



Enrollment Guide 2023



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

AARP® Medicare Advantage (HMO-POS)

H4590-043-000

Service area: Texas - Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise counties

AARP® | **Medicare Advantage**
from  **UnitedHealthcare®**

It's easier than ever to get more for your Medicare dollar



Plans you can count on

When it comes to Medicare, one size doesn't fit all. That's why UnitedHealthcare offers a broad range of Medicare plans: so you have options to fit your health care needs and budget. Choose from plans with copays and premiums as low as \$0. And we offer the only Medicare plans that carry the AARP name.



Expertise to get you what you need

UnitedHealthcare's Medicare plan experts will help you find the right plan for you — in person, online or over the phone. Once you're a member, UnitedHealthcare's expert customer service team and your online account make it easier to get the care you need, when and how you need it. And our all-in-one UnitedHealthcare UCard™ makes it easier than ever to unlock more from your Medicare plan.



Chosen by more people

More people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.¹ UnitedHealthcare is proud to have served the health care needs of people just like you for over 50 years. You can count on us to be here when you need us.

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 **AARPMedicarePlans.com**



Call toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Start With Medicare Basics

Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



Hospital stays and inpatient care.
This is called Part A.



Doctor visits. This is called Part B –
you pay a monthly premium for it.

Original Medicare does NOT include prescription drug coverage



Prescription drug coverage. This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D. This is called a Late Enrollment Penalty (LEP).

Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

Option 1: Enroll in a Medicare Advantage plan



Called Part C

This type of plan combines Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug coverage is all in one plan



Extras

Some plans may include extra benefits not included with Original Medicare

Option 2: Add one or both of these to Original Medicare



Medicare Supplement

Helps pay for some of the costs not covered by Original Medicare



Medicare Part D plan

Helps pay for prescription drugs and helps you avoid that 1% penalty

Use this book to get familiar with and enroll in a Medicare Advantage plan. Speak with your agent if you are interested in a Medicare Supplement or stand-alone Part D plan.

Enroll in a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

This plan has a network of quality doctors, hospitals and other care providers, designed to help you get the care you need.

Your plan does not cover medical care from providers outside our network. However, you have access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

If you need to see a network specialist, make sure you get a referral from your primary care provider (PCP) first.

Here's how this HMO-POS plan works



Always see network providers for your care. The plan does not cover medical care from providers outside our network, except for emergency care, urgent care and renal dialysis services.



Emergency and urgently needed services are covered no matter where you go.



Select a primary care provider (PCP).

This plan requires you to select a PCP to oversee and help manage your care.



A referral is needed to see a network specialist or other provider.



You pay your plan copay or coinsurance when you visit a network provider*.

If you see a provider outside the network, you will have to pay the full cost for services yourself, except for covered dental care.



There's an out-of-pocket spending limit for network care each plan year.

If you reach your limit the plan will pay 100% of your costs for Medicare-covered services for the rest of the year.



This plan includes prescription drug coverage.

*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 to enroll in this plan?

You are eligible to enroll in this Medicare Advantage plan if:

- ✓ You are enrolled in Original Medicare Parts A and B, and continue to pay your Part B premium
- AND
- ✓ Live in the plan's service area

Helpful Resources

Medicare Made Clear®

An educational program developed by UnitedHealthcare to help you better understand Medicare.



MedicareMadeClear.com

You may qualify for Extra Help from Medicare

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



UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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Plan Information

Benefit Highlights

AARP® Medicare Advantage (HMO-POS)

This is a short description of your 2023 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	\$0
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Medical benefits

	Your cost
Annual Medical Deductible	No deductible
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,900
Doctor's office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$20 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	\$0 copay
Inpatient hospital care	\$295 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$196 copay per day: days 21-40 \$0 copay per day: days 41-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$275 copay
Outpatient mental health	
Group therapy	\$15 copay
Individual therapy	\$25 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$120 copay

Medical benefits

	Your cost
Diagnostic tests and procedures (non-radiological)	\$25 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$250 copay for ground or air
Emergency care	\$90 copay (\$0 copay for emergency care outside the United States) per visit
Urgently needed services	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit

Benefits and services beyond Original Medicare

	Your cost
Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	<p>\$0 copay</p> <p>Plan pays up to \$150 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>
Dental - preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network)	\$0 copay for comprehensive dental services*
Dental - benefit limit	<p>\$2,000 combined limit on all covered dental services*</p> <p>If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</p>
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	<p>\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care (select models).</p>
Fitness program	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.

	Your cost
Foot care - routine	\$20 copay, 6 visits per year
Over-the-counter (OTC) credit	\$50 credit every quarter to buy covered OTC products
Flex benefit	\$150 on a prepaid Visa® card to help pay for covered dental, vision and hearing services
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

*Benefits combined in and out-of-network

Prescription drugs

	Your cost	
Annual prescription (Part D) deductible	\$0	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (100-day)
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic¹	\$10 copay	\$0 copay
Tier 3: Preferred Brand	\$47 copay	\$131 copay
Select insulin drugs²	\$35 copay	\$95 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$290 copay
Tier 5: Specialty Tier	33% coinsurance	N/A ³
Coverage gap stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,400, you will pay the greater of \$4.15 copay for generic (Including brand drugs treated as generic), \$10.35 copay for all other drugs, or 5% coinsurance	

¹ Tier includes enhanced drug coverage

² For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage Stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

³ Limited to a 30-day supply



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

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Your Drug Coverage

Review the Drug List (Formulary) in this Enrollment Guide to make sure your prescription drugs are covered by the plan. You should also review the Benefit Highlights in this guide for copays and supply amounts.

The amount you pay for covered drugs depends on these 4 things:

1. Drug tiers

Many plans group covered drugs into tiers. Generally, the lower the tier, the less you'll pay. All drugs in the Drug List are assigned to one of these tiers.



¹ And select insulin drugs

It's important to know not all generic drugs are lower cost. There are generic drugs in each tier. Be sure to check the Drug List to find out which tier your generic drug is in.

If your drug is in a higher, more expensive tier, ask your doctor if a lower cost alternative could work for you.

2. Where you fill your prescriptions

There are thousands of national and local pharmacies.

You'll need to use network pharmacies to have the plan pay their share for your prescriptions. Visit **AARPMedicarePlans.com** to find a location near you.

Simplify with prescriptions delivered to your door

You have a \$0 copay for a 100-day supply of Tier 1 and Tier 2 drugs with OptumRx, our preferred home delivery pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Save time by registering online at **optumrx.com** to order new prescriptions, request refills, and more.

3. Prescription drug payment stages

The amount you pay for prescription drugs may change during the year depending on which drug payment stage you're in. Members move through the stages in the order below.

Annual Deductible	This plan does not have a deductible. Your coverage starts in the Initial Coverage stage.
Initial Coverage	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$4,660. Then you move to the Coverage Gap stage.
Coverage Gap (Donut Hole)	You pay no more than 25% coinsurance for any generic or brand name drugs until your total out-of-pocket costs reach \$7,400. Then you move to the Catastrophic Coverage stage. If you use a covered insulin, you will continue to pay a flat copay through the Coverage Gap.
Catastrophic Coverage	In this stage, you pay 5% of the cost for each of your drugs, or \$4.15 for generic (including brand drugs treated as generic) and \$10.35 for all other drugs (whichever is greater). You stay in this stage for the rest of the plan year.

4. Extra Help from Medicare

People with limited incomes may qualify for Extra Help to pay for their prescription drugs. If you qualify, Medicare could pay for some, or all of, your drug costs including premiums, deductibles and copays. Additionally, if you qualify, you won't have a Coverage Gap or a late enrollment penalty. Many people qualify for these savings and don't even know it.

For more information about 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.



Additional drug coverage is available with this plan

This plan covers some prescription drugs that are not covered by Medicare Part D. This includes Vitamin D (50,000), Sildenafil (generic Viagra), Cyanocobalamin (Vitamin B-12) and Folic Acid (1 mg). These drugs are covered in Tier 2 and are in addition to the ones listed in the plan's Drug List and may not be available with other plans.

This plan has lower, stable out-of-pocket costs for covered insulin. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing does not apply to members who pay a lower copay through Medicare's Extra Help program.



Other pharmacies are available in our network.

\$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic coverage stage.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. Optum Home Delivery is a service of OptumRx. You are not required to use Optum Home Delivery through OptumRx for a 100-day supply of your maintenance medications. Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

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Explore Your Additional Services

Unlock your benefits with UnitedHealthcare® UCard

UnitedHealthcare UCard is your member ID and much more. It makes it easier to access your benefits and programs, so it's simple to take advantage of what your plan has to offer. Reach for your UCard when you check in at your provider or pharmacy, go to the gym, spend your credits on over-the-counter items and spend your earned rewards.

Social and Government Referral Assistance Program

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:

- Save on utility bills, prescription drug expenses and even home repair costs
- Find low-cost, easy-to-use transportation
- Determine Medicaid eligibility, depending on your income
- Find local support groups
- Learn about Veterans' Services and Support

Questions? We are here to help.

If you are a veteran please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

Routine Dental Benefit Basics

Our best and most flexible dental coverage ever. Routine dental care is important to your teeth and overall health, but it's not covered by Original Medicare. A routine dental benefit can help protect your teeth and gums and provide coverage for dental care otherwise not included. It's just one of the many extra benefits you get with this plan.

Dental benefits may include:



\$0 copay for covered dental with an annual maximum of \$2,000 for cleanings, exams, x-rays, fluoride, fillings, crowns, root canals, extractions, dentures, implants and all other covered comprehensive services when using network providers



No annual deductible



Access to Medicare Advantage's largest national dental network



Freedom to see any dentist who accepts Medicare, seeing an out-of-network dentist may cost more



To find a network dentist near you, visit uhcdental.com

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.

9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice, sales tax, or duplicating/copying patient records.
14. Tooth bleaching and/or enamel microabrasion.
15. Veneers
16. Orthodontics
17. Sustained release of therapeutic drug (D9613)
18. COVID screening, testing, and vaccination
19. Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services.
20. Space Maintenance
21. Any unspecified procedure by report (Dental codes: D##99)



Treatment plans and recommended dental procedures may vary. Talk to your dentist about treatment options, risks, benefits, and fees. CDT code changes are issued annually by the American Dental Association. Procedure codes may be altered during the plan year in accordance with discontinuation of certain dental codes.

Benefits vary by plan/area. Limitations and exclusions apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market.

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

The provider network may change at any time. You will receive notice when necessary. Network size varies by market and exclusions may apply.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

[illegible]

Routine Vision Benefits

Help protect your eyesight and health. Routine vision coverage is just one of the many extra benefits you get with this plan. A routine eye exam can help catch problems like glaucoma or diabetes-related eye diseases.

Some of the many ways to take advantage of our vision benefits:



\$0 copay for a yearly routine eye exam and a \$150 allowance for frames or contacts every year



Free standard prescription lenses, including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating



Savings on lens upgrades, including tinting, UV/anti-reflective coating and polycarbonate lenses



Access to one of Medicare Advantage's largest national vision networks, including in-store and online retailers



Eyewear available through online providers, including Warby Parker, GlassesUSA, UHCglasses.com and others



To find an UnitedHealthcare Vision provider, go to **[medicare.myuhcvision.com](https://www.medicare.myuhcvision.com)**

Vision benefits vary by plan and are not available with all plans. Limitations and exclusions apply. Additional charges may apply for out-of-network items and services. Annual routine eye exam and an allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Lens savings based on comparison to retail. Other vision providers are available in our network. Network size varies by local market.

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Over-the-Counter (OTC) Credit

Get more help with your everyday needs. Your plan comes with a credit of \$50 that will be loaded to your UnitedHealthcare UCard every quarter for covered OTC products.

Use the credit on your UCard to:



Choose from brand name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops and more



Shop at thousands of participating stores, including Walmart, Walgreens, CVS and Kroger, or at neighborhood stores near you



Order online at myuhcmedicare.com/HWP



You can learn more at myuhcmedicare.com/HWP

Benefits and features vary by plan/area. Limitations and exclusions apply. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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Renew Active®

Stay active. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind – available at no additional cost. Stay active with a free gym membership, at a fitness location you select from a national network, including many premium gyms. You get an annual personalized fitness plan plus access to group classes. If you prefer to exercise at home, you can view thousands of on-demand workout videos and live streaming fitness classes.

Renew Active includes:



A free gym membership at a gym near you



Access to the largest national network of gyms and fitness locations, including many premium gyms



An annual personalized fitness plan



Access to thousands of on-demand workout videos and live streaming fitness classes



Social activities at local health and wellness classes and events. Access to the online Fitbit® Community for Renew Active — no Fitbit® device needed. Joining the community also provides access to Fitbit Premium™



An online program from AARP® Staying Sharp® offering content about brain health, including a brain health assessment and exclusive content including fun activities like interactive challenges, videos and games for Renew Active members



Plus, you may be eligible to earn \$10 per month in rewards for staying active



To learn more about all Renew Active has to offer, visit **UHCRenewActive.com** or contact your sales representative

Reward offerings will vary by member and terms of participation apply. Rewards not available in all plans.

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Flex Benefit

Take advantage of \$150 each year on a prepaid Visa® card to help pay for out-of-pocket costs after using your dental, vision and hearing benefits.

You can use your flex benefit to pay for:



Covered dental costs after you've reached your annual maximum or costs for dental services received outside of your plan's network



Lens upgrades, an additional pair of glasses or sunglasses or contact lenses when frames are covered by the routine vision benefit



Copays on hearing aids and visits to the audiologist or accessories like an extra charging case



To receive your Flex Card, enroll in a qualified Medicare Advantage plan - like this one

Benefits and features vary by plan/area. Limitations and exclusions apply. Flex benefit allowance expires at the end of the plan year. Flex benefit allowance must be used at dental, vision or hearing providers that accept Visa®.

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Routine Hearing Benefits

Better hearing starts here. Take advantage of hearing benefits with help every step of the way, from arranging a hearing exam to finding the right custom-programmed hearing aid for your needs and budget.

Get hearing benefits including:



\$0 copay for a routine hearing exam and copays as low as \$175 for a broad selection of hearing aids



Access to one of the largest national networks of hearing professionals with more than 7,000 locations



Up to 80% off industry prices with UnitedHealthcare Hearing's state-of-the-art brand, Relate™



Access to popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®



3-year manufacturer warranty on all hearing aids covers a trial period and damage or repair during warranty period



Take an online hearing test and learn about hearing aid options at uhchearing.com/Medicare

Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Network size varies by local market. One-time professional fee may apply. Hearing aid savings based on comparison to retail. The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any questions about a medical condition.

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Summary of Benefits 2023

AARP® Medicare Advantage (HMO-POS)
H4590-043-000

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 1-844-723-6473, TTY 711
8 a.m.-8 p.m. local time, 7 days a week



AARPMedicarePlans.com



Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at myAARPMedicare.com or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

AARP® Medicare Advantage (HMO-POS) is a Medicare Advantage HMOPOS 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:

Texas: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise.

