

Hello BENEFITS

2013 MEDICARE ADVANTAGE ENROLLMENT KIT

\$0
MONTHLY
PLAN PREMIUM

LOW COPAYS

and predictable costs

AARP® MedicareComplete® (HMO)

Illinois: Jersey, Madison, Monroe, St. Clair counties

Missouri: Cole, Crawford, Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren, Washington counties

H2654-004

AARP® | **MedicareComplete®**
insured through **UnitedHealthcare**

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Discover the benefits.

Thank you for your interest in a Medicare Advantage plan through UnitedHealthcare®. We make our plans easy to understand and easy to use. Health care reminders, a broad provider network and friendly customer service help make it easy to get care.

PREDICTABLE COSTS

with set copays and clear out-of-pocket maximums

HEALTH SCREENINGS

help you create an action plan

BROAD NETWORK

makes it easier for you to visit doctors, hospitals and pharmacies close to home

MANAGE YOUR HEALTH AND YOUR PLAN

on one easy-to-use website at www.AARPMedicarePlans.com

Be sure to:

- Review all plan details
- Review More Plan Information section
- Make sure your drugs are covered
- Complete the easy enrollment process

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

Benefits at a glance

Plan Costs		In-Network
Monthly plan premium		\$0
Doctor Office Visits		
Primary care physician (PCP)		\$10 copay
Specialist		\$30 copay (Referral needed)
Preventive Care		
Annual physical		\$0 copay
Cardiovascular screening		\$0 copay
Colorectal cancer screening		\$0 copay
Prostate cancer screening		\$0 copay
Breast cancer screening		\$0 copay
Inpatient Care		
Inpatient hospital		\$265 copay per day: days 1 - 6. \$0 thereafter
Skilled nursing facility (SNF) care		\$50 copay per day: days 1 - 20 \$100 copay per day: days 21 - 45 \$0 copay per day: days 46 - 100
Outpatient Services		
Outpatient surgery and hospital services		20% coinsurance
Diabetes testing supplies		\$0 copay
Home health care		\$0 copay
Lab Services and Other Tests		
Laboratory tests		\$14 copay
Diagnostic testing (Non-Radiological)		20% coinsurance
Diagnostic testing (Radiological)		20% coinsurance
X-rays		\$16 copay
Emergency Services		
Ambulance services		\$200 copay
Emergency room		\$65 copay Emergency care is covered worldwide
Urgently needed care		\$30 copay at a contracted Urgent Care Center. \$40 copay at a non-contracted Urgent Care Center.
Annual out-of-pocket maximum		
Annual out-of-pocket maximum		\$3,500

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Prescription Drugs	Your Costs	
Prescription drug deductible	\$0	
Initial coverage stage	31-day retail supply	90-day mail order supply from a Preferred Network Mail-order Pharmacy
Tier 1	\$0	\$0
Tier 2	\$6	\$0
Tier 3	\$44	\$122
Tier 4	\$92	\$266
Tier 5	33%	33%
Coverage gap stage (after prescription costs reach \$2,970)	There is a 52.5% discount for most brand name drugs and 21% for generics.	
Catastrophic coverage stage (after you have paid \$4,750 out-of-pocket)	The greater of \$2.65 for generics, \$6.60 for brand-name, or 5% .	

Understanding drug payment stages.

Part D coverage gap: what you need to know.

INITIAL COVERAGE STAGE

During this stage you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill.

The plan pays the rest until your total drug costs (paid by you and the plan) reach \$2,970.

COVERAGE GAP STAGE

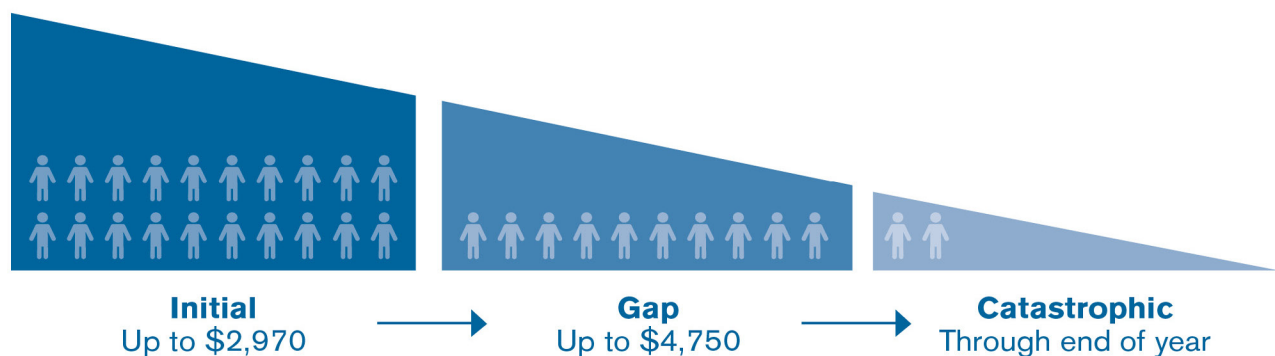
During this stage you pay 47.5% of the total cost for brand name drugs and 79% of the total cost for generic drugs.

Once your out-of-pocket costs reach \$4,750, you move to catastrophic coverage.

CATASTROPHIC COVERAGE STAGE

In this stage you pay only a small copay or coinsurance amount for each filled prescription.

The plan and Medicare pay the rest until the end of the calendar year.



Additional Benefits	In-Network
Additional services and programs not covered under Medicare	
Podiatry services	
Foot care	\$30 copay for 6 visits per year
Vision services	
Glaucoma screening	\$0 copay
Routine exams	\$30 copay; 1 per year
Eyewear	\$15 copay for coverage up to \$70 every 2 years for frames (standard lenses included) or \$105 for contact lenses
Dental services	
Oral exams	\$0 copay; 1 every 6 months
Routine cleanings	\$0 copay; 1 every 6 months
X-rays	\$0 copay; 1 every year
Hearing services	
Annual hearing test	\$10 copay
Hearing aids	\$110 copay for each hi HealthInnovations™ Behind-the-Ear hearing aid \$160 copay for each hi HealthInnovations™ Open-Fit In-the-Canal hearing aid Up to 2 hearing aids covered per year See the “More Plan Information” section for more information
Transportation (routine)	Rides to or from medical appointments at no additional cost 36 one-way trips annually
SilverSneakers®	Basic fitness membership at a participating location. Access to fitness classes designed especially for older adults, heated pools, treadmills and free weights varies depending on location. Please visit www.SilverSneakers.com for more information.
UnitedHealth Passport® Program	Included in this plan. See the Passport brochure in this booklet for more information.
Health products benefit catalog	\$45 quarterly credit for purchases from the approved health products catalog
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day
Optional additional plan coverage	
Deluxe Rider	\$31 additional monthly premium See the “More Plan Information” section for more information

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage Organization with a Medicare contract.

2013 Disclaimers

Your plan may contain one or more of the following:

NurseLineSM

OptumHealthSM is a health and well-being company that provides information and support as part of your health plan. NurseLineSM nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLineSM services are not an insurance program and may be discontinued at any time.

SilverSneakers[®]

SilverSneakers[®] is a registered trademark of Healthways, Inc. The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) and are not part of insurance coverage and may be discontinued at any time. AARP and United do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional before beginning any exercise program.

General Information

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

The AARP[®] MedicareComplete[®] plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. 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.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply.

HELPING MEDICARE DOLLARS GO FURTHER

At UnitedHealthcare,[®] we strive to help members save money on their prescription drugs.

UnitedHealthcare's Savings Promise.

We are committed to providing you affordable prescription drugs. As a member of a Medicare Advantage prescription drug plan through UnitedHealthcare, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

With over 65,000 network pharmacies, there may be one right around the corner from you.

Prescription drug savings.

We have worked with many pharmacies to get lower costs on many common prescription drugs. These include drugs to treat high cholesterol, high blood pressure, diabetes and much more. With Pharmacy Saver,[™] hundreds of generic drugs are as low as \$2.

To learn more about Pharmacy Saver or to see a list of pharmacies, drugs and prices, go to:



www.PharmacySaver.com

\$2

on hundreds of
prescription drugs

PharmacySaver

A UnitedHealthcare[®] Medicare Solution

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network and/or co-payments/co-insurance may change on January 1 of each year.

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

OUR NETWORK YOUR COMMUNITY

Strong partnerships for better health.

At UnitedHealthcare,[®] we recognize that being able to see a doctor you trust is one of the most important qualities you look for in a health plan. With our complete network, more of our members can see the doctor they choose at a price they can afford.

Affordability isn't just about lower premiums and out-of-pocket costs. Affordability means helping members get care at a reasonable price — the kind of care that may help them live a

healthier life. Through health awareness, care management programs and a complete network, we help members take charge of their well-being.

In this Medicare Advantage plan, your care is coordinated. This means you'll work with network providers to manage your care. Each plan has its own network.

Where you live makes a difference.

Medicare Part A (hospital) and Part B (doctor) coverage is the same throughout the United States, so it doesn't matter where you live. Medicare Part C coverage is offered by private companies through Medicare Advantage plans, which have service areas. These are

usually counties, states or regions within which a plan offers coverage. Generally, you must live in a plan's service area in order to join it. However, all Medicare Advantage plans must offer nationwide coverage for emergency and urgent care.

To learn more about Medicare, visit:



www.MedicareMadeClear.com

A UnitedHealthcare[®] Medicare Solution

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The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

FREQUENTLY ASKED QUESTIONS

Q: Doesn't Original Medicare cover all of my health care needs?

A: Very few things are covered 100% by Original Medicare. Your out-of-pocket costs for things like deductibles, coinsurance and copays can add up. While no plan provides 100% coverage for everything, Medicare Advantage plans help you pay less out-of-pocket costs and may provide the coverage and protection you want.

Q: If I enroll in a Medicare Advantage plan, will I lose my Original Medicare coverage?

A: No. With a Medicare Advantage plan, you're still covered under Original Medicare. However, your Medicare Advantage plan will pay your doctor and hospital (Parts A and B) expenses instead of Original Medicare. You'll still pay your Medicare Part B premium, if you have one.

Q: What is included in a Medicare Advantage plan?

A: While each Medicare Advantage plan differs from another, one of the best features of this Medicare Advantage plan is that it combines doctor, hospital and prescription drug coverage all in one convenient plan.

Q: Am I covered if I leave the country? What happens if I'm visiting someone out of state?

A: You never need prior authorization for emergency and urgently needed services. No matter where you are in the world, you'll be covered for these services. (You will have an emergency or urgently needed services copay. Please see your plan benefit information.)

Some Medicare Advantage plans offer an out-of-network benefit that would enable you to visit doctors when you're away from home, usually at a higher cost.

Q: What happens if I join a Medicare Advantage plan where I live now, and then I move? Can I take my plan with me?

A: That depends on where you're moving. If you're moving within the service area of your current plan, you can keep the plan. If you're moving outside of your plan's service area, you'll need to look at your options. You may have to choose a new Medicare Advantage plan that serves the area where you are moving. Or you may have to return to Original Medicare Part A and Part B (with an optional stand-alone prescription drug plan and/or Medicare supplement policy). If you move or are planning to move, contact Customer Service to find out if your new home is in your plan's service area and to discuss your options.

Q: I'm looking at a Medicare Advantage plan, but I don't know if my doctors belong to its network. How do I find out?

A: To find out if your doctors are included in a plan's network, call the plan's Customer Service number or check the plan's website. You can find Customer Service numbers on the Medicare website or through the Medicare telephone helpline. Or just call your doctor's office and ask if he or she accepts the plan.

FREQUENTLY ASKED QUESTIONS (CONTINUED)

Q: What if I have trouble paying for prescriptions?

A: Our Medicare Advantage plans offer Pharmacy Saver™ and mail order programs to help you save money on your prescriptions. If you find you need more help and your yearly income and resources are below certain limits, you can apply for Extra Help from Medicare. This program is also called the “low-income subsidy” or LIS. To see if a beneficiary qualifies for Extra Help, they may call 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week; or the Social Security Office at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. – 7 p.m., Monday – Friday, or your State Medicaid Office.

Q: What if my doctor leaves the plan?

A: Your Medicare Advantage plan will notify you if your doctor leaves the plan’s network. You’ll be able to choose a new doctor. Also, some Medicare Advantage plans offer an out-of-network benefit, which would enable you to see doctors outside the network, usually at a higher cost. If your doctor leaves the plan’s network, contact Customer Service to discuss your options.

Q: Can a network doctor charge me more than the copay amount?

A: No. We continue to work hard to provide our members with affordable, quality health plans. Part of this comes from us negotiating with doctors to set standard copays. Your network doctor can’t ask you to pay more than the plan’s cost-sharing amount. If you have any questions, please contact a Customer Service representative.

Q: What is the difference between Medicare Advantage and Medicare supplement — sometimes referred to as Medigap — plans?

A: With a Medicare Advantage plan, you must use certain providers to receive benefits for some services. This usually allows the plan to charge lower premiums. Our Medicare Advantage plans offer networks of local doctors and hospitals. Your favorite doctors are probably already in our network — call Customer Service to find out. Medicare supplement plans help reduce the out-of-pocket costs associated with Original Medicare while giving you the freedom to choose any doctor, specialist or hospital that accepts Medicare — but this usually comes with a higher monthly Medigap plan premium.

A UnitedHealthcare® Medicare Solution

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

2013 Summary of BENEFITS

AARP® MedicareComplete® (HMO)

January 1, 2013 — December 31, 2013

Illinois: Jersey, Madison, Monroe, St. Clair County

Missouri: Cole, Crawford, Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren, Washington Counties

H2654-004

AARP | MedicareComplete®
insured through UnitedHealthcare

Section 1

Introduction to Summary of Benefits

Thank you for your interest in AARP MedicareComplete (HMO). Our plan is offered by UNITEDHEALTHCARE OF THE MIDWEST, INC./UnitedHealthcare, a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call AARP MedicareComplete (HMO) and ask for the "Evidence of Coverage".

