WHAT YOU NEED TO KNOW ABOUT YOUR MEDICARE ADVANTAGE PLAN.

2017 Plan Guide

COUNTY OF SACRAMENTO

UnitedHealthcare® Group Medicare Advantage (HMO)

Effective: January 1, 2017 through December 31, 2017

Group Number: 900215

UnitedHealthcare®

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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.

Enjoy the Benefits of a UNITEDHEALTHCARE® MEDICARE ADVANTAGE PLAN

We're just a phone call away.
1-877-714-0178, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at
www.UHCRetiree.com

Dear Retiree,

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

We want to:

- Help you get access to the care you may need when you need it
- Give you tools and resources to help you be in more control of your health
- Try to help you find ways to save money on health care costs, so you can spend more on the things that matter most to you

In this book you will find:

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

Your 2017 plan information is also available online. You will need your Group Number found on the front cover of your booklet to access the website.

How to enroll.

Your former employer or plan sponsor will provide additional information before you enroll in the plan.

Take advantage of healthy extras.

NOTES

Plan INFORMATION

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Benefit Highlights

COUNTY OF SACRAMENTO 900215
Effective January 1, 2017 to December 31, 2017

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

Medical Benefits	In-Network
Benefits covered by Original Medicare and your plan	
Doctor's office visit	Primary Care Provider: $15 co-pay Specialist: $15 co-pay
Preventive services	$0 co-pay for Medicare-covered in-network preventive services. Refer to the Evidence of Coverage for additional information.
Inpatient hospital care	$0 co-pay per admission
Skilled nursing facility (SNF)	$0 co-pay per day up to 100 days
Outpatient surgery	$0 co-pay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	$0 co-pay
Lab services	$0 co-pay
Outpatient x-rays	$0 co-pay
Therapeutic radiology services (such as radiation treatment for cancer)	$0 co-pay
Ambulance	$20 co-pay
Emergency care	$20 co-pay (worldwide)
Urgently needed services	$0 co-pay (worldwide)
Annual out-of-pocket maximum	$3,400
Additional benefits and programs not covered by Original Medicare	
Routine physical	$0 co-pay; 1 per plan year
Foot care - routine	$15 co-pay (Up to 6 visits per plan year)
Hearing - routine exam	$0 co-pay (1 exam every 12 months)
Hearing aids	Plan pays up to $500 (every 3 years)
Vision - routine eye exams	$0 co-pay (1 exam every 12 months)
Fitness program through SilverSneakers® Fitness program	Stay active with a basic membership at a participating location at no extra cost to you
NurseLine℠	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Doctor Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com.

Prescription Drugs	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	$10 co-pay	$20 co-pay
Tier 2: Preferred brand	$20 co-pay	$40 co-pay
Tier 3: Non-preferred drug	$35 co-pay	$70 co-pay
Tier 4: Specialty tier	$35 co-pay	$70 co-pay
Coverage gap stage	After your total drug costs reach $3,700, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach $4,950, you will pay the greater of $3.30 co-pay for generic (including brand drugs treated as generic), $8.25 co-pay for all other drugs, or 5% of the cost	

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

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change each plan year.

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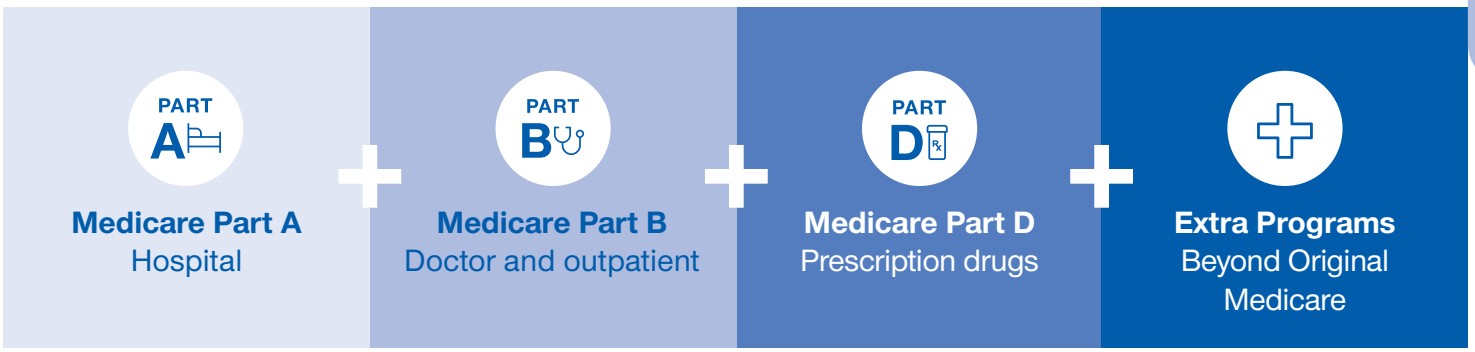
UnitedHealthcare®
GROUP MEDICARE ADVANTAGE (HMO)

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

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



Make sure you know what parts of Medicare you have.

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

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

One drug plan at a time.

This plan includes prescription drug coverage. You can only have prescription drug coverage under one plan. If you enroll in another stand-alone Medicare Part D plan or a medical plan that includes prescription drug coverage, you may be disenrolled from this plan.

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

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Plan BASICS

How your medical coverage works.

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

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

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

Manage your account details online.

Once your plan is effective, create your secure online account at **www.UHCRetiree.com**. After you've registered, you can track your bills and payments, view your account history and plan details and so much more online.

Plan BASICS

How your prescription drug coverage works.

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

How it works.

What pharmacies can I use?

You can choose from over 67,000 pharmacies across the United States including national chain, regional and independent local retail pharmacies.

What is a drug cost tier?

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

What will I pay for my prescription drugs?

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

Do I need to keep paying my Part B monthly premium?

Yes. Medicare requires that you continue to pay your Part B monthly premium (to Social Security). If you stop paying your monthly Part B premium, you may be disenrolled from your plan.

Can I have more than one prescription drug plan?

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

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

Plan BASICS

What is IRMAA?

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

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

If, at any time after you first become eligible for Part D, there's a period of at least 63 days in a row when you don't have Part D or other creditable prescription drug coverage, a late enrollment penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare provides. The late enrollment penalty is an amount added to your monthly Medicare premium which you may have to pay. When you become a member, your employer group or plan sponsor will be asked to confirm that you have had continuous Part D plan coverage. If your employer group or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC).

Call Medicare to see if you qualify for Extra Help.

