T1	AMITIZA CAP 8MCG, T3
alfuzosin hcl, T1	amitriptyline hcl TABS, T3
ALIMTA, T5	amlodipine besylate TABS, T1
ALINIA, T5	amlodipine besylate-olmesartan medoxomil, T1
aliskiren fumarate, T2	amlodipine besylate-valsartan tab 10-160 mg, T1
allopurinol tab, T1	amlodipine besylate-valsartan tab 10-320 mg, T1
alosetron hcl, T5	amlodipine besylate-valsartan tab 5-160 mg, T1
ALPHAGAN P SOL 0.1%, T3	amlodipine besylate-valsartan tab 5-320 mg, T1
alprazolam tab 0.25mg, T2	amlodipine--benazepril hcl cap 10-20 mg, T1
alprazolam tab 0.5mg, T2	amlodipine-benazepril hcl cap 10-40mg, T1
alprazolam tab 1mg, T2	amlodipine-benazepril hcl cap 2.5-10 mg, T1
alprazolam tab 2mg, T2	amlodipine-benazepril hcl cap 5-10 mg, T1
ALREX, T3	amlodipine-benazepril hcl cap 5-20 mg, T1
altavera tab, T2	amlodipine-benazepril hcl cap 5-40 mg, T1
ALUNBRIG, T5	amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg, T1

All CAPITAL letters = Brand name drug

Lower case letters = Generic drug

amlodipine-valsartan-hydrochlorothiazide 10-160-25mg, T1	amphetamine-dextroamphetamine cap sr 24hr 30 mg, T2
amlodipine-valsartan-hydrochlorothiazide 10-320-25mg, T1	amphetamine-dextroamphetamine cap sr 24hr 5 mg, T2
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg, T1	amphetamine-dextroamphetamine tab 10 mg, T2
amlodipine-valsartan-hydrochlorothiazide 5-160-25mg, T1	amphetamine-dextroamphetamine tab 12.5 mg, T2
ammonium lactate CREA; LOTN, T2	amphetamine-dextroamphetamine tab 15 mg, T2
amnesteam, T2	amphetamine-dextroamphetamine tab 20 mg, T2
amoxapine tab 100mg, T3	amphetamine-dextroamphetamine tab 30 mg, T2
amoxapine tab 150mg, T3	amphetamine-dextroamphetamine tab 5 mg, T2
amoxapine tab 25mg, T3	amphetamine-dextroamphetamine tab 7.5 mg, T2
amoxapine tab 50mg, T3	amphotericin b SOLR, T2
amoxicillin CAPS; SUSR; TABS, T1	ampicillin & sulbactam sodium, T2
amoxicillin CHEW, T2	ampicillin cap 500mg, T1
amoxicillin & pot clavulanate 200/5ml susr, T2	ampicillin inj, T2
amoxicillin & pot clavulanate 200-28.5 chw tabs, T2	ampicillin sodium, T2
amoxicillin & pot clavulanate 250/5ml susr, T2	ANADROL-50, T5
amoxicillin & pot clavulanate 250-125 tabs, T2	anagrelide hcl, T2
amoxicillin & pot clavulanate 400/5ml susr, T2	anastrozole TABS, T1
amoxicillin & pot clavulanate 400-57 chw tabs, T2	ANDRODERM, T4
amoxicillin & pot clavulanate 500-125 tabs, T2	ANORO ELLIPTA, T3
amoxicillin & pot clavulanate 600/5ml susr, T2	APOKYN, T5
amoxicillin & pot clavulanate 875-125 tabs, T2	aprepitant, T2
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs, T2	aprepitant pak 80mg & 125mg, T2
amphetamine-dextroamphetamine cap sr 24hr 10 mg, T2	apri, T2
amphetamine-dextroamphetamine cap sr 24hr 15 mg, T2	APTIOM, T5
amphetamine-dextroamphetamine cap sr 24hr 20 mg, T2	APTIVUS, T5
amphetamine-dextroamphetamine cap sr 24hr 25 mg, T2	ARALAST NP, T5
	aranelle, T2
	ARCALYST, T5
	aripiprazole odt, T5
	aripiprazole oral solution 1 mg/ml, T5
	aripiprazole tab, T2

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

ARISTADA 1064mg/3.9ml, T5	azithromycin PACK; SOLR; SUSR, T2
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, T5	azithromycin TABS, T1
ARISTADA INITIO, T5	AZOPT, T3
armodafinil 150mg, 200mg, 250mg, T2	aztreonam, T2
armodafinil 50mg, T2	B
ARNUIITY ELLIPTA, T3	bacitracin (ophthalmic), T2
aspirin-dipyridamole, T2	bacitracin-polymyxin b (ophth), T1
atazanavir sulfate, T2	bacitracin-poly-neomycin-hc, T2
atenolol TABS, T1	baclofen TABS 10mg, 20mg, T2
atenolol & chlorthalidone, T1	balsalazide disodium, T2
atomoxetine hcl 10mg, 18mg, 25mg, T2	BALVERSA, T5
atomoxetine hcl 40mg, T2	balziva, T2
atomoxetine hcl 60mg, 80mg, 100mg, T2	BANZEL SUS 40MG/ML, T5
atorvastatin calcium TABS, T1	BANZEL TAB 200MG, T5
atovaquone SUSP, T5	BANZEL TAB 400MG, T5
atovaquone-proguanil hcl, T2	BARACLUDE SOLN, T5
ATRIPLA, T5	BASAGLAR KWIKPEN, T3
ATROPINE SULFATE SOLN 1%, T3	BCG VACCINE, T3
ATROVENT HFA, T4	BD ALCOHOL SWABS, T3
aubra, T2	BD ULTRAFINE INSULIN SYRINGE, T3
AURYXIA, T5	BD ULTRAFINE/NANO PEN NEEDLES, T3
AUSTEDO 6mg, T5	bekyree, T2
AUSTEDO 9mg, 12mg, T5	benazepril & hydrochlorothiazide, T1
AVASTIN, T5	benazepril hcl TABS, T1
aviane, T2	BENDEKA, T5
avita, T2	BENLYSTA, T5
azacitidine, T5	benzoyl peroxide-erythromycin, T2
AZASITE, T4	benztropine mesylate inj, T2
azathioprine TABS, T2	benztropine mesylate tab 0.5mg, T3
azelastine drop 0.05%, T2	benztropine mesylate tab 1mg, T3
azelastine spr 0.1%, T2	benztropine mesylate tab 2mg, T3
azelastine spr 0.15%, T2	BEPREVE, T3
	BERINERT, T5

All CAPITAL letters = Brand name drug

Lower case letters = Generic drug

BESIVANCE, T3	BRIVIACT TAB 100MG, T5
betamethasone dipropionate (topical), T2	BRIVIACT TAB 10MG, T5
betamethasone dipropionate augmented, T2	BRIVIACT TAB 25MG, T5
betamethasone valerate CREA; LOTN; OINT, T2	BRIVIACT TAB 50MG, T5
BETASERON, T5	BRIVIACT TAB 75MG, T5
betaxolol hcl (ophth), T2	bromfenac sodium (ophth), T2
bethanechol chloride TABS, T2	bromocriptine mesylate CAPS; TABS, T2
BETOPTIC-S, T3	BROMSITE, T4
BEVESPI AEROSPHERE, T3	budesonide (inhalation) .25mg/2ml, .5mg/2ml, T2
bexarotene, T5	budesonide ec, T2
BEXSERO, T3	bumetanide, T2
bicalutamide, T2	buprenorphine hcl SUBL, T2
BICILLIN L-A, T4	buprenorphine hcl-naloxone hcl dihydrate 12-3mg, T2
BIKTARVY, T5	buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg, T2
bisoprolol & hydrochlorothiazide, T1	buprenorphine hcl-naloxone hcl dihydrate 4-1mg, T2
bisoprolol fumarate, T1	buprenorphine hcl-naloxone hcl dihydrate 8-2mg, T2
BIVIGAM, T5	buprenorphine hcl-naloxone hcl sl, T2
BLEPHAMIDE OINT, T4	bupropion hcl TABS, T2
blisovi fe 1.5/30, T2	bupropion hcl TB12, T1
BOOSTRIX, T3	bupropion hcl TB24 150mg, 300mg, T2
BORTEZOMIB, T5	bupropion hcl (smoking deterrent), T2
bosentan 125mg, T5	buspirone hcl TABS 5mg, 10mg, 15mg, T1
bosentan 62.5mg, T5	buspirone hcl TABS 7.5mg, 30mg, T2
BOSULIF, T5	butorphanol tartrate SOLN 1mg/ml, 2mg/ml, T4
BRAFTOVI, T5	BYDUREON BCISE, T3
BREO ELLIPTA, T3	BYDUREON PEN, T3
briellyn, T2	BYETTA, T4
BRILINTA, T3	BYSTOLIC 2.5mg, 5mg, 10mg, T4
brimonidine sol 0.15%, T2	BYSTOLIC 20mg, T4
brimonidine sol 0.2%, T1	
BRIVIACT INJ 50MG/5ML, T4	
BRIVIACT SOL 10MG/ML, T5	

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

C	
cabergoline, T2	CEFACLOR MONOHYDRATE ER, T4
CABOMETYX, T5	cefadroxil CAPS, T1
calcipotriene CREA; OINT, T2	cefadroxil SUSR; TABS, T2
calcipotriene SOLN, T2	CEFAZOLIN IN DEXTROSE 2GM/100ML-4%, T3
calcitonin (salmon), T2	cefazolin inj, T2
calcitrene, T2	cefazolin sodium SOLR 1gm, 20gm, T2
calcitriol CAPS, T2	CEFAZOLIN SODIUM 1 GM/50ML, T3
calcitriol inj, T2	cefdinir, T2
calcitriol oral soln 1 mcg/ml, T2	cefepime hcl, T2
calcium acetate (phosphate binder) CAPS, T2	cefixime SUSR, T2
calcium acetate (phosphate binder) TABS, T2	cefoxitin sodium, T2
CALQUENCE, T5	cefpodoxime proxetil, T2
camila, T2	cefprozil, T2
CAPRELSA, T5	ceftazidime SOLR, T2
captopril TABS, T1	CEFTAZIDIME/DEXTROSE, T4
captopril & hydrochlorothiazide, T1	ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg, T2
CARBAGLU, T5	cefuroxime axetil, T2
carbamazepine CHEW; CP12; SUSP; TABS; TB12, T2	cefuroxime sodium, T2
carbidopa/levodopa/entacapone, T2	celecoxib CAPS 100mg, T2
carbidopa-levodopa, T2	celecoxib CAPS 200mg, T2
carboplatin, T2	celecoxib CAPS 400mg, T2
carteolol hcl (ophth), T2	celecoxib CAPS 50mg, T2
cartia xt cap 120/24hr, T2	CELONTIN, T4
cartia xt cap 180/24hr, T2	cephalexin CAPS 250mg, 500mg, T1
cartia xt cap 240/24hr, T2	cephalexin SUSR, T2
cartia xt cap 300/24hr, T2	CERDELGA, T5
carvedilol, T1	CEREZYME, T5
caspofungin acetate, T5	cetirizine syrup, T1
CAYSTON, T5	cevimeline hcl, T2
caziant pak, T2	CHANTIX, T4
cefaclor, T2	CHANTIX CONTINUING MONTH, T4
	CHANTIX STARTER PACK, T4

