

Enrollment Guide 2021

Prescription Drug Plan

**Take advantage of all your Prescription Drug plan
has to offer.**

AARP MedicareRx Saver Plus (PDP)

S5921-376-000

Region: 32

Service area: California

Plan Year: January 1, 2021 through December 31, 2021

The only Medicare plans that carry the AARP name.

UnitedHealthcare has an exclusive relationship with AARP to offer Medicare plans with the AARP name.

Get more for your Medicare dollar.



More choice and more guidance.

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



Get the care you need when — and where — you need it.

Whether it's an appointment with your doctor online, a call with a nurse at 3 a.m. or taking care of a wellness visit from the comfort of your home, UnitedHealthcare makes it easier to connect you with care so you can stay on top of your health — when, where, and how you need it.



One-on-one help using your Medicare plan.

At UnitedHealthcare®, it's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.

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Questions? We're here to help.



www.AARPMedicarePlans.com



Call toll-free **1-888-867-5564**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Start With Medicare Basics

Review the basics to make sure this plan is a good fit

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

Original Medicare – Provided by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care

Your options for more coverage:

Option 1

OR

Option 2

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Supplement Insurance Plan

Offered by private companies



Medicare Supplement

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

Medicare Part D Plan

Offered by private companies



Part D

Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Part C

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



Part D

Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Medicare Made Clear™ brought to you by UnitedHealthcare®

This is a Medicare Part D Prescription Drug plan (PDP)

Here's how your Medicare Part D plan works



What does it cover?

Original Medicare (Parts A and B) does not include prescription drug coverage. Medicare Part D plans cover certain prescription drugs. When comparing Medicare Part D coverage, check each plan's formulary (drug list) to make sure your drugs are included.

- The federal government sets guidelines for the types of drugs Medicare Part D plans must cover
- Each Medicare Part D plan decides which specific drugs it will cover and what members will pay
- Medicare Part D plans are available to those eligible for Medicare
- If you choose to enroll in a Part D plan, you can only do so through a private insurance company like UnitedHealthcare or other companies contracted with Medicare



When to enroll in a Medicare Part D plan.

Your Initial Enrollment Period (IEP) is 7 months long. It includes your birthday month, plus the 3 months before and the 3 months after your birthday month. Your IEP begins and ends one month earlier if your birthday is on the first of the month.

If you have creditable drug coverage through your employer or other insurance, you don't need to enroll in a Part D plan right away. Creditable drug coverage is coverage at least as good as you could get through Medicare Part D. You have a two-month Special Election Period to enroll in a Medicare Part D plan after losing other coverage. You could be charged a penalty if you go without creditable drug coverage over 63 days.



There's a Medicare Part D Late Enrollment Penalty

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

Are you eligible for this plan?

You are eligible for a Medicare Part D plan if:

-  You are enrolled in Original Medicare Parts A or B (or both) AND  Live in the plan's service area

Considerations for selecting the Part D plan that's right for you

Does the plan cover my prescription drugs?

- Enter your drugs into our online Drug Cost Estimator tool, [EstimateDrugCostsAARP.com](https://www.estimateDrugCostsAARP.com) to determine the total annual drug cost for each plan.

Which plan will be most cost effective?

- When comparing plans be sure to consider all costs, including monthly premium, copays, deductibles and the tier your drugs fall into.

Are you willing to fill at a pharmacy in the plan's Preferred Pharmacy Network?

- Using a preferred network pharmacy helps ensure that you get the lowest drug cost.

Helpful Resources

Medicare Made Clear™

An educational program developed by UnitedHealthcare to help you better understand Medicare. Find out more at [MedicareMadeClear.com](https://www.MedicareMadeClear.com).

You may qualify for Extra Help

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

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

Formulary and Pharmacy Network

- To determine if your drugs are included in plan formularies, go to [AARPMedicarePlans.com](https://www.AARPMedicarePlans.com) and enter your drug information.
- After entering your drugs, click on the Pick a Pharmacy tab to find a Preferred Retail Pharmacy near you.
- You can also call **1-888-867-5564**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week to speak with a customer service representative.



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 not a complete description of benefits. Call 1-888-867-5564, TTY 711 for more information.

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Medicare Part D and Medicare Supplement Insurance

Together, they offer more complete coverage than Medicare alone.

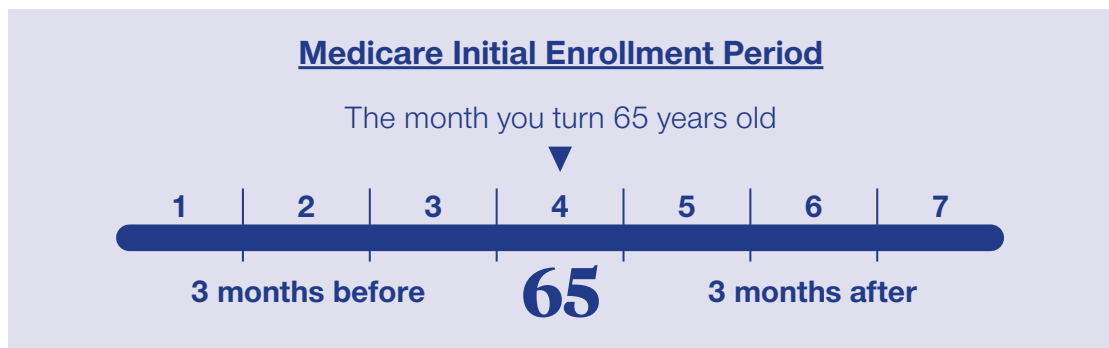
Original Medicare (Parts A and B) does not cover the cost of most prescription drugs or all of your medical expenses. Get more complete coverage by adding an **AARP® MedicareRx Part D Plan** and an **AARP® Medicare Supplement Insurance Plan**, both insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

Here's how Part D works.

Part D prescription drug coverage is provided by UnitedHealthcare Insurance Company (UnitedHealthcare) and other Medicare-approved private insurance companies. If you have Original Medicare and would like to add prescription drug coverage, you can enroll in a stand-alone Part D plan.

When do I sign up for Part D?

You can sign up for a Part D plan during your Initial Enrollment Period after you have enrolled in Original Medicare. If you enroll in Part D after your Initial Enrollment Period ends, you may have to pay a late-enrollment penalty.



Are all Part D plans the same?

No. Private insurance companies each offer their own Part D plans, which cover different drugs and come with different costs. UnitedHealthcare offers a variety of AARP MedicareRx Part D plans, with benefits and features like **low monthly premiums, \$0 co-pays and \$0 deductibles.**

AARP | Medicare Rx
from  UnitedHealthcare

Insured through UnitedHealthcare Insurance Company

Here's how Part D works with Medicare supplement insurance.

Medicare supplement insurance plans help pay for some of the out-of-pocket costs not paid by Original Medicare. A Medicare Part D plan helps you pay for your prescription drugs. Together, Medicare supplement insurance and Part D provide you with more complete coverage than Original Medicare alone.

How do I know which coverage is the right choice for me?

UnitedHealthcare Insurance Company (UnitedHealthcare) can help you compare plans and get clear answers to your questions about both Part D and Medicare supplement insurance plans. And when you've found the plan that best meets your needs, we can help you apply right over the phone.

For more information about **AARP MedicareRx Part D Plans** and **AARP Medicare Supplement Plans**, contact UnitedHealthcare today:

- Call **1-866-532-0588**, (TTY **711**)
- Visit **AARPMedicarePlans.com**



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. AARP does not employ or endorse agents, brokers or producers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Please note that each insurer has sole financial responsibility for its products.

AARP Medicare Supplement Insurance Plans

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4).

In some states plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

THESE PLANS HAVE ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS. FOR COSTS AND COMPLETE DETAILS (INCLUDING OUTLINES OF COVERAGE), CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE TOLL-FREE NUMBER SHOWN.