Use network providers and pharmacies

AARP® Medicare Advantage (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For routine dental services, you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use 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 **AARPMedicarePlans.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

AARP® Medicare Advantage (HMO-POS)

Premiums and Benefits

	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$3,900 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your share of the cost for your Part D prescription drugs.</p>

AARP® Medicare Advantage (HMO-POS)

Benefits

		In-Network
Inpatient Hospital Care ^{1,2}		\$295 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ^{1,2}	\$0 copay for a diagnostic colonoscopy \$225 copay otherwise
	Outpatient Hospital, including surgery ^{1,2}	\$0 copay for a diagnostic colonoscopy \$275 copay otherwise
	Outpatient Hospital Observation Services ^{1,2}	\$275 copay
Doctor Visits	Primary Care Provider	\$0 copay
	Specialists ^{1,2}	\$20 copay
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive Services	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>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.</p>
	Routine physical	\$0 copay, 1 per year
Emergency Care		<p>\$90 copay (\$0 copay for emergency care outside the United States) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services		<p>\$40 copay</p> <p>(\$0 copay for urgently needed services outside the United States) per visit</p>

Benefits

		In-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ^{1,2}	\$0 copay for each diagnostic mammogram \$120 copay otherwise
	Lab services ^{1,2}	\$0 copay
	Diagnostic tests and procedures ^{1,2}	\$25 copay
	Therapeutic Radiology ^{1,2}	\$60 copay per service
	Outpatient X-rays ^{1,2}	\$0 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues ^{1,2}	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids ²	\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Routine Dental Benefits	Preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive ²	\$0 copay for comprehensive dental services*
	Benefit limit	\$2,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay

Benefits

		In-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ^{1,2}	\$0 copay
	Eyewear after cataract surgery ¹	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	<p>\$0 copay Plan pays up to \$150 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>
Mental Health	Inpatient visit ^{1,2}	<p>\$295 copay per day: days 1-5 \$0 copay per day: days 6-90</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>
	Outpatient group therapy visit ^{1,2}	\$15 copay
	Outpatient individual therapy visit ^{1,2}	\$25 copay
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Skilled Nursing Facility (SNF)^{1,2}		<p>\$0 copay per day: days 1-20 \$196 copay per day: days 21-40 \$0 copay per day: days 41-100</p> <p>Our plan covers up to 100 days in a SNF.</p>

Benefits

		In-Network
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit ^{1,2}	\$20 copay
	Occupational Therapy Visit ^{1,2}	\$20 copay
	Virtual Visit	\$0 copay
Ambulance ^{1,2} Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered
Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance
	Other Part B drugs ²	\$0 copay for allergy antigens 20% coinsurance for all others

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 retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible for Part D drugs, this payment stage doesn't apply.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply	100-day supply	100-day supply	100-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic ³	\$10 copay	\$30 copay	\$0 copay	\$30 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Select Insulin Drugs ⁴	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier	33% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵
Stage 3: Coverage Gap Stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs 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 \$7,400, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. 			

³ Tier includes enhanced drug coverage.

⁴ For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

⁵ Limited to a 30-day supply

Additional Benefits

		In-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ^{1,2}	\$20 copay
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ²	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance
Fitness program		\$0 copay for Renew Active, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes and brain health challenges.
Foot Care (podiatry services)	Foot exams and treatment ^{1,2}	\$20 copay
	Routine foot care	\$20 copay, 6 visits per year
Meal Benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Home Health Care^{1,2}		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

Additional Benefits

		In-Network
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
Opioid Treatment Program Services²		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ^{1,2}	\$15 copay
	Outpatient individual therapy visit ^{1,2}	\$25 copay
Flex benefit		\$150 on a prepaid Visa® card to help pay for covered dental, vision and hearing services
Over-the-counter (OTC) credit		\$50 credit every quarter to buy covered OTC products. Shop at network retail locations or get home delivery by ordering online, by phone or by mail through your OTC catalog.
Renal Dialysis^{1,2}		20% coinsurance

¹ May require a referral from your doctor.

² May require your provider to get prior authorization from the plan for in-network benefits.

* Benefits are combined in and out-of-network

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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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 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 does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-550-4736 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-550-4736, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

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 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 five 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 and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. 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. Access to gym and fitness location network may vary by location and plan.

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.

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Important information: 2022 Medicare star ratings



UnitedHealthcare - H4590

For 2022, UnitedHealthcare - H4590 received the following Star Ratings from Medicare:

- Overall Star Rating: ★ ★ ★ ★ ★ 5 stars
- Health Services Rating: ★ ★ ★ ★ ★ 5 stars
- Drug Services Rating: ★ ★ ★ ★ ★ 5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan’s service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-480-2064** (toll-free) or **711** (TTY).



This plan got Medicare's highest rating (5 stars)

The number of stars shows how well a plan performs.

- ★ ★ ★ ★ ★ EXCELLENT
- ★ ★ ★ ★ ABOVE AVERAGE
- ★ ★ ★ AVERAGE
- ★ ★ BELOW AVERAGE
- ★ POOR

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते 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: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. 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'i 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.

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Drug List

Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call us 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 **bold** type. Generic drugs are in plain type
- ☐ 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
 - Select Insulin Drugs*
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- ☐ This plan participates in the Insulin Senior Savings Program*. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the Deductible, Initial Coverage and Coverage Gap or “Donut Hole” stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”)
- ☐ 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 call us or view the complete Drug List on our website

A	
Abacavir Sulfate (Oral Solution),T4	Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule),T4
Abacavir Sulfate (Oral Tablet),T4	Acetaminophen-Codeine (120-12MG/5ML Oral Solution),T2
Abacavir Sulfate-Lamivudine (Oral Tablet),T4	Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T2
Abelcet (Intravenous Suspension),T4	Acetazolamide (Oral Tablet),T3
Abilify Maintena (Intramuscular Prefilled Syringe),T5	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T4
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5	Acetic Acid (Otic Solution),T2
Abiraterone Acetate (250MG Oral Tablet),T4	Acetylcysteine (Inhalation Solution),T2
Abiraterone Acetate (500MG Oral Tablet),T5	Acitretin (Oral Capsule),T4
Acamprosate Calcium (Oral Tablet Delayed Release),T4	ActHIB (Intramuscular Solution Reconstituted),T3
Acarbose (Oral Tablet),T1	Actemra (Subcutaneous Solution Prefilled Syringe),T5
Accutane (Oral Capsule),T4	
Acebutolol HCl (Oral Capsule),T2	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Actemra ACTPen (Subcutaneous Solution Auto-Injector),T5

Actimmune (Subcutaneous Solution),T5

Acyclovir (External Ointment),T4

Acyclovir (Oral Capsule),T2

Acyclovir (Oral Suspension),T3

Acyclovir (Oral Tablet),T1

Acyclovir Sodium (Intravenous Solution),T4

Adacel (Intramuscular Suspension),T3

Adapalene (0.3% External Gel),T3

Adapalene (External Cream),T4

Adefovir Dipivoxil (Oral Tablet),T4

Adempas (Oral Tablet),T5

Advair Diskus (Inhalation Aerosol Powder Breath Activated),T3

Advair HFA (Inhalation Aerosol),T3

Aimovig (Subcutaneous Solution Auto-Injector),T4

Ala-Cort (External Cream),T2

Albendazole (Oral Tablet),T4

Albuterol Sulfate (Inhalation Nebulization Solution),T2

Albuterol Sulfate (Oral Syrup),T4

Albuterol Sulfate (Oral Tablet Immediate Release),T4

Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair),
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T2

Alclometasone Dipropionate (External Cream),T3

Alclometasone Dipropionate (External Ointment),T3

Alcohol Prep Pads,T3

Alecensa (Oral Capsule),T5

Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1

Alendronate Sodium (Oral Solution),T4

Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2

Aliskiren Fumarate (Oral Tablet),T1

Allopurinol (Oral Tablet),T1

Alocril (Ophthalmic Solution),T4

Alomide (Ophthalmic Solution),T4

Alosetron HCl (Oral Tablet),T5

Alphagan P (0.1% Ophthalmic Solution),T3

Alprazolam (Oral Tablet Immediate Release),T1

Altavera (Oral Tablet),T4

Alunbrig (Oral Tablet Therapy Pack),T5

Alunbrig (Oral Tablet),T5

Alyacen 1/35 (Oral Tablet),T4

Alyq (Oral Tablet),T4

AmBisome (Intravenous Suspension Reconstituted),T5

Amantadine HCl (Oral Capsule),T3

Amantadine HCl (Oral Solution),T2

Amantadine HCl (Oral Tablet),T3

Ambrisentan (Oral Tablet),T5

Amethia (Oral Tablet),T4

Amikacin Sulfate (500MG/2ML Injection Solution),T4

Amiloride HCl (Oral Tablet),T2

Amiloride-Hydrochlorothiazide (Oral Tablet),T2

Amiodarone HCl (200MG Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T4

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Atorvastatin (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1

Amlodipine-Olmesartan (Oral Tablet),T1

Amlodipine-Valsartan (Oral Tablet),T1

Ammonium Lactate (External Cream),T3

Ammonium Lactate (External Lotion),T3

Amnesteem (Oral Capsule),T4

Amoxapine (Oral Tablet),T3

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Suspension Reconstituted),T1

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Amoxicillin (Oral Tablet Chewable),T1	Aptivus (Oral Capsule),T5
Amoxicillin (Oral Tablet Immediate Release),T1	Aralast NP (1000MG Intravenous Solution Reconstituted),T5
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted),T2	Aranelle (Oral Tablet),T4
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable),T2	Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T5
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release),T2	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T5
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour),T4	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe),T4
Amphetamine-Dextroamphetamine (Oral Tablet),T3	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4	Arcalyst (Subcutaneous Solution Reconstituted),T5
Amphotericin B (Intravenous Solution Reconstituted),T4	Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet),T3
Ampicillin (Oral Capsule),T2	Aripiprazole (1MG/ML Oral Solution),T4
Ampicillin Sodium (10GM Intravenous Solution Reconstituted),T4	Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible),T5
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted),T4	Aristada (Intramuscular Prefilled Syringe),T5
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted),T4	Aristada Initio (Intramuscular Prefilled Syringe),T5
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted),T4	Armodafinil (Oral Tablet),T4
Anagrelide HCl (Oral Capsule),T3	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3
Anastrozole (Oral Tablet),T1	Asenapine Maleate (Tablet Sublingual),T4
Androderm (Transdermal Patch 24 Hour),T3	Ashlyna (Oral Tablet),T4
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3
Anzemet (Oral Tablet),T4	
Apomorphine HCl (Subcutaneous Solution Cartridge),T5	
Apraclonidine HCl (Ophthalmic Solution),T3	
Aprepitant (Oral Therapy Pack, Oral Capsule),T4	
Apri (Oral Tablet),T4	
Apriso (Oral Capsule Extended Release 24 Hour),T3	
Aptiom (Oral Tablet),T5	

T1 = Tier 1

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Atazanavir Sulfate (Oral Capsule),T4
Atenolol (Oral Tablet),T1
Atenolol-Chlorthalidone (Oral Tablet),T1
Atomoxetine HCl (Oral Capsule),T4
Atorvastatin Calcium (Oral Tablet),T1
Atovaquone (Oral Suspension),T5
Atovaquone-Proguanil HCl (Oral Tablet),T3
Atropine Sulfate (1% Ophthalmic Solution),T3
Atrovent HFA (Inhalation Aerosol Solution),T4
Aubagio (Oral Tablet),T5
Aubra EQ (Oral Tablet),T4
Auryxia (Oral Tablet),T5
Austedo (Oral Tablet),T5
Aviane (Oral Tablet),T4
Avonex Pen (Intramuscular Auto-Injector Kit),T5
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5
Ayvakit (Oral Tablet),T5
Azathioprine (50MG Oral Tablet),T2
Azelaic Acid (External Gel),T4
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3
Azelastine HCl (Ophthalmic Solution),T3
Azelastine-Fluticasone (Nasal Suspension),T4
Azithromycin (Intravenous Solution Reconstituted),T4
Azithromycin (Oral Suspension Reconstituted),T1
Azithromycin (Oral Tablet),T1
Aztreonam (Injection Solution Reconstituted),T4
B
BCG Vaccine (Injection Solution Reconstituted),T3
BIVIGAM (5GM/50ML Intravenous Solution),T5
BRIVIACT (Oral Solution),T5
BRIVIACT (Oral Tablet),T5
Bacitracin (Ophthalmic Ointment),T2

Bacitracin-Polymyxin B (Ophthalmic Ointment),T2
Baclofen (Oral Tablet),T2
Balsalazide Disodium (Oral Capsule),T4
Balversa (Oral Tablet),T5
Balziva (Oral Tablet),T4
Baqsimi One Pack (Nasal Powder),T3
Baraclude (Oral Solution),T5
Belsomra (Oral Tablet),T3
Benazepril HCl (Oral Tablet),T1
Benazepril-Hydrochlorothiazide (Oral Tablet),T1
Benlysta (Subcutaneous Solution Auto-Injector),T5
Benlysta (Subcutaneous Solution Prefilled Syringe),T5
Benznidazole (Oral Tablet),T4
Benzoyl Peroxide-Erythromycin (External Gel),T3
Benztropine Mesylate (Oral Tablet),T2
Bepotastine Besilate (Ophthalmic Solution),T4
Bepreve (Ophthalmic Solution),T4
Berinert (Intravenous Kit),T5
Besivance (Ophthalmic Suspension),T4
Besremi (Subcutaneous Solution Prefilled Syringe),T5
Betaine (Oral Powder),T5
Betamethasone Dipropionate (External Cream),T3
Betamethasone Dipropionate (External Lotion),T3
Betamethasone Dipropionate (External Ointment),T3
Betamethasone Dipropionate Aug (External Cream),T3
Betamethasone Dipropionate Aug (External Gel),T3
Betamethasone Dipropionate Aug (External Lotion),T3
Betamethasone Dipropionate Aug (External Ointment),T3

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Betamethasone Valerate (External Cream),T3	Solution),T1
Betamethasone Valerate (External Lotion),T3	Brimonidine Tartrate-Timolol (Ophthalmic Solution),T3
Betamethasone Valerate (External Ointment),T3	Brinzolamide (Ophthalmic Suspension),T3
Betaseron (Subcutaneous Kit),T5	Bromocriptine Mesylate (Oral Capsule),T3
Betaxolol HCl (Ophthalmic Solution),T3	Bromocriptine Mesylate (Oral Tablet),T3
Betaxolol HCl (Oral Tablet),T3	Brukinsa (Oral Capsule),T5
Bethanechol Chloride (Oral Tablet),T2	Budesonide (Inhalation Suspension),T4
Betimol (Ophthalmic Solution),T4	Budesonide (Oral Capsule Delayed Release Particles),T4
Bevespi Aerosphere (Inhalation Aerosol),T3	Budesonide ER (Oral Tablet Extended Release 24 Hour),T5
Bexarotene (External Gel),T5	Bumetanide (Injection Solution),T4
Bexarotene (Oral Capsule),T5	Bumetanide (Oral Tablet),T1
Bexsero (Intramuscular Suspension Prefilled Syringe),T3	Buprenorphine (Transdermal Patch Weekly),T4
Bicalutamide (Oral Tablet),T2	Buprenorphine HCl (Tablet Sublingual),T2
Bicillin C-R (Intramuscular Suspension),T4	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4
Bicillin C-R 900/300 (Intramuscular Suspension),T4	Buprenorphine HCl-Naloxone HCl (Tablet Sublingual),T2
Bicillin L-A (Intramuscular Suspension Prefilled Syringe),T4	Bupropion HCl (Oral Tablet Immediate Release),T2
Bicillin L-A (Intramuscular Suspension),T4	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Biktarvy (Oral Tablet),T5	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Bisoprolol Fumarate (Oral Tablet),T2	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T2	Buspirone HCl (Oral Tablet),T2
Blisovi 24 Fe (Oral Tablet),T4	Butalbital-Acetaminophen-Caffeine (Oral Tablet),T3
Blisovi Fe 1.5/30 (Oral Tablet),T4	Butalbital-Aspirin-Caffeine (Oral Capsule),T3
Boostrix (Intramuscular Suspension Prefilled Syringe),T3	Butorphanol Tartrate (Nasal Solution),T3
Boostrix (Intramuscular Suspension),T3	Bydureon BCise (Subcutaneous Auto-Injector),T3
Bosentan (Oral Tablet),T5	Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T4
Bosulif (Oral Tablet),T5	Byetta 5MCG Pen (Subcutaneous Solution
Braftovi (Oral Capsule),T5	
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3	
Breztri Aerosphere (Inhalation Aerosol),T3	
Briellyn (Oral Tablet),T4	
Brilinta (Oral Tablet),T3	
Brimonidine Tartrate (0.15% Ophthalmic Solution),T4	
Brimonidine Tartrate (0.2% Ophthalmic	