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CHEMET, T4	clindamycin phosphate (topical) GEL, T2
chlorhexidine gluconate (mouth-throat), T1	clindamycin phosphate (topical) LOTN, T2
chloroquine phosphate TABS, T2	clindamycin phosphate (topical) SOLN, T2
chlorothiazide tabs, T2	clindamycin phosphate in d5w, T2
chlorpromazine hcl TABS, T2	CLINDAMYCIN PHOSPHATE IN NACL, T4
CHLORPROMAZINE INJ, T4	clindamycin phosphate inj, T2
chlorthalidone, T2	clindamycin phosphate vaginal, T2
cholestyramine, T2	clindamycin soln 75mg/5ml, T2
cholestyramine light pack, T2	CLINIMIX 4.25%/DEXTROSE 5%, T4
cholestyramine light powd, T2	CLINIMIX 5%/DEXTROSE 15%, T4
ciclopirox CREA, T2	CLINIMIX 5%/DEXTROSE 20%, T4
ciclopirox SUSP, T2	CLINIMIX INJ 4.25/D10, T4
cilostazol, T1	clobazam, T2
CILOXAN OINT, T3	clomipramine hcl CAPS, T4
CIMDUO, T5	clonazepam TABS .5mg, 1mg, T2
cinacalcet hcl 30mg, 90mg, T5	clonazepam TABS 2mg, T2
cinacalcet hcl 60mg, T5	clonazepam TBDP .125mg, .25mg, .5mg, 1mg, T2
CIPRODEX, T3	clonazepam TBDP 2mg, T2
ciprofloxacin SUSR, T2	clonidine hcl TABS, T1
ciprofloxacin hcl (ophth), T1	clonidine hcl ptwk, T2
ciprofloxacin hcl tab 100mg, T2	clopidogrel tab 75mg, T1
ciprofloxacin hcl tab 250mg, 500mg, 750mg, T1	clorazepate dipotassium, T2
ciprofloxacin in d5w, T2	clotrimazole LOZG, T2
cisplatin SOLN, T2	clotrimazole (topical) CREA, T2
citalopram hydrobromide SOLN, T2	clotrimazole (topical) SOLN, T2
citalopram hydrobromide TABS, T1	clotrimazole w/ betamethasone CREA, T2
claravis, T2	clozapine odt 100mg, T2
clarithromycin TABS, T2	clozapine odt 12.5mg, 25mg, T2
clarithromycin er, T2	clozapine odt 150mg, T2
clarithromycin for susp, T2	clozapine odt 200mg, T2
clindamycin cap 300mg, T1	clozapine tab 100mg, T2
clindamycin cap 75mg, T1	clozapine tab 200mg, T2
clindamycin hcl cap 150 mg, T1	clozapine tab 25mg, T2

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clozapine tab 50mg, T2	cycloserine CAPS, T5
COARTEM, T4	cyclosporine CAPS; SOLN, T2
colchicine w/ probenecid, T2	cyclosporine modified (for microemulsion), T2
COLCRYS, T3	cyproheptadine hcl SYRP; TABS, T3
colesevelam hcl, T2	cyred tab, T2
colestipol hcl gran, T2	CYSTADANE, T5
colestipol hcl pack, T2	CYSTAGON, T4
colestipol hcl tabs, T2	CYSTARAN, T5
colistimethate sodium SOLR, T2	cytarabine 20mg/ml, T2
colocort enema 100mg, T2	D
COMBIGAN, T3	dalfampridine, T5
COMBIVENT RESPIMAT, T4	DALIRESP, T4
COMETRIQ, T5	danazol CAPS, T2
COMPLERA, T5	dantrolene sodium CAPS, T2
compro, T2	dapsone TABS, T2
constulose, T2	DAPTACEL, T3
COPIKTRA, T5	DAPTOMYCIN 350mg, T5
CORLANOR TABS, T4	daptomycin 500mg, T5
cortisone acetate TABS, T2	dasetta 1/35, T2
COTELLIC, T5	dasetta 7/7/7, T2
COUMADIN, T3	DAURISMO, T5
CREON, T3	deblitane, T2
CRIXIVAN, T4	DELESTROGEN 10mg/ml, T4
cromolyn sodium (mastocytosis), T5	DELSTRIGO, T5
cromolyn sodium (ophth), T1	delyla, T2
cromolyn sodium nebu, T2	DEMSEER, T5
cryselle-28, T2	DEPEN TITRATABS, T5
cyclafem 1/35, T2	DEPO-PROVERA INJ 400/ML, T4
cyclafem 7/7/7, T2	DESCOVY, T5
cyclobenzaprine hcl TABS 5mg, 10mg, T3	desipramine hcl TABS, T4
cyclophosphamide CAPS 25mg, 50mg, T2	desmopressin acetate spray, T2
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg, T4	desmopressin acetate spray refrigerated, T2
cyclophosphamide SOLR, T5	desmopressin acetate tabs, T2

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desmopressin inj 4mcg/ml, T2	diazepam inj, T2
desogestrel & ethinyl estradiol, T2	diazepam intensol, T2
desogestrel-ethinyl estradiol (biphasic), T2	diazepam oral soln 1 mg/ml, T2
desvenlafaxine succinate, T2	diclofenac potassium, T2
DEXAMETHASONE CONC, T4	diclofenac sodium TB24; TBEC, T2
dexamethasone ELIX; SOLN, T2	diclofenac sodium (ophth), T2
dexamethasone TABS, T1	diclofenac sodium (topical) 1% gel, T2
dexamethasone sodium phosphate, T2	dicloxacillin sodium, T2
dexamethasone sodium phosphate (ophth), T2	dicyclomine hcl cap 10mg, T3
DEXILANT, T4	dicyclomine hcl soln 10mg/5ml, T4
dexmethylphenidate hcl TABS 10mg, T2	dicyclomine hcl tab 20mg, T3
dexmethylphenidate hcl TABS 2.5mg, 5mg, T2	didanosine, T2
dextrose 10% flex contain, T2	DIFICID, T5
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%, T3	diflunisal TABS, T2
dextrose 10%/nacl 0.45%, T2	digitek .125mg, T2
dextrose 2.5%/nacl 0.45%, T2	digitek .25mg, T2
dextrose 5%, T2	digox 125mcg, T2
DEXTROSE 5% /ELECTROLYTE, T3	digox 250mcg, T2
dextrose 5%/nacl 0.2%, T2	digoxin TABS 125mcg, T2
dextrose 5%/nacl 0.225%, T2	digoxin TABS 250mcg, T2
DEXTROSE 5%/NACL 0.3%, T4	digoxin inj, T2
dextrose 5%/nacl 0.33%, T2	digoxin sol 50mcg/ml, T2
dextrose 5%/nacl 0.45%, T2	dihydroergotamine mesylate inj 1 mg/ml, T5
dextrose 5%/nacl 0.9%, T2	dihydroergotamine mesylate nasal spr 4 mg/ml, T5
dextrose 5%/potassium chl, T2	DILANTIN CAP 100MG, T3
dextrose 50%, T2	DILANTIN CAP 30MG, T3
dextrose in lactated ringers, T2	DILANTIN CHEW TAB 50MG, T3
dextrose inj 70%, T2	DILANTIN-125 SUSP, T4
DIASTAT ACUDIAL, T4	diltiazem cap 240mg cd, T2
DIASTAT PEDIATRIC, T4	diltiazem cap 360mg cd, T2
diazepam TABS, T2	diltiazem cap er/12hr, T2
diazepam gel, T2	diltiazem hcl TABS, T1
	diltiazem hcl coated beads CP24, T2

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

diltiazem hcl coated beads cap sr 24hr, T2
diltiazem hcl extended release beads cap sr, T2
diltiazem inj, T2
dilt-xr cap, T2
diphenhydramine hcl inj 50mg/ml, T2
diphenoxylate w/ atropine LIQD, T4
diphenoxylate w/ atropine TABS, T3
DIPHThERIA/TETANUS TOXOID, T3
disopyramide phosphate, T4
disulfiram TABS, T2
divalproex sodium CSDR; TB24; TBEC, T2
docetaxel CONC 20mg/ml, 80mg/4ml, T5
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml, T5
docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml, T5
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml, T5
dofetilide, T2
donepezil hydrochloride TABS 10mg, T1
donepezil hydrochloride TABS 5mg, T1
donepezil hydrochloride TBDP 10mg, T1
donepezil hydrochloride TBDP 5mg, T1
dorzolamide hcl, T1
dorzolamide hcl-timolol maleate, T1
DOVATO, T5
doxazosin mesylate TABS, T1
doxepin hcl CAPS; CONC, T3
doxorubicin hcl, T2
doxorubicin hcl liposomal, T5
doxy 100, T2
doxycycline (monohydrate) CAPS 50mg, 100mg, T1
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg, T2

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doxycycline hyclate CAPS, T2
doxycycline hyclate SOLR, T2
doxycycline hyclate TABS 20mg, 100mg, T2
dronabinol, T2
drospirenone-ethinyl estradiol, T2
DROXIA, T3
duloxetine hcl CPEP 20mg, 30mg, 60mg, T2
DUREZOL, T3
dutasteride CAPS, T2
dutasteride-tamsulosin hcl, T2
E
e.e.s 400, T2
EDURANT, T5
efavirenz CAPS 200mg, T5
efavirenz CAPS 50mg, T2
efavirenz TABS, T5
eletriptan hydrobromide, T2
ELIQUIS 2.5mg, T3
ELIQUIS 5mg, T3
ELIQUIS STARTER PACK, T3
ELLA, T3
EMCYT, T4
EMEND SUSR, T4
EMGALITY SOAJ, T3
EMGALITY SOSY 120mg/ml, T3
emoquette, T2
EMSAM, T5
EMTRIVA, T3
EMVERM, T5
enalapril maleate TABS, T1
enalapril maleate & hydrochlorothiazide, T1
ENDARI, T5
endocet 10-325mg, T2