AARP MedicareRx plans (PDP)

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. You do not need to be an AARP member to enroll in a Prescription Drug Plan. You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Premium and/or co-payments may change on January 1 of each year.

Plan Information

Benefit Highlights

AARP MedicareRx Saver Plus (PDP)

This is a short description of your 2021 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

	Your Cost	
Monthly premium	\$29.20	
Annual prescription (Part D) deductible	\$445	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic Drugs	\$1 copay	\$6 copay
Tier 2: Generic Drugs	\$5 copay	\$10 copay
Tier 3: Preferred Brand Drugs	\$25 copay	\$30 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (Including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

This information is not a complete description of benefits. Contact the plan for more information. AARP MedicareRx Saver Plus (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.



Your Drug Plan Coverage and Costs

Make sure your drugs are covered

Find out if your prescription drugs are covered by checking the Drug List (Formulary) in this Enrollment Guide or the online Formulary at [AARPMedicarePlans.com](https://www.aarpmedicareplans.com).

Know how much your drugs will cost

The amount you pay for your drug depends on 4 factors: what tier the drug is covered in, where you are within the drug payment stages, where you purchase the drug, and whether or not you have Extra Help.

Understanding drug tiers

Many plans group covered drugs together by cost. These groupings are called tiers. Generally, the lower the tier, the less you'll have to pay.

Drug List (Formulary) Tiers



Note: Not all generic drugs are low cost. There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.

Your Part D prescription drug costs

With Medicare Part D prescription drug coverage, the amount you pay for prescriptions may change over the year. Here's why:

- Part D plans may have 4 drug payment stages: annual deductible, initial coverage, coverage gap (also known as the donut hole) and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people never make it further than the initial coverage stage. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The pharmaceutical industry may increase the price of drugs at any time in a plan year and pricing for drugs may vary across pharmacies in the network.
- The coverage cycle starts over again on January 1 each plan year.



Once you're a member

You can easily track how close you are getting to the coverage gap stage by signing in to your account online.

Explore ways to save time and money

✓ Spend less at select pharmacies¹

You could save on common prescription drugs by using one of the pharmacies in our Preferred Retail Pharmacy network. The locations listed below are just some of the participating pharmacies.¹ Visit [AARPMedicarePlans.com](https://www.aarpmedicareplans.com) to find a location near you.

✓ Try OptumRx® home delivery

You could save money on your 90 day supply of medications by using 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](https://www.optumrx.com) to order new prescriptions, request refills and more.

✓ Consider generic drugs

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at [AARPMedicarePlans.com](https://www.aarpmedicareplans.com) to determine your potential savings.

✓ Use lower-tier drugs

Prescription drugs are grouped into 5 tiers. In general, drugs in lower tiers have lower costs. If your drug is in a higher, more expensive tier, ask your doctor if there is a cheaper alternative that could work for you.

✓ Get Extra Help

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify 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 this Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for Extra Help online at [socialsecurity.gov/prescriptionhelp](https://www.socialsecurity.gov/prescriptionhelp).



¹Other Pharmacies/Physicians/Providers are available in our network.

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

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. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

The pharmacy network may change at any time. You will receive notice when necessary.

AARP[®] MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

Summary of Benefits 2021

Prescription Drug Plan

AARP MedicareRx Saver Plus (PDP)
S5921-376-000

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



Toll-free **1-888-867-5564**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP | Medicare Rx
from  **UnitedHealthcare**

Y0066_SB_S5921_376_000_2021_M

Summary of Benefits

January 1st, 2021 - December 31st, 2021

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

About this plan.

AARP MedicareRx Saver Plus (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join AARP MedicareRx Saver Plus (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **California**.

Use network pharmacies.

AARP MedicareRx Saver Plus (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

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

AARP MedicareRx Saver Plus (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	\$29.20
Annual Prescription Drug Deductible	\$445 per year for Part D prescription drugs.

Prescription Drugs

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

Stage 1: Annual Prescription (Part D) Deductible	\$445 per year.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$1 copay	\$3 copay	\$6 copay	\$18 copay	\$3 copay	\$18 copay
Tier 2: Generic Drugs	\$5 copay	\$15 copay	\$10 copay	\$30 copay	\$15 copay	\$30 copay
Tier 3: Preferred Brand Drugs	\$25 copay	\$75 copay	\$30 copay	\$90 copay	\$75 copay	\$90 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	N/A ¹	25% coinsurance	N/A ¹	N/A ¹	N/A ¹
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs. 					

¹ Limited to a 30-day supply

Enrollment Checklist

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

Understanding the Benefits

- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.

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.

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

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

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

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

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

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

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

AARP MedicareRx Saver Plus (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Members 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. Copays apply after deductible.

2020 Medicare Star Ratings*

UnitedHealthcare - S5921

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2020, UnitedHealthcare received the following Overall Star Rating from Medicare.

★ ★ ★ ↴ 3.5 stars

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

Health Plan Services: Not offered

Drug Plan Services: ★ ★ ★ ↴ 3.5 stars

The number of stars shows how well our plan performs.

- ★ ★ ★ ★ ★ 5 stars – Excellent
- ★ ★ ★ ★ 4 stars – Above Average
- ★ ★ ★ 3 stars – Average
- ★ ★ 2 stars – Below Average
- ★ 1 star – Poor

Learn more about our plan and how we are different from other plans at www.medicare.gov. You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-867-5564** (toll-free) or **711** (TTY). Current members please call **866-460-8854** (toll-free) or **711** (TTY).

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

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the AARP MedicareRx Saver Plus (PDP) plan as of August 1, 2020. This list can change throughout the year. Call us at UnitedHealthcare or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Your plan may have an annual prescription deductible
- Covered drugs are placed in tiers. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Generic
 - Tier 3: Preferred brand
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy

PA
Prior authorization

The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered.

QL
Quantity limits

The plan only covers a certain amount of this drug for 1 copay. Limits help make sure the drug is used safely. If your doctor prescribes more than the limit, you or your doctor can ask the plan to cover the additional quantity.

ST
Step therapy

You may need to try lower-cost drugs that treat the same condition before the plan will cover your drug. If you have tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan for coverage.

B/D
Medicare Part B
or Part D

Depending on how this drug is used, it may be covered by Medicare Part B or Part D. Your doctor may need to give the plan more information about how this drug will be used to make sure it's covered correctly.

LA
Limited access

The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.

T1 = Tier 1
Y0066_DLPPD_21_M

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

**MME
Morphine
milligram
equivalent**

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

**7D
7-Day limit**

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.