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like AARP MedicareComplete (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call AARP MedicareComplete (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare AARP MedicareComplete (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is AARP MedicareComplete (HMO) available?

The service area for this plan includes: Jersey, Madison, Monroe, St. Clair Counties, IL; Cole, Crawford, Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren,

Washington Counties, MO. You must live in one of these areas to join the plan.

Who is eligible to join AARP MedicareComplete (HMO)?

You can join AARP MedicareComplete (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in AARP MedicareComplete (HMO) unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

AARP MedicareComplete (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at www.UHCMedicareSolutions.com. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

Where can I get my prescriptions if I join this plan?

AARP MedicareComplete (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.UHCMedicareSolutions.com. Our customer service number is listed at the end of this introduction.

AARP MedicareComplete (HMO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

Does my plan cover Medicare Part B or Part D drugs?

AARP MedicareComplete (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

AARP MedicareComplete (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at www.UHCMedicareSolutions.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your

prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of AARP MedicareComplete (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor

makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of AARP MedicareComplete (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected.

Contact AARP MedicareComplete (HMO) for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact AARP MedicareComplete (HMO) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable osteoporosis drugs for some women.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** administered through Durable Medical Equipment.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer

service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for

Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call UnitedHealthcare for more information about AARP MedicareComplete (HMO).

Visit us at www.AARPMedicarePlans.com or, call us:

Customer Service Hours for October 1 – February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Customer Service Hours for February 15 – September 30:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Current members should call toll-free **1-800-643-4845** for questions related to the Medicare Advantage and the Medicare Part D Prescription Drug Programs. (TTY/TDD 711)

Prospective members should call toll-free **1-800-547-5514** for questions related to the Medicare Advantage and the Medicare Part D Prescription Drug Programs. (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (**1-800-633-4227**). TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma que no sea inglés. Para obtener más información, llame a servicio al cliente al número de teléfono que aparece arriba.

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare for details.

Section 2

Summary of Benefits

Benefit	Original Medicare	AARP MedicareComplete (HMO)
Important Information		
<p>1 Premium and Other Important Information</p>	<p>In 2012 the monthly Part B Premium was \$99.90 and may change for 2013 and the annual Part B deductible amount was \$140 and may change for 2013.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$3,500 out-of-pocket limit for Medicare-covered services.</p>
<p>2 Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>Out of Service Area</p> <p>Plan covers you when you travel in the U.S. or its territories.</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
Summary of Benefits		
Inpatient Care		
<p>3 Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2012 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1156 deductible</p> <p>Days 61 - 90: \$289 per day</p> <p>Days 91 - 150: \$578 per lifetime reserve day</p> <p>These amounts may change for 2013.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 6: \$265 copay per day • Days 7 - 90: \$0 copay per day <p>\$0 copay for each additional hospital day.</p>
<p>4 Inpatient Mental Health Care</p>	<p>In 2012 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1156 deductible</p> <p>Days 61 - 90: \$289 per day</p> <p>Days 91 - 150: \$578 per lifetime reserve day</p> <p>These amounts may change for 2013.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 5: \$265 copay per day • Days 6 - 90: \$0 copay per day

Benefit	Original Medicare	AARP MedicareComplete (HMO)
<p>5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$144.50 per day</p> <p>These amounts may change for 2013.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$50 copay per day • Days 21 - 45: \$100 copay per day • Days 46 - 100: \$0 copay per day
<p>6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered home health visit</p>
<p>7 Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
Outpatient Care		
<p>8 Doctor Office Visits</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>\$10 copay for each Medicare-covered primary care doctor visit.</p> <p>\$30 copay for each Medicare-covered specialist visit.</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
9 Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network</p> <p>\$20 copay for each Medicare-covered chiropractic visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</p>
10 Podiatry Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>\$30 copay for each Medicare-covered podiatry visit</p> <p>\$30 copay for up to 6 supplemental routine podiatry visit(s) every year</p> <p>Medicare-covered podiatry visits are for medically-necessary foot care.</p>
11 Outpatient Mental Health Care	<p>35% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>In-Network</p> <p>\$40 copay for each Medicare-covered individual therapy visit</p> <p>\$30 copay for each Medicare-covered group therapy visit</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>\$30 copay for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$60 copay for Medicare-covered partial hospitalization program services</p>
12 Outpatient Substance Abuse Care	<p>20% coinsurance</p>	<p>In-Network</p> <p>\$40 copay for Medicare-covered individual substance abuse outpatient treatment visits</p> <p>\$30 copay for Medicare-covered group substance abuse outpatient treatment visits</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
<p>13 Outpatient Services</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>In-Network</p> <p>20% of the cost for each Medicare-covered ambulatory surgical center visit</p> <p>20% of the cost for each Medicare-covered outpatient hospital facility visit</p>
<p>14 Ambulance Services</p> <p>(medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>\$200 copay for Medicare-covered ambulance benefits.</p>
<p>15 Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$30 to \$40 copay for Medicare-covered urgently-needed-care visits</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
<p>17 Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>\$30 copay for Medicare-covered Occupational Therapy visits</p> <p>\$30 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</p>
Outpatient Medical Services and Supplies		
<p>18 Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered durable medical equipment</p>
<p>19 Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered prosthetic devices</p>
<p>20 Diabetes Programs and Supplies</p>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered Diabetes self-management training</p> <p>\$0 copay for Medicare-covered Diabetes monitoring supplies</p> <p>20% of the cost for Medicare-covered Therapeutic shoes or inserts</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
<p>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>In-Network</p> <p>\$14 copay for Medicare-covered lab services</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests</p> <p>\$16 copay for Medicare-covered X-rays</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p>
<p>22 Cardiac and Pulmonary Rehabilitation Services</p>	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>In-Network</p> <p>\$30 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$30 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$30 copay for Medicare-covered Pulmonary Rehabilitation Services</p>

Benefit	Original Medicare	AARP Medicare Complete (HMO)
Preventive Services, Wellness/Education and other Supplemental Benefit Programs		
<p>23 Preventive Services, Wellness/Education and other Supplemental Benefit Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease • Personalized Prevention Plan Services (Annual Wellness Visits) 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network</p> <p>\$0 copay for an annual physical exam</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Health Club Membership/Fitness Classes • Nursing Hotline <p>\$0 copay for Additional Preventive Services.</p> <p>Contact plan for details.</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
	<ul style="list-style-type: none"> • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening — Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse • Screening for depression in adults • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs • Intensive behavioral counseling for Cardiovascular Disease (bi-annual) • Intensive behavioral therapy for obesity • Welcome to Medicare Preventive Visits (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
24 Kidney Disease and Conditions	20% coinsurance for renal dialysis 20% coinsurance for kidney disease education services	In-Network 20% of the cost for Medicare-covered renal dialysis \$0 copay for Medicare-covered kidney disease education services

Benefit	Original Medicare	AARP MedicareComplete (HMO)
Prescription Drug Benefits		
<p>25 Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.UHCMedicareSolutions.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Your provider must get prior authorization from AARP MedicareComplete (HMO) for certain drugs.</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AARP MedicareComplete (HMO) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,970:</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$0 copay for a one-month (31-day) supply of drugs in this tier • \$0 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of drugs in this tier • \$18 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$44 copay for a one-month (31-day) supply of drugs in this tier • \$132 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$92 copay for a one-month (31-day) supply of drugs in this tier • \$276 copay for a three-month (90-day) supply of drugs in this tier

Benefit	Original Medicare	AARP MedicareComplete (HMO)
		<p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$0 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of generic drugs in this tier <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$44 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$92 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/ collection when less than a one-month supply is dispensed.</p> <p>Mail Order</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$0 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> • \$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$18 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.

Benefit	Original Medicare	AARP MedicareComplete (HMO)
		<p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • \$122 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$132 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$266 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$276 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,970, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 79% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,750.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs.

Benefit	Original Medicare	AARP MedicareComplete (HMO)
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AARP MedicareComplete (HMO).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,970:</p> <p>Tier 1: Preferred Generic • \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic • \$6 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand • \$44 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand • \$92 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier • 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

Benefit	Original Medicare	AARP Medicare Complete (HMO)
		<p>Out-of-Network Coverage Gap You will be reimbursed up to 21% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Additional Out-of-Network Coverage Gap You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
Outpatient Medical Services and Supplies		
26 Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$30 copay for Medicare-covered dental benefits</p> <ul style="list-style-type: none"> • \$0 copay for up to 1 oral exam(s) every six months

Benefit	Original Medicare	AARP MedicareComplete (HMO)
		<ul style="list-style-type: none"> • \$0 copay for up to 1 cleaning(s) every six months • \$0 copay for up to 1 dental x-ray(s)
27 Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>\$30 copay for Medicare-covered diagnostic hearing exams</p> <p>\$10 copay for up to 1 supplemental routine hearing exam(s) every year</p> <p>\$160 copay for up to 2 inner-ear hearing aid(s) every year</p> <p>\$110 copay for up to 2 over-the-ear hearing aid(s) every year</p>
28 Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. • \$0 to \$30 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. • \$30 copay for up to 1 supplemental routine eye exam(s) every year • \$15 copay for contacts • \$0 copay for up to 1 pair(s) of lenses every two years • \$15 copay for up to 1 frame(s) every two years <p>\$105 plan coverage limit for contact lenses every two years.</p> <p>\$70 plan coverage limit for eye glass frames every two years.</p>
29 Over-the-Counter Items	Not covered.	<p>General</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee.</p> <p>Please contact the plan for specific instructions for using this benefit.</p>
30 Transportation (Routine)	Not covered.	<p>In-Network</p> <p>\$0 copay for up to 36 one-way trip(s) to plan approved location every year</p>

Benefit	Original Medicare	AARP MedicareComplete (HMO)
31 Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.
Optional Supplemental Package #1		
Premium and Other Important Information		<p>General Package: 1 - Deluxe Rider:</p> <p>\$31 monthly premium, in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental • Eye Exams • Eye Wear • Hearing Aids
Dental Services		<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for up to 1 cleaning(s) every six months • \$0 copay for up to 1 fluoride treatment(s) every six months • \$0 copay for up to 1 oral exam(s) every six months • \$0 copay for up to 1 dental x-ray(s) <p>\$1,000 plan coverage limit for dental benefits every year</p>
Hearing Services		<p>In-Network</p> <ul style="list-style-type: none"> • \$100 copay for up to 2 inner-ear hearing aid(s) every year • \$50 copay for up to 2 over-the-ear hearing aid(s) every year
Vision Services		<p>In-Network</p> <ul style="list-style-type: none"> • \$15 copay for contacts • \$0 copay for up to 1 pair(s) of lenses every year • \$15 copay for up to 1 frame(s) every year • \$15 copay for up to 1 supplemental routine eye exam(s) every year

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-643-4845. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-643-4845. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-643-4845。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-643-4845。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-643-4845. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-643-4845. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-643-4845 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-643-4845. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-643-4845번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-643-4845. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: فوري، مترجم على للحصول لدينا الأدوية جدول أو بالصحة تتعلق أسئلة أي عن للإجابة المجانية الفوري المترجم خدمات نقدم إننا مجانية خدمة هذه بمساعدتك العربية يتحدث ما شخص سيقوم 1-800-643-4845 على بنا الاتصال سوى عليك ليس

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-643-4845. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através


do número 1-800-643-4845. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-643-4845. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-643-4845. Ta usługa jest bezpłatna.

Hindi: हमारे सुवास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-643-4845 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-643-4845にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



The plan
DRUG LIST

2013 DRUG LIST

This is an alphabetical list of all drugs covered by the plan. **Brand name** drugs appear in **bold** type and generic drugs in plain type. Each drug is in one of five tiers, which is listed after the drug name. Each tier has a different copay or coinsurance amount. See the Benefits at a Glance in this booklet for cost details for each tier. For a full description of the tiers, refer to your Summary of Benefits.