Lower case letters = Generic drug

endocet 2.5-325mg, T2	erythromycin (acne aid), T2
endocet 5-325mg, T2	erythromycin (ophth), T1
endocet 7.5-325mg, T2	erythromycin base, T2
ENGERIX-B SUSP, T3	erythromycin cap 250mg ec, T2
enoxaparin sodium, T2	erythromycin ethylsuccinate TABS, T2
enpresse-28, T2	ESBRIET, T5
enskyce, T2	escitalopram oxalate SOLN, T2
ENSTILAR, T4	escitalopram oxalate TABS, T1
entacapone, T2	esomeprazole magnesium, T2
entecavir, T2	estarylla tab 0.25-35, T2
ENTRESTO, T3	estradiol PTWK, T3
enulose, T2	estradiol TABS, T2
EPCLUSA, T5	estradiol vaginal cream, T2
EPIDIOLEX, T5	estradiol vaginal tab, T2
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml, T2	estradiol valerate OIL, T2
epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml, T2	ethambutol hcl TABS, T2
epirubicin hcl, T2	ethosuximide CAPS; SOLN, T2
epitol, T2	ethynodiol diacet & eth estrad, T2
EPIVIR HBV SOLN, T4	ethynodiol tab 1-50, T2
eplerenone, T2	etodolac, T2
ergotamine w/ caffeine TABS, T2	etodolac er, T2
ERIVEDGE, T5	etoposide SOLN, T2
ERLEADA, T5	EVOTAZ, T5
erlotinib hcl 100mg, 150mg, T5	exemestane, T2
erlotinib hcl 25mg, T5	ezetimibe, T2
errin, T2	F
ertapenem sodium, T2	FABRAZYME, T5
ery pad 2%, T2	falmina, T2
ery-tab, T2	famciclovir, T2
ERYTHROCIN LACTOBIONATE, T4	famotidine SUSR, T2
erythrocin stearate, T2	famotidine TABS 20mg, 40mg, T1
	famotidine in nacl, T2
	famotidine inj, T2

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

FANAPT, T4	fluconazole inj nacl 400, T2
FANAPT TITRATION PACK, T4	flucytosine CAPS, T5
FARXIGA, T3	fludrocortisone acetate TABS, T2
FARYDAK, T5	flunisolide (nasal), T2
FASLODEX, T5	fluocinolone acetonide CREA; OIL; OINT, T2
felbamate SUSP, T5	fluocinolone acetonide SOLN, T2
felbamate TABS, T2	fluocinolone acetonide (otic), T2
felodipine, T2	fluocinolone acetonide oil body, T2
femynor, T2	fluocinonide CREA .05%, T2
fenofibrate TABS 48mg, 54mg, 145mg, 160mg, T2	fluocinonide GEL, T2
fenofibrate micronized 67mg, 134mg, 200mg, T2	fluocinonide OINT, T2
fentanyl citrate LPOP, T5	fluocinonide SOLN, T2
fentanyl patch 100 mcg/hr, T2	fluocinonide emulsified base, T2
fentanyl patch 12 mcg/hr, T2	fluorometholone, T2
fentanyl patch 25 mcg/hr, T2	fluorouracil SOLN, T2
fentanyl patch 50 mcg/hr, T2	fluorouracil (topical) CREA 5%, T2
fentanyl patch 75 mcg/hr, T2	fluorouracil (topical) SOLN, T2
FETZIMA 20mg, 40mg, T4	fluoxetine cap 10mg, T1
FETZIMA 80mg, 120mg, T4	fluoxetine cap 20mg, T1
FETZIMA TITRATION PACK, T4	fluoxetine cap 40mg, T1
FIASP, T3	fluoxetine hcl SOLN, T1
FIASP FLEXTOUCH, T3	fluphenazine decanoate SOLN, T2
finasteride TABS 5mg, T1	fluphenazine hcl, T2
FIRAZYR, T5	flurbiprofen TABS, T2
flac, T2	flurbiprofen sodium, T2
flecainide acetate, T2	flutamide, T2
FLOVENT DISKUS 250mcg/blist, T3	fluticasone propionate CREA; OINT, T2
FLOVENT DISKUS 50mcg/blist, 100mcg/blist, T3	fluticasone propionate (nasal), T1
FLOVENT HFA, T3	fluvoxamine maleate TABS, T2
fluconazole SUSP, T2	fondaparinux sodium 2.5mg/0.5ml, T2
fluconazole TABS 150mg, T1	fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml, T5
fluconazole TABS 50mg, 100mg, 200mg, T2	FORTEO, T5
fluconazole inj nacl 200, T2	

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fosamprenavir tab 700 mg, T5	GATTEX, T5
fosinopril sodium, T1	GAUZE PADS 2" X 2", T3
fosinopril sodium & hydrochlorothiazide, T1	gavilyte-c, T1
FREAMINE HBC 6.9%, T4	gavilyte-g, T1
FREAMINE III, T4	gavilyte-n/flavor pack, T1
furosemide SOLN; TABS, T1	gemcitabine inj soln, T2
furosemide inj, T2	gemcitabine inj solr, T2
FUZEON, T5	gemfibrozil TABS, T1
fyavolv, T3	generlac, T2
FYCOMPA SUSP, T5	gengraf, T2
FYCOMPA TABS 2mg, T4	GENOTROPIN, T5
FYCOMPA TABS 4mg, 6mg, T5	GENOTROPIN MINISQUICK .2mg, T3
FYCOMPA TABS 8mg, 10mg, 12mg, T5	GENOTROPIN MINISQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg, T5
G	
gabapentin CAPS 100mg, T1	gentak, T2
gabapentin CAPS 300mg, T1	gentamicin in saline, T2
gabapentin CAPS 400mg, T1	gentamicin sulfate SOLN, T2
gabapentin SOLN, T2	gentamicin sulfate (topical), T2
gabapentin TABS 600mg, T2	gentamicin sulfate soln (ophth), T1
gabapentin TABS 800mg, T2	GENVOYA, T5
galantamine hydrobromide SOLN, T2	GEODON SOLR, T4
galantamine hydrobromide TABS, T2	gianvi, T2
galantamine hydrobromide er, T2	GILENYA CAP 0.5MG, T5
GAMASTAN S/D, T3	GILOTRIF TAB 20MG, T5
GAMMAGARD LIQUID, T5	GILOTRIF TAB 30MG, T5
GAMMAGARD S/D, T5	GILOTRIF TAB 40MG, T5
GAMMAKED, T5	glatiramer acetate 20mg/ml, T5
GAMMAPLEX, T5	glatiramer acetate 40mg/ml, T5
GAMMAPLEX 10GM/100ML, T5	glatopa 20mg/ml, T5
GAMUNEX-C, T5	glatopa 40mg/ml, T5
ganciclovir sodium, T2	GLEOSTINE 10mg, T4
GARDASIL 9, T3	GLEOSTINE 40mg, 100mg, T5
gatifloxacin (ophth), T2	glimepiride 1mg, 2mg, T2

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glimepiride 4mg, T2	heparin sod inj 1000/ml, T2
glip/metform tab 2.5-250mg, T1	heparin sod inj 10000/ml, T2
glip/metform tab 2.5-500mg, T1	heparin sod inj 20000/ml, T2
glip/metform tab 5-500mg, T1	heparin sod inj 5000/ml, T2
glipizide TABS 10mg, T1	HEPARIN SODIUM/NACL 0.45%, T3
glipizide TABS 5mg, T1	hepatamine, T4
glipizide TB24 10mg, T1	HERCEPTIN, T5
glipizide TB24 2.5mg, 5mg, T1	HERCEPTIN HYLECTA, T5
glipizide xl 10mg, T1	HETLIOZ, T5
glipizide xl 2.5mg, 5mg, T1	HIBERIX, T3
GLUCAGEN HYPOKIT, T3	HUMIRA 10mg/0.1ml, 20mg/0.2ml, T5
GLUCAGON EMERGENCY KIT, T3	HUMIRA 40mg/0.4ml, T5
glycopyrrolate tab 1mg, T2	HUMIRA INJ 10MG/0.2ML, T5
glycopyrrolate tab 2mg, T2	HUMIRA KIT 20MG/0.4ML, T5
glydo, T2	HUMIRA KIT 40MG/0.8ML, T5
GOLYTELY, T3	HUMIRA PEDIATRIC CROHNS DISEASE, T5
granisetron hcl SOLN, T2	HUMIRA PEN, T5
granisetron hcl TABS, T2	HUMIRA PEN CD/UC/HS STARTER, T5
griseofulvin microsize, T2	HUMIRA PEN INJ CD/UC/HS STARTER, T5
griseofulvin ultramicrosize, T2	HUMIRA PEN INJ PS/UV STARTER, T5
guanfacine er (adhd), T3	HUMIRA PEN-PS/UV STARTER, T5
H	HUMULIN R INJ U-500, T5
HAEGARDA 2000unit, T5	HUMULIN R U-500 KWIKPEN, T5
HAEGARDA 3000unit, T5	hydralazine hcl SOLN; TABS, T2
halobetasol propionate CREA; OINT, T2	hydrochlorothiazide CAPS; TABS, T1
haloperidol TABS, T2	hydroco/apap tab 10-325mg, T2
haloperidol conc 2mg/ml, T1	hydroco/apap tab 5-325mg, T2
haloperidol decanoate SOLN, T2	hydroco/apap tab 7.5-325, T2
haloperidol lactate inj 5mg/ml, T2	hydrocodone-acetaminophen 7.5-325 mg/15ml, T2
HARVONI, T5	hydrocodone-ibuprofen tab 7.5-200 mg, T2
HAVRIX, T3	hydrocortisone TABS, T2
heather, T2	hydrocortisone (enema), T2
heparin sod (porcine) in d5w, T3	hydrocortisone (topical) cream 1%, T1

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hydrocortisone (topical) cream 2.5%, T1	incassia, T2
hydrocortisone (topical) lotion 2.5%, T2	INCRELEX, T5
hydrocortisone (topical) oint 2.5%, T1	INCRUSE ELLIPTA, T3
hydrocortisone butyrate cream 0.1%, T2	indapamide, T1
hydrocortisone butyrate oint 0.1%, T2	INFANRIX, T3
hydromorphone hcl LIQD, T2	INLYTA 1mg, T5
hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml, T4	INLYTA 5mg, T5
hydromorphone hcl TABS, T2	INSULIN PEN NEEDLE, T3
hydroxychloroquine sulfate, T2	INSULIN SAFETY NEEDLES, T3
hydroxyurea CAPS, T2	INSULIN SYRINGE, T3
hydroxyzine hcl SYRP, T3	INTELENCE 100mg, 200mg, T5
hydroxyzine hcl TABS, T2	INTELENCE 25mg, T4
hydroxyzine hcl inj, T4	INTRALIPID 30%, T4
hydroxyzine pamoate CAPS 25mg, 50mg, T2	INTRALIPID INJ 20%, T4
HYSINGLA ER, T3	INTRON-A INJ 10MU, T5
I	INTRON-A INJ 18MU, T5
ibandronate sodium tabs, T2	INTRON-A INJ 25MU, T5
IBRANCE, T5	INTRON-A INJ 50MU, T5
ibu tab 600mg, T1	introvale, T2
ibu tab 800mg, T1	INVEGA SUST INJ 117 MG/0.75 ML, T5
ibuprofen SUSP, T2	INVEGA SUST INJ 156MG/ML, T5
ibuprofen TABS 400mg, 600mg, 800mg, T1	INVEGA SUST INJ 234 MG/1.5 ML, T5
ICLUSIG, T5	INVEGA SUST INJ 39 MG/0.25 ML, T4
IDHIFA, T5	INVEGA SUST INJ 78 MG/0.5 ML, T5
ILEVRO, T3	INVEGA TRINZA, T5
imatinib mesylate 100mg, T5	INVIRASE, T5
imatinib mesylate 400mg, T5	IONOSOL-MB/DEXTROSE 5%, T4
IMBRUVICA, T5	IPOL INACTIVATED IPV, T3
imipenem-cilastatin, T2	ipratropium bromide SOLN, T2
imipramine hcl TABS, T2	ipratropium bromide (nasal), T2
imiquimod CREA 5%, T2	ipratropium-albuterol nebu, T2
IMOVAX RABIES (H.D.C.V.), T3	irbesartan, T1
	irbesartan-hydrochlorothiazide, T1