**DL
Dispensing limit**

Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T4-QL	Albendazole (Oral Tablet),T5-DL; QL
Abilify Maintena (Intramuscular Prefilled Syringe),T5-DL	Alcohol Prep Pads,T3
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5-DL	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1-QL
Abiraterone Acetate (Oral Tablet),T4-PA; QL	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2
Acamprosate Calcium (Oral Tablet Delayed Release),T4	Allopurinol (Oral Tablet),T1
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T2-7D; MME; DL; QL	Alosetron HCl (Oral Tablet),T5-PA; DL
Acetazolamide (Oral Tablet),T3	Alprazolam (Oral Tablet Immediate Release),T2-QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T4	Amantadine HCl (Oral Capsule),T2
Acyclovir (Oral Tablet),T2	Amantadine HCl (Oral Syrup),T2
Adacel (Intramuscular Suspension),T3-QL	Amiloride HCl (Oral Tablet),T2
Aimovig (Subcutaneous Solution Auto-Injector),T4-PA; QL	Amiodarone HCl (200MG Oral Tablet),T2
	Amitriptyline HCl (Oral Tablet),T3
	Amlodipine Besylate (Oral Tablet),T1
	Ammonium Lactate (External Cream),T3
	Ammonium Lactate (External Lotion),T3

Bold type = Brand name drug

Plain type = Generic drug

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

Amoxicillin (Oral Capsule),T2

Amoxicillin (Oral Tablet Immediate Release),T2

Amphetamine-Dextroamphetamine (Oral Tablet),T3-QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4-QL

Anagrelide HCl (Oral Capsule),T3

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T3-QL

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL

Apokyn (Subcutaneous Solution Cartridge),T5-PA; LA; DL; QL

Apriso (Oral Capsule Extended Release 24 Hour),T3-QL

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),T5-PA; DL

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T5-PA; DL

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4-PA

Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4-PA

Aripiprazole (Oral Tablet),T4-QL

Aristada (Intramuscular Prefilled Syringe),T5-DL

Aristada Initio (Intramuscular Prefilled Syringe),T5-DL

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T4-QL

Atazanavir Sulfate (Oral Capsule),T4-QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T4-QL

Atorvastatin Calcium (Oral Tablet),T1-QL

Atovaquone-Proguanil HCl (Oral Tablet),T3

Atripla (Oral Tablet),T5-DL; QL

Atrovent HFA (Inhalation Aerosol Solution),T4

Auryxia (Oral Tablet),T4-PA

Austedo (Oral Tablet),T5-PA; LA; DL; QL

Azathioprine (Oral Tablet),T2-B/D,PA

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3

Azelastine HCl (Ophthalmic Solution),T2

Azithromycin (Oral Tablet),T2

B

BRIVIACT (Oral Solution),T5-PA; DL; QL

BRIVIACT (Oral Tablet),T5-PA; DL; QL

Baclofen (Oral Tablet),T2

Balsalazide Disodium (Oral Capsule),T4

Baqsimi Two Pack (Nasal Powder),T3

Belsomra (Oral Tablet),T3-QL

Benazepril HCl (Oral Tablet),T1-QL

Benazepril-Hydrochlorothiazide (Oral Tablet),T1-QL

Benzotropine Mesylate (Oral Tablet),T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Berinert (Intravenous Kit),T5-PA; LA; DL
Bethanechol Chloride (Oral Tablet),T2
Betimol (Ophthalmic Solution),T4
Bevespi Aerosphere (Inhalation Aerosol),T3-QL
Bicalutamide (Oral Tablet),T2
Bisoprolol Fumarate (Oral Tablet),T2
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL
Brilinta (Oral Tablet),T4-QL
Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
Budesonide (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension),T4-B/D,PA
Budesonide (Oral Capsule Delayed Release Particles),T4
Bumetanide (Oral Tablet),T2
Buprenorphine HCl (Tablet Sublingual),T2-QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4-QL
Bupropion HCl (Oral Tablet Immediate Release),T2
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Buspironone HCl (Oral Tablet),T2
Bydureon (Subcutaneous Pen-Injector),T3-QL
Bydureon BCise (Subcutaneous Auto-Injector),T3-QL

Bold type = Brand name drug

C
Cabergoline (Oral Tablet),T2
Calcitriol (External Ointment),T4
Calcitriol (Oral Capsule),T2-B/D,PA
Calcium Acetate (Phosphate Binder) (Oral Capsule),T2
Calcium Acetate (Phosphate Binder) (Oral Tablet),T2
Carbaglu (Oral Tablet),T5-LA; DL
Carbamazepine (Oral Tablet Immediate Release),T2
Carbidopa-Levodopa (Oral Tablet Immediate Release),T2
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2
Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T2
Carbidopa-Levodopa-Entacapone (Oral Tablet),T4
Carvedilol (Oral Tablet),T1
Cayston (Inhalation Solution Reconstituted),T5-PA; LA; DL
Cefuroxime Axetil (Oral Tablet),T2
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2
Cephalexin (750MG Oral Capsule),T3
Chantix (Oral Tablet),T3
Chantix Continuing Month Pak (Oral Tablet),T3
Chantix Starting Month Pak (Oral Tablet),T3
Chlorhexidine Gluconate (Mouth Solution),T2
Chlorthalidone (Oral Tablet),T2
Cholestyramine (Oral Packet),T3

Plain type = Generic drug

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

Cholestyramine Light (Oral Powder),T3
Cilostazol (Oral Tablet),T2
Cinacalcet HCl (30MG Oral Tablet),T4-B/D,PA; QL
Cinacalcet HCl (90MG Oral Tablet),T5-B/D,PA; DL; QL
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
Citalopram Hydrobromide (Oral Tablet),T1
Clarithromycin (Oral Tablet Immediate Release),T3
Clenpiq (Oral Solution),T3
Climara Pro (Transdermal Patch Weekly),T4
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2-QL
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-QL
Clonidine (Transdermal Patch Weekly),T4
Clonidine HCl (Oral Tablet Immediate Release),T2
Clopidogrel Bisulfate (75MG Oral Tablet),T2-QL
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-QL
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3-QL

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3-QL
Combivent Respimat (Inhalation Aerosol Solution),T3-QL
Corlanor (Oral Solution),T4-PA; QL
Corlanor (Oral Tablet),T4-PA; QL
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5-PA; LA; DL
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5-PA; LA; DL
Creon (Oral Capsule Delayed Release Particles),T3
Crixivan (Oral Capsule),T4-QL
Cromolyn Sodium (Inhalation Nebulization Solution),T5-B/D,PA; DL
Cromolyn Sodium (Oral Concentrate),T3
Cyclophosphamide (25MG Oral Capsule),T3-B/D,PA
Cyclophosphamide (50MG Oral Capsule),T4-B/D,PA
Cyproheptadine HCl (Oral Tablet),T3
D
DARAPRIM (Oral Tablet),T4
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T3-QL
Dapsone (Oral Tablet),T3
Depen Titratabs (Oral Tablet),T5-DL
Desmopressin Acetate (Oral Tablet),T2
Desvenlafaxine Succinate ER (50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3-QL
Dexamethasone (Oral Tablet),T2
Dextrose-NaCl (5-0.2% Intravenous

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Solution),T4
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2-QL
Diazepam (5MG/5ML Oral Solution),T2
Diazepam Intensol (5MG/ML Oral Concentrate),T2-QL
Diclofenac Potassium (Oral Tablet),T2
Diclofenac Sodium (1% Transdermal Gel),T3
Diclofenac Sodium (Oral Tablet Delayed Release),T2
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Dicyclomine HCl (Oral Capsule),T2
Dicyclomine HCl (Oral Tablet),T2
Dificid (Oral Tablet),T5-DL
Digoxin (Oral Tablet),T2
Dihydroergotamine Mesylate (Nasal Solution),T5-PA; DL; QL
Diltiazem HCl (Oral Tablet Immediate Release),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
Diphenoxylate-Atropine (Oral Tablet),T3
Disulfiram (Oral Tablet),T2
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
Donepezil HCl (10MG Oral Tablet, 5MG Oral

Tablet),T2-QL
Donepezil HCl ODT (Oral Tablet Dispersible),T2-QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2
Doxazosin Mesylate (Oral Tablet),T2
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3
Doxycycline Hyclate (Oral Capsule),T3
Dronabinol (Oral Capsule),T4-PA
Duavee (Oral Tablet),T4
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2-QL

E

Eliquis (Oral Tablet),T3-QL
Eliquis Starter Pack (Oral Tablet),T3-QL
Elmiron (Oral Capsule),T4
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4-PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4-PA; QL
Emgality (Subcutaneous Solution Auto-Injector),T4-PA; QL
Enalapril Maleate (Oral Tablet),T2-QL
Enalapril-Hydrochlorothiazide (Oral Tablet),T2-QL
Entacapone (Oral Tablet),T4
Entecavir (Oral Tablet),T4
Entresto (Oral Tablet),T3-QL
Envarsus XR (Oral Tablet Extended Release