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

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

Getting the health care COVERAGE YOU MAY NEED

Your care begins with your doctor.

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

Finding a doctor is easy.

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

The UnitedHealthcare Network of Doctors

There is value in using a doctor in the plan's network beyond having your benefits covered. UnitedHealthcare is working closely with its network of doctors to help provide them support.

Filling your prescriptions is convenient.

UnitedHealthcare has over 67,000 national, regional and local chains, as well as thousands of independent neighborhood pharmacies in its network.

[1]2015 Internal Report Data

We're just a phone call away.

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

Learn more online at
www.UHCRetiree.com

Getting the health care
COVERAGE YOU MAY NEED

Additional support and programs.

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

Annual Wellness Visit and preventive services at $0 co-pay.[1]

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

You are never alone with NurseLine.SM

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

Special programs for people with chronic or complex health needs.

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

Enjoy a clinical visit in the comfort of your own home.

HouseCalls is an annual health program offered to you for no extra cost. The program sends a Nurse Practitioner or Physician who will visit you at home. During the visit, they will check your medical history and current medications. It can also give you a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit so you can share it with your doctor. HouseCalls may not be available in all areas.

See a doctor using your computer, tablet or mobile phone.

UnitedHealthcare's Virtual Doctor Visits lets you choose to see and speak to specific doctors using your computer or a mobile device, like a tablet or smartphone. These doctors are special providers that have the ability to offer virtual medical visits. During a virtual visit, you can ask questions, get a diagnosis and the doctor can even prescribe medication[2] that, if appropriate, can be sent to your pharmacy. You can find a list of participating virtual medical doctors online at www.UHCRetiree.com.

[1]If additional tests are required, there may be a co-pay or co-insurance.
[2]Doctors can't prescribe medications in all states.

Getting the health care COVERAGE YOU MAY NEED

Make caring for a loved one easier.

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning. Also included is an on-site evaluation by a Registered Nurse and a personal plan of care developed by a Geriatric Case Manager. You will also have access to our Caregiver Partners website so you can explore our library of articles, buy caregiver related products and services and share information among family members to help improve communication and decision-making.

And so much more to help you live a healthier life.

We'll be getting in touch soon to tell you about many more programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

Tools and resources
TO PUT YOU IN CONTROL

Good health care decisions may help you to live healthier and may help lower your health care costs. It's no secret that health care has become more complicated. UnitedHealthcare strives to make it easier by giving you the tools and resources you may need to help make good health decisions for you.

Valuable information is just a few clicks away.

As a UnitedHealthcare member, you will have access to a safe, secure and personalized website that gives you access 24 hours a day to:

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

Get active and have fun with SilverSneakers® Fitness.

Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more than 13,000 participating locations. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness and include a range of options from using light hand weights to more intense circuit training. At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

We're just a phone call away.

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

Learn more online at
www.UHCRetiree.com

Ways to HELP YOU SAVE

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

Pharmacy Saver.™

Pharmacy Saver is a cost-saving prescription drug program available to you as a plan member. UnitedHealthcare has worked with our network pharmacies to offer even lower prices on many common generic prescription drugs.[1] You'll find participating pharmacies located in popular retailers and local drug stores.

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

The UnitedHealthcare Savings Promise

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

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

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

More ways you could save
ON YOUR PRESCRIPTION DRUGS

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

Save on the medications you take regularly.

If you prefer the convenience of mail order, you could save time and money on your maintenance medications with our home delivery from OptumRx. You will have access to licensed pharmacists and, in addition, you can get automatic refill reminders with home delivery.

Get a 90-day[1] supply at retail pharmacies.

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

To find out if a retail pharmacy offers 90-day supplies, you can check your UnitedHealthcare pharmacy directory. Visit **www.UHCRetiree.com** to find pharmacies near you or call customer service toll-free at **1-877-714-0178**, TTY **711**, 8 a.m. to 8 p.m., local time 7 days a week to request a printed directory. Look for the symbol to see if a retail pharmacy offers 90-day supplies.

Ask your doctor about trial supplies.

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

Explore lower cost options.

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

Have an annual medication review.

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

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

We're just a phone call away.

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

Learn more online at
www.UHCRetiree.com

2017 Summary of BENEFITS

UnitedHealthcare® Group Medicare Advantage (HMO)

Group Name (Plan Sponsor): COUNTY OF SACRAMENTO
Group Number: 900215

H0543-805

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

This is a summary of drug coverages and health services provided by UnitedHealthcare® Group Medicare Advantage (HMO) January 1, 2017 - December 31, 2017.

For more information, please contact Customer Service at:

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

www.UHCRetiree.com

UnitedHealthcare®

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Summary of Benefits

January 1, 2017 - December 31, 2017

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at www.UHCRetiree.com to see the "Evidence of Coverage" or call customer service with any questions.

About this plan.

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

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

What's inside?

Plan Premiums and Benefits

See plan costs including information about the monthly premium, deductible and maximum out-of-pocket limit.

UnitedHealthcare® Group Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can search for a network provider and pharmacy in the online directories at www.UHCRetiree.com.

Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at www.UHCRetiree.com.

UnitedHealthcare® Group Medicare Advantage (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$3,400 annually for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums, if applicable.

UnitedHealthcare® Group Medicare Advantage (HMO)

Benefits		In-Network
Inpatient Hospital Coverage		$0 co-pay per admit
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor Visits	Primary	$15 co-pay
	Specialists	$15 co-pay
Preventive Care	Medicare-covered	$0 co-pay
	Routine physical	$0 co-pay; 1 per plan year
Emergency care		$20 co-pay (worldwide)
Urgently needed services		$0 co-pay (worldwide)
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	$0 co-pay
	Lab services	$0 co-pay
	Diagnostic tests and procedures	$0 co-pay
	Therapeutic radiology	$0 co-pay
	Outpatient x-rays	$0 co-pay
Hearing Services	Exam to diagnose and treat hearing and balance issues	$15 co-pay
	Routine hearing exam	$0 co-pay (1 exam every 12 months)
	Hearing aids	Plan pays up to $500 (every 3 years)

Benefits		In-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	$15 co-pay
	Eyewear after cataract surgery	$0 co-pay
	Routine eye exams	$0 co-pay (1 exam every 12 months)
Mental Health Care	Inpatient visit	$0 co-pay per admit, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit	$15 co-pay
	Outpatient individual therapy visit	$15 co-pay
Skilled nursing facility (SNF)		$0 co-pay per day: days 1-100
		Our plan covers up to 100 days in a SNF.
Rehabilitation Services	Occupational therapy visit	$0 co-pay
	Physical therapy and speech and language therapy visit	$0 co-pay
Ambulance		$20 co-pay
Routine Transportation		Not covered
Foot Care (podiatry services)	Foot exams and treatment	$15 co-pay
	Routine foot care	$15 co-pay for each visit (Up to 6 visits per plan year)