#		
	8-MOP, T5	
A		
	A-Hydrocort, T3	Actiq, T5
	Abelcet, T5	Activella, T4
	Abilify, T4	Actonel, T4
	Abilify Discmelt, T4	Actoplus Met (15-500mg Tablet, 15-850mg Tablet), T3
	Abraxane, T5	Actos, T3
	Abstral (100mcg Tablet Sublingual), T4	Acyclovir, T2
	Abstral (200mcg Tablet Sublingual, 300mcg Tablet Sublingual, 400mcg Tablet Sublingual, 600mcg Tablet Sublingual, 800mcg Tablet Sublingual), T5	Acyclovir Sodium (500mg Injection), T2
	Acarbose, T2	Adacel, T3
	Acebutolol HCl, T2	Adagen, T5
	Acetaminophen/Caffeine/Dihydrocodeine Bitartrate, T3	Adapalene, T3
	Acetaminophen/Codeine, T2	Adcirca, T5
	Acetasol HC, T3	Adriamycin (2mg/ml Injection), T3
	Acetazolamide, T2	Advair Diskus, T3
	Acetazolamide ER, T3	Advair HFA, T3
	Acetazolamide Sodium, T3	Afeditab CR, T2
	Acetic Acid, T2	Afinitor, T5
	Acetylcysteine, T2	Aggrenox, T3
	Actemra (200mg/10ml Injection), T5	Agrylin, T4
	ActHIB, T3	AK-Con, T2
	Actimmune, T5	Akne-Mycin, T4
		Ala Scalp, T4
		Ala-Cort, T3
		Albenza, T3
		Albuterol Sulfate (Nebulization Solution), T2
		Albuterol Sulfate (Syrup, Tablet), T2
		Albuterol Sulfate ER, T2
		Alcaine, T4
		Alclometasone Dipropionate, T2
		Alcohol Preps (Pad), T2
		Aldara, T4
		Aldurazyme, T5
		Alendronate Sodium, T2
		Alfuzosin HCl ER, T2
		Alimta (500mg Injection), T5
		Alinia, T4
		Alkeran (Injection), T4
		Allopurinol (Tablet), T2
		Allopurinol Sodium (Injection), T2
		Alocril, T4
		Alomide, T4
		Alora, T4
		Aloxi, T4
		Alphagan P (0.1% Ophthalmic Solution), T3
		Alprazolam (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet), T2
		Alrex, T3
		Altabax, T4
		Amantadine HCl, T2
		AmBisome, T5
		Amcinonide, T2
		Amethia, T2
		Amethyst, T2
		Amevive, T5

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Amifostine, T5
Amikacin Sulfate (500mg/2ml Injection, 50mg/ml Injection), T3
Amiloride HCl, T2
Amiloride/
Hydrochlorothiazide, T2
Aminophylline, T2
Aminosyn 8.5%/Electrolytes, T3
Aminosyn II, T4
Aminosyn II 8.5%/
Electrolytes, T3
Aminosyn M, T4
Aminosyn-HBC, T4
Aminosyn-PF, T4
Amiodarone HCl
(50mg/ml Injection, Tablet), T2
Amitiza, T3
Amitriptyline HCl, T2
Amlodipine Besylate, T1
Amlodipine Besylate/
Benazepril HCl, T4
Ammonium Chloride, T4
Ammonium Lactate, T2
Amnesteem, T3
Amoxapine, T2
Amoxicillin, T2
Amoxicillin/Potassium
Clavulanate, T2
Amoxicillin/Potassium
Clavulanate ER, T2
Amphetamine/
Dextroamphetamine (Tablet), T3
Amphotec (50mg Injection), T4
Amphotericin B, T3
Ampicillin, T3
Ampicillin Sodium
(10gm Injection, 125mg
Injection, 1gm Injection), T3
Ampicillin-Sulbactam
(10gm; 5gm Injection,
2gm; 1gm Injection), T3
Ampyra, T5
Anagrelide Hydrochloride, T2
Anastrozole, T2
Ancobon, T5
AndroGel (50mg/5gm Gel), T3
AndroGel Pump (1.62% Gel), T3
Androxy, T3
Antabuse, T3
Antara, T3
Anzemet (100mg Tablet), T5
Anzemet (50mg Tablet), T4
Apokyn, T5
Apraclonidine, T3
Apri, T2
Apriso, T3
Aptivus, T5
Aralast NP
(400mg Injection), T5
Aranelle, T2
Aranesp Albumin Free
(100mcg/0.5ml Injection,
100mcg/ml Injection,
25mcg/0.42ml Injection,
25mcg/ml Injection,
40mcg/0.4ml Injection,
40mcg/ml Injection,
60mcg/0.3ml Injection,
60mcg/ml Injection), T4
Aranesp Albumin Free
(150mcg/0.3ml Injection,
200mcg/0.4ml Injection,
200mcg/ml Injection,
300mcg/0.6ml Injection,
300mcg/ml Injection,
500mcg/ml Injection), T5
Arcalyst, T5
Argatroban
(100mg/ml Injection), T5
Argatroban (125mg/125ml;
0.9% Injection), T5
Aricept (23mg Tablet), T3
Arixtra (10mg/0.8ml Injection,
5mg/0.4ml Injection,
7.5mg/0.6ml Injection), T5
Arixtra
(2.5mg/0.5ml Injection), T4
Aromasin, T4
Arranon, T5
Arthrotec, T4
Arzerra, T5
Asacol, T4
Asmanex, T4
Astepro, T3
Astramorph, T3
Atelvia, T4
Atenolol, T1
Atenolol/Chlorthalidone, T1
Atgam, T5
Atorvastatin Calcium, T2
Atovaquone/Proguanil HCl
(250mg; 100mg Tablet), T3
Atripla, T5
Atropine Sulfate (0.05mg/ml
Injection, 0.1mg/ml Injection), T2
Atrovent HFA, T4
Augmented Betamethasone
Dipropionate
(Cream, Lotion, Ointment), T2
Avandamet, T4
Avandaryl, T4
Avandia, T4
Avastin
(100mg/4ml Injection), T5
Avelox (Injection), T4
Avelox (Tablet), T3
Avelox ABC Pack, T3
Aviane, T2

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Avinza, T3
 Avita, T3
Avodart, T3
Avonex, T5
Azactam in Iso-Osmotic Dextrose, T4
Azasan, T4
Azasite, T3
 Azathioprine, T2
 Azathioprine Sodium, T3
 Azelastine HCl (Nasal Spray), T3
 Azelastine HCl (Ophthalmic Solution), T3
Azilect, T3
 Azithromycin (500mg Injection, Suspension Reconstituted, Tablet), T2
Azopt, T3
Azor, T3
 Aztreonam (1gm Injection), T3

B

Baciim, T2
 Bacitracin (Injection, Ophthalmic Ointment), T2
 Bacitracin/Polymyxin B, T2
 Baclofen, T2
Bactocill in Dextrose (1gm/50ml Injection), T4
Bactocill in Dextrose (2gm/50ml Injection), T5
Bactroban (Cream), T4
 Balsalazide Disodium, T3
 Balziva, T2
Banzel, T4
Baraclude (Oral Solution), T4
Baraclude (Tablet), T5
 Benazepril HCl, T1

Benazepril HCl/ Hydrochlorothiazide, T1
Benicar, T3
Benicar HCT, T3
Benlysta (120mg Injection), T5
 Benzotropine Mesylate, T2
Bepreve, T4
Besivance, T3
 Betamethasone Dipropionate, T2
 Betamethasone Valerate, T2
Betaseron, T5
 Betaxolol HCl (20mg Tablet), T2
 Betaxolol HCl (Ophthalmic Solution), T2
 Bethanechol Chloride, T2
Betimol, T4
Betoptic-S, T4
 Bicalutamide, T2
Bicillin C-R, T4
Bicillin L-A, T4
BiCNU, T4
Biltricide, T3
 Bisoprolol Fumarate, T2
 Bisoprolol Fumarate/ Hydrochlorothiazide, T2
 Bleomycin Sulfate (30unit Injection), T3
Blephamide, T3
Blephamide S.O.P., T3
Boniva (Injection), T4
Boostrix, T3
Botox (100unit Injection), T4
 Briellyn, T2
Brilinta, T4
 Brimonidine Tartrate, T2
Bromday, T4
 Bromfenac, T3
 Bromocriptine Mesylate, T3

Brovana, T4
 Budeprion SR, T2
 Budesonide (Capsule Extended Release 24 Hour), T3
 Budesonide (Suspension), T3
 Bumetanide, T2
Buphenyl, T5
 Buprenorphine HCl, T3
 Buproban, T2
 Bupropion HCl, T2
 Bupropion HCl SR, T2
 Bupropion XL, T2
 Buspirone HCl, T2
Busulfex, T5
 Butalbital/Acetaminophen/ Caffeine/Codeine, T3
 Butalbital/Aspirin/Caffeine/ Codeine, T3
 Butorphanol Tartrate, T3
Byetta, T3
Bystolic, T3

C

Cabergoline, T3
 Calcipotriene, T3
 Calcitonin-Salmon, T3
 Calcitriol (Capsule, Injection, Oral Solution), T2
 Calcium Acetate (Capsule), T3
 Camila, T2
Campath, T5
Campral, T4
Camptosar (100mg/5ml Injection), T4
Canasa, T3
Cancidas, T5
Capastat Sulfate, T4
Capex, T4
Caprelsa, T5
 Captopril, T2

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Captopril/
Hydrochlorothiazide, T2

Carac, T4

Carafate (Suspension), T4

Carbaglu, T5

Carbamazepine, T3

Carbamazepine ER (Capsule
Extended Release 12 Hour), T3

Carbidopa/Levodopa, T2

Carbidopa/Levodopa ER, T2

Carbidopa/Levodopa ODT, T2

Carbinoxamine Maleate, T2

Carboplatin
(150mg/15ml Injection), T3

**Carimune Nanofiltered
(3gm Injection), T5**

Carisoprodol (350mg Tablet), T3

Carteolol HCl, T2

Cartia XT, T2

Carvedilol, T1

Catapres-TTS, T4

Cayston, T5

Cedax (Capsule), T4

CeeNU, T4

Cefaclor, T2

Cefaclor ER, T2

Cefadroxil, T2

Cefazolin Sodium
(10gm Injection, 1gm Injection,
1gm; 5% Injection,
500mg Injection), T3

Cefdinir, T3

Cefepime (1gm Injection,
2gm Injection), T3

Cefotaxime Sodium
(10gm Injection, 1gm Injection,
2gm Injection), T3

Cefotetan, T4

Cefoxitin Sodium, T3

Cefoxitin Sodium/Dextrose, T4

Cefpodoxime Proxetil, T3

Cefprozil, T3

Ceftazidime (1gm Injection, 2gm
Injection, 6gm Injection), T3

Ceftazidime/Dextrose, T3

Ceftriaxone Sodium, T3

Cefuroxime Axetil (Tablet), T2

Cefuroxime Sodium
(1.5gm Injection, 7.5gm
Injection, 750mg Injection), T2

Celebrex, T3

Cellcept (Capsule), T4

**Cellcept (Suspension
Reconstituted, Tablet), T5**

Cellcept Intravenous, T4

Celontin, T4

Cenestin, T4

Cephalexin, T2

**Cerezyme
(200unit Injection), T5**

Cerubidine, T4

Cervarix, T4

Cesamet, T5

Cetirizine HCl (Syrup), T2

Chantix, T4

Chantix Pak, T4

Chemet, T4

**Chloramphenicol Sodium
Succinate, T3**

Chlordiazepoxide HCl, T2

Chlordiazepoxide/
Amitriptyline, T2

Chlorhexidine Gluconate
Oral Rinse, T2

Chloroquine Phosphate, T3

Chlorothiazide, T2

Chlorothiazide Sodium, T2

Chlorpromazine HCl, T2

Chlorthalidone
(25mg Tablet, 50mg Tablet), T2

Chlorzoxazone, T3

Cholestyramine Light
(Packet), T2

Chorionic Gonadotropin, T3

Ciclopirox, T3

Ciclopirox Nail Lacquer, T3

Ciclopirox Olamine, T3

Cilostazol, T2

Ciloxan (Ointment), T4

Cimetidine, T2

Cimetidine HCl, T2

Cimzia, T5

Cinryze, T5

**Cipro (Suspension
Reconstituted), T4**

Cipro HC, T4

**Cipro IV (200mg/100ml;
5% Injection), T4**

Ciprodex, T3

Ciprofloxacin
(400mg/40ml Injection), T2

Ciprofloxacin ER, T3

Ciprofloxacin HCl, T2

Cisplatin
(100mg/100ml Injection), T3

Citalopram Hydrobromide
(Oral Solution), T3

Citalopram Hydrobromide
(Tablet), T1

Cladribine, T5

**Claforan (1gm Injection,
2gm Injection), T4**

Claravis, T3

Clarithromycin, T3

Clarithromycin ER, T3

Clemastine Fumarate
(Syrup, 2.68mg Tablet), T3

Cleocin (75mg Capsule), T4

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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T5 = Tier 5

Cleocin Galaxy, T4
Cleocin in D5W, T4
Cleocin Phosphate (900mg/6ml Injection), T4
Climara Pro, T4
Clindagel, T4
 Clindamycin HCl (150mg Capsule, 300mg Capsule), T2
 Clindamycin Phosphate (Cream), T2
 Clindamycin Phosphate (External Solution, Foam, Gel, Lotion, Swab), T3
 Clindamycin Phosphate Add-Vantage, T3
 Clindamycin/Benzoyl Peroxide (5%; 1% Gel), T3
Clinimix 2.75%/Dextrose 5%, T4
 Clinimix 4.25%/Dextrose 10%, T4
 Clinimix 4.25%/Dextrose 20%, T4
 Clinimix 4.25%/Dextrose 25%, T4
Clinimix 4.25%/Dextrose 5%, T4
Clinimix 5%/Dextrose 15%, T4
Clinimix 5%/Dextrose 20%, T4
Clinimix 5%/Dextrose 25%, T4
Clinimix E 2.75%/Dextrose 10%, T4
Clinimix E 2.75%/Dextrose 5%, T4
Clinimix E 4.25%/Dextrose 25%, T4
Clinimix E 4.25%/Dextrose 5%, T4
Clinimix E 5%/Dextrose 15%, T4
Clinimix E 5%/Dextrose 20%, T4
Clinimix E 5%/Dextrose 25%, T4
 Clinisol SF 15%, T3
 Clobetasol Propionate (External Solution, Gel, Lotion, Ointment, Shampoo), T2
 Clobetasol Propionate (Foam), T3
 Clobetasol Propionate E, T2
Clobex, T4
Cloderm Pump, T4
Clolar, T5
 Clomipramine HCl, T2
 Clonazepam, T2
 Clonazepam ODT, T4
 Clonidine HCl (Patch Weekly), T3
 Clonidine HCl (Tablet), T2
 Clopidogrel, T2
 Clorazepate Dipotassium, T2
Clorpres, T4
 Clotrimazole (External Cream, External Solution, Troche), T2
 Clotrimazole/Betamethasone Dipropionate, T2
 Clozapine, T3
 Co-Gesic, T3
 Codeine Sulfate (Tablet), T2
Cogentin, T4
Colcrys, T3
 Colestipol HCl (Granules), T3
 Colestipol HCl (Tablet), T2
 Colistimethate Sodium, T4
 Colocort, T3
Coly-Mycin M, T4
Coly-Mycin S, T4
Combigan, T3
Combipatch, T4
Combivent, T3
Combivir, T5
Complera, T5
 Compro, T2
Comtan, T3
Comvax, T3
Copaxone, T5
Copegus, T5
Cordran, T4
Cordran Tape, T4
Cortef, T4
Cortifoam, T4
 Cortisone Acetate, T2
Cortisporin (Cream, Ointment), T4
Cortisporin (Solution, Suspension), T4
Cortisporin-TC, T4
Cosmegen, T4
Coumadin (Injection), T4
Coumadin (Tablet), T3
Creon, T3
Crestor, T3
Crinone, T4
Crixivan, T3
 Cromolyn Sodium (Concentrate), T3
 Cromolyn Sodium (Nebulization Solution), T3
 Cromolyn Sodium (Ophthalmic Solution), T2
 Cryselle, T2
Cubicin, T5
Cuvposa, T4
 Cyclofem 1/35, T2
 Cyclofem 7/7/7, T2
Cyclessa, T4