Bold type = Brand name drug

Plain type = Generic drug

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

24 Hour),T4-B/D,PA
Epclusa (Oral Tablet),T5-PA; DL; QL
Epinephrine (Injection Solution Auto-Injector),T3-QL
Ergotamine-Caffeine (Oral Tablet),T3
Erleada (Oral Tablet),T5-PA; DL; QL
Ertapenem Sodium (Injection Solution Reconstituted),T4
Escitalopram Oxalate (Oral Tablet),T2
Estradiol (Oral Tablet),T2
Estradiol (Transdermal Patch Weekly),T2-QL
Ethosuximide (Oral Solution),T2
Extavia (Subcutaneous Kit),T5-DL; QL
Ezetimibe (Oral Tablet),T3-QL
F
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2
Farxiga (Oral Tablet),T3-QL
Fasenra (Subcutaneous Solution Prefilled Syringe),T5-PA; LA; DL
Fasenra Pen (Subcutaneous Solution Auto-Injector),T5-PA; LA; DL
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T2
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),T3-7D; MME; DL; QL
Finasteride (5MG Oral Tablet) (Generic Proscar),T2
Flac (Otic Oil),T4
Fluconazole (Oral Tablet),T2

Fluocinolone Acetonide (External Cream),T3
Fluocinolone Acetonide (External Ointment),T3
Fluocinolone Acetonide (Otic Oil),T4
Fluphenazine HCl (Oral Tablet),T2
Fluticasone Propionate (External Cream),T3
Fluticasone Propionate (External Ointment),T3
Fluticasone Propionate (Nasal Suspension),T2
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo),T3-QL
Furosemide (Oral Tablet),T1
Fuzeon (Subcutaneous Solution Reconstituted),T5-DL; QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5-DL; QL
Fycompa (2MG Oral Tablet),T4-QL
Fycompa (Oral Suspension),T5-DL; QL
G
Gabapentin (Oral Capsule),T2
Gabapentin (Oral Tablet),T2
Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5-PA; DL
Gemfibrozil (Oral Tablet),T2
Genotropin (Subcutaneous Solution Reconstituted),T5-PA; DL
Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5-PA; DL
Gentamicin Sulfate (Ophthalmic Solution),T2
Gilenya (0.5MG Oral Capsule),T5-DL; QL
Glatiramer Acetate (Subcutaneous Solution

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Prefilled Syringe),T5-DL; QL
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe),T5-DL; QL
Glimepiride (Oral Tablet),T1-QL
Glipizide (Oral Tablet Immediate Release),T1-QL
Glipizide ER (Oral Tablet Extended Release 24 Hour),T1-QL
GlucaGen HypoKit (Injection Solution Reconstituted),T4
Glucagon (Injection Kit) (Lilly),T3
Glyxambi (Oral Tablet),T3-QL
Guanidine HCl (Oral Tablet),T3
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3
H
Haegarda (Subcutaneous Solution Reconstituted),T5-PA; LA; DL
Haloperidol (Oral Tablet),T2
Humalog (Subcutaneous Solution Cartridge),T3
Humalog (Subcutaneous Solution),T3
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3
Humalog Mix 50/50 (Subcutaneous Suspension),T3
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3
Humalog Mix 75/25 (Subcutaneous Suspension),T3
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3
Humira Pediatric Crohns Start (Subcutaneous

Bold type = Brand name drug

Prefilled Syringe Kit),T5-PA; DL
Humira Pen (Subcutaneous Pen-Injector Kit),T5-PA; DL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5-PA; DL
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5-PA; DL
Humulin 70/30 (Subcutaneous Suspension),T3
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3
Humulin N (Subcutaneous Suspension),T3
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3
Humulin R (Injection Solution),T3
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3
Hydralazine HCl (Oral Tablet),T2
Hydrochlorothiazide (Oral Capsule),T1
Hydrochlorothiazide (Oral Tablet),T1
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3-7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release),T2-7D; MME; DL; QL
Hydroxychloroquine Sulfate (Oral Tablet),T2-QL
Hydroxyurea (Oral Capsule),T2
Hydroxyzine HCl (Oral Syrup),T3
Hydroxyzine HCl (Oral Tablet),T3
I
Ibandronate Sodium (Oral Tablet),T3-QL
Ibuprofen (400MG Oral Tablet, 600MG Oral

Plain type = Generic drug

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

Tablet, 800MG Oral Tablet),T2
Imatinib Mesylate (Oral Tablet),T5-PA; DL; QL
Imiquimod (5% External Cream),T4-QL
Ingrezza (Oral Capsule Therapy Pack),T5-PA; DL; QL
Ingrezza (Oral Capsule),T5-PA; DL; QL
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T3
Insulin Syringes, Needles,T3
Intence (100MG Oral Tablet, 200MG Oral Tablet),T5-DL; QL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5-DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4
Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5-DL
Ipratropium Bromide (Inhalation Solution),T2-B/D,PA
Ipratropium Bromide (Nasal Solution),T2
Ipratropium-Albuterol (Inhalation Solution),T2-B/D,PA
Irbesartan (Oral Tablet),T2-QL
Irbesartan-Hydrochlorothiazide (Oral Tablet),T2-QL
Isentress (Oral Tablet),T5-DL; QL

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 Mononitrate (Oral Tablet Immediate Release),T2
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2
Ivermectin (Oral Tablet),T3
J
Jardiance (Oral Tablet),T3-QL
Jentaduetto (Oral Tablet Immediate Release),T3-QL
Jentaduetto XR (Oral Tablet Extended Release 24 Hour),T3-QL
Jublia (External Solution),T4
K
Kalydeco (50MG Oral Packet, 75MG Oral Packet),T5-PA; LA; DL; QL
Kalydeco (Oral Tablet),T5-PA; LA; DL; QL
Ketoconazole (External Cream),T2-QL
Ketorolac Tromethamine (Ophthalmic Solution),T3
Klor-Con 10 (Oral Tablet Extended Release),T2
Klor-Con 8 (Oral Tablet Extended Release),T2
Klor-Con M10 (Oral Tablet Extended Release),T2
Klor-Con M20 (Oral Tablet Extended Release),T2
Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3-QL
Korlym (Oral Tablet),T5-PA; LA; DL; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

L		
Lamivudine (100MG Oral Tablet),T3	Liothyronine Sodium (Oral Tablet),T2	
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3-QL	Lisinopril (Oral Tablet),T1-QL	
Lamotrigine (Oral Tablet Immediate Release),T2	Lisinopril-Hydrochlorothiazide (Oral Tablet),T1-QL	
Lantus (Subcutaneous Solution),T3	Lithium Carbonate (Oral Capsule),T2	
Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3	Lithium Carbonate ER (Oral Tablet Extended Release),T2	
Lastacraft (Ophthalmic Solution),T3	Livalo (Oral Tablet),T3-QL	
Latanoprost (Ophthalmic Solution),T1	Lokelma (Oral Packet),T4-QL	
Latuda (Oral Tablet),T5-DL; QL	Lonhala Magnair (Inhalation Solution),T5-DL; QL	
Leflunomide (Oral Tablet),T3	Loperamide HCl (Oral Capsule),T2	
Letrozole (Oral Tablet),T2	Lorazepam (Oral Tablet),T2-QL	
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet),T3	Lorazepam Intensol (Oral Concentrate),T2-QL	
Leucovorin Calcium (25MG Oral Tablet),T4	Losartan Potassium (Oral Tablet),T1-QL	
Leukeran (Oral Tablet),T5-DL	Losartan Potassium-HCTZ (Oral Tablet),T1-QL	
Levetiracetam (Oral Tablet Immediate Release),T3	Lovastatin (Oral Tablet),T2-QL	
Levocarnitine (Oral Tablet),T3	Lupron Depot (1-Month) (Intramuscular Kit),T5-PA; DL	
Levocetirizine Dihydrochloride (Oral Tablet),T3-QL	Lupron Depot (3-Month) (Intramuscular Kit),T5-PA; DL	
Levofloxacin (Oral Tablet),T3	Lupron Depot (4-Month) (Intramuscular Kit),T5-PA; DL	
Levothyroxine Sodium (Oral Tablet),T1	Lupron Depot (6-Month) (Intramuscular Kit),T5-PA; DL	
Lidocaine (5% External Ointment),T4-QL	Lysodren (Oral Tablet),T5-DL	
Lidocaine (5% External Patch),T4-PA; QL	M	
Lidocaine HCl (4% External Solution),T4	Mavyret (Oral Tablet),T5-PA; DL; QL	
Lidocaine HCl (External Gel),T2	Meclizine HCl (Oral Tablet),T2	
Lidocaine Viscous (2% Mouth/Throat Solution),T2	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2	
Lidocaine-Prilocaine (External Cream),T3	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4	
Linzess (Oral Capsule),T3-QL		