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

IRESSA, T5	jasmiel, T2
irinotecan hcl, T2	JENTADUETO, T3
ISENTRESS CHEW 100mg, T5	JENTADUETO TAB XR 2.5-1000 MG, T3
ISENTRESS CHEW 25mg, T3	JENTADUETO TAB XR 5-1000 MG, T3
ISENTRESS PACK, T3	jinteli, T3
ISENTRESS TABS, T5	jolessa tab 0.15-0.03 mg, T2
ISENTRESS HD, T5	jolivette, T2
isibloom, T2	juleber, T2
ISOLYTE P, T4	JULUCA, T5
ISOLYTE S, T4	junel 1.5/30, T2
isoniazid TABS, T1	junel 1/20, T2
isoniazid syp 50mg/5ml, T2	junel fe 1.5/30, T2
isosorb mononitrate tab, T1	junel fe 1/20, T2
isosorbide dinitrate, T2	JUXTAPID, T5
isosorbide dinitrate er, T2	K
isosorbide mononitrate er, T1	KADCYLA, T5
isotretinoin CAPS, T2	KALETRA TAB 100-25MG, T4
isradipine, T2	KALETRA TAB 200-50MG, T5
itraconazole CAPS, T2	KALYDECO, T5
ivermectin TABS, T2	kariva, T2
IXIARO, T3	kcl 0.075%/d5w/nacl 0.45%, T2
J	KCL 0.15%/D5W/NACL 0.225%, T4
JADENU, T5	kcl 0.15%/d5w/nacl 0.9%, T2
JADENU SPRINKLE, T5	kcl 0.3%/d5w/nacl 0.45%, T2
JAKAFI, T5	KCL 0.3%/D5W/NACL 0.9%, T4
jantoven, T1	kcl/d5w inj 0.3%, T2
JANUMET, T3	kcl/d5w/nacl inj .15/.33%, T2
JANUMET XR TAB 100-1000, T3	kcl/d5w/nacl inj .15/.45%, T2
JANUMET XR TAB 50-1000, T3	kcl/d5w/nacl inj 0.22%/0.45%, T2
JANUMET XR TAB 50-500MG, T3	kcl/nacl inj 0.15%-0.9%, T2
JANUVIA, T3	kcl/nacl inj 0.3-0.9, T2
JARDIANCE 10mg, T3	kcl0.15%/d5w/nacl0.2%, T2
JARDIANCE 25mg, T3	kelnor 1/35, T2

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kelnor 1/50, T2	lansoprazole CPDR, T2
ketoconazole TABS, T2	larin 1.5/30, T2
ketoconazole cream, T2	larin 1/20, T2
ketoconazole shampoo, T1	larin fe 1.5/30, T2
ketorolac tromethamine (ophth), T2	larin fe 1/20, T2
KEYTRUDA, T5	larissia tab, T2
KINRIX, T3	LASTACRAFT, T4
kionex sus 15gm/60ml, T2	latanoprost SOLN, T1
KISQALI, T5	LATUDA 20mg, 40mg, 60mg, 120mg, T4
KISQALI FEMARA 200 DOSE, T5	LATUDA 80mg, T4
KISQALI FEMARA 400 DOSE, T5	leena, T2
KISQALI FEMARA 600 DOSE, T5	leflunomide TABS, T2
klor-con 10, T1	LENVIMA 10 MG DAILY DOSE, T5
klor-con 8, T1	LENVIMA 12MG DAILY DOSE, T5
klor-con m10, T1	LENVIMA 14 MG DAILY DOSE, T5
klor-con m15, T1	LENVIMA 18 MG DAILY DOSE, T5
klor-con m20, T1	LENVIMA 20 MG DAILY DOSE, T5
klor-con pak 20meq, T2	LENVIMA 24 MG DAILY DOSE, T5
klor-con spr cap 10meq, T2	LENVIMA 4 MG DAILY DOSE, T5
klor-con spr cap 8meq, T2	LENVIMA 8 MG DAILY DOSE, T5
KORLYM, T5	lessina, T2
kurvelo, T2	letrozole TABS, T1
KUVAN, T5	leucovorin calcium SOLN 500mg/50ml, T2
L	
labetalol hcl TABS, T2	leucovorin calcium SOLR, T2
lactated ringer's, T2	leucovorin calcium TABS, T2
lactulose SOLN, T2	LEUKERAN, T5
lactulose (encephalopathy), T2	leuprolide inj 1mg/0.2, T2
lamivudine, T2	levalbuterol hcl NEBU 1.25mg/3ml, T2
lamivudine (hbv), T2	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml, T2
lamivudine-zidovudine, T2	levalbuterol tartrate hfa, T2
lamotrigine CHEW; TB24, T2	LEVEMIR, T3
lamotrigine TABS, T1	LEVEMIR FLEXTOUCH, T3
	levetiracetam SOLN; TABS; TB24, T2

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levetiracetam in sodium chloride, T2	LINZESS, T4
levetiracetam oral soln 100 mg/ml, T2	liothyronine sodium TABS, T2
levobunolol hcl, T1	lisinopril TABS, T1
levocarnitine (metabolic modifiers), T2	lisinopril & hydrochlorothiazide, T1
levocetirizine dihydrochloride SOLN, T2	lithium carbonate CAPS; TABS, T1
levocetirizine dihydrochloride TABS, T1	lithium carbonate er, T2
levofloxacin TABS, T1	LITHIUM SOLN 8MEQ/5ML, T4
levofloxacin in d5w, T2	LONSURF, T5
levofloxacin inj 25mg/ml, T2	loperamide hcl CAPS, T2
levofloxacin oral soln 25 mg/ml, T2	lopinavir-ritonavir, T2
levonest, T2	lorazepam SOLN, T2
levonor/ethi tab, T2	lorazepam TABS, T2
levonorgestrel & eth estradiol, T2	lorazepam intensol, T2
levonorgestrel-ethinyl estradiol (91-day), T2	LORBRENA, T5
levora 0.15/30-28, T2	lorcet hd tab 10-325mg, T2
levo-t, T2	lorcet plus tab 7.5-325, T2
levothyroxine sodium TABS, T2	lorcet tab 5-325mg, T2
levoxyl, T2	loryna, T2
LEXIVA SUSP, T4	losartan potassium, T1
lidocaine PTCH, T2	losartan-hydrochlorothiazide, T1
lidocaine hcl GEL, T2	LOTEMAX GEL; OINT, T3
lidocaine hcl SOLN 4%, T2	loteprednol etabonate, T2
lidocaine hcl (local anesth.), T2	lovastatin, T1
lidocaine hcl (mouth-throat), T2	low-ogestrel, T2
lidocaine inj 0.5%, T2	loxapine succinate, T2
lidocaine inj 1%, T2	LUMIGAN, T3
lidocaine inj 1.5% preservative free (pf), T2	LUMIZYME, T5
lidocaine oint 5%, T2	LUPRON DEPOT (1-MONTH) 3.75mg, T5
lidocaine-prilocaine, T2	LUPRON DEPOT INJ 11.25MG (3-MONTH), T5
linezolid in sodium chloride, T4	LUPRON DEPOT-PED (1-MONTH, T5
linezolid inj, T2	LUPRON DEPOT-PED (3-MONTH, T5
linezolid susp, T5	LUPRON DEP-PED INJ 11.25MG (3-MONTH), T5
linezolid tab 600mg, T2	LUPRON DEP-PED INJ 7.5MG, T5

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luter, T2	MEKINIST, T5
LYNPARZA, T5	MEKTOVI, T5
LYRICA CAPS 200mg, T4	meloxicam TABS, T1
LYRICA CAPS 225mg, 300mg, T4	memantine hcl cp24, T2
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, T4	memantine soln, T2
LYRICA SOLN, T4	memantine tabs, T2
LYRICA CR, T3	MENACTRA, T3
LYSODREN, T3	MENVEO, T3
lyza, T2	mercaptopurine TABS, T2
M	meropenem, T2
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, T3	mesalamine CPDR, T2
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%, T3	mesalamine ENEM, T2
MAGNESIUM SULFATE IN D5W, T3	mesalamine SUPP, T5
magnesium sulfate in dextrose, T3	mesalamine TBEC 1.2gm, T2
magnesium sulfate inj 50%, T3	mesalamine w/ cleanser, T2
malathion, T2	MESNEX TABS, T5
maprotiline hcl, T2	metadate er tab 20mg, T2
marlissa, T2	metformin er 500mg, T1
MARPLAN TAB 10MG, T4	metformin er 750mg, T1
MATULANE, T5	metformin hcl TABS 1000mg, T1
MAVYRET, T5	metformin hcl TABS 500mg, T1
meclizine hcl TABS, T2	metformin hcl TABS 850mg, T1
medroxyprogesterone acetate (contraceptive), T2	methadone hcl SOLN 5mg/5ml, 10mg/5ml, T2
medroxyprogesterone acetate tab, T1	methadone hcl 10mg, T2
mefloquine hcl, T2	methadone hcl 5mg, T2
megestrol ac sus 40mg/ml, T3	methadone hcl intensol, T2
megestrol ac tab 20mg, T3	methazolamide TABS, T2
megestrol ac tab 40mg, T3	methenamine hippurate, T2
megestrol sus 625mg/5ml, T4	methimazole TABS, T1
	methotrexate sodium inj soln, T2
	methotrexate sodium inj solr, T2
	methotrexate sodium tabs, T2
	methylphenidate hcl TABS 20mg, T2