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Cyclobenzaprine HCl
(10mg Tablet, 5mg Tablet), T4
Cyclophosphamide (Tablet), T3
Cyclosporine, T3
Cyclosporine Modified
(100mg Capsule, 50mg
Capsule, Oral Solution), T3
Cyklokapron, T3
Cymbalta, T3
Cystadane, T5
Cystagon, T4
Cytarabine (500mg Injection), T3
Cytarabine Aqueous
(100mg/ml Injection), T3
Cytarabine Aqueous
(20mg/ml Injection), T2
Cytovene, T4

D

Dacarbazine
(200mg Injection), T3
Dacogen, T5
Danazol, T3
Dantrolene Sodium (Capsule), T3
Dapsone, T3
Daptacel, T3
Daraprim, T3
Daunorubicin HCl
(5mg/ml Injection), T2
DDAVP (Injection), T5
Decavac, T3
Demeclocycline HCl, T3
Demser, T5
Denavir, T4
Depo-Estradiol, T4
Depo-Medrol
(20mg/ml Injection), T4
Depo-Provera
(400mg/ml Injection), T4
Derma-Smoothe/FS, T4

Dermotic, T3
Desipramine HCl, T3
Desmopressin Acetate, T3
Desogen, T4
Desonate, T4
Desonide, T2
Desowen (Cream, Lotion), T4
Desoximetasone (Cream, Gel,
0.25% Ointment), T3
Dexamethasone (Elixir, Tablet), T2
Dexamethasone Intensol, T2
Dexamethasone Sodium
Phosphate
(4mg/ml Injection), T2
Dexamethasone Sodium
Phosphate
(Ophthalmic Solution), T2
Dexilant, T4
Dexmethylphenidate HCl, T3
Dexrazoxane
(500mg Injection), T5
Dextroamphetamine Sulfate, T3
Dextroamphetamine
Sulfate ER, T3
Dextrose 10%/NaCl 0.45%, T3
Dextrose 10% Flex Container, T3
Dextrose 10%/NaCl 0.2%, T3
Dextrose 2.5%/
Sodium Chloride 0.45%, T3
Dextrose 5%, T3
Dextrose 5%/
Lactated Ringers, T3
Dextrose 5%/NaCl 0.2%, T3
Dextrose 5%/NaCl 0.225%, T3
Dextrose 5%/NaCl 0.33%, T3
Dextrose 5%/NaCl 0.45%, T3
Dextrose 5%/NaCl 0.9%, T3
Dextrose 5%/
Potassium Chloride 0.15%, T3
Diazepam (Gel), T4

Diazepam
(Oral Solution, Tablet), T2
Diazepam Intensol, T2
Dibenzyline, T4
Diclofenac Potassium, T2
Diclofenac Sodium
(Ophthalmic Solution), T2
Diclofenac Sodium DR, T2
Diclofenac Sodium ER, T2
Dicloxacillin Sodium, T2
Dicyclomine HCl (Capsule,
Oral Solution, Tablet), T2
Didanosine, T3
Dificid, T5
Diflorasone Diacetate, T2
Diflunisal, T2
Digoxin, T2
Dihydroergotamine Mesylate, T3
Dilantin, T3
Dilantin Infatabs, T3
Dilatrate SR, T4
Dilaudid (Injection), T4
Dilt-CD (120mg Capsule
Extended Release 24 Hour,
300mg Capsule Extended
Release 24 Hour), T2
Dilt-XR (180mg Capsule
Extended Release 24 Hour,
240mg Capsule Extended
Release 24 Hour), T2
Diltiazem CD
(120mg Capsule Extended
Release 24 Hour, 240mg
Capsule Extended Release
24 Hour, 300mg Capsule
Extended Release 24 Hour), T2
Diltiazem HCl (100mg Injection,
50mg/10ml Injection, Tablet), T2

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Diltiazem HCl ER
(Capsule Extended Release
12 Hour, 180mg Capsule
Extended Release 24 Hour,
360mg Capsule Extended
Release 24 Hour), T2

Diovan, T3

Diovan HCT, T3

Diphenoxylate/Atropine, T2

Dipyridamole (Tablet), T2

Disopyramide Phosphate, T2

Disulfiram, T3

Diuril, T4

Divalproex Sodium, T2

Divalproex Sodium DR, T2

Divalproex Sodium ER, T2

Divigel (1mg/gm Gel), T4

Docefrez, T5

Docetaxel (80mg/4ml Injection,
80mg/8ml Injection), T5

Donepezil HCl, T2

Doribax (500mg Injection), T4

Dorzolamide HCl, T2

Dorzolamide HCl/
Timolol Maleate, T2

Dovonex, T4

Doxazosin Mesylate, T2

Doxepin HCl, T2

Doxil, T5

Doxorubicin HCl
(2mg/ml Injection), T3

Doxycycline (75mg Capsule), T3

Doxycycline Hyclate (150mg
Tablet Delayed Release), T4

Doxycycline Hyclate (Capsule,
Injection, Tablet, 100mg Tablet
Delayed Release, 75mg Tablet
Delayed Release), T3

Doxycycline Monohydrate
(150mg Tablet, 50mg Tablet,
75mg Tablet), T3

Dronabinol (10mg Capsule), T5

Dronabinol (2.5mg Capsule,
5mg Capsule), T3

Droxia, T4

Duetact, T3

Dulera, T4

Duramorph, T3

Durezol, T3

Dyrenium, T4

E

E.E.S. 400, T2

E.E.S. Granules, T3

Econazole Nitrate, T2

Edarbi, T4

Edarbyclor, T4

Edecrin, T4

Edurant, T5

Effient, T4

Egrifta, T5

Elaprase, T5

Elidel, T4

Eligard, T4

Eliphos, T3

Elitek (1.5mg Injection), T5

Elixophyllin, T3

Ella, T4

**Ellence
(200mg/100ml Injection), T5**

Elmiron, T4

**Eloxatin
(100mg/20ml Injection), T5**

Elspar, T4

Emcyt, T4

Emend (Capsule), T3

Emoquette, T2

Emsam, T4

Emtriva, T4

Enalapril Maleate, T2

Enalapril Maleate/
Hydrochlorothiazide, T2

Enbrel, T5

Endocet, T3

Endodan, T3

Engerix-B, T3

Enjuvia, T3

Enoxaparin Sodium
(100mg/ml Injection,
120mg/0.8ml Injection,
150mg/ml Injection), T5

Enoxaparin Sodium (30mg/0.3ml
Injection, 40mg/0.4ml Injection,
60mg/0.6ml Injection,
80mg/0.8ml Injection), T4

Enpresse, T2

Enulose, T2

Epinastine HCl, T3

Epinephrine HCl
(0.1mg/ml Injection), T3

Epipen, T3

Epirubicin HCl
(50mg/25ml Injection), T3

Epitol, T3

Epivir (Oral Solution), T3

Epivir (Tablet), T4

Epivir HBV, T3

Eplerenone, T3

Epogen, T4

Epzicom, T5

Equetro, T4

Eraxis (100mg Injection), T5

**Erbitux
(100mg/50ml Injection), T5**

Ergotamine Tartrate/Caffeine, T3

Erivedge, T5

Errin, T2

Ertaczo, T4

Bold type = Brand name drug

T1 = Tier 1

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T5 = Tier 5

Ery, T2
Ery-Tab, T3
Eryped, T3
Erythrocin Lactobionate (500mg Injection), T4
Erythrocin Stearate, T4
Erythromycin (External Solution, Gel, Ointment), T2
Erythromycin Base, T2
Erythromycin Ethylsuccinate, T2
Erythromycin/Benzoyl Peroxide, T2
Escitalopram Oxalate, T2
Estrace (Cream), T4
Estradiol, T2
Estradiol Valerate, T3
Estradiol/Norethindrone Acetate (1mg; 0.5mg Tablet), T2
Estring, T4
Estropipate, T2
Estrostep Fe, T4
Ethambutol HCl, T3
Ethosuximide, T3
Ethylol, T5
Etidronate Disodium, T3
Etodolac (200mg Capsule, Tablet), T2
Etodolac ER, T2
Etopophos, T5
Etoposide (Injection), T3
Eurax, T4
Evista, T3
Exalgo, T3
Exelderm, T4
Exelon (Oral Solution), T4
Exelon (Patch 24 Hour), T4
Exemestane, T3
Exforge, T3
Exforge HCT, T3

Exjade (125mg Tablet Soluble), T4
Exjade (250mg Tablet Soluble, 500mg Tablet Soluble), T5
F
Fabrazyme (35mg Injection), T5
Factive, T4
Famciclovir, T3
Famotidine (Injection, Suspension Reconstituted, 20mg Tablet, 40mg Tablet), T2
Famotidine Premixed, T3
Fanapt, T4
Fanapt Titration Pack, T4
Fareston, T4
Faslodex, T5
Fazaclo, T3
Felbamate (Suspension), T5
Felbamate (Tablet), T4
Felbatol (Suspension), T5
Felbatol (Tablet), T4
Felodipine ER, T3
Femhrt Low Dose, T4
Femring, T4
Femtrace, T4
Fenofibrate, T2
Fenofibrate Micronized, T2
Fenoprofen Calcium, T2
Fentanyl (Patch), T3
Fentanyl Citrate Oral Transmucosal, T5
Fentora, T5
Ferriprox, T5
Finacea, T3
Finasteride (Tablet), T2
Firazyr, T5
Firmagon (120mg Injection), T5
Firmagon (80mg Injection), T4
Flagyl ER, T4

Flarex, T3
Flavoxate HCl, T3
Flecainide Acetate, T2
Flovent Diskus, T3
Flovent HFA, T3
Fluconazole, T2
Fluconazole in Dextrose (56mg/ml; 400mg/200ml Injection), T2
Flucytosine, T5
Fludarabine Phosphate (50mg Injection), T5
Fludrocortisone Acetate, T2
Flunisolide (0.025% Nasal Solution), T2
Fluocinolone Acetonide (Cream, External Solution, Ointment), T2
Fluocinolone Acetonide (Otic Oil), T2
Fluocinolone Acetonide Body Oil, T2
Fluocinonide (External Solution, Gel, Ointment), T2
Fluocinonide-E, T2
Fluorouracil (500mg/10ml Injection), T3
Fluorouracil (Cream), T3
Fluoxetine DR, T4
Fluoxetine HCl (Capsule, Oral Solution, 10mg Tablet, 20mg Tablet), T2
Fluphenazine Decanoate, T3
Fluphenazine HCl, T2
Flurbiprofen, T2
Flurbiprofen Sodium, T2
Flutamide, T3
Fluticasone Propionate (Cream, Lotion, Ointment), T2
Fluticasone Propionate (Nasal Suspension), T2