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Meloxicam (Oral Tablet),T1
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T3-PA; QL
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T4-PA; QL
Mercaptopurine (Oral Tablet),T3
Meropenem (Intravenous Solution Reconstituted),T4
Metformin HCl (Oral Tablet Immediate Release),T1-QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1-QL
Methadone HCl (10MG/5ML Oral Solution),T3-7D; MME; DL; QL
Methadone HCl (Oral Tablet),T3-7D; MME; DL; QL
Methazolamide (Oral Tablet),T4
Methimazole (Oral Tablet),T1
Methotrexate (Oral Tablet),T2
Methyldopa (Oral Tablet),T3
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3-QL
Metoclopramide HCl (Oral Tablet),T2
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T2
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Metronidazole (0.75% External Cream),T3
Metronidazole (0.75% External Gel),T3
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2
Migergot (Rectal Suppository),T4
Minocycline HCl (Oral Capsule),T2

Minoxidil (Oral Tablet),T2
Mirtazapine (Oral Tablet),T2
Mirtazapine ODT (Oral Tablet Dispersible),T2
Mirvaso (External Gel),T4
Misoprostol (Oral Tablet),T3
Modafinil (Oral Tablet),T3-PA; QL
Montelukast Sodium (Oral Packet),T2-QL
Montelukast Sodium (Oral Tablet),T1-QL
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),T3-7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4-7D; MME; DL; QL

Myrbetriq (Oral Tablet Extended Release 24 Hour),T3

N

Naloxone HCl (0.4MG/ML Injection Solution),T2
Naloxone HCl (Injection Solution Cartridge),T2
Naloxone HCl (Injection Solution Prefilled Syringe),T2
Naltrexone HCl (Oral Tablet),T3
Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3-PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour),T3-PA; QL
Naproxen (Oral Tablet Immediate Release),T2
Narcan (Nasal Liquid),T3
Nayzilam (Nasal Solution),T4-QL
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4
Neomycin-Polymyxin-HC (Otic Suspension),T3

T1 = Tier 1

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T4 = Tier 4

T5 = Tier 5

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

Neulasta (Subcutaneous Solution Prefilled Syringe),T5-PA; DL

Neupro (Transdermal Patch 24 Hour),T4

Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 500MG Oral Tablet Extended Release),T3

Nicotrol (Inhalation Inhaler),T4

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrobid),T3

Nitrofurantoin Monohydrate (Generic Macrobid),T3

Nitroglycerin (Tablet Sublingual),T3

Nitrostat (Tablet Sublingual),T3

Nizatidine (Oral Capsule),T2

Norethindrone Acetate (5MG Oral Tablet),T2

Nortriptyline HCl (Oral Capsule),T2

Nubeqa (Oral Tablet),T5-PA; LA; DL; QL

Nucala (Subcutaneous Solution Auto-Injector),T5-PA; LA; DL; QL

Nucala (Subcutaneous Solution Prefilled Syringe),T5-PA; LA; DL; QL

Nucala (Subcutaneous Solution Reconstituted),T5-PA; LA; DL; QL

Nuedexta (Oral Capsule),T4-PA; QL

Nystatin (External Cream),T2

Nystatin (External Ointment),T2

Nystatin (External Powder),T2-QL

O

Ofloxacin (Ophthalmic Solution),T2

Ofloxacin (Otic Solution),T3

Olanzapine (Oral Tablet),T2-QL

Olopatadine HCl (Ophthalmic Solution),T3

Omeprazole (10MG Oral Capsule Delayed Release),T2-QL

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2

Ondansetron HCl (Oral Tablet),T2-B/D,PA

Ondansetron ODT (Oral Tablet Dispersible),T2-B/D,PA

Onglyza (Oral Tablet),T3-QL

Opsumit (Oral Tablet),T5-PA; LA; DL

Orenitram (0.125MG Oral Tablet Extended Release),T4-PA; LA

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5-PA; LA; DL

Oseltamivir Phosphate (Oral Capsule),T3-QL

Osphena (Oral Tablet),T3-PA; QL

Oxcarbazepine (Oral Tablet),T3

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

Oxycodone HCl (Oral Tablet Immediate Release),T3-7D; MME; DL; QL

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3-7D; MME; DL; QL

P

Pantoprazole Sodium (Oral Tablet Delayed Release),T2-QL

Penicillin V Potassium (Oral Tablet),T2

Perforomist (Inhalation Nebulization Solution),T4-B/D,PA; QL

Permethrin (External Cream),T3

Perseris (Subcutaneous Prefilled Syringe),T5-

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Plain type = Generic drug

Drug List

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

DL	
Phenytoin Sodium Extended (Oral Capsule),T2	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4-PA
Phoslyra (Oral Solution),T3	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5-PA; DL
Picato (External Gel),T3-QL	Proctosol HC (External Cream),T2
Pilocarpine HCl (Oral Tablet),T4	Prolastin-C (Intravenous Solution Reconstituted),T5-PA; LA; DL
Pimecrolimus (External Cream),T4-ST; QL	Prolensa (Ophthalmic Solution),T4
Pioglitazone HCl (Oral Tablet),T1-QL	Prolia (Subcutaneous Solution Prefilled Syringe),T4-QL
Pomalyst (Oral Capsule),T5-PA; DL; QL	Promethazine HCl (12.5MG Oral Tablet),T3
Potassium Chloride CR (Oral Tablet Extended Release),T2	Propranolol HCl (Oral Tablet),T2
Potassium Citrate ER (Oral Tablet Extended Release),T4	Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2
Pradaxa (Oral Capsule),T4-QL	Propylthiouracil (Oral Tablet),T2
Praluent (Subcutaneous Solution Auto-Injector),T3-PA; LA; QL	Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3-QL
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3
Pravastatin Sodium (Oral Tablet),T1-QL	Q
Prazosin HCl (Oral Capsule),T2	Quetiapine Fumarate (Oral Tablet Immediate Release),T2-QL
Prednisolone Acetate (Ophthalmic Suspension),T3	Quinapril HCl (Oral Tablet),T2-QL
Prednisone (5MG/5ML Oral Solution),T2	Quinapril-Hydrochlorothiazide (Oral Tablet),T2-QL
Prednisone (Oral Tablet),T2	R
Premarin (Oral Tablet),T4-QL	Raloxifene HCl (Oral Tablet),T2-QL
Premarin (Vaginal Cream),T3	Ramipril (Oral Capsule),T2-QL
Premphase (Oral Tablet),T4-QL	Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T3-QL
Prempro (Oral Tablet),T4-QL	Rasagiline Mesylate (Oral Tablet),T4
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T5-DL; QL	Rasuvo (Subcutaneous Solution Auto-
Prezista (75MG Oral Tablet),T4-QL	
Prezista (Oral Suspension),T5-DL; QL	
Privigen (20GM/200ML Intravenous Solution),T5-PA; DL	