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*Insulin Senior Savings Program

Pen-Injector),T4	Tablet),T4
C	Carglumic Acid (Oral Tablet Soluble),T5
Cabergoline (Oral Tablet),T3	Carteolol HCl (Ophthalmic Solution),T2
Cablivi (Injection Kit),T5	Cartia XT (Oral Capsule Extended Release 24 Hour),T2
Cabometyx (Oral Tablet),T5	Carvedilol (Oral Tablet),T1
Calcipotriene (External Cream),T4	Cayston (Inhalation Solution Reconstituted),T5
Calcipotriene (External Ointment),T4	Caziant (Oral Tablet),T4
Calcipotriene (External Solution),T3	Cefaclor (Oral Capsule),T3
Calcitonin Salmon (Nasal Solution),T3	Cefadroxil (Oral Capsule),T2
Calcitriol (External Ointment),T4	Cefadroxil (Oral Suspension Reconstituted),T2
Calcitriol (Oral Capsule),T2	Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4
Calcitriol (Oral Solution),T2	Cefdinir (Oral Capsule),T3
Calcium Acetate (667MG Oral Tablet),T3	Cefdinir (Oral Suspension Reconstituted),T3
Calcium Acetate (Phosphate Binder) (Oral Capsule),T3	Cefepime HCl (Injection Solution Reconstituted),T4
Calquence (Oral Capsule),T5	Cefixime (Oral Capsule),T3
Camila (Oral Tablet),T4	Cefixime (Oral Suspension Reconstituted),T4
Camrese Lo (Oral Tablet),T4	Cefotetan Disodium (Injection Solution Reconstituted),T4
Candesartan Cilexetil (Oral Tablet),T1	Cefoxitin Sodium (Intravenous Solution Reconstituted),T4
Candesartan Cilexetil-HCTZ (Oral Tablet),T1	Cefpodoxime Proxetil (Oral Suspension Reconstituted),T4
Caplyta (42MG Oral Capsule),T5	Cefpodoxime Proxetil (Oral Tablet),T4
Caprelsa (Oral Tablet),T5	Cefprozil (Oral Suspension Reconstituted),T3
Captopril (Oral Tablet),T1	Cefprozil (Oral Tablet),T3
Carbamazepine (Oral Suspension),T3	Ceftazidime (Injection Solution Reconstituted),T4
Carbamazepine (Oral Tablet Chewable),T3	Ceftazidime (Intravenous Solution Reconstituted),T4
Carbamazepine (Oral Tablet Immediate Release),T3	Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted),T4
Carbamazepine ER (Oral Capsule Extended Release 12 Hour),T3	Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution
Carbamazepine ER (Oral Tablet Extended Release 12 Hour),T3	
Carbidopa (Oral Tablet),T4	
Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T2	
Carbidopa-Levodopa-Entacapone (Oral	

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Reconstituted, 500MG Injection Solution Reconstituted),T4	Subcutaneous Prefilled Syringe Kit),T5
Cefuroxime Axetil (Oral Tablet),T2	Cinacalcet HCl (Oral Tablet),T4
Cefuroxime Sodium (Injection Solution Reconstituted),T4	Cinryze (Intravenous Solution Reconstituted),T5
Cefuroxime Sodium (Intravenous Solution Reconstituted),T4	Cipro HC (Otic Suspension),T4
Celecoxib (Oral Capsule),T2	Ciprofloxacin HCl (100MG Oral Tablet Immediate Release),T4
Celontin (Oral Capsule),T4	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2	Ciprofloxacin HCl (Ophthalmic Solution),T2
Cephalexin (750MG Oral Capsule),T3	Ciprofloxacin in D5W (200MG/100ML Intravenous Solution),T4
Cephalexin (Oral Suspension Reconstituted),T2	Ciprofloxacin-Dexamethasone (Otic Suspension),T4
Cetirizine HCl (1MG/ML Oral Solution),T2	Citalopram Hydrobromide (Oral Capsule),T4
Chemet (Oral Capsule),T5	Citalopram Hydrobromide (Oral Solution),T3
Chenodal (Oral Tablet),T5	Citalopram Hydrobromide (Oral Tablet),T1
Chlordiazepoxide HCl (Oral Capsule),T2	Claravis (Oral Capsule),T4
Chlorhexidine Gluconate (Mouth Solution),T1	Clarithromycin (Oral Suspension Reconstituted),T4
Chloroquine Phosphate (Oral Tablet),T4	Clarithromycin (Oral Tablet Immediate Release),T3
Chlorpromazine HCl (Oral Concentrate),T4	Clarithromycin ER (Oral Tablet Extended Release 24 Hour),T4
Chlorpromazine HCl (Oral Tablet),T4	Clenpiq (Oral Solution),T3
Chlorthalidone (Oral Tablet),T2	Climara Pro (Transdermal Patch Weekly),T4
Chlorzoxazone (500MG Oral Tablet),T3	Clindacin ETZ (External Swab),T3
Cholbam (Oral Capsule),T5	Clindamycin HCl (Oral Capsule),T2
Cholestyramine (Oral Packet),T4	Clindamycin Palmitate HCl (Oral Solution Reconstituted),T4
Cholestyramine Light (Oral Packet),T4	Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution),T4
Ciclopirox (External Gel),T3	Clindamycin Phosphate (External Gel),T3
Ciclopirox (External Shampoo),T3	Clindamycin Phosphate (External Lotion),T3
Ciclopirox (External Solution),T3	Clindamycin Phosphate (External Solution),T3
Ciclopirox Olamine (External Cream),T3	Clindamycin Phosphate (External Swab),T3
Ciclopirox Olamine (External Suspension),T3	Clindamycin Phosphate (Vaginal Cream),T3
Cilostazol (Oral Tablet),T2	
Ciloxan (Ophthalmic Ointment),T4	
Cimduo (Oral Tablet),T5	
Cimetidine (Oral Tablet),T3	
Cimetidine HCl (Oral Solution),T3	
Cimzia (Subcutaneous Kit),T5	
Cimzia Prefilled (2 X 200MG/ML	

T1 = Tier 1

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Clindamycin Phosphate in D5W (Intravenous Solution),T4

Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel),T4

Clobazam (Oral Suspension),T4

Clobazam (Oral Tablet),T4

Clobetasol Propionate (External Cream),T4

Clobetasol Propionate (External Gel),T4

Clobetasol Propionate (External Ointment),T4

Clobetasol Propionate (External Shampoo),T4

Clobetasol Propionate (External Solution),T3

Clobetasol Propionate Emollient Base (External Cream),T4

Clodan (External Shampoo),T4

Clomipramine HCl (Oral Capsule),T4

Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2

Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T4

Clonidine (Transdermal Patch Weekly),T4

Clonidine HCl (Oral Tablet Immediate Release),T1

Clonidine HCl ER (Oral Tablet Extended Release 12 Hour),T3

Clopidogrel Bisulfate (75MG Oral Tablet),T1

Clorazepate Dipotassium (Oral Tablet),T3

Clotrimazole (External Cream),T2

Clotrimazole (External Solution),T2

Clotrimazole (Mouth/Throat Troche),T2

Clotrimazole-Betamethasone (External Cream),T3

Clotrimazole-Betamethasone (External Lotion),T4

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3

Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet

Dispersible, 25MG Oral Tablet Dispersible),T4

Coartem (Oral Tablet),T4

Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet),T4

Codeine Sulfate (30MG Oral Tablet),T4

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3

Colesevelam HCl (Oral Packet),T3

Colesevelam HCl (Oral Tablet),T3

Colestipol HCl (Oral Packet),T4

Colestipol HCl (Oral Tablet),T3

Colistimethate Sodium (CBA) (Injection Solution Reconstituted),T5

Combigan (Ophthalmic Solution),T3

Combivent Respimat (Inhalation Aerosol Solution),T3

Cometriq (100MG Daily Dose) (Oral Kit),T5

Cometriq (140MG Daily Dose) (Oral Kit),T5

Cometriq (60MG Daily Dose) (Oral Kit),T5

Complera (Oral Tablet),T5

Compro (Rectal Suppository),T4

Constulose (Oral Solution),T2

Copiktra (Oral Capsule),T5

Cordran (External Tape),T4

Corlanor (Oral Solution),T4

Corlanor (Oral Tablet),T4

Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T5

Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T5

Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T5

Cotellic (Oral Tablet),T5

Creon (Oral Capsule Delayed Release Particles),T3

Crinone (Vaginal Gel),T4

Cromolyn Sodium (Inhalation Nebulization

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Solution),T4	Deferasirox (Oral Tablet) (Generic Jadenu),T3
Cromolyn Sodium (Ophthalmic Solution),T2	Deferasirox Granules (Oral Packet),T5
Cromolyn Sodium (Oral Concentrate),T3	Deferiprone (Oral Tablet),T5
Crotan (External Lotion),T4	Delstrigo (Oral Tablet),T5
Cryselle-28 (Oral Tablet),T4	Demeclocycline HCl (Oral Tablet),T4
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2	Demser (Oral Capsule),T5
Cyclobenzaprine HCl (7.5MG Oral Tablet),T4	Depo-Estradiol (Intramuscular Oil),T4
Cyclophosphamide (25MG Oral Tablet),T3	Descovy (200-25MG Oral Tablet),T5
Cyclophosphamide (50MG Oral Tablet),T3	Desipramine HCl (Oral Tablet),T3
Cyclophosphamide (Oral Capsule),T3	Desloratadine (Oral Tablet),T3
Cycloset (Oral Tablet),T4	Desmopressin Acetate (Oral Tablet),T3
Cyclosporine (Oral Capsule),T3	Desmopressin Acetate Spray (Nasal Solution),T4
Cyclosporine Modified (Oral Capsule),T3	Desogestrel-Ethinyl Estradiol (Oral Tablet),T4
Cyclosporine Modified (Oral Solution),T3	Desonide (External Ointment),T4
Cyproheptadine HCl (Oral Syrup),T4	Desoximetasone (External Cream),T4
Cyproheptadine HCl (Oral Tablet),T4	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3
Cyred EQ (Oral Tablet),T4	Dexamethasone (Oral Solution),T2
Cystadane (Oral Powder),T5	Dexamethasone (Oral Tablet),T2
Cystagon (Oral Capsule),T4	Dexamethasone Sodium Phosphate (Ophthalmic Solution),T2
Cystaran (Ophthalmic Solution),T5	Dexilant (Oral Capsule Delayed Release),T4
D	Dexlansoprazole (Oral Capsule Delayed Release),T4
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T3	Dexmethylphenidate HCl (Oral Tablet),T3
Daliresp (Oral Tablet),T4	Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour),T4
Dalvance (Intravenous Solution Reconstituted),T5	Dextroamphetamine Sulfate (Oral Tablet),T4
Danazol (Oral Capsule),T4	Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour),T4
Dantrolene Sodium (Oral Capsule),T4	Dextrose (10% Intravenous Solution),T4
Dapsone (Oral Tablet),T3	Dextrose (5% Intravenous Solution),T4
Daptacel (Intramuscular Suspension),T3	Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution),T4
Daptomycin (Intravenous Solution Reconstituted),T5	Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution),T4
Daurismo (Oral Tablet),T5	Dextrose-NaCl (5-0.9% Intravenous Solution),T4
Deblitane (Oral Tablet),T4	Diacomit (Oral Capsule),T5
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade),T4	
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade),T5	

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*Insulin Senior Savings Program

Diacomit (Oral Packet),T5

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2

Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel),T4

Diazepam (5MG/5ML Oral Solution),T2

Diazepam Intensol (Oral Concentrate),T2

Diazoxide (Oral Suspension),T4

Diclofenac Epolamine (External Patch),T4

Diclofenac Potassium (50MG Oral Tablet),T2

Diclofenac Sodium (1% External Gel),T3

Diclofenac Sodium (3% External Gel),T4

Diclofenac Sodium (Ophthalmic Solution),T2

Diclofenac Sodium (Oral Tablet Delayed Release),T2

Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2

Dicloxacillin Sodium (Oral Capsule),T2

Dicyclomine HCl (Oral Capsule),T2

Dicyclomine HCl (Oral Solution),T2

Dicyclomine HCl (Oral Tablet),T2

Difcid (Oral Suspension Reconstituted),T5

Difcid (Oral Tablet),T5

Diflunisal (Oral Tablet),T3

Digitek (Oral Tablet),T2

Digox (Oral Tablet),T2

Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T2

Digoxin (62.5MCG Oral Tablet),T4

Digoxin (Oral Solution),T3

Dihydroergotamine Mesylate (Nasal Solution),T5

Dilantin (Oral Capsule),T3

Dilantin INFATABS (Oral Tablet Chewable),T3

Dilt-XR (Oral Capsule Extended Release 24 Hour),T2

Diltiazem HCl (Oral Tablet Immediate Release),T2

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

Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T2

Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T2

Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour),T2

Dimethyl Fumarate (Oral Capsule Delayed Release),T5

Dimethyl Fumarate Starter Pack (Oral Capsule),T5

Dipentum (Oral Capsule),T5

Diphenoxylate-Atropine (Oral Liquid),T4

Diphenoxylate-Atropine (Oral Tablet),T4

Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension),T3

Disulfiram (Oral Tablet),T3

Diuril (Oral Suspension),T4

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2

Divalproex Sodium (Oral Tablet Delayed Release),T2

Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2

Dofetilide (Oral Capsule),T3

Dolishale (Oral Tablet),T4

Donepezil HCl (Oral Tablet),T1

Donepezil HCl ODT (Oral Tablet Dispersible),T2

Dorzolamide HCl (Ophthalmic Solution),T2

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution),T4

Dovato (Oral Tablet),T5

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Doxazosin Mesylate (Oral Tablet),T1	Edarbyclor (Oral Tablet),T4
Doxepin HCl (External Cream),T4	Edurant (Oral Tablet),T5
Doxepin HCl (Oral Capsule),T3	Efavirenz (Oral Capsule),T4
Doxepin HCl (Oral Concentrate),T3	Efavirenz (Oral Tablet),T4
Doxercalciferol (Oral Capsule),T4	Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T5
Doxy 100 (Intravenous Solution Reconstituted),T4	Efavirenz-Lamivudine-Tenofovir (Oral Tablet),T5
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3	Egrifta SV (2MG Subcutaneous Solution Reconstituted),T5
Doxycycline Hyclate (Oral Capsule),T3	Elestrin (Transdermal Gel),T4
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule),T3	Eliquis (Oral Tablet),T3
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3	Eliquis Starter Pack (Oral Tablet),T3
Doxycycline Monohydrate (Oral Suspension Reconstituted),T4	Elmiron (Oral Capsule),T5
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle),T4	EluRyng (Vaginal Ring),T4
Dronabinol (Oral Capsule),T4	Emcyt (Oral Capsule),T4
Drospirenone-Ethinyl Estradiol (Oral Tablet),T4	Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4
Droxia (Oral Capsule),T4	Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4
Droxidopa (100MG Oral Capsule, 200MG Oral Capsule),T4	Emgality (Subcutaneous Solution Auto-Injector),T4
Droxidopa (300MG Oral Capsule),T5	Emoquette (Oral Tablet),T4
Duavee (Oral Tablet),T4	Emsam (Transdermal Patch 24 Hour),T5
Dulera (Inhalation Aerosol),T4	Emtricitabine (Oral Capsule),T4
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2	Emtricitabine-Tenofovir Disoproxil Fumarate (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet),T5
Dupixent (Subcutaneous Solution Pen-Injector),T5	Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet),T4
Dupixent (Subcutaneous Solution Prefilled Syringe),T5	Emtriva (Oral Solution),T4
Dutasteride (Oral Capsule),T2	Enalapril Maleate (Oral Solution),T4
Dymista (Nasal Suspension),T4	Enalapril Maleate (Oral Tablet),T1
E	Enalapril-Hydrochlorothiazide (Oral Tablet),T1
Econazole Nitrate (External Cream),T4	Enbrel (25MG Subcutaneous Solution Reconstituted),T5
Edarbi (Oral Tablet),T4	Enbrel (Subcutaneous Solution Prefilled Syringe),T5
	Enbrel (Subcutaneous Solution),T5
	Enbrel Mini (Subcutaneous Solution