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methylphenidate hcl TABS 5mg, 10mg, T2	miglustat, T5
methylphenidate hcl oral soln 10mg/5ml, T2	mili, T2
methylphenidate hcl oral soln 5mg/5ml, T2	minitran, T2
methylphenidate hcl tbcrl 10 mg, T2	minocycline hcl CAPS, T2
methylphenidate hcl tbcrl 20mg, T2	minoxidil TABS, T1
methylpr ss inj, T2	mirtazapine TABS 15mg, 30mg, 45mg, T1
methylpred pak 4mg, T2	mirtazapine TABS 7.5mg, T2
methylpred tab 16mg, T2	mirtazapine TBDP, T2
methylpred tab 32mg, T2	misoprostol TABS, T2
methylpred tab 4mg, T2	MITIGARE, T3
methylpred tab 8mg, T2	M-M-R II, T3
methylprednisolone acetate, T2	M-NATAL PLUS, T3
metoclopramide hcl SOLN, T2	moexipril hcl, T1
metoclopramide hcl TABS, T1	molindone hcl, T2
metoclopramide hcl inj, T2	mometasone furoate CREA; OINT; SOLN, T2
metolazone, T2	mondoxyne nl cap 100mg, T1
metoprolol & hctz tab 100-25mg, T2	mono-lynyah tab 0.25-35, T2
metoprolol & hctz tab 100-50mg, T2	montelukast sodium CHEW; PACK, T2
metoprolol & hctz tab 50-25mg, T2	montelukast sodium TABS, T1
metoprolol succinate, T1	morgidox cap 1x50mg, T2
metoprolol tartrate SOCT, T2	morphine ext-rel tab, T2
metoprolol tartrate SOLN, T2	morphine sul inj 10mg/ml, T4
metoprolol tartrate TABS 25mg, 50mg, 100mg, T1	morphine sul inj 1mg/ml, T4
metronidazole TABS, T1	MORPHINE SUL INJ 4MG/ML, T4
metronidazole (topical) CREA; LOTN, T2	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml, T4
metronidazole gel 0.75%, T2	morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml, T4
metronidazole in nacl, T2	morphine sulfate TABS, T2
metronidazole vaginal, T2	morphine sulfate oral soln 100mg/5ml, T2
microgestin 1.5/30, T2	morphine sulfate oral soln 10mg/5ml, T2
microgestin 1/20, T2	morphine sulfate oral soln 20mg/5ml, T2
microgestin fe 1.5/30, T2	MOVANTIK 12.5mg, T3
microgestin fe 1/20, T2	MOVANTIK 25mg, T3
midodrine hcl, T2	

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MOXEZA, T3	neomycin sulfate TABS, T2
moxifloxacin hcl (ophth), T2	neomycin-bacitracin zn-polymyxin, T2
MULTAQ, T4	neomycin-polymy-dexameth OINT, T1
mupirocin OINT, T1	neomycin-polymy-dexameth SUSP, T2
MYCAMINE, T5	neomycin-polymyxin-gramicidin, T2
mycophenolate mofetil CAPS; TABS, T2	neomycin-polymyxin-hc (ophth), T2
mycophenolate mofetil SUSR, T5	neomycin-polymyxin-hc (otic), T2
mycophenolate sodium tbec, T2	NEPHRAMINE, T4
myorisan, T2	NERLYNX, T5
MYRBETRIQ, T4	NEUPRO, T4
N	
nabumetone TABS, T1	nevirapine susp 50 mg/5ml, T2
nadolol TABS, T2	nevirapine tab 100mg er, T2
nafcillin sodium 10gm, T5	nevirapine tab 200mg, T2
nafcillin sodium 1gm, 2gm, T2	nevirapine tab 400mg er, T2
NAFCILLIN SODIUM FOR INJ 10GM, T4	NEXAVAR, T5
NAGLAZYME, T5	niacin er (antihyperlipidemic) 500mg, T2
nalbuphine hcl SOLN, T4	niacin er (antihyperlipidemic) 750mg, 1000mg, T2
naloxone inj 0.4mg/ml, T2	niacor, T2
naloxone inj 1mg/ml, T2	nicardipine hcl CAPS, T2
naltrexone hcl TABS, T2	NICOTROL INHALER, T4
NAMZARIC, T4	NICOTROL NS, T4
naproxen TABS, T1	nifedipine TB24, T2
naproxen dr, T2	nifedipine er, T2
naproxen sodium TABS 275mg, 550mg, T2	nikki, T2
naratriptan hcl, T2	nilutamide, T5
NARCAN, T3	nimodipine CAPS, T5
NATACYN, T4	NINLARO, T5
nateglinide, T1	NITRO-BID, T3
NATPARA, T5	NITRO-DUR DIS 0.3MG/HR, T4
NEBUPENT, T4	NITRO-DUR DIS 0.8MG/HR, T4
necon 0.5/35-28, T2	nitrofurantoin macrocrystal 50mg, 100mg, T3
nefazodone hcl, T2	nitrofurantoin monohyd macro, T3
	nitroglycerin SUBL, T2

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nitroglycerin td patch, T2	NOVOLOG PENFILL, T3
NITYR, T5	NOXAFIL SUSP, T5
nora-be tab, T2	NOXAFIL TBEC, T5
norethindrone (contraceptive), T2	NUCALA, T5
norethindrone acet & eth estra, T2	NUCYNTA ER, T3
norethindrone acetate TABS, T2	NUEDEXTA, T4
norethindrone acetate-ethinyl estradiol, T3	NULOJIX, T5
norgest/ethi tab 0.25/35, T2	NULYTELY/FLAVOR PACKS, T3
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg, T2	NUPLAZID CAPS, T5
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg, T2	NUPLAZID TABS 10MG, T5
norlyroc, T2	NUTRILIPID INJ 20%, T4
NORMOSOL-M IN D5W, T4	NUVARING, T4
NORMOSOL-R, T4	nyamyc, T2
NORMOSOL-R IN D5W, T4	NYMALIZE, T5
NORPACE CR, T4	nystatin TABS, T2
NORTHERA 100mg, T5	nystatin (mouth-throat), T2
NORTHERA 200mg, 300mg, T5	nystatin (topical), T2
nortrel 0.5/35 (28), T2	nystatin pow 100000, T2
nortrel 1/35, T2	nystop, T2
nortrel 7/7/7, T2	
nortriptyline hcl CAPS, T2	ocella tab 3-0.03mg, T2
nortriptyline hcl SOLN, T4	OCTAGAM, T5
NORVIR PACK, T4	octreotide acetate 500mcg/ml, 1000mcg/ml, T5
NORVIR SOLN, T4	octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml, T2
NOVOLIN 70/30, T3	ODEFSEY, T5
NOVOLIN 70/30 FLEXPEN, T3	ODOMZO, T5
NOVOLIN N, T3	OFEV, T5
NOVOLIN R, T3	ofloxacin (ophth), T2
NOVOLOG, T3	ofloxacin (otic), T2
NOVOLOG 70/30 FLEXPEN, T3	olanzapine SOLR, T2
NOVOLOG FLEXPEN, T3	olanzapine TABS 2.5mg, 5mg, 10mg, T2
NOVOLOG MIX 70/30, T3	olanzapine TABS 7.5mg, 15mg, 20mg, T2

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olanzapine TBDP 10mg, T2	oxycodone hcl CAPS, T2
olanzapine TBDP 5mg, 15mg, 20mg, T2	oxycodone hcl CONC, T2
olmesartan medoxomil TABS, T1	oxycodone hcl SOLN, T2
olmesartan medoxomil-amlodipine-hydrochlorothiazide, T1	oxycodone hcl TABS, T2
olmesartan medoxomil-hydrochlorothiazide, T1	oxycodone w/ acetaminophen 10-325mg, T2
olopatadine hcl 0.2%, T2	oxycodone w/ acetaminophen 2.5-325mg, T2
omeprazole cap 10mg, T1	oxycodone w/ acetaminophen 5-325mg, T2
omeprazole cap 20mg, T1	oxycodone w/ acetaminophen 7.5-325mg, T2
omeprazole cap 40mg, T1	OZEMPIC INJ 0.25 OR 0.5MG/DOSE, T3
ondansetron hcl TABS, T2	OZEMPIC INJ 1MG/DOSE, T3
ondansetron hcl inj, T2	P
ondansetron hcl oral soln, T2	
ondansetron odt, T2	pacerone 100mg, 400mg, T2
OPSUMIT, T5	pacerone 200mg, T1
ORFADIN, T5	paclitaxel, T2
ORKAMBI, T5	paliperidone 1.5mg, 3mg, 9mg, T2
orsythia, T2	paliperidone 6mg, T2
oseltamivir phosphate CAPS 30mg, T2	pamidronate disodium 30mg/10ml, 90mg/10ml, T2
oseltamivir phosphate CAPS 45mg, 75mg, T2	PAMIDRONATE DISODIUM 6mg/ml, T3
oseltamivir phosphate SUSR, T2	pamidronate inj 30mg, T2
oxacillin sodium 10gm, T5	pamidronate inj 90mg, T2
oxacillin sodium 1gm, 2gm, T2	PANRETIN, T5
oxaliplatin inj 100mg, T5	pantoprazole sodium SOLR, T2
oxaliplatin inj 100mg/20ml, T2	pantoprazole sodium tbec, T1
oxaliplatin inj 50mg, T5	PANZYGA, T5
oxaliplatin inj 50mg/10ml, T2	paricalcitol CAPS, T2
oxandrolone TABS, T2	paroex sol 0.12%, T1
oxcarbazepine, T2	paromomycin sulfate CAPS, T2
oxybutynin chloride SYRP, T2	paroxetine hcl tabs, T2
oxybutynin chloride TABS, T2	PASER D/R, T4
oxybutynin chloride TB24 10mg, 15mg, T2	PAXIL SUSP, T4
oxybutynin chloride TB24 5mg, T2	PAZEO, T3
	PEDIARIX, T3
	PEDVAX HIB, T3

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peg 3350/electrolytes, T1	phenytoin CHEW; SUSP, T2
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate, T1	phenytoin sodium extended, T2
peg 3350-potassium chloride-sod bicarbonate-sod chloride, T1	phenytoin sodium inj 50mg/ml, T2
PEGANONE, T4	philith, T2
PEGASYS, T5	PHOSPHOLINE IODIDE, T4
PEGASYS PROCLICK, T5	PICATO .015%, T4
PENICILLIN G POT IN DEXTROSE 2MU, T4	PICATO .05%, T4
PENICILLIN G POT IN DEXTROSE 3MU, T4	PIFELTRO, T5
PENICILLIN G PROCAINE, T4	pilocarpine hcl SOLN, T2
penicillin g sodium, T2	pilocarpine hcl (oral), T2
penicillin v potassium SOLR, T2	pimozide, T2
penicillin v potassium TABS, T1	pimtreea, T2
penicilln gk inj 20mu, T2	pindolol, T2
penicilln gk inj 5mu, T2	pioglitazone hcl, T1
PENTACEL, T3	PIPER/TAZOBA INJ 12-1.5GM, T4
PENTAM 300, T4	piper/tazoba inj 2-0.25gm, T2
pentamidine isethionate, T2	piper/tazoba inj 3-0.375gm, T2
pentoxifylline TBCR, T1	piper/tazoba inj 36-4.5gm, T2
perindopril erbumine, T1	piper/tazoba inj 4-0.5gm, T2
periogard, T1	PIQRAY 200MG DAILY DOSE, T5
permethrin cre 5%, T2	PIQRAY 250MG DAILY DOSE, T5
perphenazine TABS, T2	PIQRAY 300MG DAILY DOSE, T5
PERSERIS, T5	pirmella 1/35, T2
pfizerpen-g inj 20mu, T2	piroxicam CAPS, T2
pfizerpen-g inj 5mu, T2	PLASMA-LYTE A, T4
phenelzine sulfate TABS, T2	PLASMA-LYTE-148, T4
phenobarbital ELIX, T4	PLENVU, T4
phenobarbital TABS, T3	PNV FOLIC ACID + IRON MUL, T3
phenobarbital sodium SOLN 130mg/ml, T4	podofilox SOLN, T2
PHENOBARBITAL SODIUM SOLN 65mg/ml, T4	polymyxin b-trimethoprim, T1
PHENYTEK, T3	POMALYST CAP 1MG, T5
	POMALYST CAP 2MG, T5
	POMALYST CAP 3MG, T5