T1 = Tier 1

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T4 = Tier 4

T5 = Tier 5

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Injector),T4-PA	Rizatriptan Benzoate (Oral Tablet),T2-QL
Rayaldee (Oral Capsule Extended Release),T5-DL; QL	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2-QL
Regranex (External Gel),T5-PA; DL	Ropinirole HCl (Oral Tablet Immediate Release),T2
Relistor (Oral Tablet),T4-PA; QL	Rosuvastatin Calcium (Oral Tablet),T2-QL
Relistor (Subcutaneous Solution),T4-PA	Roweepra (1000MG Oral Tablet Immediate Release),T3
Repatha (Subcutaneous Solution Prefilled Syringe),T3-PA; QL	Rytary (Oral Capsule Extended Release),T4-ST
Repatha Pushtronex System (Subcutaneous Solution Cartridge),T3-PA; QL	S
Repatha SureClick (Subcutaneous Solution Auto-Injector),T3-PA; QL	Santyl (External Ointment),T4
Restasis Single-Use Vials (Ophthalmic Emulsion),T3-QL	Saphris (Tablet Sublingual),T4-QL
Retacrit (Injection Solution),T4-PA	Savella (Oral Tablet),T3
Revlimid (Oral Capsule),T5-PA; LA; DL; QL	Savella Titration Pack (Oral Tablet),T3
Rexulti (Oral Tablet),T5-DL; QL	Scopolamine (Transdermal Patch 72 Hour),T4
Reyataz (Oral Packet),T5-DL; QL	Selegiline HCl (Oral Capsule),T3
Ribavirin (Oral Tablet),T3	Selegiline HCl (Oral Tablet),T3
Rifabutin (Oral Capsule),T4	Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T5-DL; QL
Rifampin (Oral Capsule),T2	Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3-QL
Riluzole (Oral Tablet),T3	Sertraline HCl (Oral Tablet),T1
Rimantadine HCl (Oral Tablet),T2	Sevelamer Carbonate (Oral Packet),T4
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5-DL	Shingrix (Intramuscular Suspension Reconstituted),T3-PA; QL
Risperidone (Oral Tablet),T2	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3-PA; QL
Ritonavir (Oral Tablet),T3-QL	Silver Sulfadiazine (External Cream),T3
Rivastigmine Tartrate (Oral Capsule),T2-QL	Simbrinza (Ophthalmic Suspension),T3
	Simvastatin (Oral Tablet),T1-QL
	Sodium Polystyrene Sulfonate (Oral Powder),T3

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Sodium Polystyrene Sulfonate (Oral Suspension),T3
Sofosbuvir-Velpatasvir (Oral Tablet),T5-PA; DL; QL
Solifenacin Succinate (Oral Tablet),T3-QL
Soliqua (Subcutaneous Solution Pen-Injector),T3-QL
Sotalol HCl (Oral Tablet),T2
Sotalol HCl AF (120MG Oral Tablet),T2
Spiriva HandiHaler (Inhalation Capsule),T3-QL
Spiriva Respimat (Inhalation Aerosol Solution),T3-QL
Spironolactone (Oral Tablet),T2
Sprycel (Oral Tablet),T5-PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution),T3-QL
Suboxone (Sublingual Film),T4-QL
Sucralfate (Oral Suspension),T4
Sucralfate (Oral Tablet),T2
Sulfamethoxazole-Trimethoprim DS (800-160MG Oral Tablet),T2
Sumatriptan Succinate (Oral Tablet),T2-QL
Suprep Bowel Prep Kit (Oral Solution),T3
Symbicort (Inhalation Aerosol),T3-QL
Synjardy (Oral Tablet Immediate Release),T3-QL
Synjardy XR (Oral Tablet Extended Release 24 Hour),T3-QL
Synthroid (Oral Tablet),T3
T
TOBI Podhaler (Inhalation Capsule),T5-PA; DL; QL
Tamoxifen Citrate (Oral Tablet),T2

Tamsulosin HCl (Oral Capsule),T2
Targretin (External Gel),T5-PA; DL; QL
Tasigna (Oral Capsule),T5-PA; DL; QL
Tecfidera (Oral Capsule Delayed Release),T5-LA; DL; QL
Tecfidera Starter Pack (Oral),T5-LA; DL
Telmisartan (Oral Tablet),T3-QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2-QL
Tenofovir Disoproxil Fumarate (Oral Tablet),T4-QL
Terazosin HCl (Oral Capsule),T2
Terbinafine HCl (Oral Tablet),T2
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel),T4
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel),T3
Testosterone Cypionate (Intramuscular Solution),T2
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T2
Theophylline ER (Oral Tablet Extended Release 24 Hour),T2
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3
Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T5-DL; QL
Tizanidine HCl (Oral Tablet),T2

T1 = Tier 1

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T5 = Tier 5

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Tobramycin (Ophthalmic Solution),T2

Tobramycin-Dexamethasone (Ophthalmic Suspension),T3

Topiramate (Oral Capsule Sprinkle Immediate Release),T2

Topiramate (Oral Tablet),T2

Toremifene Citrate (Oral Tablet),T5-DL

Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3

Tradjenta (Oral Tablet),T3-QL

Tramadol HCl (50MG Oral Tablet Immediate Release),T2-7D; MME; DL; QL

Tramadol-Acetaminophen (Oral Tablet),T2-7D; MME; DL; QL

Tranexamic Acid (Oral Tablet),T3

Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T4

Trazodone HCl (100MG Oral Tablet, 50MG Oral Tablet),T2

Tretinoin (0.01% External Gel, 0.025% External Gel),T4-PA

Tretinoin (External Cream),T4-PA

Tretinoin (Oral Capsule),T5-DL

Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2

Triamcinolone Acetonide (External Cream),T2

Triamterene-HCTZ (Oral Capsule),T2

Triamterene-HCTZ (Oral Tablet),T2

Trihexyphenidyl HCl (Oral Solution),T2

Trihexyphenidyl HCl (Oral Tablet),T2

Trintellix (Oral Tablet),T4-QL

Bold type = Brand name drug

Trulicity (Subcutaneous Solution Pen-Injector),T3-QL

Truvada (Oral Tablet),T5-DL; QL

Tymlos (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL

U

Udenyca (Subcutaneous Solution Prefilled Syringe),T5-PA; DL

Ursodiol (Oral Capsule),T3

Ursodiol (Oral Tablet),T4

V

Valacyclovir HCl (Oral Tablet),T2-QL

Valganciclovir HCl (Oral Tablet),T3-QL

Valproic Acid (Oral Capsule),T2

Valproic Acid (Oral Solution),T2

Valsartan (Oral Tablet),T2-QL

Valsartan-Hydrochlorothiazide (Oral Tablet),T2-QL

Vascepa (Oral Capsule),T4

Velphoro (Oral Tablet Chewable),T4

Veltassa (Oral Packet),T4-QL

Ventolin HFA (Inhalation Aerosol Solution),T3

Verapamil HCl (Oral Tablet Immediate Release),T2

Verapamil HCl ER (Oral Tablet Extended Release),T2

Versacloz (Oral Suspension),T5-DL

Viberzi (Oral Tablet),T5-PA; DL; QL

Viibryd (Oral Tablet),T4-QL

Viibryd Starter Pack (Oral Kit),T4-QL

Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T5-DL; QL

Vimpat (50MG Oral Tablet),T4-QL

Plain type = Generic drug

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Vimpat (Oral Solution),T5-DL; QL
Vosevi (Oral Tablet),T5-PA; DL; QL
Vyzulta (Ophthalmic Solution),T4
W
Warfarin Sodium (Oral Tablet),T1
X
Xarelto (Oral Tablet),T3-QL
Xarelto Starter Pack (Oral Tablet Therapy Pack),T3-QL
Xifaxan (550MG Oral Tablet),T5-PA; DL
Xigduo XR (Oral Tablet Extended Release 24 Hour),T3-QL
Xiidra (Ophthalmic Solution),T4-QL
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T3-QL
Xofluza (80 MG Dose) (Oral Tablet Therapy