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Cartridge),T5	Erythromycin (Oral Tablet Delayed Release),T4
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5	Erythromycin Base (Oral Capsule Delayed Release Particles),T4
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3	Erythromycin Base (Oral Tablet Immediate Release),T4
Engerix-B (Injection Suspension),T3	Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted),T4
Enoxaparin Sodium (Injection Solution Prefilled Syringe),T4	Erythromycin Ethylsuccinate (Oral Tablet),T4
Enpresse-28 (Oral Tablet),T4	Esbriet (Oral Capsule),T5
Enskyce (Oral Tablet),T4	Esbriet (Oral Tablet),T5
Entacapone (Oral Tablet),T4	Escitalopram Oxalate (Oral Solution),T2
Entecavir (Oral Tablet),T4	Escitalopram Oxalate (Oral Tablet),T1
Entresto (Oral Tablet),T3	Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium),T3
Enulose (Oral Solution),T2	Esomeprazole Magnesium (Oral Packet),T3
Envarsus XR (Oral Tablet Extended Release 24 Hour),T4	Estartylla (Oral Tablet),T4
Epclusa (Oral Packet),T5	Estradiol (Oral Tablet),T1
Epclusa (Oral Tablet),T5	Estradiol (Transdermal Patch Weekly),T3
Epidiolex (Oral Solution),T5	Estradiol (Vaginal Cream),T3
Epinastine HCl (Ophthalmic Solution),T3	Estradiol (Vaginal Tablet),T4
Epinephrine (Injection Solution Auto-Injector),T3	Estradiol Valerate (Intramuscular Oil),T4
Epitol (Oral Tablet),T3	Estring (Vaginal Ring),T4
Epivir HBV (Oral Solution),T4	Eszopiclone (Oral Tablet),T3
Eplerenone (Oral Tablet),T3	Ethacrynic Acid (Oral Tablet),T4
Eprontia (Oral Solution),T4	Ethambutol HCl (Oral Tablet),T3
Ergotamine-Caffeine (Oral Tablet),T3	Ethosuximide (Oral Capsule),T3
Erivedge (Oral Capsule),T5	Ethosuximide (Oral Solution),T3
Erleada (Oral Tablet),T5	Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet),T4
Erlotinib HCl (Oral Tablet),T5	Etodolac (Oral Capsule),T3
Errin (Oral Tablet),T4	Etodolac (Oral Tablet Immediate Release),T3
Ertapenem Sodium (Injection Solution Reconstituted),T4	Etodolac ER (Oral Tablet Extended Release 24 Hour),T4
Ery (External Pad),T3	Etonogestrel-Ethinyl Estradiol (Vaginal Ring),T4
Erythrocin Lactobionate (Intravenous Solution Reconstituted),T4	Etravirine (Oral Tablet),T5
Erythromycin (External Gel),T4	Euthyrox (Oral Tablet),T3
Erythromycin (External Solution),T2	Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet),T5
Erythromycin (Ophthalmic Ointment),T2	Everolimus (10MG Oral Tablet, 2.5MG Oral

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Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T5	67MG Oral Capsule),T2
Everolimus (2MG Oral Tablet Soluble, 3MG Oral Tablet Soluble, 5MG Oral Tablet Soluble),T5	Fenofibric Acid (Oral Capsule Delayed Release),T3
Evotaz (Oral Tablet),T5	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T4
Exemestane (Oral Tablet),T4	Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle),T5
Exkivity (Oral Capsule),T5	Fentanyl Citrate (200MCG Buccal Lozenge On A Handle),T4
Ezetimibe (Oral Tablet),T1	Ferriprox (Oral Solution),T5
Ezetimibe-Simvastatin (Oral Tablet),T1	Fetzima (Oral Capsule Extended Release 24 Hour),T4
F	Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack),T4
FML (Ophthalmic Ointment),T4	Finacea (External Foam),T4
FML Forte (Ophthalmic Suspension),T4	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Falmina (Oral Tablet),T4	Fintepla (Oral Solution),T5
Famciclovir (Oral Tablet),T3	Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted),T5
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2	Firmagon (80MG Subcutaneous Solution Reconstituted),T4
Famotidine (Oral Suspension Reconstituted),T4	Flac (Otic Oil),T4
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5	Flarex (Ophthalmic Suspension),T4
Fanapt Titration Pack (Oral Tablet),T4	Flebogamma DIF (5GM/50ML Intravenous Solution),T5
Farxiga (Oral Tablet),T3	Flecainide Acetate (Oral Tablet),T2
Fasenra (Subcutaneous Solution Prefilled Syringe),T5	Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3
Fasenra Pen (Subcutaneous Solution Auto-Injector),T5	Flovent HFA (Inhalation Aerosol),T3
Febuxostat (Oral Tablet),T3	Fluconazole (Oral Suspension Reconstituted),T2
Felbamate (Oral Suspension),T4	Fluconazole (Oral Tablet),T2
Felbamate (Oral Tablet),T4	Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution),T4
Felodipine ER (Oral Tablet Extended Release 24 Hour),T2	
Femring (Vaginal Ring),T4	
Femynor (Oral Tablet),T4	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1	
Fenofibrate (50MG Oral Capsule),T2	
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule,	

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Flucytosine (Oral Capsule),T5	250-50MCG/DOSE Inhalation Aerosol Powder
Fludrocortisone Acetate (Oral Tablet),T2	Breath Activated, 500-50MCG/DOSE Inhalation
Flunisolide (Nasal Solution),T1	Aerosol Powder Breath Activated) (Generic
Fluocinolone Acetonide (External Cream),T3	Advair), Fluticasone-Salmeterol (113-14MCG/
Fluocinolone Acetonide (External Ointment),T3	ACT Inhalation Aerosol Powder Breath
Fluocinolone Acetonide (External Solution),T3	Activated, 232-14MCG/ACT Inhalation Aerosol
Fluocinolone Acetonide (Otic Oil),T4	Powder Breath Activated, 55-14MCG/ACT
Fluocinolone Acetonide Scalp (External Oil),T4	Inhalation Aerosol Powder Breath Activated)
Fluocinonide (0.05% External Cream),T3	(Brand Equivalent AirDuo RespiClick),T3
Fluocinonide (External Gel),T3	Fluvastatin Sodium (Oral Capsule),T1
Fluocinonide (External Ointment),T3	Fluvastatin Sodium ER (Oral Tablet Extended
Fluocinonide (External Solution),T3	Release 24 Hour),T1
Fluocinonide Emulsified Base (External	Fluvoxamine Maleate (Oral Tablet),T3
Cream),T3	Fondaparinux Sodium (10MG/0.8ML
Fluorometholone (Ophthalmic Suspension),T3	Subcutaneous Solution, 5MG/0.4ML
Fluorouracil (5% External Cream),T4	Subcutaneous Solution, 7.5MG/0.6ML
Fluorouracil (External Solution),T3	Subcutaneous Solution),T5
Fluoxetine HCl (10MG Oral Capsule Immediate	Fondaparinux Sodium (2.5MG/0.5ML
Release, 20MG Oral Capsule Immediate	Subcutaneous Solution),T4
Release, 40MG Oral Capsule Immediate	Formoterol Fumarate (Inhalation Nebulization
Release),T1	Solution),T4
Fluoxetine HCl (20MG/5ML Oral Solution),T2	Forteo (Subcutaneous Solution Pen-
Fluoxetine HCl (90MG Oral Capsule Delayed	Injector),T5
Release),T4	Fosamprenavir Calcium (Oral Tablet),T5
Fluphenazine Decanoate (Injection Solution),T4	Fosinopril Sodium (Oral Tablet),T1
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral	Fosinopril Sodium-HCTZ (Oral Tablet),T1
Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2	Fotivda (Oral Capsule),T5
Fluphenazine HCl (2.5MG/5ML Oral Elixir),T4	Furosemide (Injection Solution),T4
Fluphenazine HCl (2.5MG/ML Injection	Furosemide (Oral Solution),T1
Solution),T4	Furosemide (Oral Tablet),T1
Fluphenazine HCl (5MG/ML Oral	Fuzeon (Subcutaneous Solution
Concentrate),T3	Reconstituted),T5
Flurbiprofen (100MG Oral Tablet),T2	Fyavolv (Oral Tablet),T4
Flurbiprofen Sodium (Ophthalmic Solution),T2	Fycompa (10MG Oral Tablet, 12MG Oral
Fluticasone Propionate (External Cream),T3	Tablet, 4MG Oral Tablet, 6MG Oral Tablet,
Fluticasone Propionate (External Ointment),T3	8MG Oral Tablet),T5
Fluticasone Propionate (Nasal Suspension),T2	Fycompa (2MG Oral Tablet),T4
Fluticasone-Salmeterol (100-50MCG/DOSE	Fycompa (Oral Suspension),T5
Inhalation Aerosol Powder Breath Activated,	G
	Gabapentin (250MG/5ML Oral Solution),T3

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Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T2	Gentamicin Sulfate (Ophthalmic Solution),T2
Gabapentin (Oral Capsule),T2	Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution),T4
Galantamine Hydrobromide (Oral Solution),T4	Genvoya (Oral Tablet),T5
Galantamine Hydrobromide (Oral Tablet),T4	Gilenya (0.5MG Oral Capsule),T5
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour),T4	Gilotrif (Oral Tablet),T5
Gammagard (2.5GM/25ML Injection Solution),T5	Glassia (Intravenous Solution),T5
Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5
Gammaked (1GM/10ML Injection Solution),T5	Glatopa (Subcutaneous Solution Prefilled Syringe),T5
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution),T5	Glimepiride (Oral Tablet),T1
Gamunex-C (1GM/10ML Injection Solution),T5	Glipizide (Oral Tablet Immediate Release),T1
Gardasil 9 (Intramuscular Suspension Prefilled Syringe),T3	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1
Gardasil 9 (Intramuscular Suspension),T3	Glipizide-Metformin HCl (Oral Tablet),T1
Gatifloxacin (Ophthalmic Solution),T3	GlucaGen HypoKit (Injection Solution Reconstituted),T4
Gattex (Subcutaneous Kit),T5	Glucagon (Injection Kit) (Lilly),T3
Gauze (Non-medicated 2X2 Pad),T3	Glycopyrrolate (Oral Solution) (Generic Cuvposa),T4
GaviLyte-C (240GM Oral Solution Reconstituted),T2	Glyxambi (Oral Tablet),T3
GaviLyte-G (Oral Solution Reconstituted),T2	Granisetron HCl (Oral Tablet),T4
Gavreto (Oral Capsule),T5	Griseofulvin Microsize (Oral Suspension),T4
Gemfibrozil (Oral Tablet),T2	Griseofulvin Microsize (Oral Tablet),T4
Generlac (Oral Solution),T2	Griseofulvin Ultramicrosize (Oral Tablet),T4
Gengraf (Oral Capsule),T3	Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour),T4
Gengraf (Oral Solution),T3	Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T3
Genotropin (Subcutaneous Cartridge),T5	Gvoke Kit (Subcutaneous Solution),T3
Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T5	Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3
Gentak (Ophthalmic Ointment),T2	H
Gentamicin Sulfate (40MG/ML Injection Solution),T4	Haegarda (Subcutaneous Solution Reconstituted),T5
Gentamicin Sulfate (External Cream),T3	Hailey 24 Fe (Oral Tablet),T4
Gentamicin Sulfate (External Ointment),T3	Halobetasol Propionate (External Cream),T4
	Halobetasol Propionate (External Ointment),T4

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Haloperidol (Oral Tablet),T2	and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T5
Haloperidol Decanoate (Intramuscular Solution),T4	Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T5
Haloperidol Lactate (Injection Solution),T4	Humulin 70/30 (Subcutaneous Suspension),T3*
Haloperidol Lactate (Oral Concentrate),T2	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3*
Havrix (Intramuscular Suspension),T3	Humulin N (Subcutaneous Suspension),T3*
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution),T3	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3*
Heparin Sodium (1000UNIT/ML Injection Solution),T3	Humulin R (Injection Solution),T3*
Hetlioz (Oral Capsule),T5	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3*
Hetlioz LQ (Oral Suspension),T5	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3*
Hiberix (Injection Solution Reconstituted),T3	Hydralazine HCl (Oral Tablet),T1
Humalog (Injection Solution),T3*	Hydrochlorothiazide (Oral Capsule),T1
Humalog (Subcutaneous Solution Cartridge),T3*	Hydrochlorothiazide (Oral Tablet),T1
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocodone-Acetaminophen (7.5-325MG/ 15ML Oral Solution),T3
Humalog Mix 50/50 (Subcutaneous Suspension),T3*	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet),T3
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone (1% External Cream),T2
Humalog Mix 75/25 (Subcutaneous Suspension),T3*	Hydrocortisone (1% External Ointment, 2.5% External Ointment),T2
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone (2.5% External Lotion),T3
Humira (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone (Oral Tablet),T3
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone (Perianal) (2.5% External Cream),T2
Humira Pen (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone (Rectal Enema),T4
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Butyrate (External Ointment),T3
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Valerate (External Cream),T4
Humira Pen Psoriasis Starter (80MG/0.8ML	Hydrocortisone Valerate (External Ointment),T4
	Hydrocortisone-Acetic Acid (Otic Solution),T3
	Hydromorphone HCl (1MG/ML Oral Liquid),T4
	Hydromorphone HCl (2MG Oral Tablet