Benefits		In-Network
Medical Equipment / Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	$0 co-pay
	Prosthetics (e.g., braces, artificial limbs)	$0 co-pay
Wellness Programs	Fitness program through SilverSneakers	$0 membership fee. Monthly basic membership for SilverSneakers through network fitness centers. If you live 15 miles or more from a SilverSneakers fitness center you may particpate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga.
Medicare Part B Drugs	Chemotherapy drugs	$0 co-pay
	Other Part B drugs	$0 co-pay

Prescription Drugs

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

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

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

Stage 1: Annual Prescription Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail Cost-Sharing**	**Mail Order Cost-Sharing**
	One-month supply	Three-month supply
Tier 1: Generic	$10 co-pay	$20 co-pay
Tier 2: Preferred Brand	$20 co-pay	$40 co-pay
Tier 3: Non-Preferred Drugs	$35 co-pay	$70 co-pay
Tier 4: Specialty Tier	$35 co-pay	$70 co-pay
Stage 3: Coverage Gap Stage	After your total drug costs reach $3,700, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,950, you pay the greater of: • 5% of the cost, or • $3.30 co-pay for generic (including brand drugs treated as generic) and a $8.25 co-pay for all other drugs.	

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	$15 co-pay
Diabetes Management	Diabetes monitoring supplies	$0 co-pay
	Diabetes Self-management training	$0 co-pay
	Therapeutic shoes or inserts	$0 co-pay
Home health care		$0 co-pay
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[SM]		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Outpatient surgery		$0 co-pay
Outpatient Substance Abuse	Outpatient group therapy visit	$15 co-pay
	Outpatient individual therapy visit	$15 co-pay
Renal Dialysis		$0 co-pay
Virtual Doctor Visits		Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com.

Services with a 1 may require a referral from your doctor.

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

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

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

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

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

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-714-0178.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-714-0178. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-714-0178. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-714-0178。 我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電1-877-714-0178。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-714-0178. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-714-0178. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-714-0178 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-714-0178. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-877-714-0178번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-714-0178. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-778-417-8710 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-714-0178 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-714-0178. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-714-0178. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-714-0178. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-714-0178. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-714-0178 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

2017 Required INFORMATION

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

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. SilverSneakers® is a registered trademark of Healthways, Inc. © 2016 Healthways, Inc.

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

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

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

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

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.

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Non-Discrimination Notice

UnitedHealthcare Insurance Company, on behalf of itself and its affiliated companies, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages.

If you need these services, please call the Customer Service number at the front of this booklet, TTY 711.

If you believe that UnitedHealthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

You can file a grievance by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD).

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the Customer Service number at the front of this booklet.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número de Servicio al Cliente que se encuentra en la portada de esta guía.

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。**請撥打本手冊封面的客戶服務部電話號碼。**

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Vui lòng gọi số điện thoại của ban Dịch vụ Hội viên ghi phía trước tập sách này.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 있는 고객 서비스 전화번호로 문의하십시오.

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Pakitawagan ang numero ng Customer Service na nasa harap ng booklet na ito.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Отдела по работе с клиентами, указанному на лицевой стороне данной брошюры.

العربية(Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال على رقم خدمة العملاء في مقدمة هذا الكتيب.

Kreyòl Ayisyen (French Creole)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl la ki devan tiliv sa a.

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le service clientèle au numéro figurant au début de ce guide.

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić pod numer działu obsługi klienta podany na okładce tej broszury.

Português (Portuguese)
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número de telefone do Serviço ao Cliente na frente deste folheto

Italiano (Italian)
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero del Servizio alla clientela indicato all'inizio di questo libretto.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie den Kundendienst unter der Telefonnummer auf der Vorderseite dieser Broschüre an.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。本冊子の表紙に記載されているカスタマーサービスの電話番号にお電話ください。

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. لطفاً با شماره تلفن خدمات اعضا بر روی جلد این کتابچه تماس بگیرید.

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया इस पुस्तिका के आवरण पर दिए गए ग्राहक सेवा नंबर पर कॉल करें ।

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Խնդրվում է զանգահարել Հաճախորդի սպասարկման համարով, որը գտնվում է այս գրքույկի ճակատին:

ગુજરાતી (Gujarati)
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
મહેરબાની કરી આ પુસ્તિકાના આગળના ભાગમાં આપેલ કસ્ટમર સર્વિસ નંબર ઉપર કોલ કરો.

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Thov hu rau Chaw Pab Qhua tus xov tooj ntawm nplooj npog phau ntawv no.

اُردُو(Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔
برائے کرم اس کتابچہ کے پہلے صفحہ پر موجود گاہک سروس نمبر پرکال کریں۔

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ សូមទូរស័ព្ទទៅលេខសេវាអតិថិជន នៅខាងមុខនៃកូនសៀវភៅនេះ។

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਪੁਸਤਿਕਾ ਦੇ ਅਗਲੇ ਹਿੱਸੇ ਵਿਚ ਦਿੱਤੇ ਗਏ ਗਾਹਕ ਸੇਵਾ ਨੰਬਰ 'ਤੇ ਕਾੱਲ ਕਰੋ।

বাংলা (Bengali)

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। অনুগ্রহ করে এই পুস্তিকার সামনে দেওয়া গ্রাহক সেবা বা কাষ্টমার সার্ভিস নম্বরে কল করুন।

(Yiddish)אידיש

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. ביטע רופט די קאסטומער סערוויס נומער וואס שטייט ביים אנפאנג פון דעם ביכל.

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ እባክዎ በዚህ ቡክሌት ፊት ለፊት ላይ ያለውን የደንበኞች አገልግሎት ቁጥር ይደውሉ።

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี **โปรดโทรศัพท์ถึงหมายเลขศูนย์บริการลูกค้าซึ่งอยู่ที่ด้านหน้าของสมุดเล่มนี้**

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Maaloo fuula barruulee kana irraa karaa lakkoofsa bilbilaa Tajaajila Maamiltootaatiin bilbili.

Ilokano (Ilocano)

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti numero ti Customer Service ayan iti sango na daytoy nga booklet.