Pack),T3-QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3-7D; MME; DL; QL
Xtandi (Oral Capsule),T5-PA; LA; DL; QL
Z
Zafirlukast (Oral Tablet),T2-QL
Zaleplon (Oral Capsule),T3-QL
Zarxio (Injection Solution Prefilled Syringe),T5-DL
Zenpep (Oral Capsule Delayed Release Particles),T3
Zirgan (Ophthalmic Gel),T4
Zolpidem Tartrate (Oral Tablet Immediate Release),T2-QL
Zonisamide (Oral Capsule),T2
Zostavax (Subcutaneous Suspension Reconstituted),T4-PA; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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Alternative Covered Drugs

Your plan has a long list of covered drugs, but it doesn't cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of drugs that aren't covered and the alternative covered drug.

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

Drugs not covered by the plan	Alternative covered drugs – Tier
Advair	Breo Ellipta – 3 Symbicort – 3
Amitiza	Linzess – 3
Amlodipine/Benazepril	Amlodipine – 1 Benazepril – 1
Basaglar	Lantus – 3 Toujeo – 3
Bisoprolol/ Hydrochlorothiazide	Bisoprolol – 2 Hydrochlorothiazide – 1
Bystolic	Atenolol – 1 Metoprolol Succinate Tablet – 2
Celecoxib	Meloxicam Tablet – 1
Cialis 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 2
Combigan	Brimonidine 0.2% – 2 Timolol Solution 0.5% (non-gel-forming) – 2
Dulera	Breo Ellipta – 3 Symbicort – 3
Esomeprazole Magnesium	Omeprazole – 2 Pantoprazole Tablet – 2
Fenofibrate	Fenofibrate 54mg and 160mg Tablet – 2 Gemfibrozil – 2
Flovent	Pulmicort Inhaler – 3
Fluoxetine HCL Tablet	Fluoxetine Immediate Release Capsule – 2
Invokana	Farxiga – 3 Jardiance – 3
Invokamet and Invokamet XR	Synjardy and Synjardy XR – 3 Xigduo XR – 3

Bold type = Brand name drug Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Janument and Janumet XR	Jentadueta and Jentaducto XR – 3 Kombiglyze and Kombiglyze XR – 3
Januvia	Onglyza – 3 Tradjenta – 3
Lansoprazole	Omeprazole – 2 Pantoprazole Tablet – 2
Levemir	Lantus – 3 Toujeo – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Movantik	Lactulose Solution – 2 Relistor – 4
Nexium	Omeprazole – 2 Pantoprazole Tablet – 2
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3
OxyContin	Xtampza XR – 3
Ozempic	Bydureon – 3 Trulicity – 3
Potassium Chloride Extended Release Capsule	Potassium Chloride Extended Release Tablet – 2
Proair HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 3 Ventolin HFA – 3
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 3 Ventolin HFA – 3
Quetiapine Extended Release	Quetiapine Immediate Release – 2
Qvar Redihaler	Pulmicort Inhaler – 3
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg – 2
Travatan Z	Latanoprost – 1
Tresiba	Lantus – 3 Toujeo – 3
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2

Bold type = Brand name drug Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Victoza	Bydureon – 3 Trulicity – 3
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 2 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, 2020 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.

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 Sales Representative (if applicable).

Plan Information

Here are some details about your new plan.

My new plan is a Medicare Part D Plan.

The name of my new plan is: _____

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

I must have Medicare Part A and/or Part B to enroll in this plan.

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

My plan (circle one): **DOES / DOES NOT** have a prescription drug deductible.

If I have a deductible, the amount is \$ _____ and it applies to drugs in (check the answer(s)):

Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 or ALL tiers

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.

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

Premium Information

What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less.* In addition, I must remain enrolled in Medicare Part A and/or Part B and if I have Part B, I must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.

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

*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

Prescription Drug Coverage

Know how prescription drugs are covered on your plan.

List the medications you use in this table. Be sure to note their tier level, whether there are any limits on the drug, and if the prescription drug deductible applies.

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

TEAR HERE

My current pharmacy is _____. I understand that preferred network pharmacies tend to offer lower prescription drug costs.

I (circle one) **DO / DO NOT** have drugs that are not on the covered drug list (formulary). My drugs that are not on the formulary are _____ and _____. I can discuss alternatives by calling customer service or checking with my doctor or pharmacist.

I understand how my prescription drug plan works, including:

- The plan start date
- The monthly premium
- The cost difference between preferred network, standard network and out-of-network pharmacies
- Home delivery options
- Tier levels
- Prior authorizations
- Quantity limits
- Step therapy
- Drug coverage stages and how they impact my costs
- Late Enrollment Penalty

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

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

TEAR HERE



Contact your Sales Representative

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

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

²For 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.

How to Enroll

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



By phone

Call one of our Sales Representatives toll-free at **1-888-867-5564, TTY 711** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone.



Online

Go to **www.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
- ✓ Make sure you have chosen the plan type that works best for you
- ✓ Make sure your permanent address is correct
- ✓ Sign and date where indicated
- ✓ Verify your Date of Birth
- ✓ Verify your providers accept the plan you are choosing
- ✓ Use the drug list to be sure your drugs are covered

Scope of Appointment Confirmation Form

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

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

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
---------------------------	---

Licensed Sales Representative Signature

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Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

Stand-alone Medicare Prescription Drug Plans (Part D)

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

Other Related Products

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

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

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



2021 Enrollment Request Form

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

AARP MedicareRx Saver Plus (PDP) - K

Please Read This Important Information

This is a Part D plan. It's designed to help pay the cost of prescription drugs. **Note:** If you have a Medicare Advantage plan:

- You may already have drug coverage
- You will lose that plan automatically when you sign up for a Part D plan. This means you would lose your medical coverage. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage plan. If you have an MA-only PFFS plan, you may still enroll in a PDP plan and will not lose your MA-only PFFS plan.

If you currently have health coverage from an employer or union, joining this plan could affect your employer or union health benefits. You could lose your employer or union coverage if you join this plan. Read the communication your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Information about you

Please type or print in black or blue ink.

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

Birth Date MM - DD - YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
----------------------------------	---

Daytime Phone Number () -	Mobile Phone Number: () -
----------------------------	----------------------------

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

Enrollee Name _____

Agent Name / ID No. _____

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

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

E-mail Address _____

Do you have other insurance that will cover your prescription drugs? Yes No

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

If **yes**, what is it?

Name of Other Insurance _____

Member Number	Group Number	Date Plan Started MM - DD - YYYY
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Information about your Medicare

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

Fill out this information as it appears on your Medicare card. Name (as it appears on your Medicare card): _____

-OR-

Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. Medicare Number: _____
Sex: _____

Is Entitled to	Effective Date
Hospital (Part A)	MM - DD - YYYY
Medical (Part B)	MM - DD - YYYY

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

How do you want to pay?

Response to these questions is optional.

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

Note: If you have a late enrollment penalty (LEP), we'll add it to your premium.

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

Enrollee Name _____

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I want to pay from my Social Security or Railroad Retirement Board (RRB) check.