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Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release),T2	Impavido (Oral Capsule),T5
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour),T4	Imvexxy Maintenance Pack (Vaginal Insert),T3
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution),T4	Imvexxy Starter Pack (Vaginal Insert),T3
Hydroxychloroquine Sulfate (200MG Oral Tablet),T2	Incassia (Oral Tablet),T4
Hydroxyurea (Oral Capsule),T2	Increlex (Subcutaneous Solution),T5
Hydroxyzine HCl (Oral Syrup),T3	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3
Hydroxyzine HCl (Oral Tablet),T3	Indapamide (Oral Tablet),T1
Hydroxyzine Pamoate (Oral Capsule),T3	Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release),T2
I	Infanrix (Intramuscular Suspension),T3
IDHIFA (Oral Tablet),T5	Ingrezza (Oral Capsule Therapy Pack),T5
IPOL (Injection),T3	Ingrezza (Oral Capsule),T5
Ibandronate Sodium (Oral Tablet),T2	Inlyta (Oral Tablet),T5
Ibrance (Oral Capsule),T5	Inqovi (Oral Tablet),T5
Ibrance (Oral Tablet),T5	Inrebic (Oral Capsule),T5
Ibu (600MG Oral Tablet, 800MG Oral Tablet),T2	Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T2	Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T3*
Ibuprofen (Oral Suspension),T2	Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*
Icatibant Acetate (Subcutaneous Solution),T5	Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T3*
Iclevia (Oral Tablet),T4	Insulin Syringes, Needles,T3
Iclusig (Oral Tablet),T5	Intelence (25MG Oral Tablet),T4
Icosapent Ethyl (Oral Capsule),T4	Intralipid (Intravenous Emulsion),T4
Ilevro (Ophthalmic Suspension),T3	Intron A (Injection Solution Reconstituted),T5
Imatinib Mesylate (Oral Tablet),T5	Introvale (Oral Tablet),T4
Imbruvica (Oral Capsule),T5	Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T5
Imbruvica (Oral Tablet),T5	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe,
Imipenem-Cilastatin (Intravenous Solution Reconstituted),T4	
Imipramine HCl (Oral Tablet),T4	
Imipramine Pamoate (Oral Capsule),T4	
Imiquimod (5% External Cream),T4	
Imiquimod Pump (3.75% External Cream),T5	
Imovax Rabies (Intramuscular Injectable),T3	

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*Insulin Senior Savings Program

78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4
Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5
Ipratropium Bromide (Inhalation Solution),T2
Ipratropium Bromide (Nasal Solution),T2
Ipratropium-Albuterol (Inhalation Solution),T1
Irbesartan (Oral Tablet),T1
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1
Iressa (Oral Tablet),T5
Isentress (100MG Oral Tablet Chewable),T4
Isentress (25MG Oral Tablet Chewable),T3
Isentress (Oral Packet),T4
Isentress (Oral Tablet),T5
Isentress HD (Oral Tablet),T5
Isibloom (Oral Tablet),T4
Isolyte-P in D5W (Intravenous Solution),T4
Isolyte-S pH 7.4 (Intravenous Solution),T4
Isoniazid (Oral Syrup),T4
Isoniazid (Oral Tablet),T2
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2
Isosorbide Dinitrate-Hydralazine (Oral Tablet),T3
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1
Isotretinoin (Oral Capsule),T4
Isturisa (Oral Tablet),T5
Itraconazole (Oral Capsule),T4
Itraconazole (Oral Solution),T5
Ivermectin (Oral Tablet),T3
Ixiaro (Intramuscular Suspension),T3

Bold type = Brand name drug

*Insulin Senior Savings Program

J
Jakafi (Oral Tablet),T5
Jantoven (Oral Tablet),T1
Janumet (Oral Tablet Immediate Release),T3
Janumet XR (Oral Tablet Extended Release 24 Hour),T3
Januvia (Oral Tablet),T3
Jardiance (Oral Tablet),T3
Jasmiel (Oral Tablet),T4
Jentaduo (Oral Tablet Immediate Release),T3
Jentaduo XR (Oral Tablet Extended Release 24 Hour),T3
Jinteli (Oral Tablet),T4
Jublia (External Solution),T4
Juleber (Oral Tablet),T4
Juluca (Oral Tablet),T5
Junel 1.5/30 (Oral Tablet),T4
Junel 1/20 (Oral Tablet),T4
Junel Fe 1.5/30 (Oral Tablet),T4
Junel Fe 1/20 (Oral Tablet),T4
Junel Fe 24 (Oral Tablet),T4
Juxtapid (Oral Capsule),T5
K
KCl in Dextrose-NaCl (Intravenous Solution),T4
KCl-Lactated Ringers-D5W (Intravenous Solution),T4
Kaitlib Fe (Oral Tablet Chewable),T4
Kalydeco (Oral Packet),T5
Kalydeco (Oral Tablet),T5
Kariva (Oral Tablet),T4
Kelnor 1/35 (Oral Tablet),T4
Kelnor 1/50 (Oral Tablet),T4
Kerendia (Oral Tablet),T4
Ketoconazole (External Cream),T2
Ketoconazole (External Shampoo),T2
Ketoconazole (Oral Tablet),T2

Plain type = Generic drug

Ketorolac Tromethamine (Ophthalmic Solution),T3	Lamivudine (10MG/ML Oral Solution),T3
Kineret (Subcutaneous Solution Prefilled Syringe),T5	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3
Kinrix (Intramuscular Suspension Prefilled Syringe),T3	Lamivudine-Zidovudine (Oral Tablet),T4
Kisqali (200MG Dose) (Oral Tablet),T5	Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release),T2
Kisqali (400MG Dose) (Oral Tablet),T5	Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable),T3
Kisqali (600MG Dose) (Oral Tablet),T5	Lanoxin (Oral Tablet),T4
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack),T5	Lansoprazole (Oral Capsule Delayed Release),T2
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack),T5	Lanthanum Carbonate (Oral Tablet Chewable),T5
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack),T5	Lantus (Subcutaneous Solution),T3*
Klor-Con (Oral Packet),T3	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3*
Klor-Con 10 (Oral Tablet Extended Release),T2	Lapatinib Ditosylate (Oral Tablet),T5
Klor-Con 8 (Oral Tablet Extended Release),T2	Larissia (Oral Tablet),T4
Klor-Con M10 (Oral Tablet Extended Release),T2	Latanoprost (Ophthalmic Solution),T1
Klor-Con M15 (Oral Tablet Extended Release),T2	Latuda (Oral Tablet),T5
Klor-Con M20 (Oral Tablet Extended Release),T2	Layolis Fe (Oral Tablet Chewable),T4
Korlym (Oral Tablet),T5	Leena (Oral Tablet),T4
Koselugo (Oral Capsule),T5	Leflunomide (Oral Tablet),T2
Kurvelo (Oral Tablet),T4	Lenalidomide (Oral Capsule),T5
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T5	Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack),T5
L	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN 1.5/30 (Oral Tablet),T4	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN 1/20 (Oral Tablet),T4	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN Fe 1.5/30 (Oral Tablet),T4	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN Fe 1/20 (Oral Tablet),T4	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack),T5
Labetalol HCl (Oral Tablet),T1	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack),T5
Lacosamide (Oral Solution),T4	
Lacosamide (Oral Tablet),T4	
Lacrisert (Ophthalmic Insert),T4	
Lactulose (10GM/15ML Oral Solution),T2	
Lamivudine (100MG Oral Tablet),T3	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack),T5
Lessina (Oral Tablet),T4
Letrozole (Oral Tablet),T2
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet),T3
Leucovorin Calcium (25MG Oral Tablet),T4
Leukeran (Oral Tablet),T5
Leukine (Injection Solution Reconstituted),T5
Leuprolide Acetate (Injection Kit),T4
Levalbuterol HCl (Inhalation Nebulization Solution),T4
Levalbuterol Tartrate (Inhalation Aerosol),T3
Levemir (Subcutaneous Solution),T3*
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3*
Levetiracetam (Oral Solution),T2
Levetiracetam (Oral Tablet Immediate Release),T2
Levetiracetam ER (Oral Tablet Extended Release 24 Hour),T3
Levo-T (Oral Tablet),T3
Levobunolol HCl (Ophthalmic Solution),T2
Levocarnitine (1GM/10ML Oral Solution),T3
Levocarnitine (330MG Oral Tablet),T3
Levocetirizine Dihydrochloride (Oral Tablet),T1
Levofloxacin (0.5% Ophthalmic Solution),T3
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet),T1
Levofloxacin (25MG/ML Intravenous Solution),T4
Levofloxacin (25MG/ML Oral Solution),T4
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution),T4
Levonest (Oral Tablet),T4
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet),T4
Levonorgestrel-Ethinyl Estradiol (Oral Tablet),T4

Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet),T4
Levora 0.15/30 (28) (Oral Tablet),T4
Levorphanol Tartrate (Oral Tablet),T5
Levothyroxine Sodium (Oral Tablet),T1
Levoxyl (Oral Tablet),T3
Lexiva (Oral Suspension),T4
Lidocaine (5% External Ointment),T3
Lidocaine (5% External Patch),T4
Lidocaine HCl (4% External Solution),T4
Lidocaine Viscous (2% Mouth/Throat Solution),T1
Lidocaine-Prilocaine (External Cream),T3
Linezolid (Intravenous Solution),T4
Linezolid (Oral Suspension Reconstituted),T5
Linezolid (Oral Tablet),T4
Linzess (Oral Capsule),T3
Liothyronine Sodium (Oral Tablet),T2
Lisinopril (Oral Tablet),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1
Lithium Carbonate (Oral Capsule),T2
Lithium Carbonate (Oral Tablet Immediate Release),T2
Lithium Carbonate ER (Oral Tablet Extended Release),T2
Lithostat (Oral Tablet),T5
Livalo (Oral Tablet),T3
Lokelma (Oral Packet),T4
Lonhala Magnair (Inhalation Solution),T5
Lonsurf (Oral Tablet),T5
Loperamide HCl (Oral Capsule),T2
Lopinavir-Ritonavir (Oral Solution),T4
Lopinavir-Ritonavir (Oral Tablet),T4
Lorazepam (Oral Tablet),T1
Lorazepam Intensol (Oral Concentrate),T2
Lorbrena (Oral Tablet),T5
Loryna (Oral Tablet),T4
Losartan Potassium (Oral Tablet),T1

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Losartan Potassium-HCTZ (Oral Tablet),T1	Marlissa (Oral Tablet),T4
Lotemax (Ophthalmic Gel),T4	Marplan (Oral Tablet),T4
Lotemax (Ophthalmic Ointment),T4	Matulane (Oral Capsule),T5
Lotemax (Ophthalmic Suspension),T4	Matzim LA (Oral Tablet Extended Release 24 Hour),T2
Lotemax SM (Ophthalmic Gel),T4	Mavyret (Oral Packet),T5
Loteprednol Etabonate (Ophthalmic Gel),T4	Mavyret (Oral Tablet),T5
Loteprednol Etabonate (Ophthalmic Suspension),T4	Mayzent (Oral Tablet),T5
Lovastatin (Oral Tablet),T1	Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack),T5
Low-Ogestrel (Oral Tablet),T4	Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack),T4
Loxapine Succinate (Oral Capsule),T2	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T2
Lubiprostone (Oral Capsule),T3	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Lumakras (Oral Tablet),T5	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe),T4
Lumigan (Ophthalmic Solution),T3	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4
Lupron Depot (1-Month) (Intramuscular Kit),T5	Mefloquine HCl (Oral Tablet),T2
Lupron Depot (3-Month) (Intramuscular Kit),T5	Megestrol Acetate (40MG/ML Oral Suspension),T3
Lupron Depot (4-Month) (Intramuscular Kit),T5	Megestrol Acetate (625MG/5ML Oral Suspension),T4
Lupron Depot (6-Month) (Intramuscular Kit),T5	Megestrol Acetate (Oral Tablet),T3
Lutera (Oral Tablet),T4	Mekinist (Oral Tablet),T5
Lybalvi (Oral Tablet),T5	Mektovi (Oral Tablet),T5
Lyleq (Oral Tablet),T4	Meloxicam (Oral Tablet),T1
Lynparza (Oral Tablet),T5	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2
Lysodren (Oral Tablet),T5	Memantine HCl (2MG/ML Oral Solution),T4
Lyumjev (Injection Solution),T3*	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T3*	Memantine HCl Titration Pak (Oral Tablet),T3
Lyza (Oral Tablet),T4	MenQuadfi (Intramuscular Solution),T3
M	Menactra (Intramuscular Solution),T3
M-M-R II (Injection Solution Reconstituted),T3	Menest (Oral Tablet),T3
Magnesium Sulfate (50% (10ML Syringe) Injection Solution),T4	Mentax (External Cream),T4
Magnesium Sulfate (50% Injection Solution),T4	
Malathion (External Lotion),T4	
Maraviroc (Oral Tablet),T5	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Menveo (Intramuscular Solution Reconstituted),T3	Metoclopramide HCl (5MG/5ML Oral Solution),T2
Mercaptopurine (Oral Tablet),T3	Metoclopramide HCl (Oral Tablet),T1
Meropenem (Intravenous Solution Reconstituted),T4	Metolazone (Oral Tablet),T1
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Mesalamine (Rectal Enema),T4	Metoprolol Tartrate (Oral Tablet),T1
Mesalamine (Rectal Suppository),T4	Metoprolol-Hydrochlorothiazide (Oral Tablet),T2
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso),T3	Metronidazole (0.75% External Cream),T4
Mesnex (Oral Tablet),T4	Metronidazole (0.75% External Gel, 1% External Gel),T4
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1	Metronidazole (0.75% External Lotion),T4
Metformin HCl (Oral Solution),T1	Metronidazole (0.75% Vaginal Gel),T3
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2
Methadone HCl (Oral Solution),T3	Metronidazole (500MG/100ML Intravenous Solution),T4
Methadone HCl (Oral Tablet),T3	Metyrosine (Oral Capsule),T5
Methazolamide (Oral Tablet),T4	Mexiletine HCl (Oral Capsule),T3
Methenamine Hippurate (Oral Tablet),T3	Micafungin Sodium (Intravenous Solution Reconstituted),T4
Methimazole (Oral Tablet),T1	Miconazole 3 (Vaginal Suppository),T3
Methocarbamol (Oral Tablet),T3	Microgestin 1.5/30 (Oral Tablet),T4
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe),T2	Microgestin 1/20 (Oral Tablet),T4
Methotrexate Sodium (50MG/2ML Injection Solution),T2	Microgestin 24 Fe (Oral Tablet),T4
Methotrexate Sodium (Oral Tablet),T1	Microgestin Fe 1.5/30 (Oral Tablet),T4
Methoxsalen Rapid (Oral Capsule),T5	Microgestin Fe 1/20 (Oral Tablet),T4
Methscopolamine Bromide (Oral Tablet),T4	Midodrine HCl (Oral Tablet),T3
Methylphenidate HCl (Oral Solution),T4	Migergot (Rectal Suppository),T5
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3	Miglitol (Oral Tablet),T4
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release),T4	Miglustat (Oral Capsule),T5
Methylprednisolone (Oral Tablet Therapy Pack),T2	Mili (Oral Tablet),T4
Methylprednisolone (Oral Tablet),T2	Minocycline HCl (Oral Capsule),T2
	Minocycline HCl (Oral Tablet Immediate Release),T4
	Minoxidil (Oral Tablet),T2
	Mirtazapine (Oral Tablet),T2
	Mirtazapine ODT (Oral Tablet Dispersible),T2
	Mirvaso (External Gel),T4