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທຫາເບີບໍລິການລູກຄ້າ ທີ່ຢູ່ດ້ານຫນ້າຂອງປຶ້ມຄູ່ມືນີ້

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutemi merrni në telefon numrin e shërbimit për klientin (Customer Service) në kapakun e kësaj broshure.

Srpsko-hrvatski (Serbo-Croatian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike sa naslovne strane ove knjižice.

Українська (Ukrainian)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером телефону Відділу по роботі з клієнтами, вказаному на лицьовій стороні цієї брошури.

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । कृपया यो पूस्तिकाको अगाडि उल्लेख गरिएक ग्राहक सेवा (Customer Service) मा कल गर्नुहोस्।

Nederlands (Dutch)
AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Gelieve het telefoonnummer van de Consumentenservice die op de voorkant van dit boekje geschreven staat op te bellen.

unD (Karen)
ဟ်သူဉ်ဟ်သး–နမ့်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤန့်ၣ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ဝံသးစူၤကီးဘဉ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢပှၤသူတၢ်တဖဉ်အဂီၢ်အလိတဲစီနီၢ်ဂံၢ်လၢအအိဉ်လၢလံာ်ဒုးသ့ဉ်ညါတၢ်တဘ့ဉ်အံၤအမဲာ်ညါန့ဉ်တက့ၢ်.

Gagana fa'a Sāmoa (Samoan)
MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Faamolemole telefoni le numera a le Customer Service o loo i luma o lenei tama'itusi.

Kajin Ṃajōḷ (Marshallese)
LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kwon kalḷọk nōṃba in telpon in Jipañ ñan Ri Wia eo ej jeje iṃaan buk in.

Română (Romanian)
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Vă rugăm să sunați la numărul Serviciului Clienți de pe partea din față a acestei broșuri.

Foosun Chuuk (Trukese)
MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kosemochen kokori ewe nampan Customer Service (Pekin Aninisin Aramas) mei pachanong nepoputan ei pwuk.

Tonga (Tongan)
FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Kataki o tā ki he fika ae vaha kihe kau kasitomaa 'oku tuku atu ihe tohi ni.

Bisaya (Bisayan)
ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Palihog kog tawag sa customer service nga numero sa atubangan aning booklet.

Ikirundi (Bantu – Kirundi)
ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Wohamagara ku numero y' ubudandaji iri imbere kuri kano gatabo.

Kiswahili (Swahili)
KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Tafadhali piga nambari ya Huduma kwa Wateja iliyoko mbele ya kijitabu hiki.

Bahasa Indonesia (Indonesian)
PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Silakan menghubungi nomor Layanan Pelanggan di halaman muka buklet ini.

Türkçe (Turkish)
DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. Lütfen bu kitapçığın ön tarafında yer alan Müşteri Hizmetleri numarasını arayınız.

(Kurdish)کوردی
ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. تکایە پەیوەندی بکە بە ژمارە تەلەفۆنی بەخۆڕایی ئەندامان کە لە سەرەتای ئەم نامیلکەیەدا هاتووە.

తెలుగు (Teluga)

శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. ఈ చిరుపొత్తం ముందు వద్ద ఉండే కష్టామర్ సేవా సంఖ్యకు దయచేసి కాల్చేయండి.

Thuɔŋjaŋ (Nilotic – Dinka)
PIƆ KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ kuka lëu yök abac ke cïn wënh cuatë piny. Cɔl namba de kɔc yenë ke ɣööc enɔy keek tɔ tueeŋ në yë buŋë kɔu.

Norsk (Norwegian)
MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring kundeservicenummeret på fremsiden av dette heftet.

Català (Catalan)
ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al número de servei al client que es troba a la primera pàgina d'aquest fullet.

λληνικά (Greek)
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Παρακαλείστε να καλέστε τον αριθμό Εξυπηρέτησης Πελατών στο μπροστινό μέρος αυτού του φυλλαδίου.

Igbo asusu (Ibo)
Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na Biko kpọọ nomba ndi ntuzi aka di n'ihu ntakiri akwukwo a.

èdè Yorùbá (Yoruba)
AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. Jọwọ pè sórí nọmbà ẹrọ ibánisọrọ ti Iṣẹ awọn Onibàárà to wà niwájú iwé pélébé yi.

Lokaiahn Pohnpei (Pohnpeian)
Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Menlau, eker delepwohn nempe en Papah Towehkan me ntingdi ni pali keieun kisin pwuhk wet.

Deitsch (Pennsylvania Dutch)
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf die Kunne Dinschte Nummer vanne in des Buchli.

hoʻokomo ʻōlelo (Hawaiian)
E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo [hoʻokomo ʻōlelo], loaʻa ke kōkua manuahi iā ʻoe. E ʻoluʻolu ʻoe e kāhea i ka helu kelepona o Kōkua (Customer Service) ma mua o kēia pepelu.

Adamawa (Fulfulde)
MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Kusu noddu limngal hakkilanki Waroobe gonngal yeeso deftel nge’el.

tsalagi gawonihisdi (Cherokee)
Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Hwaclinohvli undalsdedi hia disesdi tsidegohwela agvyididla gohweli'i

I linguahén Chamoru (Chamorro)
ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha . Pot fabot agang i numerun Setbision Taotao gi me’nan este na leblo.

ܣܘܪܬ (Assyrian)
ܙܘܼܗܵܪܵܐ: ܐܸܢ ܐܲܢ̱ܬ ܟܹܐ ܡܲܡܠܸܠܝܼܬܘܿܢ ܠܸܫܵܢܵܐ ܐܵܬܘܿܪܵܝܵܐ، ܟܹܐ ܡܵܨܝܼܬܘܿܢ ܕܦܵܠܚܝܼܬܘܿܢ
ܝܲܠܦܵܢܘܼܬܵܐ ܕܗܲܝܵܪܬܵܐ ܒܠܸܫܵܢܵܐ ܡܲܓܵܢܵܐܝܼܬ. ܩܪܝܼ ܠܡܸܢܝܵܢܵܐ ܕܚܸܠܡܲܬ̈ܝܵܬܵܐ ܕܝܘܼܠܦܵܢܵܐ ܕܐܝܼܬܠܹܗ ܥܲܠ ܓܲܒܹܐ
ܕܐܵܗܵܐ ܟܬܵܒܵܐ ܕܐܝܼܬܠܹܗ ܒܡܲܢܝܵܢܵܐ

(Burmese)
သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။
ဤစာစောင်အရှေ့ဘက်ရှိ ဖောက်သည်အကျိုးဆောင် နံပါတ်ကို ဖုန်းခေါ် ပါ။

Diné Bizaad (Navajo)
Díí baa akó nínízin: Díí saad bee yáníł**ti’go* **Diné Bizaad**, saad ***bee áká’ánída’áwo’dę́ę́’, t’áá jiik’eh, éí ná hóló̜, T’áá shoo̜dí díí ninaaltsoos wólta’í bidáahgi Na’iiłniihí Biká’ana’áwo’í bich’i̜’ béésh bee hane’í biká’ígíí bee hólne’ dooleeł.

Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ (Bassa)
Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ìn m̀ gbo kpáa. Soho, sébél i nsinga i homa bolo i nyuu mbon nlong i yé ntilga bissu bi kat yon.

Chahta (Choctaw)
ANOMPA PA̱ PISAH: [Chahta] makilla ish anompoli hokma̱, kvna hosh Nahollo Anompa ya̱ pipilla hosh chi̱ tosholahinla. Holisso tikba ilvppa̱ itatoba toksvli ya̱ ish i̱ pa̱ya chike.

UHEX17MP3892050_000

NOTES

Drug LIST

UHEX16MP3700083_001

2017 DRUG LIST

This is a partial alphabetical list of drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type
- Each covered drug is in one of four cost-sharing tiers. The tier number is listed after the drug name
- Each tier has a co-pay or co-insurance amount
- For a description of the tiers, see the Summary of Benefits in this book

This list was last updated August 1, 2016. Please call Customer Service for more information or for a complete list of covered drugs. Our contact information is on the cover of this book.

A

Acamprosate Calcium DR (Tablet Delayed-Release), T1
Acetaminophen/Codeine (Tablet), T1
Acetazolamide (Tablet Immediate-Release), T1
Acetazolamide ER (Capsule Extended-Release 12 Hour), T1
Acyclovir (Tablet), T1
Adacel (Injection), T2
Adcirca (Tablet), T4
Advair Diskus, Advair HFA (Aerosol), T2
Aggrenox (Capsule Extended-Release 12 Hour), T3
Albenza (Tablet), T4
Alcohol Prep Pads, T2
Alendronate Sodium (Tablet), T1
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour), T1
Allopurinol (Tablet), T1
Alprazolam (Tablet Immediate-Release), T1
Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup), T1
Amiodarone HCl (Tablet), T1
Amitiza (Capsule), T2
Amitriptyline HCl (Tablet), T1
Amlodipine Besylate (Tablet), T1
Amlodipine Besylate/ Benazepril HCl (Capsule), T1
Ammonium Lactate (12% Cream, 12% Lotion), T1
Amoxicillin (Capsule, Tablet), T1
Amphetamine/ Dextroamphetamine (Capsule Extended-Release 24 Hour, Tablet Immediate-Release), T1
Anagrelide HCl (Capsule), T1
Anastrozole (Tablet), T1
AndroGel (1.62% Packet, 1.62% Pump), T2
Androderm (Patch 24 Hour), T2
Anoro Ellipta (Aerosol Powder), T2
Apriso (Capsule Extended-Release 24 Hour), T2
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection), T4
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection), T3
Argatroban (125mg/ 125ml-0.9% Injection), T1
Argatroban (250mg/2.5ml Injection), T1
Arnuity Ellipta (Aerosol Powder), T2
Atenolol (Tablet), T1
Atorvastatin Calcium (Tablet), T1

Atovaquone/Proguanil HCl (Tablet) (Generic Malarone), T1
Atripla (Tablet), T4
Atrovent HFA (Aerosol Solution), T3
Aubagio (Tablet), T4
Avastin (Injection), T4
Avonex (Injection), T4
Azathioprine (Tablet), T1
Azelastine HCl (0.05% Ophthalmic Solution), T1
Azelastine HCl (0.1% Nasal Solution), T1
Azelastine HCl (0.15% Nasal Solution), T1
Azilect (Tablet), T2
Azithromycin (Oral Suspension, Tablet Immediate-Release), T1
Azopt (Suspension), T2

B

Baclofen (Tablet), T1
Balsalazide Disodium (Capsule), T1
Belsomra (Tablet), T2
Benazepril HCl (Tablet), T1
Benazepril HCl/ Hydrochlorothiazide (Tablet), T1
Benicar (Tablet), T2
Benicar HCT (Tablet), T2
Benlysta (Injection), T4
Benztropine Mesylate (Tablet), T1
Betaseron (Injection), T4
Bethanechol Chloride (Tablet), T1
Bicalutamide (Tablet), T1
Bisoprolol Fumarate (Tablet), T1
Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet), T1
Breo Ellipta (Aerosol Powder), T2
Brimonidine Tartrate (0.15% Ophthalmic Solution), T1
Brimonidine Tartrate (0.2% Ophthalmic Solution), T1
Budesonide (Capsule Delayed-Release), T1
Bumetanide (Tablet), T1
Buprenorphine HCl (Tablet Sublingual), T1
Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet), T1
Buspirone HCl (Tablet), T1
Butrans (Patch Weekly), T2
Bydureon (Injection), T2
Byetta (Injection), T3
Bystolic (Tablet), T2

C

Cabergoline (Tablet), T1
Calcitriol (Capsule), T1
Calcium Acetate (Capsule), T1
Captopril (Tablet), T1
Carafate (Suspension), T3
Carbaglu (Tablet), T4
Carbamazepine (100mg Tablet Chewable, 100mg/ 5ml Suspension, 200mg Tablet Immediate-Release), T1
Carbidopa/Levodopa (Tablet Immediate-Release), T1
Carbidopa/Levodopa ER (Tablet Extended-Release), T1
Carbidopa/Levodopa ODT (Tablet Dispersible), T1
Carboplatin (Injection), T1
Carvedilol (Tablet Immediate-Release), T1
Cayston (Inhalation Solution), T4
Cefuroxime Axetil (Tablet), T1
Celecoxib (Capsule), T1
Cephalexin (Capsule, Oral Suspension), T1
Chantix (Tablet), T2
Chlorhexidine Gluconate Oral Rinse (Solution), T1
Chlorthalidone (Tablet), T1
Cilostazol (Tablet), T1
Cimetidine (Tablet), T1
Cimetidine HCl (Oral Solution), T1
Cinryze (Injection), T4
Ciprodex (Otic Suspension), T2
Ciprofloxacin HCl (Tablet Immediate-Release), T1
Citalopram HBr (Tablet), T1
Clarithromycin (Tablet), T1
Clonazepam (Tablet Immediate-Release), T1
Clonazepam ODT (Tablet Dispersible), T1
Clonidine HCl (Tablet Immediate-Release), T1
Clopidogrel (Tablet), T1
Clozapine (Tablet Immediate-Release), T1
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible), T1
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible), T1
Colchicine (0.6mg Tablet) (Generic Colcrys), T2
Combigan (Ophthalmic Solution), T2