I get monthly benefits from: Social Security RRB

We will bill you directly until the Social Security Administration or Railroad Retirement Board approves the deduction. It could take up to 90 days after the approval for the first deduction to occur, so please continue to make payments. If the Social Security Administration or Railroad Retirement Board does not approve your request for automatic deduction, we will notify you and continue to send a paper bill for your monthly premiums.

I want to pay directly from a bank account.

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

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

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

Account Holder Name _____

Bank Routing Number

Bank Account Number

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

I want to pay online.

Visit www.AARPMedicarePlans.com to make a payment directly from a bank account or a Visa, Mastercard or Discover credit card.

I want to pay by mail.

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

If you want to pay by credit card.

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

A few notes about your costs.

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

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

- You can pay it from your SS check
- Medicare can bill you

Enrollee Name _____

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- The Railroad Retirement Board (RRB) can bill you

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

Need help with your prescription drug costs?

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

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

A few questions to help us manage your plan.

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

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

Please check what you'd like: Spanish Other _____

If you don't see the language or format you want, please call UnitedHealthcare toll-free at 1-888-867-5564, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.AARPMedicarePlans.com for online help.

- 2. Do you live in a nursing home or a long-term care facility?** Yes No

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

Name			
Address	City	State	ZIP Code
Phone Number () -	Date you moved there MM - DD - YYYY		

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

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

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

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

Please read and sign

By completing this form, I agree to the following:

- This is a Medicare Prescription Drug plan. It has a contract with the federal government. This Prescription Drug coverage is in addition to Original Medicare. This is not a Medicare Supplement plan.
- I must keep Part A or Part B (or both) 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 must have current part D eligibility in CMS systems.
- I can only be in one Medicare Prescription Drug plan at time-if I am currently in a Medicare Prescription Drug plan; my enrollment in this plan will end that enrollment.
- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so between October 15 and December 7. This is the Annual Enrollment Period for Medicare Advantage **and** Medicare prescription drug coverage. I understand that there may be special situations at other times during the year in which I can leave the plan.
- This plan serves a specific service area. If I move out of the area that this plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of this plan I have the right to appeal plan decisions about payment or services if I disagree.
- 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.
- I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my 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.**

Enrollee Name _____

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Ready to Enroll

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- I understand I must use network pharmacies except in an emergency. I have the right to make an appeal if I disagree with how the plan covers or pays for 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 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 allowed by Federal statutes 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.
- I understand that my state may offer help and advice with Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- 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.
- Your 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 you have received your UnitedHealthcare member ID card, please call Customer Service at the number on the back of your UnitedHealthcare member ID card to update your authorization information on file.

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Signature of Applicant/ Member / Authorized Representative

Today's Date

MM - DD - YYYY

Enrollee Name _____

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

New Member Employer Group Name
 Plan Change

Employer Group ID

Branch ID

Sales Representative/Writing ID

Initial Receipt Date
MM - DD - YYYY

Sales Representative/Agent Name

Proposed Effective Date
MM - DD - YYYY

Sales Representative Phone Number

Where did this application originate?

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

How was this application submitted? Mail Fax Online

Agent must complete

- IEP IEP 2 SEP (Institutional)
 SEP (GEP Part B) SEP (Change in residence)
 SEP (PDP/OEP) SEP (CMS/State Assignment)
 SEP (Dual LIS maintaining) AEP (October 15 - December 7)
 SEP (Dual LIS change of status)

SEP (SEP Reason) _____

SEP Eligibility Date MM - DD - YYYY

Sales Representative Signature (required)

Date: MM - DD - YYYY

Enrollee Name _____

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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.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan 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. 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 or pharmacy recommendations for individuals.

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

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

OMB No. 0938-NEW

Expires: 07/31/2023

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Ready to Enroll

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2021 Enrollment Receipt

To be completed if enrolling with a Sales Representative.

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

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

TEAR HERE

Applicant 1:

Name

Application Date **MM - DD - YYYY**

Proposed Effective Date **MM - DD - YYYY**

Plan Name

Plan Type

Enrollment Tracking No. (if applicable)

Call your Sales Representative if you have any questions:

Sales Representative Name and ID Number

Sales Representative Phone No.

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■

RxBIN: 610097

Rx PCN: 9999

RxGRP: PDPIND

TEAR HERE

We're here to help. If you have additional questions you can call UnitedHealthcare® Customer Service toll-free at 1-888-867-5564, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.



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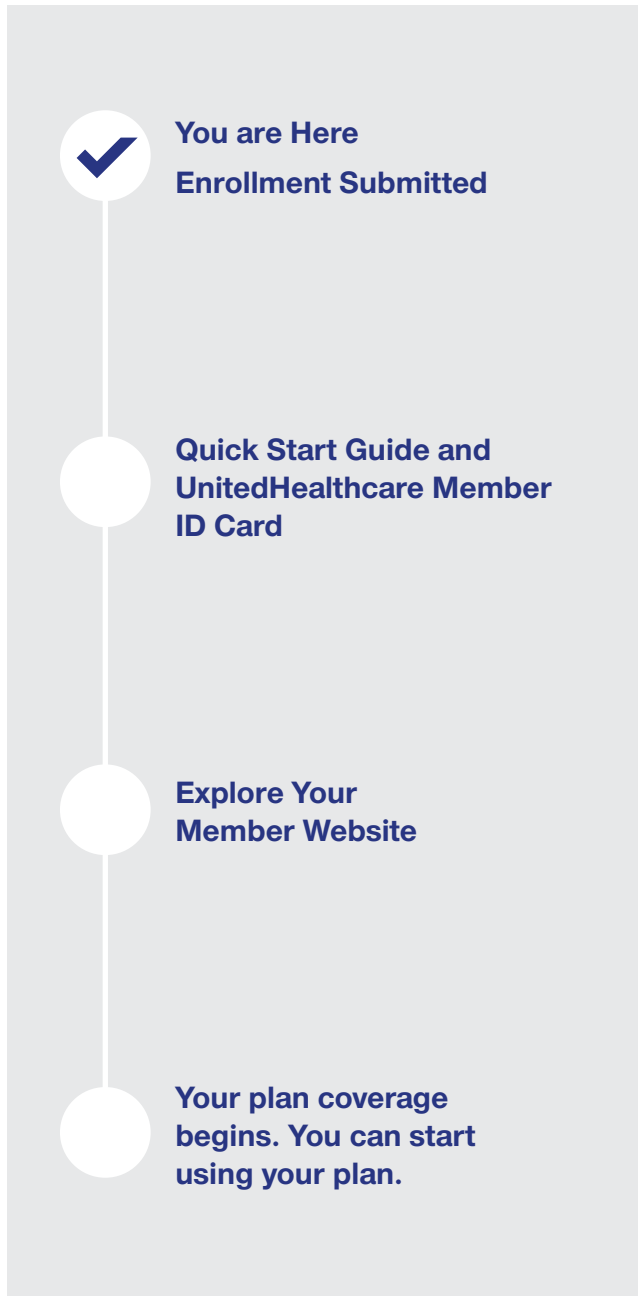
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Take Advantage of What's Next

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

TEAR HERE

TEAR HERE



Go online to manage your plan

Once you receive your UnitedHealthcare member ID card, you can use it to create your online account at **MyAARPMedicare.com** to:

- Find pharmacies in your area.
- Review your Drug List (Formulary).
- View plan documents.
- Explore health and wellness activities and resources from Renew.



Once your coverage begins

- Review your drugs with your doctor and ask about generic drugs and lower-cost options that may be available to you.
- Fill your prescriptions through our Preferred Retail Pharmacy Network and get member-only savings¹
- Sign up for home delivery and save when you get a 3-month supply of medication conveniently mailed to your home.



Thank you for choosing UnitedHealthcare®

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

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



Call UnitedHealthcare toll-free **1-888-867-5564**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