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POMALYST CAP 4MG, T5	PREDNISONE CON 5MG/ML, T4
portia-28, T2	prednisone pak 10mg, T2
pot chloride inj 2meq/ml, T2	prednisone pak 5mg, T2
potassium chloride CPCR, T2	prednisone sol 5mg/5ml, T2
potassium chloride PACK, T2	prednisone tab 10mg, T1
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml, T2	prednisone tab 1mg, T1
potassium chloride SOLN 10%, 20%, T2	prednisone tab 2.5mg, T1
potassium chloride TBCR, T1	prednisone tab 20mg, T1
potassium chloride in nacl, T2	prednisone tab 50mg, T1
potassium chloride microencapsulated crystals er, T1	prednisone tab 5mg, T1
potassium citrate (alkalinizer) er tabs, T2	PREMASOL SOL 10%, T4
PRADAXA, T4	PRENATAL, T3
PRALUENT, T4	PRENATAL PLUS, T3
pramipexole tab 0.125mg, T1	PRENATAL PLUS LOW IRON, T3
pramipexole tab 0.25mg, T1	prevalite, T2
pramipexole tab 0.5mg, T1	previfem, T2
pramipexole tab 0.75mg, T1	PREZCOBIX, T5
pramipexole tab 1.5mg, T1	PREZISTA SUSP, T5
pramipexole tab 1mg, T1	PREZISTA TABS 150mg, T5
prasugrel hcl, T2	PREZISTA TABS 600mg, T5
pravastatin sodium, T1	PREZISTA TABS 75mg, T4
praziquantel TABS, T2	PREZISTA TABS 800mg, T5
prazosin hcl, T2	PRIFTIN, T4
pred sod pho sol 5mg/5ml, T2	primaquine phosphate 26.3mg, T2
prednisolone acetate (ophth), T2	PRIMAQUINE PHOSPHATE 26.3mg, T3
prednisolone sodium phosphate SOLN 15mg/5ml, T2	primidone TABS, T1
PREDNISOLONE SODIUM PHOSPHATE (OPHTH), T3	PRIVIGEN, T5
prednisolone sol 15mg/5ml, T2	probenecid, T2
prednisolone sol 25mg/5ml, T2	PROCALAMINE, T4
	prochlorperazine inj, T2
	prochlorperazine maleate TABS, T2
	prochlorperazine supp, T2
	PROCRIT 20000unit/ml, 40000unit/ml, T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, T3
 procto-med hc, T2
 procto-pak, T2
 proctosol hc cre 2.5%, T2
 proctozone-hc, T2
 PROGLYCEM SUS 50MG/ML, T4
 PROGRAF PACK, T4
 PROLASTIN-C, T5
 PROLENSA, T3
 PROLIA, T4
 PROMACTA PACK, T5
 PROMACTA TABS 12.5mg, 25mg, T5
 PROMACTA TABS 50mg, 75mg, T5
 promethazine hcl SYRP; TABS, T2
 promethazine hcl inj, T4
 propafenone hcl, T2
 propafenone hcl 12hr, T2
 proparacaine hcl SOLN, T2
 propranolol & hydrochlorothiazide, T2
 propranolol cap er, T2
 propranolol hcl TABS, T2
 propranolol oral sol, T2
 propylthiouracil TABS, T2
 PROQUAD, T3
 PROSOL, T4
 protriptyline hcl, T4
 PULMICORT FLEXHALER, T4
 PULMOZYME, T5
 PURIXAN, T5
 pyrazinamide TABS, T2
 pyridostigmine tab 60mg, T2

Q

QUADRACEL, T3
 quetiapine fumarate TABS, T2
 quetiapine fumarate TB24 150mg, 200mg, T2
 quetiapine fumarate TB24 50mg, 300mg, 400mg, T2
 quinapril hcl, T1
 quinapril-hydrochlorothiazide, T1
 quinidine sulfate, T2
 quinine sulfate CAPS, T2

R

RABAVERT, T3
 raloxifene hcl, T2
 ramipril, T1
 ranitidine hcl TABS 150mg, 300mg, T1
 ranitidine hcl inj, T2
 ranitidine syrup, T2
 ranolazine, T2
 rasagiline mesylate TABS, T2
 RAYALDEE, T5
 REBETOL SOLN, T5
 reclusen, T2
 RECOMBIVAX HB, T3
 RECTIV, T4
 REGRANEX, T5
 RELENZA DISKHALER, T3
 RELISTOR SOLN, T5
 REMICADE, T5
 RENFLEXIS, T5
 repaglinide .5mg, 1mg, T1
 repaglinide 2mg, T1
 RESCRIPTOR, T4

All CAPITAL letters = Brand name drug

Lower case letters = Generic drug

RESTASIS, T4	rizatriptan benzoate odt, T2
RESTASIS MULTIDOSE, T3	ropinirole tab 0.25mg, T1
REVLIMID, T5	ropinirole tab 0.5mg, T1
REXULTI .25mg, .5mg, 1mg, 2mg, T5	ropinirole tab 1mg, T1
REXULTI 3mg, 4mg, T5	ropinirole tab 2mg, T1
REYATAZ PACK, T5	ropinirole tab 3mg, T1
RHOPRESSA, T3	ropinirole tab 4mg, T1
ribasphere CAPS, T2	ropinirole tab 5mg, T1
ribasphere TABS 200mg, T2	rosadan, T2
ribasphere TABS 600mg, T5	rosuvastatin calcium, T1
ribavirin 200mg, T2	ROTARIX, T3
rifabutin, T2	ROTATEQ, T3
rifampin CAPS; SOLR, T2	roweepra, T2
RIFATER, T4	roweepra xr, T2
riluzole, T2	RUBRACA, T5
rimantadine hydrochloride, T2	RYDAPT, T5
RISPERDAL INJ 12.5MG, T4	S
RISPERDAL INJ 25MG, T4	SANDIMMUNE SOLN 100mg/ml, T3
RISPERDAL INJ 37.5MG, T5	SANTYL, T4
RISPERDAL INJ 50MG, T5	SAPHRIS, T4
risperidone SOLN, T2	scopolamine, T4
risperidone TABS, T1	selegiline hcl CAPS; TABS, T2
risperidone TBDP .25mg, .5mg, T2	selenium sulfide LOTN, T1
risperidone TBDP 1mg, 2mg, 3mg, 4mg, T2	SELZENTRY SOLN, T5
ritonavir, T2	SELZENTRY TABS 25mg, T4
RITUXAN, T5	SELZENTRY TABS 75mg, 150mg, 300mg, T5
RITUXAN HYCELA, T5	SEREVENT DISKUS, T3
rivastigmine tartrate 1.5mg, 3mg, T2	sertraline hcl CONC, T2
rivastigmine tartrate 4.5mg, 6mg, T2	sertraline hcl TABS, T1
rivastigmine td patch 24hr 13.3 mg/24hr, T2	setlakin tab, T2
rivastigmine td patch 24hr 4.6 mg/24hr, T2	sevelamer carbonate PACK .8gm, T5
rivastigmine td patch 24hr 9.5 mg/24hr, T2	sevelamer carbonate PACK 2.4gm, T5
rizatriptan benzoate, T2	sevelamer carbonate TABS, T2

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

sharobel, T2	spironolactone TABS, T1
SHINGRIX, T3	spironolactone & hydrochlorothiazide, T2
SIGNIFOR, T5	sprintec 28, T2
sildenafil citrate tab 20 mg (pulmonary hypertension), T2	SPRITAM, T4
SILENOR, T3	SPRYCEL, T5
silver sulfadiazine CREA, T2	sps susp 15gm/60ml, T2
SIMBRINZA, T3	sronyx, T2
simvastatin TABS 5mg, 10mg, 20mg, 40mg, T1	ssd, T2
simvastatin TABS 80mg, T1	stavudine, T2
sirolimus SOLN, T5	STELARA SOLN 45mg/0.5ml, T5
sirolimus TABS .5mg, 1mg, T2	STELARA SOSY, T5
sirolimus TABS 2mg, T5	STIMATE, T5
SIRTURO, T5	STIVARGA, T5
SIVEXTRO, T5	streptomycin sulfate SOLR, T5
sodium chlor sol 0.9% irr, T2	STRIBILD, T5
sodium chloride SOLN 2.5meq/ml, T2	subvenite tab, T1
sodium chloride SOLN 3%, 5%, T2	sucalfate TABS, T2
sodium chloride 0.45%, T2	sulfacetamide sodium (acne), T2
sodium chloride inj 0.9%, T2	sulfacetamide sodium (ophth), T2
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln, T2	sulfacetamide sod-prednisolone, T2
sodium phenylbutyrate, T5	SULFADIAZINE TABS, T4
sodium polystyrene sulfonate powder, T2	sulfamethoxazole-trimethop ds, T1
sodium polystyrene sulfonate susp, T2	sulfamethoxazole-trimethoprim inj, T2
SOLQUA 100/33, T3	sulfamethoxazole-trimethoprim susp, T2
SOLTAMOX, T5	sulfamethoxazole-trimethoprim tab 400-80mg, T1
SOLU-CORTEF, T4	SULFAMYLON CREA, T4
SOMATULINE DEPOT, T5	sulfasalazine TABS, T2
SOMAVERT, T5	sulfasalazine ec, T2
sorine, T1	sulindac TABS, T2
sotalol hcl, T1	sumatriptan SOLN 20mg/act, T2
sotalol hcl (afib/af), T2	sumatriptan SOLN 5mg/act, T2
	sumatriptan inj 4mg/0.5ml, T2
	sumatriptan inj 6mg/0.5ml, T2