Combivent Respimat (Aerosol Solution), T2
Comtan (Tablet), T3
Copaxone (Injection), T4
Creon (Capsule Delayed-Release), T2
Crestor (Tablet), T2
Cyclophosphamide (Capsule), T3

D

Daklinza (Tablet), T4
Daliresp (Tablet), T3
Dapsone (Tablet), T1
Desmopressin Acetate (Tablet), T1
Dexilant (Capsule Delayed-Release), T3
Dextrose 5%/NaCl (Injection), T1
Diazepam (1mg/ml Oral Solution), T1
Diazepam (Tablet), T1
Diazepam Intensol (5mg/ml Concentrate), T1
Diclofenac Potassium (Tablet Immediate-Release), T1
Diclofenac Sodium DR (Tablet Delayed-Release), T1
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour), T1
Dicyclomine HCl (10mg Capsule, 20mg Tablet), T1
Digoxin (125mcg Tablet), T1
Digoxin (250mcg Tablet), T1
Dihydroergotamine Mesylate (Injection), T1
Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD), T1
Diltiazem HCl (Tablet Immediate-Release), T1
Diltiazem HCl ER (120mg Capsule Extended-Release, 300mg Capsule Extended-Release) (Generic Cardizem CD), (180mg Capsule Extended-Release, 360mg Capsule Extended-Release, 420mg Capsule Extended-Release 24 Hour) (Generic Tiazac), T1
Diphenoxylate/Atropine (Tablet), T1
Disulfiram (Tablet), T1
Divalproex Sodium (Capsule Sprinkle), Divalproex Sodium DR (Tablet), Divalproex Sodium ER (Tablet), T1
Donepezil HCl, Donepezil HCl ODT (Tablet), T1
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T1
Doxazosin Mesylate (Tablet), T1
Doxycycline Hyclate (Capsule Immediate-Release), T1
Dronabinol (Capsule), T1
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release), T1
Durezol (Emulsion), T2
Dymista (Suspension), T3

E

Edarbi (Tablet), T3
Edarbyclor (Tablet), T3
Eliquis (Tablet), T2
Elmiron (Capsule), T3
Embeda (Capsule Extended-Release), T2
Enalapril Maleate (Tablet), T1
Enalapril Maleate/Hydrochlorothiazide (Tablet), T1
Enbrel (Injection), T4
Entacapone (Tablet), T1
Entecavir (Tablet), T1
EpiPen (Injection), T2
Eplerenone (Tablet), T1
Epzicom (Tablet), T4
Equetro (Capsule Extended-Release 12 Hour), T3
Escitalopram Oxalate (Tablet), T1
Estradiol Tablet (Generic Estrace), T1
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution), T1
Etoposide (Injection), T1
Exjade (Tablet Soluble), T4

F

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

Fycompa (Tablet), T3

G

Gabapentin (Capsule, Tablet), T1
Gammagard Liquid (Injection), T4
Gemfibrozil (Tablet), T1
Genotropin (12mg Injection, 5mg Injection), T4
Genotropin Miniquick (0.2mg Injection), T3
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection), T4
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution), T1
Gilenya (Capsule), T4
Gleevec (Tablet), T4
Glimepiride (Tablet), T1
Glipizide, Glipizide ER (Tablet), T1
GlucaGen HypoKit (Injection), T3
Glucagon Emergency Kit (Injection), T2
Guanidine HCl (Tablet), T2

H

Haloperidol (Tablet), T1
Harvoni (Tablet), T4
Humalog Injection (Cartridge, Pen, Vial), T2
Humira (Injection), T4
Humulin Injection (Pen, Vial), T2
Hydralazine HCl (Tablet), T1
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1
Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T1
Hydromorphone HCl (Tablet Immediate-Release), T1
Hydroxychloroquine Sulfate (Tablet), T1
Hydroxyurea (Capsule), T1
Hydroxyzine HCl (10mg/5ml Syrup), T1

I

Ibandronate Sodium (Tablet), T1
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet), T1
Ilevro (Suspension), T2
Imiquimod (Cream), T1
Incruse Ellipta (Aerosol Powder), T2
Insulin Syringes, Needles, T2
Intelence (Tablet), T4
Invanz (Injection), T3
Invokamet (Tablet), T2
Invokana (Tablet), T2
Ipratropium Bromide (0.02% Inhalation Solution), T1
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution), T1
Ipratropium Bromide/ Albuterol Sulfate (Inhalation Solution), T1
Irbesartan (Tablet), T1
Irbesartan/ Hydrochlorothiazide (Tablet), T1
Isentress (Tablet), T4
Isoniazid (Tablet), T1
Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet), T1
Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet), T1
Ivermectin (Tablet), T1

J

Janumet (Tablet Immediate-Release), T2
Janumet XR (Tablet Extended-Release 24 Hour), T2
Januvia (Tablet), T2
Jardiance (Tablet), T2
Jentadueto (Tablet), T3

K

Kalydeco (Packet), T4
Kazano (Tablet), T3
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet), T1
Ketorolac Tromethamine (Ophthalmic Solution), T1
Klor-Con 10 (Tablet Extended-Release), T1
Klor-Con 8 (Tablet Extended-Release), T1
Klor-Con M20 (Tablet Extended-Release), T1
Kombiglyze XR (Tablet Extended-Release 24 Hour), T2
Korlym (Tablet), T4