Bold type = Brand name drug

T1 = Tier 1

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T4 = Tier 4

T5 = Tier 5

Fluvoxamine Maleate, T2

FML, T3

FML Forte, T3

Folotyn

(40mg/2ml Injection), T5

Fomepizole, T5

Fondaparinux Sodium

(10mg/0.8ml Injection,

5mg/0.4ml Injection,

7.5mg/0.6ml Injection), T5

Fondaparinux Sodium

(2.5mg/0.5ml Injection), T4

Foradil Aerolizer, T3

Fortaz

**(1gm/50ml; 5% Injection,
2gm Injection, 2gm/50ml; 5%
Injection, 6gm Injection), T4**

Forteo, T4

Fortical, T3

Foscarnet Sodium, T3

Fosinopril Sodium, T2

Fosinopril Sodium/

Hydrochlorothiazide, T2

Fosphenytoin Sodium

(100mg pe/2ml Injection), T3

Fosrenol, T5

Fragmin (10000unit/ml

Injection, 12500unit/0.5ml

Injection, 15000unit/0.6ml

Injection, 18000unt/0.72ml

Injection, 7500unit/0.3ml

Injection), T5

Fragmin (25000unit/ml

Injection, 2500unit/0.2ml

Injection, 5000unit/0.2ml

Injection), T4

Freamine III (8.5% Injection), T4

Freamine III 3%, T4

Furosemide, T2

Fusilev, T5

Fuzeon, T5

G

Gabapentin, T2

Gabitril, T4

Gablofen

(10000mcg/20ml Injection,

50mcg/ml Injection), T3

Gablofen (40000mcg/

20ml Injection), T5

Galantamine Hydrobromide, T3

Gammagard Liquid, T5

Gammaplex

(10gm/200ml Injection), T5

Gamunex-C

(1gm/10ml Injection), T5

Ganciclovir (Capsule), T4

Ganciclovir (Injection), T4

Gardasil, T3

Gastrocrom, T4

Gauze Pads, T3

Gavilyte-C, T2

Gavilyte-G, T2

Gavilyte-N/Flavor Pack, T2

Gelnique (10% Gel), T3

Gemcitabine HCl

(1gm Injection), T5

Gemfibrozil, T2

Gemzar (1gm Injection), T5

Gengraf, T3

Genotropin, T5

Genotropin Miniquick

(0.2mg Injection), T4

Genotropin Miniquick

(0.4mg Injection, 0.6mg

Injection, 0.8mg Injection,

1.2mg Injection, 1.4mg

Injection, 1.6mg Injection,

1.8mg Injection, 1mg

Injection, 2mg Injection), T5

Gentak (Ointment), T2

Gentamicin Sulfate (Cream,

Injection, 0.1% Ointment,

Ophthalmic Solution), T2

Gentamicin Sulfate/NaCl

(0.9mg/ml; 0.9% Injection,

1.4mg/ml; 0.9% Injection), T3

Gentamicin Sulfate/NaCl

(1.2mg/ml; 0.9% Injection,

1.6mg/ml; 0.9% Injection,

1mg/ml; 0.9% Injection), T2

Geodon (Injection), T4

Gianvi, T2

Gilenya, T5

Glassia, T5

Gleevec, T5

Glimepiride, T2

Glipizide, T1

Glipizide ER, T2

Glipizide/Metformin HCl, T2

Glucagen Hypokit, T4

Glucagon Emergency Kit, T3

Glyburide, T1

Glyburide Micronized, T1

Glyburide/Metformin HCl, T2

Glycopyrrolate, T3

Glyset, T4

Granisetron HCl (0.1mg/ml

Injection, 1mg/ml Injection), T3

Granisetron HCl (Tablet), T3

Granisol, T3

Gris-Peg, T4

Griseofulvin Microsize, T3

Guanfacine HCl, T2

H

Halaven, T5

Halflytely Bowel Prep/

Flavor Packs, T3

Halobetasol Propionate, T3

Halog, T4

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Haloperidol, T2
 Haloperidol Decanoate, T2
 Haloperidol Lactate, T2
Havrix, T3
Hectorol, T3
 Heparin Sodium
 (10000unit/ml Injection,
 1000unit/ml Injection,
 20000unit/ml Injection,
 5000unit/ml Injection), T3
 Heparin Sodium/D5W
 (5%; 40unit/ml Injection), T3
 Heparin Sodium/NaCl
 (100unit/ml; 0.45% Injection,
 50unit/ml; 0.45% Injection), T3
 Heparin Sodium/
 NaCl 0.9% Premix, T3
 Hepatamine, T3
Hepatasol, T4
Hepsera, T5
Herceptin, T5
Hexalen, T5
Hizentra
(1gm/5ml Injection), T5
Humalog (Vial), T3
Humalog Kwikpen, T3
Humatrope, T5
Humira, T5
Humira Starter Kit, T5
Humulin (Vial), T3
Humulin Pen, T3
Hycamtin (Injection), T5
 Hydralazine HCl, T2
 Hydrochlorothiazide, T2
 Hydrocodone/Acetaminophen
 (Oral Solution, 300mg; 10mg
 Tablet, 300mg; 5mg Tablet,
 300mg; 7.5mg Tablet, 325mg;
 10mg Tablet, 325mg; 5mg
 Tablet, 325mg; 7.5mg Tablet,
 500mg; 10mg Tablet, 500mg;
 2.5mg Tablet, 500mg; 5mg
 Tablet, 500mg; 7.5mg Tablet,
 650mg; 10mg Tablet, 650mg;
 7.5mg Tablet, 660mg; 10mg
 Tablet, 750mg; 10mg Tablet,
 750mg; 7.5mg Tablet), T3
 Hydrocodone/Ibuprofen, T3
 Hydrocortisone
 (1% Cream, 2.5% Cream,
 2.5% Lotion, 1% Ointment,
 2.5% Ointment, Tablet), T3
 Hydrocortisone (Enema), T3
 Hydrocortisone Valerate, T3
 Hydrocortisone/Acetic Acid, T3
 Hydromorphone HCl
 (500mg/50ml Injection,
 Tablet), T3
 Hydroxychloroquine Sulfate, T2
 Hydroxyurea, T2
 Hydroxyzine HCl, T2
 Hydroxyzine Pamoate, T2

 Ibandronate Sodium, T3
 Ibuprofen (Suspension,
 400mg Tablet, 600mg Tablet,
 800mg Tablet), T2
Idamycin PFS
(20mg/20ml Injection), T5
 Idarubicin HCl
 (10mg/10ml Injection), T5
 Ifosfamide (1gm Injection), T3
Ilaris, T5
 Imipenem/Cilastatin, T3
 Imipramine HCl, T2
 Imipramine Pamoate, T3
 Imiquimod, T4
Incivek, T5
Increlex, T5
 Indapamide, T2
 Indomethacin (Capsule), T3
 Indomethacin ER, T3
Infanrix, T3
Infergen
(15mcg/0.5ml Injection), T5
Inlyta, T5
Innopran XL, T4
Insulin Syringes, Needles, T3
Intelence (100mg Tablet,
200mg Tablet), T5
Intralipid
(1.7%; 30% Injection), T4
 Intralipid
 (2.25%; 20% Injection), T4
Intron-A (10mu/0.2ml Injection,
3mu/0.2ml Injection,
6000000unit/ml Injection), T4
Intron-A
(5mu/0.2ml Injection), T5
Intron-A W/Diluent
(10mu Injection), T5
 Introvale, T2
Intuniv, T4
Invanz, T4
Invega, T4
Invega Sustenna
(117mg/0.75ml Injection,
156mg/ml Injection,
234mg/1.5ml Injection), T5
Invega Sustenna
(39mg/0.25ml Injection,
78mg/0.5ml Injection), T4
Invirase (Capsule), T4
Invirase (Tablet), T5
Ionosol-B/Dextrose 5%, T4

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Ionosol-MB/Dextrose 5%, T4
lopidine
 (1% Ophthalmic Solution), T4
IPOL, T3
 Ipratropium Bromide
 (Inhalation Solution), T2
 Ipratropium Bromide
 (Nasal Solution), T2
 Ipratropium Bromide/
 Albuterol Sulfate, T2
 Irbesartan, T2
 Irbesartan/
 Hydrochlorothiazide, T2
 Irinotecan
 (100mg/5ml Injection), T3
Isentress, T5
Isolyte-H/Dextrose 5%, T4
 Isolyte-M/Dextrose 5%, T3
Isolyte-P/Dextrose 5%, T4
Isolyte-S, T4
Isolyte-S/Dextrose 5%, T4
 Isoniazid, T3
Isordil Titradoso
(40mg Tablet), T4
 Isosorbide Dinitrate, T2
 Isosorbide Dinitrate ER, T2
 Isosorbide Mononitrate
 (20mg Tablet), T2
 Isosorbide Mononitrate ER, T2
 Isotonic Gentamicin
 (0.8mg/ml; 0.9% Injection), T2
 Isradipine, T3
Istalol, T4
Istodax, T5
 Itraconazole, T3
Ixempra Kit
(45mg Injection), T5
Ixiaro, T3

J

Jakafi, T5
 Jantoven, T2
Janumet, T3
Januvia, T3
Jevtana, T5
 Jinteli, T2
 Jolivet, T2
 Junel, T2
 Junel Fe, T2

K

Kaletra
(100mg; 25mg Tablet), T4
Kaletra (Oral Solution,
200mg; 50mg Tablet), T5
Kalydeco, T5
Kanamycin Sulfate, T3
 Kariva, T2
 KCl 0.075%/D5W/
 NaCl 0.45%, T3
 KCl 0.15%/D5W/LR, T3
 KCl 0.15%/D5W/NaCl 0.2%, T3
 KCl 0.15%/D5W/
 NaCl 0.225%, T3
 KCl 0.15%/D5W/NaCl 0.9%, T3
 KCl 0.3%/D5W/NaCl 0.45%, T3
 KCl 0.3%/D5W/NaCl 0.9%, T3
 Kelnor, T2
Kenalog, T4
Kepivance, T5
Ketek, T4
 Ketoconazole
 (Cream, Shampoo, Tablet), T2
 Ketoconazole (Foam), T4
 Ketoprofen, T3
 Ketoprofen ER, T3
 Ketorolac Tromethamine
 (15mg/ml Injection,
 30mg/ml Injection), T3

Ketorolac Tromethamine
 (Ophthalmic Solution), T3
 Ketorolac Tromethamine
 (Tablet), T3
Kineret, T5
 Kionex (Powder), T3
Klor-Con 10, T2
Klor-Con 8, T2
Klor-Con M15, T3
Klor-Con M20, T2
Kombiglyze XR, T3
Kuvan, T5

L

Labetalol HCl, T2
 Laclotion, T2
 Lactated Ringers, T3
 Lactated Ringers Irrigation, T3
 Lactulose, T2
Lamictal ODT
(Tablet Dispersible), T4
Lamictal Starter Kit, T4
Lamisil (Packet), T4
 Lamivudine, T3
 Lamivudine/Zidovudine, T5
 Lamotrigine
 (Tablet Chewable), T3
 Lamotrigine (Tablet), T2
Lanoxin
(0.1mg/ml Injection), T4
Lanoxin (Tablet), T3
 Lansoprazole, T4
Lantus, T3
Lantus Solostar, T3
Lastacraft, T3
 Latanoprost, T2
Latuda, T4
Lazanda, T4
 Leena, T2
 Leflunomide, T2

Bold type = Brand name drug

T1 = Tier 1

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T5 = Tier 5

Lessina, T2
Letairis, T5
 Letrozole, T2
 Leucovorin Calcium (100mg Injection, 350mg Injection, Tablet), T3
Leukeran, T3
Leukine, T5
 Leuprolide Acetate, T3
 Levalbuterol, T4
Levaquin (Tablet), T4
Levemir, T3
Levemir Flexpen, T3
 Levetiracetam (500mg/5ml Injection, Oral Solution, Tablet), T2
 Levetiracetam ER, T3
 Levobunolol HCl (0.5% Ophthalmic Solution), T2
 Levocarnitine, T3
 Levocetirizine Dihydrochloride (Tablet), T4
 Levofloxacin, T3
 Levofloxacin in D5W (5%; 500mg/100ml Injection), T3
 Levora, T2
 Levorphanol Tartrate, T3
Levothroid, T3
 Levothyroxine Sodium (Tablet), T2
Levoxyl, T3
Lexiva (Suspension), T4
Lexiva (Tablet), T5
 Lidocaine (Ointment), T3
 Lidocaine HCl (0.5% Injection, 1% Injection), T3
 Lidocaine HCl (External Solution), T3
 Lidocaine HCl (Gel), T3
 Lidocaine Viscous, T3
 Lidocaine/Prilocaine (Cream), T3
Lidoderm, T3
Lincocin, T4
 Lindane, T3
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection), T3
Lioresal Intrathecal (10mg/5ml Injection), T5
 Liothyronine Sodium, T2
Lipitor, T4
Liposyn III (1.2%; 2.5%; 10% Injection, 1.2%; 2.5%; 20% Injection), T4
 Lisinopril, T1
 Lisinopril/Hydrochlorothiazide, T1
 Lithium Carbonate, T2
 Lithium Carbonate ER, T2
 Lithium Citrate, T2
Lithobid, T3
Lo/Ovral, T4
Locoid (External Solution, Lotion, Ointment), T4
Locoid Lipocream, T4
Lodosyn, T4
Loestrin Fe (20mcg; 75mg; 1mg Tablet), T4
 Lokara, T2
 Loperamide HCl (Capsule), T2
 Lorazepam (Tablet), T2
 Lorazepam Intensol, T2
 Losartan Potassium, T1
 Losartan Potassium/Hydrochlorothiazide, T1
LoSeasonique, T4
Lotemax, T3
Lotronex, T5
 Lovastatin, T2
Lovaza, T4
Lovenox (300mg/3ml Injection), T4
 Low-Ogestrel, T2
 Loxapine Succinate, T2
Lumigan, T3
Lumizyme, T5
Lunesta, T3
Lupron Depot (22.5mg Injection, 30mg Injection, 45mg Injection, 7.5mg Injection), T5
Lupron Depot (3.75mg Injection), T4
Lupron Depot-PED (11.25mg Injection – 1 Month, 15mg Injection – 1 Month), T5
Lupron Depot-PED (11.25mg Injection – 3 Month), T4
 Luter, T2
Luxiq, T4
Lyrica, T3
Lysodren, T3

M

M-M-R II, T3
 Magnesium Sulfate (50% Injection), T3
Malarone, T4
 Malathion, T3
 Maprotiline HCl, T2
 Marlissa, T2
Marplan, T4
Matulane, T5
 Matzim LA, T4
Maxalt, T3
Maxalt-MLT, T3
 Meclizine HCl, T2
 Meclofenamate Sodium, T3
 Medroxyprogesterone Acetate, T2
 Mefenamic Acid, T3