All CAPITAL letters = Brand name drug

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sumatriptan succinate TABS, T2	TARGRETIN GEL, T5
SUPREP BOWEL PREP KIT, T4	tarina fe 1/20, T2
SUTENT, T5	TASIGNA, T5
syeda, T2	TAXOTERE 80mg/4ml, T5
SYLATRON, T5	tazarotene CREA, T2
SYMBICORT, T3	tazicef SOLR, T2
SYMDEKO, T5	TAZORAC CREA .05%, T4
SYMFI, T5	taztia xt, T2
SYMFI LO, T5	TDVAX, T3
SYMPAZAN 10mg, 20mg, T5	TECENTRIQ, T5
SYMPAZAN 5mg, T4	TEFLARO, T5
SYMTUZA, T5	telmisartan, T1
SYNAREL, T5	temazepam 15mg, T2
SYNERCID, T5	temazepam 7.5mg, T2
SYNJARDY TAB 12.5-1000MG, T3	TENIVAC, T3
SYNJARDY TAB 12.5-500MG, T3	tenofovir disoproxil fumarate, T2
SYNJARDY TAB 5-1000MG, T3	terazosin hcl 10mg, T2
SYNJARDY TAB 5-500MG, T3	terazosin hcl 1mg, 2mg, 5mg, T1
SYNJARDY XR TAB 10-1000MG, T3	terbinafine hcl TABS, T1
SYNJARDY XR TAB 12.5-1000MG, T3	terbutaline sulfate TABS, T2
SYNJARDY XR TAB 25-1000MG, T3	terconazole vaginal, T2
SYNJARDY XR TAB 5-1000MG, T3	testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm, T2
SYNRIBO, T5	testosterone cypionate SOLN 100mg/ml, 200mg/ml, T2
SYNTHROID, T4	testosterone enanthate SOLN, T2
T	
TABLOID, T5	tetrabenazine 12.5mg, T5
tacrolimus CAPS, T2	tetrabenazine 25mg, T5
tacrolimus (topical), T2	tetracycline hcl CAPS, T2
TAFINLAR, T5	TEXACORT SOLN 2.5%, T4
TAGRISSEO, T5	THALOMID 150mg, 200mg, T5
TALZENNA, T5	THALOMID 50mg, 100mg, T5
tamoxifen citrate TABS, T1	THEO-24, T4
tamsulosin hcl, T1	theophylline, T2

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

thioridazine hcl TABS, T2	tramadol hcl tab 50 mg, T2
thiothixene, T2	tramadol-acetaminophen, T2
tiagabine hcl, T2	trandolapril, T1
TIBSOVO, T5	tranexamic acid SOLN; TABS, T2
tigecycline, T5	tranylcypromine sulfate, T2
tilia fe, T2	TRAVASOL, T4
timolol maleate TABS, T2	TRAVATAN Z, T4
timolol maleate (ophth) soln, T1	trazodone hcl TABS 50mg, 100mg, 150mg, T1
timolol maleate gel, T2	TRECATOR, T4
timolol maleate ophth soln 0.5% (once-daily), T2	TRELEGY ELLIPTA, T3
TIVICAY 10mg, T3	TRELSTAR DEP INJ 3.75MG, T5
TIVICAY 25mg, 50mg, T5	TRELSTAR LA INJ 11.25MG, T5
tizanidine hcl TABS, T2	treprostinil, T5
TOBRADEX OINT, T3	TRESIBA FLEXTOUCH, T3
TOBRADEX ST, T3	TRESIBA INJ, T3
tobramycin NEBU, T5	tretinoin CREA, T2
tobramycin (ophth), T1	tretinoin GEL .01%, .025%, T2
tobramycin inj 1.2 gm/30ml, T2	tretinoin (chemotherapy), T5
tobramycin inj 1.2gm, T5	triamcinolone acetonide (mouth), T2
tobramycin inj 10mg/ml, T2	triamcinolone acetonide (topical) CREA .025%, .5%, T1
tobramycin inj 80mg/2ml, T2	triamcinolone acetonide (topical) CREA .1%, T1
tobramycin sulfate SOLN, T2	triamcinolone acetonide (topical) LOTN, T2
tobramycin-dexamethasone, T2	triamcinolone acetonide (topical) OINT, T1
tolterodine tartrate cap er, T2	triamterene & hydrochlorothiazide cap 37.5-25 mg, T1
tolterodine tartrate tabs, T2	triamterene & hydrochlorothiazide tabs, T1
topiramate CPSP, T2	TRICARE, T3
topiramate TABS, T1	trientine hcl, T5
toposar, T2	tri-estarylla, T2
toremifene citrate, T5	trifluoperazine hcl, T2
torsemide tabs, T1	trifluridine, T2
TOVIAZ, T3	trihexyphenidyl hcl, T3
TPN ELECTROLYTES, T4	
TRADJENTA, T3	

All CAPITAL letters = Brand name drug

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tri-legest fe, T2	TYMLOS, T5
tri-lynyah, T2	TYPHIM VI, T3
tri-lo marzia, T2	U
tri-lo-estarylla, T2	unithroid, T2
tri-lo-sprintec, T2	ursodiol CAPS; TABS, T2
trilyte, T1	V
trimethoprim TABS, T1	valacyclovir hcl TABS, T2
tri-mili, T2	VALCHLOR, T5
trimipramine maleate CAPS 100mg, T4	valganciclovir hcl, T5
trimipramine maleate CAPS 25mg, T4	valproate sodium SOLN, T2
trimipramine maleate CAPS 50mg, T4	valproic acid CAPS, T2
TRINTELLIX 10mg, T4	valsartan, T1
TRINTELLIX 20mg, T4	valsartan-hydrochlorothiazide, T1
TRINTELLIX 5mg, T4	vancomycin hcl CAPS 125mg, T2
tri-previfem, T2	vancomycin hcl CAPS 250mg, T5
tri-sprintec, T2	vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg, T2
TRIUMEQ, T5	VANCOMYCIN IN NACL, T4
trivora-28, T2	vandazole, T2
tri-vylibra, T2	VAQTA, T3
tri-vylibra lo, T2	VARIVAX, T3
TROGARZO, T5	VASCEPA, T4
TROPHAMINE INJ 10%, T4	VELCADE, T5
trospium chloride TABS, T2	velivet, T2
TRULICITY, T3	VEMLIDY, T5
TRUMENBA, T3	VENCLEXTA 10mg, T4
TRUVADA TAB 100-150, T5	VENCLEXTA 50mg, 100mg, T5
TRUVADA TAB 133-200, T5	VENCLEXTA STARTING PACK, T5
TRUVADA TAB 167-250, T5	venlafaxine hcl CP24, T1
TRUVADA TAB 200-300, T5	venlafaxine hcl TABS, T2
tulana, T2	VENTAVIS, T5
TWINRIX INJ, T3	VENTOLIN HFA, T3
TYBOST, T4	verapamil cap er, T2
TYKERB, T5	

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

verapamil hcl SOLN, T2	VOSEVI, T5
verapamil hcl TABS, T1	VOTRIENT, T5
verapamil hcl tab er, T1	VRAYLAR 1.5mg, T5
VERSACLOZ, T5	VRAYLAR 3mg, 4.5mg, 6mg, T5
VERZENIO, T5	VRAYLAR THERAPY PACK, T4
VICTOZA, T3	vyfemla, T2
VIDEX EC 125mg, T4	vylibra, T2
VIDEX PEDIATRIC, T4	W
vienva, T2	warfarin sodium, T1
vigabatrin powd pack 500mg, T5	water for irrigation, sterile, T2
vigabatrin tab 500mg, T5	X
vigadrone, T5	XALKORI, T5
VIIBRYD STARTER PACK, T4	XARELTO 10mg, 15mg, 20mg, T3
VIIBRYD TAB, T4	XARELTO 2.5mg, T3
VIMPAT 100mg, 150mg, 200mg, T5	XARELTO STARTER PACK, T3
VIMPAT 50mg, T4	XATMEP, T4
VIMPAT INJ 200MG/20ML, T5	XELJANZ, T5
VIMPAT SOL 10MG/ML, T5	XELJANZ XR, T5
vincristine sulfate, T2	XGEVA, T5
vinorelbine tartrate, T2	XIFAXAN 550mg, T5
violele, T2	XIGDUO XR TAB 10-1000MG, T3
VIRACEPT, T5	XIGDUO XR TAB 10-500MG, T3
VIREAD POWD, T5	XIGDUO XR TAB 2.5-1000MG, T3
VIREAD TABS 150mg, 200mg, 250mg, T5	XIGDUO XR TAB 5-1000MG, T3
VITRAKVI, T5	XIGDUO XR TAB 5-500MG, T3
VIVITROL, T5	XOLAIR, T5
VIZIMPRO, T5	XOSPATA, T5
voriconazole SOLR, T5	XTANDI, T5
voriconazole SUSR, T5	xulane, T2
voriconazole TABS 200mg, T5	XULTOPHY 100/3.6, T3
voriconazole TABS 50mg, T2	XYREM, T5

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Y	ZYKADIA, T5
YF-VAX, T3	ZYLET, T3
yuvafer vaginal tablet 10 mcg, T2	ZYPREXA RELPREVV 300mg, T5
Z	ZYPREXA RELPREVV 405mg, T5
zafirlukast, T2	ZYPREXA RELPREVV INJ 210MG, T4
zarah, T2	ZYTIGA 500mg, T5
ZARXIO, T5	
ZEJULA, T5	
ZELBORAF, T5	
ZEMAIRA, T5	
zenatane, T2	
ZENPEP, T4	
zidovudine cap 100mg, T2	
zidovudine syp 50mg/5ml, T2	
zidovudine tab 300mg, T2	
ziprasidone hcl, T2	
ZIRGAN, T4	
zoledronic acid inj 5mg/100ml, T2	
zoledronic inj 4mg/5ml, T2	
ZOLINZA, T5	
zolmitriptan TABS, T2	
zolmitriptan odt, T2	
zolpidem tartrate TABS, T2	
zonisamide CAPS, T2	
ZORTRESS TAB 0.25MG, T5	
ZORTRESS TAB 0.5MG, T5	
ZORTRESS TAB 0.75MG, T5	
ZORTRESS TAB 1MG, T5	
ZOSTAVAX, T3	
zovia 1/35e, T2	
ZYDELIG, T5	

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5
UHVA20PP4591067_001



**Ready
to Enroll**

How to Enroll

You can enroll by phone, online, by mail or fax. Simply choose the way that is easiest for you and follow the directions below.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-888-819-9932, TTY 711** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face to face appointment with a licensed sales agent in your area.



Online

Go to **www.pchp.net** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1170

Enrollment Request Form Checkpoints

- | | |
|---|--|
| ✓ Print your name exactly as it appears on your red, white and blue Medicare card | ✓ Sign and date where indicated |
| ✓ Make sure you have chosen the plan type that works best for you | ✓ Verify your Date of Birth |
| ✓ Make sure your permanent address is correct | ✓ Verify your providers accept the plan you are choosing |
| | ✓ Provide the name of your primary care provider (PCP) |

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative:**

- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Dental-Vision-Hearing Products
- ☐ Stand-alone Medicare Prescription Drug Plan (Part D)
- ☐ Hospital Indemnity Products
- ☐ Medicare Supplement (Medigap) Plans

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or Authorized Representative Signature and Signature Date:

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

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to Beneficiary
-------------------	-----------------------------

To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone - - - - -	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone - - - - -	Date Appointment will be Completed MM-DD-YYYY

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
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Licensed Sales Representative Signature

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Ready to Enroll

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plans — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Other Related Products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

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

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2020 Enrollment Request Form

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

☐ **Piedmont Select Medicare Option One (PPO) H1659-001-000 - PM1**

This is a Preferred Provider Organization (PPO) plan. It has a network of doctors, specialists, hospitals and other providers you can use. In some cases, you may get covered services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
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Birth Date	MM-DD-YYYY	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Daytime Phone Number () -	Mobile Phone Number () -
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Permanent Residence Street Address (**P.O. Box is not allowed**)

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

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

Email Address

Enrollee Name _____

Agent Name / ID No. _____

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To select paperless delivery complete and sign the application and provide your email address.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

If you would rather have hard copies of required materials mailed to you, please check here

- ☐ Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

Information about your Medicare.