L

Lactulose (Oral Solution), T1
Lamivudine (Tablet), T1
Lamotrigine (Tablet Immediate-Release), T1
Lantus Injection (SoloStar, Vial), T2
Lastacaft (Ophthalmic Solution), T2
Latanoprost (Ophthalmic Solution), T1
Latuda (Tablet), T4
Leflunomide (Tablet), T1
Letrozole (Tablet), T1
Leucovorin Calcium (Tablet), T1
Leukeran (Tablet), T2
Levemir Injection (FlexTouch, Vial), T2
Levetiracetam (Tablet Immediate-Release), T1
Levocarnitine (Tablet), T1
Levocetirizine Dihydrochloride (Tablet), T1
Levofloxacin (Tablet), T1
Levothyroxine Sodium (Tablet), T1
Lialda (Tablet Delayed-Release), T2
Lidocaine (Ointment), T1
Lidocaine HCl (Gel), T1
Lidocaine Viscous (Solution), T1
Lidocaine/Prilocaine (Cream), T1
Lindane (1% Lotion, 1% Shampoo), T1
Linzess (Capsule), T2
Liothyronine Sodium (Tablet), T1
Lisinopril (Tablet), T1
Lisinopril/Hydrochlorothiazide (Tablet), T1
Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release), T1
Lithium Carbonate ER (Tablet Extended-Release), T1
Loperamide HCl (Capsule), T1
Lorazepam (Tablet), T1
Lorazepam Intensol (2mg/ml Concentrate), T1
Losartan Potassium (Tablet), T1
Losartan Potassium/ Hydrochlorothiazide (Tablet), T1
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension), T3
Lovastatin (Tablet Immediate-Release), T1
Lumigan (Ophthalmic Solution), T2
Lupron Depot (Injection), T4
Lupron Depot-PED (Injection), T4
Lyrica (Capsule), T2
Lysodren (Tablet), T2

M

Meclizine HCl (12.5mg Tablet), T1
Medroxyprogesterone Acetate (Tablet), T1
Meloxicam (Tablet), T1
Memantine HCl (Tablet), T1
Mercaptopurine (Tablet), T1
Meropenem (Injection), T1
Metformin HCl (Tablet Immediate-Release), T1
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet), T1
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR), T1
Methadone HCl (Oral Solution, Tablet), T1
Methazolamide (Tablet), T1
Methimazole (Tablet), T1
Methotrexate (Tablet), T1
Methscopolamine Bromide (Tablet), T1
Methyldopa (Tablet), T1
Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin), T1
Metoclopramide HCl (Tablet), T1
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour), T1
Metoprolol Tartrate (Tablet Immediate-Release), T1
Metronidazole (Tablet Immediate-Release), T1
Migergot (Suppository), T4
Minocycline HCl (Capsule Immediate-Release), T1
Minoxidil (Tablet), T1
Mirtazapine, Mirtazapine ODT (Tablet), T1
Misoprostol (Tablet), T1
Modafinil (Tablet), T1
Montelukast Sodium (Packet, Tablet, Tablet Chewable), T1
Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin), T1
Multaq (Tablet), T2
Myrbetriq (Tablet Extended-Release 24 Hour), T2

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

N

Nadolol (Tablet), T1
Naltrexone HCl (Tablet), T1
Namenda (Oral Solution, Tablet Immediate-Release), T3
Namenda XR (Capsule Extended-Release 24 Hour), T2
Naproxen (Tablet Immediate-Release), T1
Nasonex (Suspension), T3
Nesina (Tablet), T3
Nevanac (Suspension), T2
Niacin ER (Tablet Extended-Release), T1
Nicotrol Inhaler, T3
Nitrofurantoin Macrocrystals (25mg Capsule, 50mg Capsule) (Generic Macrodantin), T1
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid), T1
Nitrostat (Tablet Sublingual), T2
Norethindrone Acetate (Tablet), T1
Nortriptyline HCl (Capsule, Oral Solution), T1
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution), T3
Nucynta ER (Tablet Extended-Release 12 Hour), T2
Nuedexta (Capsule), T3
Nutropin AQ (Injection), T4
Nuvigil (Tablet), T3
Nystatin (Cream, Ointment, Powder, Suspension, Tablet), T1

O

Olanzapine (Tablet Immediate-Release), T1
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza), T1
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release), T1
Omeprazole (20mg Capsule Delayed-Release), T1
Ondansetron HCl, Ondansetron ODT (Tablet), T1
Onglyza (Tablet), T2
Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent), T2
Opsumit (Tablet), T4
Orenitram (0.125mg Tablet Extended-Release), T3
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release), T4
Orenitram (2.5mg Tablet Extended-Release), T4
Oseni (Tablet), T3
Oxcarbazepine (Tablet), T1
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent), T2
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour), T1
Oxycodone HCl (Tablet Immediate-Release), T1
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T1

P

Pantoprazole Sodium (Tablet Delayed-Release), T1
Pataday (Ophthalmic Solution), T2
Pazeo (Ophthalmic Solution), T2
Pegasys (Injection), T4
Penicillin V Potassium (Tablet), T1
Perforomist (Nebulized Solution), T3
Permethrin (Cream), T1
Phenytoin Sodium Extended (Capsule), T1
Pilocarpine HCl (Tablet), T1
Pioglitazone HCl (Tablet), T1
Polyethylene Glycol 3350 Powder (Generic MiraLAX), T1
Pomalyst (Capsule), T4
Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release), T1
Potassium Citrate ER (Tablet Extended-Release), T1
Pradaxa (Capsule), T3
Pramipexole Dihydrochloride (Tablet Immediate-Release), T1
Pravastatin Sodium (Tablet), T1
Prazosin HCl (Capsule), T1
Prednisolone Acetate (Ophthalmic Suspension), T1
Prednisone (5mg/5ml Oral Solution, Tablet), T1
Premarin (Vaginal Cream), T2

Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet), T4
Pristiq (Tablet Extended-Release 24 Hour), T3
ProAir HFA (Aerosol Solution), T2
ProAir RespiClick (Aerosol Powder), T2
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection), T3
Procrit (20000unit/ml Injection, 40000unit/ml Injection), T4
Proctosol HC (Cream), T1
Progesterone (Capsule), T1
Prolensa (Ophthalmic Solution), T3
Promethazine HCl (Tablet), T1
Propranolol HCl (Tablet Immediate-Release), T1
Propranolol HCl ER (Capsule Extended-Release 24 Hour), T1
Propylthiouracil (Tablet), T1
Pulmicort Flexhaler (Aerosol Powder), T3
Pyridostigmine Bromide (Tablet), T1

Q

Quetiapine Fumarate (Tablet Immediate-Release), T1
Quinapril HCl (Tablet), T1
Quinapril/Hydrochlorothiazide (Tablet), T1

R

Raloxifene HCl (Tablet), T1
Ramipril (Capsule), T1
Ranexa (Tablet Extended-Release 12 Hour), T2
Ranitidine HCl (Tablet), T1
Rapaflo (Capsule), T2
Rebif (Injection), T4
Renagel (Tablet), T2
Renvela (Tablet), T2
Restasis (Emulsion), T2
Revlimid (Capsule), T4
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet), T4
Rifabutin (Capsule), T1
Rifampin (Capsule), T1
Riluzole (Tablet), T1
Rimantadine HCl (Tablet), T1
Risperidone (Tablet Immediate-Release), T1
Rituxan (Injection), T4
Rivastigmine Tartrate (Capsule Immediate-Release), T1
Rizatriptan Benzoate, Rizatriptan ODT (Tablet), T1
Ropinirole HCl (Tablet Immediate-Release), T1
Rosuvastatin Calcium (Tablet), T1
Rozerem (Tablet), T3