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Mefloquine HCl, T2
Megace ES, T4
 Megestrol Acetate, T2
 Meloxicam (Suspension), T2
 Meloxicam (Tablet), T1
 Melphalan HCl, T5
Menactra, T3
 Menest, T3
Menomune-A/C/Y/W-135, T3
Mentax, T4
Menveo, T3
Mepron, T5
 Mercaptopurine, T3
 Meropenem
 (500mg Injection), T3
 Mesalamine (Kit), T3
 Mesna, T3
Mesnex (Tablet), T4
Mestinon (Syrup), T4
Mestinon Timespan, T4
 Metadate ER, T2
 Metaproterenol Sulfate, T2
 Metformin HCl, T1
 Metformin HCl ER
 (500mg Tablet Extended
 Release 24 Hour, 750mg Tablet
 Extended Release 24 Hour), T2
 Methadone HCl (Concentrate,
 Oral Solution, Tablet), T3
Methadone HCl (Injection), T4
 Methadose (Tablet), T3
 Methamphetamine HCl, T3
 Methazolamide, T2
 Methenamine Hippurate, T3
Methergine, T3
 Methimazole, T2
 Methocarbamol, T3
 Methotrexate (Tablet), T2
 Methotrexate Sodium
 (1gm Injection), T3
 Methotrexate Sodium
 (25mg/ml Injection), T2
 Methscopolamine Bromide, T3
 Methyclothiazide, T2
 Methyl dopa, T2
 Methyl dopa/
 Hydrochlorothiazide, T2
 Methyl dopate HCl, T2
 Methylergonovine Maleate
 (Tablet), T2
 Methylphenidate HCl, T2
 Methylphenidate HCl ER (20mg
 Tablet Extended Release), T2
 Methylphenidate HCl ER
 (Capsule Extended Release
 24 Hour), T3
 Methylprednisolone (Tablet), T2
 Methylprednisolone Acetate
 (Injection), T3
 Methylprednisolone
 Dose Pack, T2
 Methylprednisolone Sodium
 Succinate (1gm Injection), T3
 Metipranolol, T2
 Metoclopramide HCl, T2
 Metolazone, T2
 Metoprolol Succinate ER, T3
 Metoprolol Tartrate (Injection), T3
 Metoprolol Tartrate (Tablet), T1
 Metoprolol/
 Hydrochlorothiazide, T3
MetroGel, T4
 Metronidazole, T3
 Metronidazole in NaCl 0.79%, T3
 Metronidazole Vaginal, T2
 Mexiletine HCl, T2
Miacalcin (Injection), T4
Micardis, T4
Micardis HCT, T4
 Miconazole 3, T2
 Microgestin, T2
 Microgestin Fe, T2
 Midodrine HCl, T3
 Migergot, T3
Millipred (Tablet), T4
 Minitran, T2
 Minocycline HCl (Capsule), T2
 Minocycline HCl (Tablet), T4
 Minocycline HCl ER, T4
 Minoxidil (Tablet), T2
 Mirtazapine, T2
 Mirtazapine ODT
 (30mg Tablet Dispersible,
 45mg Tablet Dispersible), T2
 Misoprostol (200mcg Tablet), T2
 Mitomycin (20mg Injection), T3
 Mitoxantrone HCl, T3
 Moexipril HCl, T3
 Moexipril/Hydrochlorothiazide, T3
 Mometasone Furoate, T2
 Mononessa, T2
 Morphine Sulfate
 (Oral Solution, Tablet), T3
 Morphine Sulfate ER, T3
MoviPrep, T4
Moxeza, T3
Mozobil, T5
Multaq, T3
 Mupirocin, T2
Mustargen, T5
Mycamine, T5
Mycobutin, T4
 Mycophenolate Mofetil, T3
**Myfortic (180mg Tablet
 Delayed Release), T4**
**Myfortic (360mg Tablet
 Delayed Release), T5**

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Myozyme, T5

Mytelase, T4

N

Nabumetone, T3

Nadolol, T3

Nadolol/Bendroflumethiazide, T3

Nafcillin Sodium (10gm Injection,
1gm Injection), T3

Naftin (1% Cream, Gel), T4

Naglazyme, T5

Nalbuphine HCl, T3

**Nallpen/Dextrose
(1gm/50ml Injection), T4**

Naloxone HCl
(1mg/ml Injection), T3

Naltrexone HCl, T3

Namenda, T3

Namenda Titration Pak, T3

Naproxen, T2

Naproxen DR, T2

Naproxen Sodium (275mg Tablet,
550mg Tablet), T2

Naratriptan HCl, T2

Nardil, T3

Nasonex, T3

Natacyn, T3

Nateglinide, T3

Nebupent, T4

Necon, T2

Nefazodone HCl, T2

Neomycin Sulfate, T2

Neomycin/Bacitracin/
Polymyxin, T2

Neomycin/
Polymyxin B Sulfates, T3

Neomycin/Polymyxin/Bacitracin/
Hydrocortisone, T2

Neomycin/Polymyxin/
Dexamethasone, T2

Neomycin/Polymyxin/
Gramicidin, T2

Neomycin/Polymyxin/
Hydrocortisone
(Ophthalmic Suspension), T2

Neomycin/Polymyxin/
Hydrocortisone
(Solution, Suspension), T2

Nephramine, T4

Neulasta, T5

Neumega, T3

**Neupogen
(300mcg/0.5ml Injection,
480mcg/0.8ml Injection,
480mcg/1.6ml Injection), T5**

Nevanac, T3

Nevirapine (Tablet), T3

Nexavar, T5

Nexium, T3

Nexium I.V., T4

Next Choice, T2

Niacor, T2

Niaspan, T3

Nicardipine HCl, T2

Nicotrol Inhaler, T4

Nicotrol NS, T3

Nifediac CC
(90mg Tablet Extended
Release 24 Hour), T2

Nifedical XL, T2

Nifedipine (Capsule), T3

Nifedipine ER, T2

Nilandron, T4

Nimodipine, T4

Nipent, T5

Nisoldipine, T3

Nisoldipine ER, T3

Nitro-Bid, T4

Nitrofurantoin, T3

Nitrofurantoin Macrocrystalline
(50mg Capsule), T3

Nitrofurantoin Monohydrate, T3

Nitroglycerin (Injection, Patch), T2

Nitrolingual Pumpspray, T4

Nitromist, T4

Nitrostat, T3

Nizatidine, T2

Nora-BE, T2

Norditropin Flexpro, T5

Norditropin Nordiflex Pen, T5

Norethindrone Acetate, T2

Normosol-M in D5W, T3

Normosol-R, T4

Normosol-R in D5W, T3

Noroxin, T4

Nortrel, T2

Nortriptyline HCl, T2

Norvir, T4

Novolin (Vial), T3

Novolog (Vial), T3

Novolog Flexpen, T3

Noxafil, T5

Nucynta ER, T3

Nulojix, T5

Nulytely/Flavor Packs, T3

Nutropin, T5

Nutropin AQ, T5

Nuvaring, T3

Nyamyc, T2

Nystatin (Cream, Ointment,
100000unit/gm Powder,
Suspension, Tablet), T2

Nystatin/Triamcinolone, T2

Nystop, T2

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

O

Ocella, T2
 Octreotide Acetate (1000mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection), T5
 Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection), T4
 Ofloxacin, T3
 Ogestrel, T2
 Olanzapine, T3
 Olanzapine ODT, T3
Olux-E, T4
 Omeprazole (Capsule Delayed Release), T2
Omnitrope (10mg/1.5ml Injection), T4
Omnitrope (5.8mg Injection, 5mg/1.5ml Injection), T5
 Ondansetron HCl (4mg/2ml Injection), T3
 Ondansetron HCl (Oral Solution), T3
 Ondansetron HCl (Tablet), T2
 Ondansetron ODT, T2
Onfi, T4
Onglyza, T3
Onsolis, T5
Ontak, T5
Opana ER (Crush Resistant), T3
Optipranolol, T4
Orap, T3
Orencia, T5
Orfadin, T5
 Orphenadrine Citrate ER, T3
 Orphenadrine Compound DS, T3
 Orphenadrine/Aspirin/Caffeine, T3
 Orsythia, T2

Ortho Evra, T4
Ortho Micronor, T4
Ortho Tri-Cyclen Lo, T4
Ortho-Cept, T4
Ortho-Cyclen, T4
Ortho-Novum 7/7/7, T4
OsmoPrep, T4
Ovcon-35, T4
Ovcon-50 28, T4
 Oxacillin Sodium (10gm Injection, 1gm Injection), T4
 Oxaliplatin (100mg/20ml Injection), T5
 Oxandrolone (10mg Tablet), T5
 Oxandrolone (2.5mg Tablet), T3
 Oxaprozin, T2
 Oxcarbazepine, T3
Oxistat, T4
Oxsoralen, T4
Oxsoralen Ultra, T5
 Oxybutynin Chloride, T2
 Oxybutynin Chloride ER, T3
 Oxycodone HCl (Capsule, Concentrate, 15mg Tablet, 30mg Tablet, 5mg Tablet), T3
 Oxycodone/Acetaminophen, T3
 Oxycodone/Aspirin, T3
 Oxycodone/Ibuprofen, T3
 Oxymorphone HCl, T3
 Oxymorphone HCl ER, T3
Oxytrol, T3

P

Pacerone (100mg Tablet), T4
 Pacerone (200mg Tablet), T2
 Paclitaxel (300mg/50ml Injection), T3
Pamelor, T5

Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection), T3
 Pamidronate Disodium (6mg/ml Injection), T4
Pandel, T4
Panretin, T5
 Pantoprazole Sodium, T2
Parcopa, T4
 Paromomycin Sulfate, T3
 Paroxetine HCl, T2
 Paroxetine HCl ER, T4
Paser, T4
Patanase, T3
Patanol, T3
Paxil (Suspension), T4
PCE, T4
 Pedi-Dri, T2
Pedvax HIB, T3
Peg-Intron (50mcg/0.5ml Injection), T5
Peg-Intron Redipen, T5
Peganone, T4
Pegasys, T5
Pegasys Proclick (135mcg/0.5ml Injection), T5
 Penicillin G Potassium (5mu Injection), T4
Penicillin G Potassium in Iso-Osmotic Dextrose, T3
Penicillin G Procaine, T4
 Penicillin G Sodium, T4
 Penicillin V Potassium, T2
Pentam 300, T4
Pentasa, T4
 Pentostatin, T5
 Pentoxifylline ER, T2
Perforomist, T4
 Perindopril Erbumine, T2

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Periogard, T2
 Permethrin (Cream), T2
 Perphenazine, T2
 Perphenazine/Amitriptyline, T2
Pexeva, T4
Pfizerpen-G (20mu Injection), T4
 Phenadoz, T3
 Phenelzine Sulfate, T2
 Phenobarbital (Elixir, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 64.8mg Tablet, 97.2mg Tablet), T2
Phenyltek, T2
 Phenytoin, T2
 Phenytoin Sodium, T2
 Phenytoin Sodium Extended, T2
Phoslo, T3
Phoslyra, T4
Phospholine Iodide, T3
 Physiolyte, T4
Physiosol Irrigation, T4
Picato, T4
 Pilocarpine HCl (Tablet), T3
Pilopine HS, T3
 Pindolol, T2
 Piperacillin Sodium/Tazobactam Sodium (3gm; 0.375gm Injection, 4gm; 0.5gm Injection), T3
 Piroxicam, T3
Plasma-Lyte, T4
Plasma-Lyte/D5W (16meq/L; 40meq/L; 5%; 3meq/L; 13meq/L; 40meq/L Injection), T4
 Podofilox, T3
 Polyethylene Glycol 3350 (Powder), T2
 Polymyxin B Sulfate, T3
 Portia, T2
 Potassium Chloride (0.4meq/ml Injection, 10meq/100ml Injection, 2meq/ml Injection, 30meq/100ml Injection), T3
Potassium Chloride (10meq/50ml Injection), T3
 Potassium Chloride 0.15%/D5W/NaCl 0.33%, T3
 Potassium Chloride 0.15%/D5W/NaCl 0.45% Viaflex, T3
 Potassium Chloride 0.15%/NaCl 0.45% Viaflex, T3
 Potassium Chloride 0.15%/NaCl 0.9%, T3
 Potassium Chloride 0.22%/D5W/NaCl 0.45%, T3
 Potassium Chloride 0.224%/Dextrose 5% Viaflex, T3
 Potassium Chloride 0.3%/D5W/Viaflex, T3
Potassium Chloride 0.3%/NaCl 0.9%, T3
 Potassium Chloride ER (Capsule Extended Release, 10meq Tablet Extended Release, 20meq Tablet Extended Release), T2
Potiga, T4
Pradaxa, T3
 Pramipexole Dihydrochloride, T3
Prandimet, T4
Prandin, T4
 Pravastatin Sodium, T1
 Prazosin HCl, T2
Pred Mild, T3
Pred-G, T3
Pred-G S.O.P., T3
 Prednicarbate, T2
 Prednisolone Acetate, T2
 Prednisolone Sodium Phosphate (Ophthalmic Solution), T2
 Prednisolone Sodium Phosphate (Oral Solution), T2
 Prednisone, T2
 Prednisone Intensol, T2
Prefest, T4
 Pregnyl W/Diluent Benzyl Alcohol/NaCl, T3
Premarin (Cream, Tablet), T3
Premasol (10% Injection), T4
 Premasol (6% Injection), T4
Premphase, T3
Prempro, T3
 Prenatal Vitamins, T2
 Prevalite (Powder), T2
 Previfem, T2
Prezista (150mg Tablet, 75mg Tablet), T4
Prezista (400mg Tablet, 600mg Tablet), T5
Priftin, T4
Primaquine Phosphate, T4
Primaxin, T4
 Primidone, T2
Primsol, T4
Pristiq, T4
Privigen (20gm/200ml Injection), T5
Proair HFA, T3
 Probenecid, T2
 Probenecid/Colchicine, T2
 Procainamide HCl, T3
Procalamine, T4
 Prochlorperazine, T2
 Prochlorperazine Edisylate, T3
 Prochlorperazine Maleate, T2
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection), T4