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

<input type="checkbox"/> Fill out this information as it appears on your Medicare card.	Name (as it appears on your Medicare card): _____
-OR-	
<input type="checkbox"/> Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.	Medicare Number: _____ Sex: _____ 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.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT), online or by mail.

This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

If you don't choose an option, we'll send a bill each month to your mailing address.

- ☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**
I get monthly benefits from: ☐ Social Security ☐ RRB

Enrollee Name _____
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We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or there is a delay in setup, we will send you a paper bill for your monthly premiums.

☐ **I want to pay directly from a bank account.**

- ☐ Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- ☐ Please read the statement below.

The bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). The bank will pay the funds from a checking or savings account on or about the fifth of each month. The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from the account, I will tell both UHIC and the bank. I will give them a reasonable amount of time to change the method of payment.

Account Type ☐ **Checking** ☐ **Savings**

Account Holder Name: _____

Bank Routing Number

Bank Account Number

Signature _____ **Date** **MM-DD-YYYY**

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month or you will receive an email notification if you signed up for e-delivery.

If you want to pay by credit card.

After you become a member, you can call us to have your monthly payment automatically charged to a Visa, Mastercard or Discover credit card. Until then, we'll send you a bill each month.

Enrollee Name _____
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A few notes about your costs.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)

Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you

Please DO NOT pay the plan the Part D-IRMAA at this time.

Need help with your prescription drug costs?

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn't cover.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

A few questions to help us manage your plan.

1. Would you prefer plan information in another language or an accessible format? ☐ Yes ☐ No

Please check what you'd like: ☐ Spanish ☐ Other _____

If you don't see the language or format you want, please call us toll-free at 1-888-819-9932, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.pchp.net for online help.

2. Do you have end stage renal disease? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis; otherwise, we may need to contact you to obtain additional information.

If "yes," are you currently a member of a health care company? ☐ Yes ☐ No

Name of Company _____

Member Number _____

3. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please give us your Medicaid number: _____

Enrollee Name _____
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4. Do you live in a nursing home or a long-term care facility?

☐ Yes ☐ No

If yes, please give us information on the long-term care facility:

Name			
Address	City	State	ZIP Code
Phone Number () -		Date You Moved There MM-DD-YYYY	

5. Do you have health insurance with an employer or union right now?

☐ Yes ☐ No

If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union's website, or read any information sent to you. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

6. Do you or your spouse work?

☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company	
Subscriber Name	Group Number
Member Number	Effective Dates (if applicable) MM-DD-YYYY - MM-DD-YYYY

7. Do you have other insurance that will cover your prescription drugs?

☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

Name of Other Insurance		
Member Number	Group Number	Date Plan Started MM-DD-YYYY

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8. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the Provider Directory.

Provider or PCP Full Name	Phone Number () -
Provider/PCP 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please read and sign.

By completing this form, I agree to the following:

- ☐ This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- ☐ I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- ☐ If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- ☐ I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Annual Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- ☐ This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border.
- ☐ I will receive information on how to get an Evidence of Coverage. (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- ☐ I understand that beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services

Enrollee Name _____
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For licensed sales representative/agency use only.

- ☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Branch ID

■ ■ ■ ■ ■ ■ ■ ■

Licensed Sales Representative/Writing ID
@AGENTID@

Initial Receipt Date
MM-DD-YYYY

Licensed Sales Representative/Agent Name
@AGENTFULLNAME@

Proposed Effective Date
MM-DD-YYYY

Licensed Sales Representative Phone Number @AGENTPHONE@

Where did this application originate?

- ☐ National Retail/Mall Program ☐ Community Meeting ☐ Appointment ☐ Other
☐ Member Meeting ☐ Local Event Outreach ☐ Walmart Program

How was this application submitted? ☐ Mail ☐ Fax ☐ Online

Agent must complete

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees) | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan1 – Mar 31) |
| <input type="checkbox"/> OEP (newly eligible) | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (change in residence) | <input type="checkbox"/> SEP (loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic) | <input type="checkbox"/> SEP (Dual LIS maintaining) | <input type="checkbox"/> AEP (October 15-December 7) | <input type="checkbox"/> OEPI |

☐ SEP (SEP Reason) _____

☐ SEP Eligibility Date MM-DD-YYYY

Licensed Sales Representative Signature (required)

Date: MM-DD-YYYY

Please mail or fax this completed form to:

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

Fax: 1-888-950-1170

Enrollee Name _____

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Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans 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 1-855-814-6894 (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 1-855-814-6894 (聽力語言殘障服務專線 TTY : 711).

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Ready to Enroll

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Plan Recap

We want to make sure you know what to expect with the new plan you've chosen.

✓ Please fill out this plan recap with your Licensed Sales Representative (if applicable).

i Plan Information Here are some details about your new plan.

My new plan is a:

☐ Medicare Advantage plan

☐ Medicare Part D plan

☐ Medicare Supplement Insurance (Medigap) plan

☐ Medicare Advantage Special Needs plan

The name of my new plan is: _____

My plan type is a (circle one): HMO HMO-POS LPPO RPPO PFFS

My plan:

☐ Requires referrals

☐ Does not require referrals

☐ Includes a medical deductible

☐ Does not include a medical deductible

My plan will provide:

☐ all my Medicare health coverage

☐ all my Medicare prescription drug coverage

I have purchased a rider(s) as part of my plan: ☐ Yes ☐ No ☐ N/A

Proposed effective date: **M M - D D - Y Y Y Y**

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is _____. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer: **I should / should not** have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

\$ Premium Information What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

Ready to Enroll



Network Information

Understanding your network is important.

My plan includes the nation's largest health care network.* With this plan, I have access to a local network of doctors and hospitals, plus I have the freedom to access care across the country at in-network costs from any doctor participating in the UnitedHealthcare Medicare National Network (exclusions may apply). ☐ Yes ☐ No

List the doctors and hospitals you use in this table. Be sure to note whether they are part of the provider network and if they require referrals.

Provider Name	Provider type (PCP/Specialist/ Hospital)	Network (Yes/No)	Referral (Yes/No)



Prescription Drug Coverage

Know what is covered by your prescription drug plan.

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)

I have the option to access my plan documents, such as Explanation of Benefit (EOB), electronically.

- ☐ I have opted to access documents electronically.
- ☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
- ☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.
- ☐ I do not have an email address; should I get one in the future, I can provide it to the plan to provide other ways to reach me with important information.

Contact your Licensed Sales Representative

If I have questions about my plan, I will call my Licensed Sales Representative,
_____ at _____ or
Customer Service at _____.

* Networks vary by market

¹ My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail-order), and if I have Extra Help.

² For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.

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2020 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment, and you receive your UnitedHealthcare® member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

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Applicant 1:

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

RxBIN: 004336

Rx PCN: MEDDADV

RxGRP: Rx8555

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We're here to help. If you have additional questions you can call Customer Service toll-free at 1-888-819-9932, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You should not have a Medicare supplement insurance plan (also called Medigap) with a Medicare Advantage plan. Once Medicare confirms your enrollment you should cancel your Medicare supplement plan by contacting the insurer.



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[illegible]

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NOTES

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NOTES

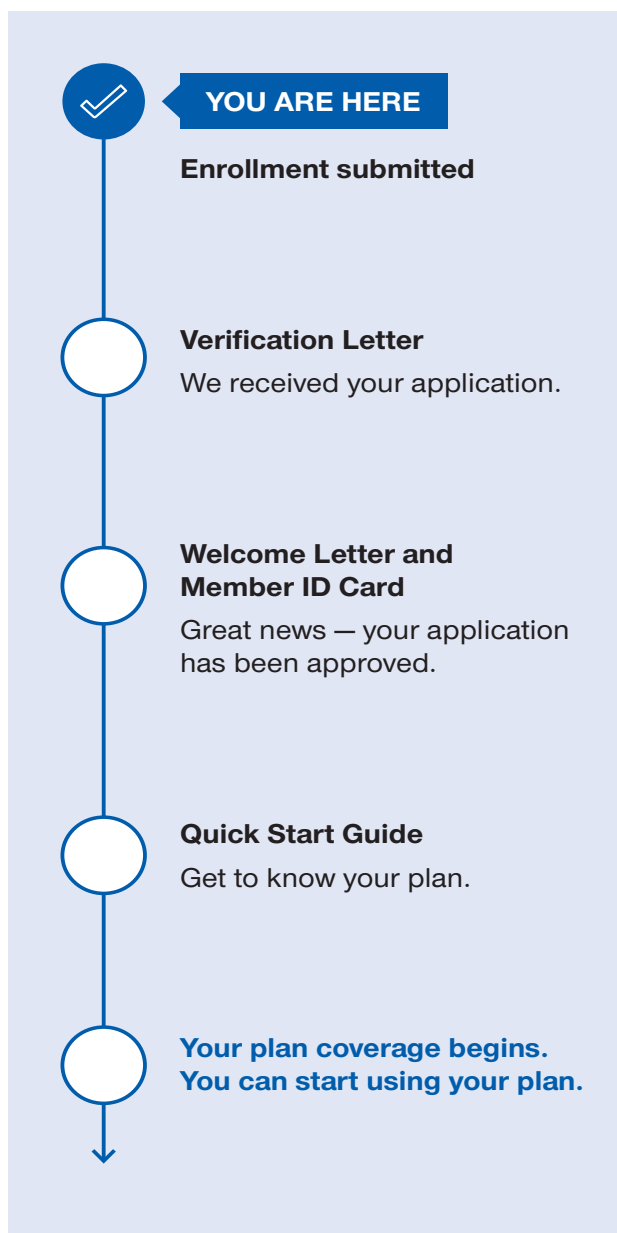
[illegible]

Take Advantage of What's Next

Your enrollment application has been submitted, and we want to help you get ready to use your plan. Use this page to track your progress as you go. We're here to help every step of the way.

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Once your coverage begins

Once your coverage begins, there are things you can do to get the most out of your plan.



Schedule your annual wellness visit.

Preventive care is an important step to living a healthier life.



Take advantage of a UnitedHealthcare® HouseCalls visit.

A yearly in-home preventive care visit with a health care practitioner is included in your plan. Learn more at [UHCHouseCalls.com](https://www.UHCHouseCalls.com).



Complete your Health Assessment.

Answering a few simple questions by phone or mail will help us connect you to programs and services.



Add an Authorized Representative to your account. You can name someone else to get a copy of your monthly statement and to speak with us about your account. This could be a spouse, family member, caregiver or someone else you trust.

Thank you for choosing UnitedHealthcare®

If you have any questions, you can call the Customer Service number on the back of your member ID card.

Questions? We're here to help.

For 1-on-1 support, please contact the plan or your Licensed Sales Representative.



Toll-free **1-888-819-9932**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



Learn more at
www.pchp.net



*Exclusions may apply.