S

Santyl (Ointment), T3
Saphris (Tablet Sublingual), T3
Savella (Tablet), T2
Selegiline HCl (5mg Capsule, 5mg Tablet), T1
Selzentry (Tablet), T4
Sensipar (30mg Tablet), T2
Sensipar (60mg Tablet, 90mg Tablet), T4
Serevent Diskus (Aerosol Powder), T2
Seroquel XR (Tablet Extended-Release 24 Hour), T2
Sertraline HCl (Tablet), T1
Sildenafil (20mg Tablet) (Generic Revatio), T1
Silver Sulfadiazine (Cream), T1
Simbrinza (Suspension), T2
Simvastatin (Tablet), T1
Sodium Polystyrene Sulfonate (Suspension), T1
Sotalol HCl, Sotalol HCl AF (Tablet), T1
Sovaldi (Tablet), T4
Spiriva HandiHaler (Capsule), T2
Spiriva Respimat (Aerosol Solution), T2
Spironolactone (Tablet), T1
Sprycel (Tablet), T4
Stiolto Respimat (Aerosol Solution), T2
Strattera (Capsule), T3
Suboxone (Film), T3
Sucralfate (Tablet), T1
Sulfamethoxazole/Trimethoprim DS (Tablet), T1
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release), T1
Sumatriptan Succinate (Tablet), T1
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable), T2
Suprax (100mg/5ml Suspension), T3

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

Suprax (200mg/5ml Suspension), T4
Suprax (400mg Capsule, 500mg/5ml Suspension), T2
Symbicort (Aerosol), T2
SymlinPen 120, SymlinPen 60 (Injection), T4
Synjardy (Tablet), T2
Synthroid (Tablet), T2

T

Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension), T3
Tamoxifen Citrate (Tablet), T1
Tamsulosin HCl (Capsule), T1
Targretin (75mg Capsule, 1% Gel), T4
Tasigna (Capsule), T4
Tecfidera (Capsule Delayed-Release), T4
Telmisartan (Tablet), T1
Telmisartan/ Hydrochlorothiazide (Tablet), T1
Terazosin HCl (Capsule), T1
Testosterone Cypionate (Injection), T1
Theophylline (Oral Solution), Theophylline CR (Tablet), Theophylline ER (Tablet), T1
Thymoglobulin (Injection), T4
Timolol Maleate Ophthalmic Gel Forming (Solution), T1
Tivicay (Tablet), T4
Tizanidine HCl (Tablet), T1
Tobramycin Sulfate (Ophthalmic Solution), T1
Tobramycin/Dexamethasone (Ophthalmic Suspension), T1
Topiramate (Tablet Immediate-Release), T1
Topotecan HCl (Injection), T1
Toujeo SoloStar (Injection), T2
Tradjenta (Tablet), T3
Tramadol HCl (Tablet Immediate-Release), T1
Tramadol HCl/ Acetaminophen (Tablet), T1
Tranexamic Acid (1000mg/ 10ml Injection, 650mg Tablet), T1
Transderm-Scop (Patch 72 Hour), T3
Travatan Z (Ophthalmic Solution), T2
Trazodone HCl (Tablet), T1
Tretinoin (Capsule), T1
Triamcinolone Acetonide (Cream, Ointment), T1
Triamterene/ Hydrochlorothiazide (Capsule, Tablet), T1
Tribenzor (Tablet), T2
Trihexyphenidyl HCl (Elixir), T1
Trintellix (Tablet), T3
Trulicity (Injection), T2
Truvada (Tablet), T4

U

Uloric (Tablet), T2
Ursodiol (Capsule, Tablet), T1

V

Valacyclovir HCl (Tablet), T1
Valganciclovir (Tablet), T1
Valproic Acid (250mg Capsule, 250mg/5ml Syrup), T1
Valsartan (Tablet), T1
Valsartan/ Hydrochlorothiazide (Tablet), T1
Verapamil HCl (Tablet Immediate-Release), T1
Verapamil HCl ER (Tablet Extended-Release), T1
Versacloz (Suspension), T4
Vesicare (Tablet), T2
Victoza (Injection), T2
Viread (Powder, Tablet), T4
Voltaren (Gel), T3
Vytorin (Tablet), T3
Vyvanse (Capsule), T3

W

Warfarin Sodium (Tablet), T1
Welchol (3.75gm Packet, 625mg Tablet), T2

X

Xarelto (Tablet), T2
Xigduo XR (Tablet Extended-Release 24 Hour), T3
Xolair (Injection), T4

Z

Zafirlukast (Tablet), T1
Zenpep (Capsule Delayed-Release), T2
Zepatier (Tablet), T4
Zetia (Tablet), T2
Zirgan (Gel), T3
Zolpidem Tartrate (Tablet Immediate-Release), T1
Zonisamide (Capsule), T1
Zostavax (Injection), T3
Zytiga (Tablet), T4

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: 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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Additional DRUG COVERAGE

Bonus Drug List

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

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

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

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

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

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. For a complete list, please call Customer Service using the information on the cover of this book.

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
K-Phos Tab	3	
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Otic agents - drugs to treat ear conditions		
Ear Pain		
Antipyrine/Benzocaine Otic Solution	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	
Hydrocodone Polyst/Chlorphen CR Susp (generic for Tussionex)	1	
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

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

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

The formulary may change any time. You will receive notice when necessary.

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

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What's NEXT

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HERE'S WHAT YOU CAN EXPECT NEXT

UnitedHealthcare® will process your enrollment.

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

1

You will receive your member ID card.
Keep your red, white and blue Medicare card somewhere safe.

2

Review your Welcome Packet.
Once you're enrolled in the plan, you will receive a Welcome Packet.

3

After your effective date, register online at the website listed below.
Get easy, convenient access to all your plan information.

4

We'll give you a call.
Soon after your enrollment, Medicare requires us to call you asking to complete a short health survey.

We're here for you.

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

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

We're just a phone call away.

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

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

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Statements of UNDERSTANDING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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Questions? We're here to help.

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

www.UHCRetiree.com

UnitedHealthcare®

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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