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Misoprostol (Oral Tablet),T3	Mycophenolate Mofetil (Oral Tablet),T3
Modafinil (Oral Tablet),T3	Mycophenolate Sodium (Oral Tablet Delayed Release),T4
Moexipril HCl (Oral Tablet),T1	Myorisan (Oral Capsule),T4
Molindone HCl (Oral Tablet),T4	Myrbetriq (Oral Suspension Reconstituted ER),T3
Mometasone Furoate (External Cream),T2	Myrbetriq (Oral Tablet Extended Release 24 Hour),T3
Mometasone Furoate (External Ointment),T2	N
Mometasone Furoate (External Solution),T2	Nabumetone (Oral Tablet),T2
Mometasone Furoate (Nasal Suspension),T4	Nadolol (Oral Tablet),T4
Montelukast Sodium (Oral Packet),T2	Nafcillin Sodium (10GM Intravenous Solution Reconstituted),T4
Montelukast Sodium (Oral Tablet Chewable),T2	Nafcillin Sodium (Injection Solution Reconstituted),T4
Montelukast Sodium (Oral Tablet),T1	Naftifine HCl (External Cream),T4
Morphine Sulfate (10MG/5ML Oral Solution),T3	Naftin (2% External Gel),T4
Morphine Sulfate (20MG/5ML Oral Solution),T3	Naloxone HCl (0.4MG/ML Injection Solution),T2
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution),T3	Naloxone HCl (Injection Solution Cartridge),T2
Morphine Sulfate (Oral Tablet Immediate Release),T3	Naloxone HCl (Injection Solution Prefilled Syringe),T2
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3	Naloxone HCl (Nasal Liquid),T3
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4	Naltrexone HCl (Oral Tablet),T3
Motegrity (Oral Tablet),T4	Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3
Movantik (Oral Tablet),T3	Namzaric (Oral Capsule Extended Release 24 Hour),T3
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox),T4	Naproxen (Oral Suspension),T5
Moxifloxacin HCl (Oral Tablet),T3	Naproxen (Oral Tablet Immediate Release),T2
Moxifloxacin HCl in NaCl (Intravenous Solution),T4	Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn),T2
Multaq (Oral Tablet),T3	Naratriptan HCl (Oral Tablet),T3
Mupirocin (External Ointment),T2	Narcan (Nasal Liquid),T3
Mupirocin Calcium (External Cream),T4	Natacyn (Ophthalmic Suspension),T4
Myalept (Subcutaneous Solution Reconstituted),T5	Nateglinide (Oral Tablet),T1
Mycophenolate Mofetil (Oral Capsule),T3	Natpara (Subcutaneous Cartridge),T5
Mycophenolate Mofetil (Oral Suspension Reconstituted),T5	Nayzilam (Nasal Solution),T4
	Nebivolol HCl (Oral Tablet),T3
	Necon 0.5/35 (28) (Oral Tablet),T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Nefazodone HCl (Oral Tablet),T4	Nimodipine (Oral Capsule),T4
Neomycin Sulfate (Oral Tablet),T2	Ninlaro (Oral Capsule),T5
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment),T3	Nitazoxanide (Oral Tablet),T5
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment),T3	Nitisinone (Oral Capsule),T5
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension),T2	Nitro-Bid (Transdermal Ointment),T4
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment),T2	Nitrofurantoin (Oral Suspension),T5
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution),T3	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macroclantin),T3
Neomycin-Polymyxin-HC (1% Otic Solution),T3	Nitrofurantoin Monohydrate (Generic Macrobid),T3
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4	Nitroglycerin (Tablet Sublingual),T2
Neomycin-Polymyxin-HC (Otic Suspension),T3	Nitroglycerin (Transdermal Patch 24 Hour),T2
Nerlynx (Oral Tablet),T5	Nitroglycerin (Translingual Solution),T3
Neuac (External Gel),T4	Nitrostat (Tablet Sublingual),T3
Neulasta (Subcutaneous Solution Prefilled Syringe),T5	Nizatidine (Oral Capsule),T3
Neupro (Transdermal Patch 24 Hour),T4	Nora-BE (Oral Tablet),T4
Nevirapine (Oral Suspension),T4	Norethindrone (0.35MG Oral Tablet),T4
Nevirapine (Oral Tablet Immediate Release),T3	Norethindrone Acetate (5MG Oral Tablet),T2
Nevirapine ER (Oral Tablet Extended Release 24 Hour),T4	Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet),T4
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release),T4	Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable),T4
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T3	Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet),T4
Niacor (Oral Tablet),T4	Norgestimate-Ethinyl Estradiol (Oral Tablet),T4
Nicardipine HCl (Oral Capsule),T4	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet),T4
Nicotrol (Inhalation Inhaler),T4	Nortrel 0.5/35 (28) (Oral Tablet),T4
Nicotrol NS (Nasal Solution),T4	Nortrel 1/35 (21) (Oral Tablet),T4
Nifedipine ER (Oral Tablet Extended Release 24 Hour),T1	Nortrel 1/35 (28) (Oral Tablet),T4
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	Nortrel 7/7/7 (Oral Tablet),T4
Nikki (Oral Tablet),T4	Nortriptyline HCl (Oral Capsule),T2
Nilutamide (Oral Tablet),T5	Nortriptyline HCl (Oral Solution),T2
	Norvir (Oral Packet),T4
	Norvir (Oral Solution),T4

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Noxafil (Oral Suspension),T5	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T2
Nubeqa (Oral Tablet),T5	Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible),T4
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T5	Olmesartan Medoxomil (Oral Tablet),T1
Nucala (Subcutaneous Solution Auto-Injector),T5	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1
Nucala (Subcutaneous Solution Reconstituted),T5	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T1
Nuedexta (Oral Capsule),T5	Olopatadine HCl (Ophthalmic Solution),T3
Nuplazid (Oral Capsule),T5	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T4
Nuplazid (Oral Tablet),T5	Omeprazole (10MG Oral Capsule Delayed Release),T2
Nurtec ODT (Oral Tablet Dispersible),T5	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2
Nutrilipid (Intravenous Emulsion),T4	Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T2
Nyamyc (External Powder),T2	Ondansetron HCl (Oral Solution),T4
Nylia 1/35 (Oral Tablet),T4	Ondansetron ODT (Oral Tablet Dispersible),T2
Nylia 7/7/7 (Oral Tablet),T4	Onureg (Oral Tablet),T5
Nymalize (Oral Solution),T5	Opsumit (Oral Tablet),T5
Nymyo (Oral Tablet),T4	Orencia (Subcutaneous Solution Prefilled Syringe),T5
Nystatin (External Cream),T2	Orencia ClickJect (Subcutaneous Solution Auto-Injector),T5
Nystatin (External Ointment),T2	Orenitram (0.125MG Oral Tablet Extended Release),T4
Nystatin (External Powder),T2	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5
Nystatin (Mouth/Throat Suspension),T2	Orfadin (20MG Oral Capsule),T5
Nystatin (Oral Tablet),T2	Orfadin (Oral Suspension),T5
Nystop (External Powder),T2	Orgovyx (Oral Tablet),T5
O	Orkambi (Oral Packet),T5
Ocaliva (Oral Tablet),T5	Orkambi (Oral Tablet),T5
Ocella (Oral Tablet),T4	Oseltamivir Phosphate (Oral Capsule),T3
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution),T5	Oseltamivir Phosphate (Oral Suspension)
Octreotide Acetate (Injection Solution),T4	
Odefsey (Oral Tablet),T5	
Odomzo (Oral Capsule),T5	
Ofev (Oral Capsule),T5	
Ofloxacin (Ophthalmic Solution),T2	
Ofloxacin (Oral Tablet),T3	
Ofloxacin (Otic Solution),T3	
Olanzapine (10MG Intramuscular Solution Reconstituted),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Reconstituted),T3	P
Osphena (Oral Tablet),T3	PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY),T2
Otezla (Oral Tablet Therapy Pack),T5	PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY),T2
Otezla (Oral Tablet),T5	Pacerone (200MG Oral Tablet),T1
Oxacillin Sodium (Injection Solution Reconstituted),T4	Paliperidone ER (Oral Tablet Extended Release 24 Hour),T4
Oxacillin Sodium (Intravenous Solution Reconstituted),T4	Panretin (External Gel),T5
Oxacillin Sodium in Dextrose (Intravenous Solution),T4	Pantoprazole Sodium (Oral Tablet Delayed Release),T1
Oxandrolone (10MG Oral Tablet),T4	Panzyla (Intravenous Solution),T5
Oxandrolone (2.5MG Oral Tablet),T3	Paricalcitol (Oral Capsule),T4
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet),T3	Paromomycin Sulfate (Oral Capsule),T4
Oxcarbazepine (300MG/5ML Oral Suspension),T4	Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release),T2
Oxybutynin Chloride (Oral Syrup),T2	Paroxetine HCl (10MG/5ML Oral Suspension),T4
Oxybutynin Chloride (Oral Tablet Immediate Release),T2	Paser (Oral Packet),T4
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1	Pediarix (Intramuscular Suspension Prefilled Syringe),T3
Oxycodone HCl (100MG/5ML Oral Concentrate),T4	Pedvax HIB (Intramuscular Suspension),T3
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2	Pegasys (Subcutaneous Solution Prefilled Syringe),T5
Oxycodone HCl (5MG/5ML Oral Solution),T4	Pegasys (Subcutaneous Solution),T5
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3	Pemazyre (Oral Tablet),T5
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T3	Penicillamine (250MG Oral Capsule),T5
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T3	Penicillamine (250MG Oral Tablet),T5
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector),T3	Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted),T4
	Penicillin G Procaine (Intramuscular Suspension),T4
	Penicillin G Sodium (Injection Solution Reconstituted),T4
	Penicillin V Potassium (Oral Solution Reconstituted),T2
	Penicillin V Potassium (Oral Tablet),T2
	Pentacel (Intramuscular Suspension Reconstituted),T3

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Pentamidine Isethionate (Inhalation Solution Reconstituted),T4	Therapy Pack),T5
Pentamidine Isethionate (Injection Solution Reconstituted),T4	Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack),T5
Pentasa (250MG Oral Capsule Extended Release),T4	Pirfenidone (Oral Tablet),T5
Pentoxifylline ER (Oral Tablet Extended Release),T2	Pirmella 1/35 (Oral Tablet),T4
Perforomist (Inhalation Nebulization Solution),T4	Piroxicam (Oral Capsule),T3
Perindopril Erbumine (Oral Tablet),T1	Plasma-Lyte 148 (Intravenous Solution),T4
Periogard (Mouth Solution),T1	Plasma-Lyte A (Intravenous Solution),T4
Permethrin (External Cream),T3	Plenamine (Intravenous Solution),T4
Perphenazine (Oral Tablet),T4	Podofilox (External Solution),T3
Perseris (Subcutaneous Prefilled Syringe),T5	Polymyxin B Sulfate (Injection Solution Reconstituted),T4
Phenelzine Sulfate (Oral Tablet),T3	Polymyxin B-Trimethoprim (Ophthalmic Solution),T2
Phenobarbital (Oral Elixir),T2	Pomalyst (Oral Capsule),T5
Phenobarbital (Oral Tablet),T2	Portia-28 (Oral Tablet),T4
Phenoxybenzamine HCl (Oral Capsule),T5	Posaconazole (Oral Tablet Delayed Release),T5
Phenytek (Oral Capsule),T2	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution),T4
Phenytoin (125MG/5ML Oral Suspension),T2	Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution),T3
Phenytoin (Oral Tablet Chewable),T2	Potassium Chloride (Oral Packet),T3
Phenytoin Sodium Extended (Oral Capsule),T2	Potassium Chloride CR (Oral Tablet Extended Release),T1
Phoslyra (Oral Solution),T3	Potassium Chloride ER (Oral Capsule Extended Release),T1
Pifeltro (Oral Tablet),T5	Potassium Chloride ER (Oral Tablet Extended Release),T1
Pilocarpine HCl (Ophthalmic Solution),T3	Potassium Chloride in Dextrose (Intravenous Solution),T4
Pilocarpine HCl (Oral Tablet),T4	Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution),T4
Pimecrolimus (External Cream),T4	Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution),T4
Pimozide (Oral Tablet),T4	Potassium Citrate ER (Oral Tablet Extended Release),T3
Pimtrea (Oral Tablet),T4	
Pindolol (Oral Tablet),T3	
Pioglitazone HCl (Oral Tablet),T1	
Pioglitazone HCl-Glimepiride (Oral Tablet),T1	
Pioglitazone HCl-Metformin HCl (Oral Tablet),T1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted),T4	
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack),T5	
Piqray (250MG Daily Dose) (Oral Tablet	

T1 = Tier 1

T2 = Tier 2

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Praluent (Subcutaneous Solution Auto-Injector),T3
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2
Prasugrel HCl (Oral Tablet),T3
Pravastatin Sodium (Oral Tablet),T1
Praziquantel (Oral Tablet),T4
Prazosin HCl (Oral Capsule),T2
PreHevbrio (Intramuscular Suspension),T3
Pred Mild (Ophthalmic Suspension),T4
Pred-G (Ophthalmic Suspension),T4
Pred-G S.O.P. (Ophthalmic Ointment),T4
Prednicarbate (External Ointment),T4
Prednisolone (Oral Solution),T2
Prednisolone Acetate (Ophthalmic Suspension),T3
Prednisolone Sodium Phosphate (1% Ophthalmic Solution),T2
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution),T2
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack),T1
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1
Prednisone (5MG/5ML Oral Solution),T2
Prednisone Intensol (Oral Concentrate),T2
Pregabalin (Oral Capsule),T3
Pregabalin (Oral Solution),T3
Premarin (Oral Tablet),T4
Premarin (Vaginal Cream),T3
Premasol (Intravenous Solution),T4
Premphase (Oral Tablet),T4
Prempro (Oral Tablet),T4
Prenatal (27-1MG Oral Tablet),T3
Prevalite (Oral Packet),T4
Prevymis (Oral Tablet),T5

Prezcobix (Oral Tablet),T5
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T5
Prezista (75MG Oral Tablet),T4
Prezista (Oral Suspension),T5
Priftin (Oral Tablet),T4
Primaquine Phosphate (Oral Tablet),T4
Primidone (Oral Tablet),T2
Privigen (20GM/200ML Intravenous Solution),T5
ProAir HFA (Inhalation Aerosol Solution),T3
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3
ProQuad (Subcutaneous Suspension Reconstituted),T3
Probenecid (Oral Tablet),T3
Probenecid-Colchicine (Oral Tablet),T3
Procalamine (3% Intravenous Solution),T4
Prochlorperazine (Rectal Suppository),T4
Prochlorperazine Maleate (Oral Tablet),T2
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5
Procto-Med HC (External Cream),T2
Procto-Pak (External Cream),T2
Proctosol HC (External Cream),T2
Proctozone-HC (External Cream),T2
Procysbi (Oral Packet),T5
Progesterone (Oral Capsule),T2
Prograf (Oral Packet),T4
Prolastin-C (Intravenous Solution Reconstituted),T5
Prolensa (Ophthalmic Solution),T4
Prolia (Subcutaneous Solution Prefilled Syringe),T4
Promacta (Oral Packet),T5