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Procrit (20000unit/ml Injection, 40000unit/ml Injection), T5

Proctocream HC, T3

Progesterone (Capsule), T2

Proglycem, T4

Prograf (Injection), T4

Prolastin-C, T5

Proleukin, T5

Prolia, T4

Promacta, T5

Promethazine HCl, T3

Promethazine VC, T3

Promethegan (25mg Suppository, 50mg Suppository), T3

Propafenone HCl, T2

Propafenone HCl ER, T3

Propantheline Bromide, T2

Proparacaine HCl, T2

Propranolol HCl, T2

Propranolol HCl ER, T2

Propranolol/
Hydrochlorothiazide, T2

Propylthiouracil, T2

Proquad, T3

Prosol, T4

Protonix (Injection), T4

Protopic, T4

Protriptyline HCl, T3

Provigil, T4

Pulmicort, T4

Pulmicort Flexhaler, T3

Pulmozyme, T5

Pyridostigmine Bromide, T2

Q

Qualaquin, T4

Quasense, T2

Quetiapine Fumarate, T2

Quinapril HCl, T2

Quinapril/Hydrochlorothiazide, T2

Quinidine Gluconate, T4

Quinidine Gluconate ER, T2

Quinidine Sulfate, T2

Quinidine Sulfate ER, T2

Qvar, T3

R

Rabavert, T3

Ramipril, T2

Ranexa, T3

Ranitidine HCl
(Capsule, 150mg/6ml Injection,
Syrup, Tablet), T2

Rapaflo, T3

Rapamune (0.5mg Tablet), T4

**Rapamune (Oral Solution,
1mg Tablet, 2mg Tablet), T5**

Rebetol (Capsule), T5

Rebetol (Oral Solution), T4

Rebif, T5

Rebif Titration Pack, T5

Reclast, T4

Reclipsen, T2

**Recombivax HB
(10mcg/ml Injection,
40mcg/ml Injection), T3**

Regonol, T2

Regranex, T5

Relenza Diskhaler, T4

**Relistor
(12mg/0.6ml Injection), T4**

Remicade, T5

Remodulin, T5

Renagel, T3

Renvela, T3

Rescriptor, T4

Reserpine, T2

Restasis, T3

Retin-A Micro, T4

Retrovir IV Infusion, T4

Revatio, T5

**Revlimid (10mg Capsule,
15mg Capsule, 25mg Capsule,
5mg Capsule), T5**

Reyataz (100mg Capsule), T3

**Reyataz (150mg Capsule,
200mg Capsule,
300mg Capsule), T5**

Ribapak (Tablet), T5

Ribasphere (400mg Tablet,
600mg Tablet), T5

Ribasphere
(Capsule, 200mg Tablet), T3

Ribavirin, T3

Ridaura, T4

Rifampin (Capsule), T3

Rifampin (Injection), T4

Rifater, T4

Rilutek, T3

Rimantadine HCl, T2

Ringers Injection, T3

Ringers Irrigation, T3

Riomet, T4

**Risperdal Consta (12.5mg
Injection, 25mg Injection), T4**

**Risperdal Consta (37.5mg
Injection, 50mg Injection), T5**

Risperidone (Oral Solution), T3

Risperidone (Tablet), T2

Risperidone ODT, T3

Rituxan, T5

Rivastigmine Tartrate, T3

Ropinirole HCl, T2

Rotateq, T3

Roxicet (500mg; 5mg Tablet), T3

Roxicet (Oral Solution), T4

Rozerem, T4

Rythmol SR, T4

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

S

Sabril, T5
 Saizen, T5
 Samsca, T5
 Sanctura XR, T4
 Sancuso, T5
 Sandimmune
 (Capsule, Oral Solution), T4
 Sandostatin, T5
 Sandostatin LAR Depot, T5
 Santyl, T4
 Saphris, T3
 Savella, T3
 Savella Titration Pack, T3
 Seasonale, T4
 Seasonique, T4
 Selegiline HCl, T3
 Selenium Sulfide (Lotion), T2
 Selzentry, T5
 Sensipar (30mg Tablet), T3
 Sensipar (60mg Tablet,
 90mg Tablet), T5
 Serevent Diskus, T3
 Seromycin, T4
 Seroquel XR, T3
 Serostim, T5
 Sertraline HCl (Concentrate), T3
 Sertraline HCl (Tablet), T1
 sfRowasa, T5
 Silver Sulfadiazine, T2
 Simponi, T5
 Simulect (20mg Injection), T5
 Simvastatin, T1
 Singulair, T3
 Sodium Chloride (0.9% Injection,
 2.5meq/ml Injection,
 3% Injection, 5% Injection), T2
 Sodium Chloride 0.45% Viaflex
 (Injection), T2

Sodium Chloride 0.9%
 (Irrigation Solution), T2
 Sodium Fluoride (Tablet), T2
 Sodium Lactate, T2
 Sodium Polystyrene Sulfonate
 (Suspension), T3
 Sodium Sulfacetamide
 (Ophthalmic Solution), T2
Solaraze, T4
**Solu-Cortef (100mg Injection,
 250mg Injection), T4**
**Solu-Medrol (125mg Injection,
 2gm Injection, 40mg
 Injection, 500mg Injection), T4**
Somatuline Depot, T5
Somavert, T5
Soriatane, T5
 Sorine, T2
 Sotalol HCl (Injection), T3
 Sotalol HCl (Tablet), T2
Spiriva Handihaler, T3
 Spironolactone, T2
 Spironolactone/
 Hydrochlorothiazide, T2
Sporanox (Capsule), T5
Sporanox (Oral Solution), T4
 Sprintec, T2
Sprycel, T5
 Sronyx, T2
 SSD, T2
 Stagesic, T3
Stalevo, T3
 Stavudine (Capsule), T3
Stavzor, T4
Stelara, T5
 Sterile Water Irrigation, T3
Stimate, T4
Strattera, T4
Streptomycin Sulfate, T4

Stromectol, T3
Suboxone, T4
Sucraid, T5
 Sucralfate, T2
 Sulfacetamide Sodium
 (Ointment), T2
 Sulfacetamide Sodium
 (Suspension), T3
 Sulfacetamide Sodium/
 Prednisolone Sodium
 Phosphate, T2
 Sulfadiazine, T3
 Sulfamethoxazole/
 Trimethoprim, T2
 Sulfamethoxazole/
 Trimethoprim DS, T2
Sulfamylon, T4
 Sulfasalazine (Tablet), T2
 Sulfazine EC, T2
 Sulindac, T2
 Sumatriptan Succinate
 (6mg/0.5ml Injection), T3
 Sumatriptan Succinate
 (Tablet), T2
Suprax, T3
Suprep Bowel Prep, T4
Sustiva, T4
Sutent, T5
Sylatron, T5
Symbicort, T3
Symbyax, T4
Symlinpen 120, T4
Symlinpen 60, T4
Synagis
(50mg/0.5ml Injection), T5
Synalgos-DC, T4
Synarel, T5
Synercid, T5
Synthroid, T3
Syprine, T4

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

T

Tabloid, T4

Tacrolimus (0.5mg Capsule, 1mg Capsule), T3

Tacrolimus (5mg Capsule), T5

Tamiflu, T3

Tamoxifen Citrate, T2

Tamsulosin HCl, T2

Tarceva, T5

Targretin, T5

Tasigna, T5

Tasmar, T5

Taxotere

(80mg/4ml Injection), T5

Tazorac, T4

Taztia XT, T2

Tegretol, T3

Tegretol-XR, T3

Tekturna, T3

Tekturna HCT, T3

Temazepam (15mg Capsule, 30mg Capsule), T2

Terazosin HCl, T2

Terbinafine HCl (Tablet), T2

Terbutaline Sulfate (Injection), T4

Terbutaline Sulfate (Tablet), T2

Terconazole

(0.4% Cream, Suppository), T2

Testosterone Cypionate, T3

Testosterone Enanthate, T3

Tetanus/Diphtheria Toxoids-Adsorbed Adult, T3

Tetracycline HCl, T2

Tev-Tropin, T4

Thalomid, T5

Theophylline ER

(100mg Tablet Extended Release 12 Hour, 200mg Tablet Extended Release 12 Hour, 300mg Tablet Extended Release 12 Hour, 450mg Tablet Extended Release 12 Hour, Tablet Extended Release 24 Hour), T2

Thermazene, T2

Thioridazine HCl, T3

Thiotepa, T4

Thiothixene, T2

Thymoglobulin, T5

Ticlopidine HCl, T3

Tikosyn, T4

Timentin

(0.1gm; 3gm Injection), T4

Timolol Maleate

(Gel Forming Solution, Ophthalmic Solution), T2

Timolol Maleate (Tablet), T2

Tizanidine HCl (Tablet), T2

Tobi, T5

Tobradex (Ointment), T3

Tobradex (Suspension), T4

Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection), T3

Tobramycin Sulfate (Ophthalmic Solution), T2

Tobramycin Sulfate/Sodium Chloride, T3

Tobramycin/Dexamethasone, T3

Tobrex (Ointment), T3

Tobrex

(Ophthalmic Solution), T4

Tolazamide, T2

Tolbutamide, T2

Tolmetin Sodium, T3

Topiramate, T2

Toposar, T3

Topotecan HCl (4mg Injection), T5

Toprol XL, T4

Torisel, T5

Torse mide

(20mg/2ml Injection, Tablet), T2

Toviaz, T3

TPN Electrolytes, T3

Tracleer, T5

Tramadol HCl, T2

Tramadol HCl

Non-Biphasic ER, T4

Tramadol HCl/

Acetaminophen, T2

Trandolapril, T2

Tranexamic Acid, T3

Tranlycypromine Sulfate, T3

Travasol, T4

Travatan Z, T3

Trazodone HCl, T2

Treanda (100mg Injection), T5

Trecator, T4

Trelstar Depot, T5

Trelstar LA, T5

Trelstar Mixject, T5

Tretin-X (Kit), T4

Tretinoin (Capsule), T5

Tretinoin (Cream, Gel), T3

Trexall, T4

Tri-Legest Fe, T2

Tri-Previfem, T2

Tri-Sprintec, T2

Triamcinolone Acetonide

(Cream, Lotion, Ointment), T2

Triamcinolone Acetonide

(Inhaler), T3

Triamcinolone in Orabase, T2

Bold type = Brand name drug

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Triamterene/
Hydrochlorothiazide, T2

Tribenzor, T3

Tricor, T3

Triderm, T2

Trifluoperazine HCl, T2

Trifluridine, T3

Trihexyphenidyl HCl, T2

Trileptal (Suspension), T4

Trilipix, T3

Trilyte, T2

Trimethoprim, T2

Trimethoprim Sulfate/Polymyxin B
Sulfate, T2

Trimipramine Maleate, T3

Trinessa, T2

Trisenox, T4

Trivora, T2

Trizivir, T5

Trophamine, T4

Tropicamide, T2

Trospium Chloride, T3

Truvada, T5

Twinject, T4

Twinrix, T3

Twynsta, T4

Tygacil, T4

Tykerb, T5

Typhim Vi, T3

Tysabri, T5

Tyzeka, T5

Tyzine, T3

U

U-Cort, T2

Ulesfia, T4

Uloric, T3

Unasyn

(2gm; 1gm Injection), T4

**Unithroid (100mcg Tablet,
112mcg Tablet, 125mcg
Tablet, 150mcg Tablet,
175mcg Tablet, 200mcg
Tablet, 25mcg Tablet, 300mcg
Tablet, 50mcg Tablet, 75mcg
Tablet, 88mcg Tablet), T2**

Ursodiol, T3

Uvadox, T4

V

Vagifem, T4

Valacyclovir HCl, T3

Valcyte, T5

Valproate Sodium
(100mg/ml injection), T3

Valproic Acid, T2

Vancocin HCl, T5

Vancomycin HCl
(1000mg Injection, 10gm
Injection, 500mg Injection), T3

Vancomycin HCl (Capsule), T5

Vandazole, T2

Vanos, T4

Vaqta
(25unit/0.5ml Injection), T3

Varivax, T3

Vectibix
(100mg/5ml Injection), T5

Vectical, T4

Velcade, T5

Velivet, T2

Veltin, T4

Venlafaxine HCl, T3

Venlafaxine HCl ER (Capsule
Extended Release 24 Hour), T2

Venlafaxine HCl ER
(Tablet Extended Release
24 Hour), T4

**Ventavis (10mcg/ml Inhalation
Solution), T5**

Verapamil HCl (Injection), T3

Verapamil HCl (Tablet), T2

Verapamil HCl ER (Capsule
Extended Release 24 Hour), T3

Verapamil HCl ER
(Tablet Extended Release), T2

Vesicare, T3

Vestura, T2

Vexol, T4

**Vfend (Suspension
Reconstituted), T5**

Vfend (Tablet), T5

Vfend IV, T4

Vibativ (250mg Injection), T4

**Vibramycin (Suspension
Reconstituted, Syrup), T4**

Victoza, T3

Victrelis, T5

Vidaza, T5

Videx Pediatric
(2gm Oral Solution), T4

Vigamox, T3

Viibryd, T4

Vimovo, T3

Vimpat (Injection), T4

Vimpat
(Oral Solution, Tablet), T4

Vinblastine Sulfate
(10mg Injection), T3

Vincasar PFS, T3

Vincristine Sulfate, T3

Vinorelbine Tartrate
(50mg/5ml Injection), T3

Viracept, T5

Viramune (Suspension), T4

Viramune (Tablet), T3

Viramune XR, T3

Viread, T5

Vistide, T5

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T1 = Tier 1

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T5 = Tier 5

Vivelle-Dot, T3

Vivitrol, T5

Voltaren (Gel), T3

Voriconazole (Tablet), T5

Votrient, T5

Vpriv, T5

Vytorin, T4

Vyvanse, T4

W

Warfarin Sodium, T2

Welchol, T3

X

Xalkori, T5

Xarelto, T3

Xenazine, T5

Xgeva, T5

Xifaxan (200mg Tablet), T4

Xifaxan (550mg Tablet), T5

Xolair, T5

Xyrem, T3

Y

Yasmin, T4

Yervoy

(50mg/10ml Injection), T5

YF-Vax, T3

Z

Zafirlukast, T2

Zaleplon, T2

Zanosar, T5

Zantac (50mg/50ml; 0.45%
Injection), T4

Zavesca, T5

Zazole (Cream), T2

Zelapar, T4

Zelboraf, T5

Zemaira, T5

Zemlar, T3

Zenpep, T3

Zeosa, T2

Zerit (Oral Solution), T4

Zetia, T3

Ziagen, T4

Ziana, T4

Zidovudine, T3

Zinacef, T4

Zinacef in Iso-Osmotic
Dextrose, T4

Zinacef in Iso-Osmotic
Diluent, T4

Zinecard (250mg Injection), T5

Ziprasidone HCl (Capsule), T4

Zmax, T4

Zofran (Injection), T5

Zofran

(Oral Solution, Tablet), T5

Zofran ODT, T5

Zolinza, T5

Zolpidem Tartrate

(5mg Tablet, 10mg Tablet), T2

Zometa, T5

Zonisamide, T2

Zorbtive, T5

Zortress (0.25mg Tablet), T4

Zortress (0.5mg Tablet,
0.75mg Tablet), T5

Zostavax, T4

Zosyn (3gm; 0.375gm Injection,
5%; 2gm/50ml; 0.25gm/50ml
Injection, 5%; 3gm/50ml;
0.375gm/50ml Injection), T4