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Promacta (Oral Tablet),T5	RabAvert (Intramuscular Suspension Reconstituted),T3
Promethazine HCl (Oral Syrup),T3	Rabeprazole Sodium (Oral Tablet Delayed Release),T3
Promethazine HCl (Oral Tablet),T3	Raloxifene HCl (Oral Tablet),T2
Promethazine HCl (Rectal Suppository),T4	Ramelteon (Oral Tablet),T4
Promethegan (25MG Rectal Suppository),T4	Ramipril (Oral Capsule),T1
Propafenone HCl (Oral Tablet),T2	Ranolazine ER (Oral Tablet Extended Release 12 Hour),T3
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour),T4	Rasagiline Mesylate (Oral Tablet),T4
Propranolol HCl (Oral Solution),T2	Rasuvo (Subcutaneous Solution Auto-Injector),T4
Propranolol HCl (Oral Tablet),T1	Rayaldee (Oral Capsule Extended Release),T5
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2	Rebif (Subcutaneous Solution Prefilled Syringe),T5
Propylthiouracil (Oral Tablet),T2	Rebif Rebidose (Subcutaneous Solution Auto-Injector),T5
Prosol (Intravenous Solution),T4	Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T5
Protriptyline HCl (Oral Tablet),T4	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5
Pulmozyme (Inhalation Solution),T5	Reclipsen (Oral Tablet),T4
Purixan (Oral Suspension),T5	Recombivax HB (Injection Suspension),T3
Pyrazinamide (Oral Tablet),T4	Rectiv (Rectal Ointment),T4
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3	Regranex (External Gel),T5
Pyridostigmine Bromide (Oral Solution),T5	Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated),T3
Pyridostigmine Bromide ER (Oral Tablet Extended Release),T4	Relistor (Oral Tablet),T5
Pyrimethamine (Oral Tablet),T5	Relistor (Subcutaneous Solution),T5
Q	Repaglinide (Oral Tablet),T1
Qinlock (Oral Tablet),T5	Repatha (Subcutaneous Solution Prefilled Syringe),T3
Quadracel (Intramuscular Suspension),T3	Repatha Pushtronex System (Subcutaneous Solution Cartridge),T3
Quetiapine Fumarate (Oral Tablet Immediate Release),T2	Repatha SureClick (Subcutaneous Solution Auto-Injector),T3
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T3	Restasis MultiDose (Ophthalmic Emulsion),T3
Quinapril HCl (Oral Tablet),T1	Restasis Single-Use Vials (Ophthalmic Emulsion),T3
Quinapril-Hydrochlorothiazide (Oral Tablet),T1	Retacrit (Injection Solution),T4
Quinidine Gluconate ER (Oral Tablet Extended Release),T4	
Quinidine Sulfate (Oral Tablet),T2	
Quinine Sulfate (Oral Capsule),T4	
R	
RAVICTI (Oral Liquid),T5	

T1 = Tier 1

T2 = Tier 2

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T5 = Tier 5

*Insulin Senior Savings Program

Retevmo (Oral Capsule),T5	Rizatriptan Benzoate (Oral Tablet),T3
Revcovi (Intramuscular Solution),T5	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3
Revlimid (Oral Capsule),T5	Rocklatan (Ophthalmic Solution),T3
Rexulti (Oral Tablet),T5	Ropinirole HCl (Oral Tablet Immediate Release),T2
Reyataz (Oral Packet),T5	Rosuvastatin Calcium (Oral Tablet),T1
Rhopressa (Ophthalmic Solution),T3	RotaTeq (Oral Solution),T3
Ribavirin (Oral Tablet),T3	Rotarix (Oral Suspension Reconstituted),T3
Ridaura (Oral Capsule),T5	Roweepra (Oral Tablet Immediate Release),T2
Rifabutin (Oral Capsule),T4	Rozlytrek (Oral Capsule),T5
Rifampin (150MG Oral Capsule, 300MG Oral Capsule),T3	Rubraca (Oral Tablet),T5
Rifampin (600MG Intravenous Solution Reconstituted),T4	Ruconest (Intravenous Solution Reconstituted),T5
Riluzole (Oral Tablet),T3	Rufinamide (200MG Oral Tablet),T4
Rimantadine HCl (Oral Tablet),T4	Rufinamide (400MG Oral Tablet),T5
Rinvoq (Oral Tablet Extended Release 24 Hour),T5	Rufinamide (Oral Suspension),T5
Risedronate Sodium (Oral Tablet Immediate Release),T3	Rukobia (Oral Tablet Extended Release 12 Hour),T5
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4	Rybelsus (Oral Tablet),T3
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5	Rydapt (Oral Capsule),T5
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet),T2	Rytary (Oral Capsule Extended Release),T4
Risperidone (1MG/ML Oral Solution),T4	S
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible),T4	SPS (Oral Suspension),T3
Ritonavir (Oral Tablet),T3	SSD (External Cream),T3
Rivastigmine (Transdermal Patch 24 Hour),T4	Sajazir (Subcutaneous Solution),T5
Rivastigmine Tartrate (Oral Capsule),T3	Sancuso (Transdermal Patch),T5
Rivelsa (Oral Tablet),T4	Sandimmune (Oral Solution),T4
	Santyl (External Ointment),T4
	Sapropterin Dihydrochloride (Oral Packet),T5
	Sapropterin Dihydrochloride (Oral Tablet),T5
	Savella (Oral Tablet),T3
	Savella Titration Pack (Oral Tablet),T3
	Scemblix (Oral Tablet),T5
	Scopolamine (Transdermal Patch 72 Hour),T4
	Secuado (Transdermal Patch 24 Hour),T5
	Selegiline HCl (Oral Capsule),T3
	Selegiline HCl (Oral Tablet),T3

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Selenium Sulfide (External Lotion),T2	Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution),T4
Selzentry (25MG Oral Tablet),T3	Sodium Chloride (5% Intravenous Solution),T4
Selzentry (75MG Oral Tablet),T5	Sodium Chloride (Irrigation Solution),T3
Selzentry (Oral Solution),T5	Sodium Fluoride (Oral Tablet),T1
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3	Sodium Phenylbutyrate (Oral Powder),T5
Serostim (Subcutaneous Solution Reconstituted),T5	Sodium Phenylbutyrate (Oral Tablet),T5
Sertraline HCl (Oral Concentrate),T4	Sodium Polystyrene Sulfonate (Oral Powder),T3
Sertraline HCl (Oral Tablet),T1	Sofosbuvir-Velpatasvir (Oral Tablet),T5
Setlakin (Oral Tablet),T4	Solifenacin Succinate (Oral Tablet),T3
Sevelamer Carbonate (Oral Packet),T5	Soliqua (Subcutaneous Solution Pen-Injector),T3 *
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4	Soltamox (Oral Solution),T5
Sharobel (Oral Tablet),T4	Somavert (Subcutaneous Solution Reconstituted),T5
Shingrix (Intramuscular Suspension Reconstituted),T3	Sorafenib Tosylate (Oral Tablet),T5
Signifor (Subcutaneous Solution),T5	Sorine (Oral Tablet),T2
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3	Sotalol HCl (Oral Tablet),T2
Silodosin (Oral Capsule),T3	Sotalol HCl AF (Oral Tablet),T2
Silver Sulfadiazine (External Cream),T3	Sovaldi (400MG Oral Tablet),T5
Simbrinza (Ophthalmic Suspension),T3	Sovaldi (Oral Packet),T5
Simponi (Subcutaneous Solution Auto-Injector),T5	Spiriva HandiHaler (Inhalation Capsule),T3
Simponi (Subcutaneous Solution Prefilled Syringe),T5	Spiriva Respimat (Inhalation Aerosol Solution),T3
Simvastatin (Oral Tablet),T1	Spironolactone (Oral Tablet),T1
Sirolimus (Oral Solution),T5	Spironolactone-HCTZ (Oral Tablet),T2
Sirolimus (Oral Tablet),T4	Sprintec 28 (Oral Tablet),T4
Sirturo (Oral Tablet),T5	Spritam ODT (Oral Tablet Disintegrating Soluble),T4
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T5	Sprycel (Oral Tablet),T5
Skyrizi (Subcutaneous Solution Prefilled Syringe),T5	Sronyx (Oral Tablet),T4
Skyrizi Pen (Subcutaneous Solution Auto-Injector),T5	Stelara (Subcutaneous Solution Prefilled Syringe),T5
Sodium Chloride (0.45% Intravenous Solution),T4	Stelara (Subcutaneous Solution),T5
	Stiolto Respimat (Inhalation Aerosol Solution),T3
	Stivarga (Oral Tablet),T5
	Streptomycin Sulfate (Intramuscular Solution Reconstituted),T5

T1 = Tier 1

T2 = Tier 2

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*Insulin Senior Savings Program

Stribild (Oral Tablet),T5	Symtuza (Oral Tablet),T5
Suboxone (Sublingual Film),T4	Synarel (Nasal Solution),T5
Sucraid (Oral Solution),T5	Synjardy (Oral Tablet Immediate Release),T3
Sucralfate (Oral Suspension),T4	Synjardy XR (Oral Tablet Extended Release 24 Hour),T3
Sucralfate (Oral Tablet),T2	Synribo (Subcutaneous Solution Reconstituted),T5
Sulfacetamide Sodium (Ophthalmic Ointment),T2	Synthroid (Oral Tablet),T3
Sulfacetamide Sodium (Ophthalmic Solution),T2	T
Sulfacetamide-Prednisolone (Ophthalmic Solution),T2	TDVAX (Intramuscular Suspension),T3
Sulfadiazine (Oral Tablet),T4	TOBI Podhaler (Inhalation Capsule),T5
Sulfamethoxazole-Trimethoprim (Oral Suspension),T3	TPN Electrolytes (Intravenous Concentrate),T4
Sulfamethoxazole-Trimethoprim (Oral Tablet),T2	Tabloid (Oral Tablet),T4
Sulfamylon (External Cream),T4	Tabrecta (Oral Tablet),T5
Sulfasalazine (Oral Tablet Delayed Release),T2	Tacrolimus (External Ointment),T4
Sulfasalazine (Oral Tablet Immediate Release),T2	Tacrolimus (Oral Capsule),T3
Sulindac (Oral Tablet),T2	Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T4
Sumatriptan (Nasal Solution),T4	Tafinlar (Oral Capsule),T5
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2	Tagrisso (Oral Tablet),T5
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector),T4	Talzenna (Oral Capsule),T5
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T4	Tamoxifen Citrate (Oral Tablet),T2
Sunitinib Malate (Oral Capsule),T5	Tamsulosin HCl (Oral Capsule),T1
Suprax (500MG/5ML Oral Suspension Reconstituted),T3	Tarina 24 Fe (Oral Tablet),T4
Suprax (Oral Tablet Chewable),T3	Tarina Fe 1/20 EQ (Oral Tablet),T4
Suprep Bowel Prep Kit (Oral Solution),T3	Tasigna (Oral Capsule),T5
Syeda (Oral Tablet),T4	Tazarotene (External Cream),T4
Symbicort (Inhalation Aerosol),T3	Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted),T4
SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5	Tazicef (Injection Solution Reconstituted),T4
SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5	Taztia XT (Oral Capsule Extended Release 24 Hour),T2
Sympazan (Oral Film),T5	Tazverik (Oral Tablet),T5
	Teflaro (Intravenous Solution Reconstituted),T5
	Tegsedi (Subcutaneous Solution Prefilled Syringe),T5

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Telmisartan (Oral Tablet),T1	Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe),T3
Telmisartan-Amlodipine (Oral Tablet),T1	Tigecycline (Intravenous Solution Reconstituted),T5
Telmisartan-HCTZ (Oral Tablet),T1	Tilia Fe (Oral Tablet),T4
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2	Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1
Tenivac (Intramuscular Injectable),T3	Timolol Maleate (Oral Tablet),T3
Tenofovir Disoproxil Fumarate (Oral Tablet),T4	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3
Tepmetko (Oral Tablet),T5	Tinidazole (Oral Tablet),T4
Terazosin HCl (Oral Capsule),T1	Tivicay (10MG Oral Tablet, 25MG Oral Tablet),T4
Terbinafine HCl (Oral Tablet),T2	Tivicay (50MG Oral Tablet),T5
Terconazole (Vaginal Cream),T3	Tivicay PD (Oral Tablet Soluble),T5
Terconazole (Vaginal Suppository),T3	Tizanidine HCl (Oral Tablet),T2
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T5	TobraDex (Ophthalmic Ointment),T3
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel),T4	TobraDex ST (Ophthalmic Suspension),T4
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel),T3	Tobramycin (Inhalation Nebulization Solution),T5
Testosterone Cypionate (Intramuscular Solution),T2	Tobramycin (Ophthalmic Solution),T2
Testosterone Enanthate (Intramuscular Solution),T3	Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution),T4
Tetrabenazine (12.5MG Oral Tablet),T4	Tobramycin-Dexamethasone (Ophthalmic Suspension),T3
Tetrabenazine (25MG Oral Tablet),T5	Tobrex (Ophthalmic Ointment),T4
Tetracycline HCl (Oral Capsule),T4	Tolcapone (Oral Tablet),T5
Thalomid (Oral Capsule),T5	Tolterodine Tartrate (Oral Tablet),T3
Theophylline (Oral Solution),T2	Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour),T4
Theophylline ER (Oral Tablet Extended Release 12 Hour),T2	Topiramate (Oral Capsule Sprinkle Immediate Release),T1
Theophylline ER (Oral Tablet Extended Release 24 Hour),T2	Topiramate (Oral Tablet),T1
Thioridazine HCl (Oral Tablet),T3	Toremifene Citrate (Oral Tablet),T5
Thiothixene (Oral Capsule),T3	Torsemide (Oral Tablet),T2
Tiadyt ER (Oral Capsule Extended Release 24 Hour),T2	Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3*
Tiagabine HCl (Oral Tablet),T4	Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3*
Tibsovo (Oral Tablet),T5	Tracleer (Oral Tablet Soluble),T5

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*Insulin Senior Savings Program

Tradjenta (Oral Tablet),T3	Tri-VyLibra (Oral Tablet),T4
Tramadol HCl (50MG Oral Tablet Immediate Release),T2	Tri-VyLibra Lo (Oral Tablet),T4
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour),T3	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour),T3	Triamcinolone Acetonide (Dental Paste),T3
Tramadol-Acetaminophen (Oral Tablet),T2	Triamcinolone Acetonide (External Cream),T2
Trandolapril (Oral Tablet),T1	Triamcinolone Acetonide (External Lotion),T2
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release),T1	Triamterene (Oral Capsule),T4
Tranexamic Acid (Oral Tablet),T3	Triamterene-HCTZ (Oral Capsule),T1
Tranylcypromine Sulfate (Oral Tablet),T4	Triamterene-HCTZ (Oral Tablet),T1
Travasol (Intravenous Solution),T4	Triderm (External Cream),T2
Travoprost (BAK Free) (Ophthalmic Solution),T3	Trientine HCl (Oral Capsule),T5
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1	Trifluoperazine HCl (Oral Tablet),T3
Trazodone HCl (300MG Oral Tablet),T2	Trifluridine (Ophthalmic Solution),T3
Trecator (Oral Tablet),T4	Trihexyphenidyl HCl (Oral Solution),T2
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3	Trihexyphenidyl HCl (Oral Tablet),T2
Trelstar Mixject (Intramuscular Suspension Reconstituted),T5	Trijardy XR (Oral Tablet Extended Release 24 Hour),T3
Tresiba (Subcutaneous Solution),T3*	Trimethoprim (Oral Tablet),T2
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3*	Trimipramine Maleate (Oral Capsule),T4
Tretinoin (0.01% External Gel, 0.025% External Gel),T4	Trintellix (Oral Tablet),T4
Tretinoin (External Cream),T4	Triumeq (Oral Tablet),T5
Tretinoin (Oral Capsule),T5	Triumeq PD (Oral Tablet Soluble),T5
Tretinoin Microsphere (External Gel),T4	Trivora (28) (Oral Tablet),T4
Trexall (Oral Tablet),T4	Trizivir (Oral Tablet),T5
Tri-Estarylla (Oral Tablet),T4	TrophAmine (Intravenous Solution),T4
Tri-Legest Fe (Oral Tablet),T4	Trospium Chloride (Oral Tablet),T3
Tri-Lo-Estarylla (Oral Tablet),T4	Trulance (Oral Tablet),T4
Tri-Lo-Sprintec (Oral Tablet),T4	Trulicity (Subcutaneous Solution Pen-Injector),T3
Tri-Mili (Oral Tablet),T4	Trumenba (Intramuscular Suspension Prefilled Syringe),T3
Tri-Nymyo (Oral Tablet),T4	Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack),T5
Tri-Sprintec (Oral Tablet),T4	Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack),T5
	Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack),T5

Bold type = Brand name drug
 *Insulin Senior Savings Program

Plain type = Generic drug

Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack),T5	Vandazole (Vaginal Gel),T3
Tukysa (Oral Tablet),T5	Varenicline Tartrate (Oral Tablet Pack),T3
Turalio (Oral Capsule),T5	Varenicline Tartrate (Oral Tablet),T3
Twinrix (Intramuscular Suspension Prefilled Syringe),T3	Varivax (Subcutaneous Injectable),T3
Tybost (Oral Tablet),T4	Vascepa (Oral Capsule),T4
Tymlos (Subcutaneous Solution Pen-Injector),T5	Velivet (Oral Tablet),T4
Typhim Vi (Intramuscular Solution Prefilled Syringe),T3	Velfphoro (Oral Tablet Chewable),T5
Typhim Vi (Intramuscular Solution),T3	Veltassa (Oral Packet),T5
U	Vemlidy (Oral Tablet),T5
Unithroid (Oral Tablet),T3	Venclexta (100MG Oral Tablet, 50MG Oral Tablet),T5
Ursodiol (300MG Oral Capsule),T3	Venclexta (10MG Oral Tablet),T3
Ursodiol (Oral Tablet),T4	Venclexta Starting Pack (Oral Tablet Therapy Pack),T5
V	Venlafaxine HCl (Oral Tablet Immediate Release),T3
VAQTA (Intramuscular Suspension),T3	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T2
Valacyclovir HCl (Oral Tablet),T3	Ventavis (Inhalation Solution),T5
Valchlor (External Gel),T5	Verapamil HCl (Oral Tablet Immediate Release),T1
Valganciclovir HCl (450MG Oral Tablet),T3	Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted),T5	Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T3
Valproic Acid (Oral Capsule),T2	Verapamil HCl ER (Oral Tablet Extended Release),T2
Valproic Acid (Oral Solution),T2	Versacloz (Oral Suspension),T5
Valsartan (Oral Tablet),T1	Verzenio (Oral Tablet),T5
Valsartan-Hydrochlorothiazide (Oral Tablet),T1	Vestura (Oral Tablet),T4
Valtoco 10MG Dose (Nasal Liquid),T5	Vibramycin (50MG/5ML Oral Syrup),T4
Valtoco 15MG Dose (Nasal Liquid Therapy Pack),T5	Victoza (Subcutaneous Solution Pen-Injector),T3
Valtoco 20MG Dose (Nasal Liquid Therapy Pack),T5	Vienna (Oral Tablet),T4
Valtoco 5MG Dose (Nasal Liquid),T5	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted),T4	
Vancomycin HCl (Oral Capsule),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Vigabatrin (Oral Packet),T5	W
Vigabatrin (Oral Tablet),T5	WYMZYA Fe (Oral Tablet Chewable),T4
Vigadrone (Oral Packet),T5	Warfarin Sodium (Oral Tablet),T1
Viibryd (Oral Tablet),T4	Welireg (Oral Tablet),T5
Viibryd Starter Pack (Oral Kit),T4	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3
Vilazodone HCl (Oral Tablet),T4	X
Vimpat (Oral Solution),T4	Xalkori (Oral Capsule),T5
Vimpat (Oral Tablet),T4	Xarelto (Oral Tablet),T3
Viracept (Oral Tablet),T5	Xarelto Starter Pack (Oral Tablet Therapy Pack),T3
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet),T5	Xatmep (Oral Solution),T4
Viread (Oral Powder),T5	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T5
Vitrakvi (Oral Capsule),T5	Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T4
Vitrakvi (Oral Solution),T5	Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T5
Vivitrol (Intramuscular Suspension Reconstituted),T5	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T5
Vizimpro (Oral Tablet),T5	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T5
Vonjo (Oral Capsule),T5	Xeljanz (Oral Solution),T5
Voriconazole (Intravenous Solution Reconstituted),T5	Xeljanz (Oral Tablet Immediate Release),T5
Voriconazole (Oral Suspension Reconstituted),T5	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T5
Voriconazole (Oral Tablet),T4	Xermelo (Oral Tablet),T5
Vosevi (Oral Tablet),T5	Xgeva (Subcutaneous Solution),T5
Votrient (Oral Tablet),T5	Xifaxan (Oral Tablet),T5
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule),T5	Xigduo XR (Oral Tablet Extended Release 24 Hour),T3
Vraylar (Oral Capsule Therapy Pack),T4	Xiidra (Ophthalmic Solution),T4
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T5	Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T3
VyLibra (Oral Tablet),T4	Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T3
Vyfemla (Oral Tablet),T4	Xolair (Subcutaneous Solution Prefilled Syringe),T5
Vyndamax (Oral Capsule),T5	
Vyndaqel (Oral Capsule),T5	
Vyvanse (Oral Capsule),T4	
Vyvanse (Oral Tablet Chewable),T4	
Vyzulta (Ophthalmic Solution),T4	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Xolair (Subcutaneous Solution Reconstituted),T5	Zelapar ODT (Oral Tablet Dispersible),T5
Xospata (Oral Tablet),T5	Zelboraf (Oral Tablet),T5
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack),T5	Zemaira (Intravenous Solution Reconstituted),T5
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack),T5	Zenatane (Oral Capsule),T4
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack),T5	Zenpep (Oral Capsule Delayed Release Particles),T3
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack),T5	Zerbaxa (Intravenous Solution Reconstituted),T5
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack),T5	Zidovudine (Oral Capsule),T3
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack),T5	Zidovudine (Oral Syrup),T3
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack),T5	Zidovudine (Oral Tablet),T3
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T4	Ziextenzo (Subcutaneous Solution Prefilled Syringe),T5
Xtandi (Oral Capsule),T5	Zileuton ER (Oral Tablet Extended Release 12 Hour),T5
Xtandi (Oral Tablet),T5	Ziprasidone HCl (Oral Capsule),T3
Xulane (Transdermal Patch Weekly),T4	Ziprasidone Mesylate (Intramuscular Solution Reconstituted),T4
Xyrem (Oral Solution),T5	Zirgan (Ophthalmic Gel),T4
Y	Zolinza (Oral Capsule),T5
YF-Vax (Subcutaneous Injectable),T3	Zolpidem Tartrate (Oral Tablet Immediate Release),T2
Yuvaferm (Vaginal Tablet),T4	Zonisamide (Oral Capsule),T2
Z	Zorbtive (Subcutaneous Solution Reconstituted),T5
Zafemy (Transdermal Patch Weekly),T4	Zovia 1/35 (28) (Oral Tablet),T4
Zafirlukast (Oral Tablet),T3	Zydelig (Oral Tablet),T5
Zaleplon (Oral Capsule),T3	Zyflo (Oral Tablet Immediate Release),T5
Zarxio (Injection Solution Prefilled Syringe),T5	Zykadia (Oral Tablet),T5
Zejula (Oral Capsule),T5	Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay for these drugs does not count toward your total drug costs or help you qualify for catastrophic coverage. If you get Extra Help to pay for your prescriptions, it does not apply to these drugs.

Drug name	Drug tier	Restrictions
Vitamins		
Folic Acid (1mg tablet)	2	
Cyanocobalamin (1000mcg/ml vial)	2	
Ergocalciferol (50000mcg capsule)	2	
Erectile Dysfunction		
Sildenafil (25mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (50mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (100mg tablet)	2	Maximum of 4 tablets per 30 days

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Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.

Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amitiza	Linzess – 3 Lubiprostone – 3 Movantik – 3 Motegrity – 4 Relistor – 5 Trulance – 4
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Bystolic	Atenolol Tablet – 1 Bisoprolol Fumarate – 2 Metoprolol Tablet – 1 Carvedilol Tablet – 1
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 1 Tamsulosin – 1
Cyclosporine Ophthalmic	Restasis – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3 Lyumjev – 3
Nucynta ER	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
OxyContin	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
Pradaxa	Eliquis – 3 Xarelto – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3
Qvar Redihaler	Arnuity – 3 Flovent – 3
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 Belsomra – 3

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2022, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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**Ready
to Enroll**

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).

Plan Information

The name of my new plan is: _____

My new plan is a: ☐ Medicare Advantage plan ☐ Medicare Advantage Special Needs plan

☐ Medicare Part D plan ☐ Medicare Supplement Insurance (Medigap) plan

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

My plan type: ☐ Requires referrals ☐ Does not require referrals

☐ Includes a medical deductible, unless the state or another third party pays it for me

☐ Does not include a medical deductible

My plan will provide: ☐ All Medicare health coverage ☐ All Medicare prescription drug coverage

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

Proposed effective date: - - -

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service.

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.

I have **opted / not opted** to access some plan documents electronically. I have **provided / not provided** my email address as another way for the plan to contact me with important information. I can update or change this anytime.

Premium Information

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less. I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless it's paid by the state or a third party. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to pay the LEP in addition to my premium each month.

Select the payment method you will use to pay your monthly premium:

☐ Direct bill each month ☐ Deduction from my Railroad Retirement check

☐ Deduction from my Social Security check ☐ Automatic payment from my bank account

Deductions from your Social Security check may be denied by the Centers for Medicare & Medicaid Services (CMS). If approved, it may take a month or 2 for payments to begin. We'll send you a bill until your Social Security payment is accepted and set up.

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Network Information

With my plan, I need to get my medical care and services from network providers. I may have to pay the full cost for any care I get from out-of-network providers. For my dental care, I can see providers in-network and out-of-network. ☐ **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)
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Prescription Drug Coverage

My plan (circle one) **does not have a deductible** / has a \$ _____ deductible that applies to drugs in (circle the tier(s)): **Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / ALL tiers**

List your medications and any applicable tier levels, drug limits or deductibles below:

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)
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Contact your Licensed Sales Representative

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



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), if I have Extra Help, and if my plan is participating in the Part D Senior Savings Model. 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.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

How to Enroll

You can enroll by phone, online, by mail or by 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 **1-844-723-6473, TTY 711**, 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 representative in your area.



Online

Go to **AARPMedicarePlans.com** 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 (See the back of this page for definitions.):**

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

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
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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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Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) 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. 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) 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. 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 (Part D) Plan

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.



2023 Enrollment Request Form

☐ AARP® Medicare Advantage (HMO-POS) H4590-043-000 - AA1

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

Last Name	First Name	Middle Initial
Birth Date		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone Number () -		Mobile Phone Number () -
Medicare Number		

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	State	ZIP Code
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Email Address (Optional)

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	RxBin	RxPCN (Optional)
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Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

How do you want to pay?

Enrollee Name _____
 Agent Name / ID No. _____
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If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

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

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
- ☐ I want to pay from my Social Security
- ☐ I want to pay from my Railroad Retirement Board (RRB) check
- ☐ I want to pay directly from a bank account

Account Type ☐ Checking ☐ Savings

Account Holder Name: _____

Bank Routing Number ____/____/____/____/____/____/____/____/____

Bank Account Number ____/____/____/____/____/____/____/____/____/____

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 ☐ Braille ☐ Other _____

If you don't see the language or format you want, please call UnitedHealthcare toll-free at **1-844-723-6473**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week. Or visit **AARPMedicarePlans.com** for online help.

2. 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, Workers' Compensation, auto liability, or Veterans benefits) ☐ Yes ☐ No

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If yes, please complete the following:

Name of Health Insurance Company

Member Number

3. 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

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 provider? ☐ Yes ☐ No

Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

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.

Please read and sign

By completing this form, I agree to the following:

- ☐ I must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- ☐ **Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans

Enrollee Name _____
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as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to federal law that authorize the collection of this information (see Privacy Act Statement below).

- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- ☐ The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form

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

Signature of Applicant/Member/Authorized Representative Today's Date

If you are the authorized representative, please sign above and complete the information below

***NOT A SALES AGENT**

Last Name		First Name
Address		
City	State	ZIP Code
Phone Number () -		Relationship to Applicant

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For licensed sales representative/agency use only

Employer Group Name

Employer Group ID	Branch ID
Licensed Sales Representative/Writing ID	Initial Receipt Date
Licensed Sales Representative/Agent Name	Proposed Effective Date

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 (Jan 1 – 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
<input type="checkbox"/> SEP (SEP Reason)			

Licensed Sales Representative Signature (Optional)	Date:
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Please mail or fax this completed form to:

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

Fax: 1-888-950-1170

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Ready to Enroll

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PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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

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

OMB No. 0938-1378

Expires: 7/31/2023

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Ready to Enroll

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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

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call 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. If they are not listed, it means you will likely have to select a new doctor.
- ✓ 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.
- ✓ Review the formulary to make sure your drugs are covered.

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 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 the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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2023 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® UCard. This receipt is not a guarantee of enrollment. **This copy is for your records only. Please do not resubmit enrollment.**

Applicant 1:	Applicant 2 (if applicable):
Name	Name
Application Date - -	Application Date - -
Proposed Effective Date - -	Proposed Effective Date - -
Plan Name	Plan Name
Plan Type	Plan Type
Health Plan/PBP No.	Health Plan/PBP No.
Enrollment Tracking No. (if applicable)	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: 610097

Rx PCN: 9999

RxGRP: SHTX

We're here to help. If you have additional questions you can call UnitedHealthcare® Customer Service toll-free at 1-844-723-6473, TTY 711, 8 a.m.-8 p.m. local time, 7 days a week.

Important Reminder - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



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Ready to Enroll

Take Advantage of What's Next

Your enrollment application was submitted! We're here for you and will check in to make sure you're getting the most out of your plan. Learn more about what to expect next on this page.



You are here
Enrollment submitted



**Your application has
been approved**



**Receive your
UnitedHealthcare UCard™**



**Create your account to
review your plan online**



**Coverage begins!
Start using your plan**



Manage your plan online

Once you receive your UnitedHealthcare UCard, you can create an account at **myAARPMedicare.com**. Online you can:

- Find providers and pharmacies
- Review your Drug List
- Complete your health assessment
- View plan documents



Once your coverage begins

- Schedule your annual wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



Thank you for choosing UnitedHealthcare

If you have any questions, you can call the UnitedHealthcare Customer Service number on your UCard.

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Vendor Information

AARP® Medicare Advantage (HMO-POS)

Take advantage of your additional plan benefits by using the providers below or contacting UnitedHealthcare Customer Service: 1-866-550-4736, 24 hours a day, 7 days a week.

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355 UHCHearing.com/Medicare
Routine Vision Services	Plan network providers in your service area	1-800-950-9355 myAARPMedicare.com If you belong to a medical group or IPA, refer to the Provider Directory.
Routine Dental Benefits	UnitedHealthcare Dental	1-866-550-4736 myAARPMedicare.com
Prescription Drug Home Delivery	Optum Home Delivery, a service of OptumRx	1-877-889-6358 OptumRx.com
NurseLine	Nurseline	1-877-365-7949
Flex benefit	Solutran	1-866-757-1868 myAARPMedicare.com
Over-the-counter (OTC) credit	Solutran	1-833-845-8798 myuhcmedicare.com/HWP
Fitness Program	Renew Active®	1-866-550-4736 UHCRenewActive.com



For 1-on-1 support, please contact the plan or your licensed sales representative.



Call UnitedHealthcare toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



AARPMedicarePlans.com

Important plan information