Zovia, T2

Zovirax (Cream, Ointment), T4

Zyclara, T3

Zylet, T3

Zymaxid, T3

Zyprexa (Injection), T4

Zytiga, T5

Zyvox, T5

Bold type = Brand name drug

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A UnitedHealthcare® Medicare Solution

For more in-depth information about the covered drugs in the plan, please see the Formulary.

This list is effective as of September 1, 2012, and is subject to change.

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UnitedHealthcare® Medicare Advantage plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract.



More plan INFORMATION

Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Pottawattamie, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne

Kansas Johnson

Kentucky Boone, Campbell, Kenton

Maine Androscoggin, Cumberland, Kennebec, Sagadahoc, Somerset, York

Massachusetts All counties in the state of Massachusetts

Missouri Barry, Cass, Christian, Cole, Crawford, Dade, Dallas, Douglas, Franklin, Gasconade, Greene, Jackson, Jefferson, Laclede, Lafayette, Lawrence, Lincoln, McDonald, Polk, St. Charles, St. Louis, St. Louis City, Stone, Texas, Warren, Washington, Webster, Wright

Nebraska Douglas, Sarpy

New Jersey Bergen, Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean, Passaic, Union

New Mexico Dona Ana, Grant, Hidalgo, Luna, Sierra

New York All counties in the state of New York

North Carolina Alamance, Ashe, Caswell, Catawba, Chatham, Cherokee, Cumberland, Davidson, Davie, Durham, Forsyth, Guilford, Haywood, Henderson, Iredell, Jackson, Macon, McDowell, Mecklenburg, Mitchell, Orange, Person, Randolph, Rockingham, Rowan, Stokes, Surry, Transylvania, Wake, Wilkes, Yadkin

Ohio Butler, Clark, Clermont, Cuyahoga, Delaware, Franklin, Greene, Hamilton, Madison, Mahoning, Montgomery, Preble, Stark, Summit, Trumbull, Warren

Oregon¹ Clackamas, Lane, Marion, Multnomah, Washington, Yamhill

Pennsylvania Erie, Lancaster, Lehigh, Northampton, York

Rhode Island All counties in the state of Rhode Island

South Carolina Beaufort, Charleston, Greenville, York

Tennessee Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Davidson, DeKalb, Fayette, Grainger, Greene, Hamblen, Hamilton, Hancock, Hawkins, Hickman, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Roane, Rutherford, Scott, Sevier, Shelby, Sullivan, Tipton, Unicoi, Union, Washington

Texas Austin, Brazoria, El Paso, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery

Utah Box Elder, Cache, Davis, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Weber

Vermont All counties in the state of Vermont

Virginia Bland, Botetourt, Bristol City, Buchanan, Chesterfield, Craig, Dickenson, Floyd, Franklin, Goochland, Grayson, Lee, Hanover, Henrico, Montgomery, Newport News City, Norfolk City, Norton City, Portsmouth City, Radford City, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Tazewell, Washington, Wise, Wythe

Washington Spokane

Wisconsin Brown, Calumet, Dodge, Fond Du Lac, Green Lake, Jefferson, Kewaunee, La Crosse, Langlade, Manitowoc, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Rock, Shawano, Sheboygan, Trempeleau, Vernon, Washington, Waukesha, Waupaca, Waushara, Winnebago

A UnitedHealthcare® Medicare Solution

¹The H3805 HMO plans in the Oregon counties of Clackamas, Lane, Marion, Multnomah and Washington do not participate in UnitedHealth Passport. Therefore, members of these plans are not eligible to participate in the program.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

AFFORDABLE HEARING AIDS

Hearing aid benefit.

At UnitedHealthcare® our mission is to help people live healthier lives. This is why we offer benefits beyond Original Medicare, including a hearing benefit. Instead of paying out-of-pocket retail costs, you pay a low, predictable copay for quality hearing aids from **hi HealthInnovations™**

Hearing loss is the third most common chronic health condition.

Untreated hearing loss can diminish your ability to stay connected to people, and has been linked to depression, dementia, heart disease, diabetes and an increased risk of falls.

Fortunately, over 90% of people with hearing loss can benefit from hearing aids.

That's why we're excited to be able to offer our members an easy, affordable way to improve your hearing — and your wellness.

Custom-programmed digital hearing aids.

Hearing aids may cost thousands of dollars out-of-pocket. As a UnitedHealthcare Medicare Advantage plan member, you can get hearing aids from hi HealthInnovations for a fraction of the retail price.

Simple solutions, customized care.

hi HealthInnovations offers a variety of popular models that are programmed to your personal hearing needs. Hearing aids are sent through the mail from hi HealthInnovations directly to your home.

See for yourself.

Your copay for hearing aids can be found in the Benefits at a Glance section. To learn more about your UnitedHealthcare Medicare Advantage plan's hearing benefits, talk with your agent or call UnitedHealthcare.



A UnitedHealthcare® Medicare Solution

hi HealthInnovations is an affiliate of UnitedHealthcare Insurance Company.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.



Deluxe Rider

UnitedHealthcare® Insurance Company offers the complete package.

As a UnitedHealthcare member, you can enjoy vision, hearing and dental preventive care at a low or no copay beyond the monthly premium of our Deluxe Rider. You also get coverage for new glasses or contacts and hearing aids.

Vision benefits include:

- \$15 copay for routine eye exams when using network providers
- \$15 for contacts or standard frames and lenses (single, bifocal, trifocal or progressive)
- \$130 retail frame allowance or \$175 contact lens allowance every 12 months
- Choose from a large network of providers¹

Hearing aid benefits include:

- \$50 copay for each Behind-the-Ear aid programmed to your hearing loss
- \$100 copay for each Open-Fit In-the-Canal aid programmed to your hearing loss
- Limited to two hearing aids per year

Benefit excludes wireless hearing aids. Members must use hi HealthInnovations™ for coverage.

Dental benefits include:

- 100% coverage (deductible does not apply) for preventive and diagnostic services such as oral exams, X-rays and routine cleanings
- 80% coverage for the most common dental procedures, including fillings and filling restoration
- 50% coverage for major services such as crowns, dentures, root canals and oral surgery
- \$100 annual deductible, \$1,000 calendar year maximum
- Freedom to see any dentist you choose²

Deluxe Rider • \$31 monthly premium (in addition to any premium you pay for your Medicare Advantage plan)

A Deluxe Rider may meet all of your dental, vision and hearing needs — with predictable costs.

Enroll today.

Simply call the number on the back of your member ID card. Members can enroll anytime during the year.

¹You must use a vision provider in our network. Use your Provider Directory to find one near you.

²You can see any dentist. However, you will receive greater savings from a network dentist. When you see an out-of-network dentist, the plan pays according to a maximum allowable fee schedule; you pay the rest. For your convenience, you can change dentists at any time.

Deluxe Rider Covered Dental Services³

Covered Services	In-Network Plan Pays ⁴	Out-of-Network Plan Pays ⁵	Deductible Applies	Benefit Guidelines
Preventive and Diagnostic Dental Services				
Periodic Oral Examinations	100%	100%	No	Up to one time per six-month period
Dental Prophylaxis (cleanings)	100%	100%	No	Up to one time per six-month period
Bitewing X-rays	100%	100%	No	Up to once per 12-month period
Complete Series or Panorex X-rays	100%	100%	No	Up to one time per 36-month period
Basic Dental Services (Minor Restorative)				
Amalgam Restorations (fillings)	80%	80%	Yes	One restoration allowed per surface every three years
Composite Resin Restorations (fillings)	80%	80%	Yes	One restoration allowed per surface every three years
Major Dental Services (Endodontics, Periodontics and Oral Surgery)				
Root Canal Treatment	50%	50%	Yes	Once per tooth per lifetime
Root Planing	50%	50%	Yes	Once per 24 months per quadrant
Periodontal Surgery	50%	50%	Yes	Once every 36 months per site
Simple Extraction	50%	50%	Yes	
Surgical Extraction Including Impacted Wisdom Teeth	50%	50%	Yes	
General Anesthesia	50%	50%	Yes	When clinically necessary
Palliative Treatment (relief of pain)	50%	50%	Yes	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit
Crowns	50%	50%	Yes	Once every five years

³Certain limitations and exclusions apply. Please contact Customer Service for additional information.

⁴Percentage of benefits is based on the discounted fee negotiated with the participating network dentist.

⁵The plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.

Covered Services	In-Network Plan Pays ⁴	Out-of-Network Plan Pays ⁵	Deductible Applies	Benefit Guidelines
Fixed Bridges	50%	50%	Yes	Once every five years (alternate benefits for partial denture may be applied)
Full Dentures	50%	50%	Yes	Once every five years; no allowance for overdentures or customized dentures
Inlays and Onlays	50%	50%	Yes	Once every five years
Partial Dentures	50%	50%	Yes	Once every five years; no allowance for precision or semiprecision attachments
Recement Bridges, Crowns, Inlays	50%	50%	Yes	Once every six months per restoration
Relining Dentures	50%	50%	Yes	Once every year after the six-month period following initial insertion
Repairs to Full/Partial Dentures, Bridges	50%	50%	Yes	For repairs or adjustments done after 12 months following initial insertion

⁴Percentage of benefits is based on the discounted fee negotiated with the participating network dentist.

⁵The plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.

A UnitedHealthcare® Medicare Solution

This hearing program is provided through UnitedHealthcare and is not endorsed by or affiliated with AARP. The AARP® MedicareComplete® plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. 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.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

SILVERSNEAKERS FITNESS PROGRAM

One step closer to better health.

Your UnitedHealthcare® membership includes the SilverSneakers® Fitness Program. This program offers a free basic membership to participating fitness locations nationwide. In addition to free weights and cardio equipment, many locations also offer heated pools and SilverSneakers classes. SilverSneakers can help people take greater control of their health through exercise, health education and social events. The program is designed to meet the needs of people at any level of fitness.

The SilverSneakers Fitness Program includes:

- A free basic membership to nearly 10,000 participating locations, including many women-only fitness locations nationwide
- Access to basic fitness amenities, including SilverSneakers group exercise classes at select locations. Depending on location, SilverSplash® (pool-based exercise) or YogaStretch programs may be available
- Health seminars and other events (at select locations) that promote a healthy lifestyle
- Access to any participating location while traveling throughout the U.S.
- Online resources such as tips for healthy living, fitness videos and tools to help you track your progress toward your personal health goals

Find a fitness center near you.

There are nearly 10,000 SilverSneakers participating locations. To find the one closest to you, simply go to silversneakers.com and type in your ZIP code.

Fitness limitations and exclusions.

- There is no coverage at non-participating locations
- The benefit is available to members on the first day of the month following enrollment or the first day of the plan year

A UnitedHealthcare® Medicare Solution

SilverSneakers® is a registered mark of Healthways, Inc. Consult a health care professional before beginning any exercise program.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.

2012 Medicare Plan Ratings

The Medicare Program rates how well Medicare health and drug plans perform in different categories (for example, detecting and preventing illness, ratings from patients, patient safety, drug pricing and customer service). The information provided below is an overall plan rating of our plan’s performance. This information is available to help you make the best choice. If you would like to get additional information on our plan’s performance please contact us at **800-547-5514** (toll-free) or **711 (TTY/TDD)** for prospective members, **800-643-4845** (toll-free) or **711 (TTY/TDD)** for current members, or you may visit www.medicare.gov.

Below is a summary of how our plan rated in quality and performance.

The number of stars shows how well our plan performs.

★★★★★	means excellent
★★★★☆	means above average
★★★☆☆	means average
★★☆☆☆	means below average
★☆☆☆☆	means poor

UnitedHealthcare - H2654	
<p>Overall Plan Rating combines scores for the types of services each plan offers.</p>	<p>★★★★☆ 3.5 Stars</p>
<p>WHAT IS BEING MEASURED? For plans covering health services, the overall score for quality of those services covers 36 different topics in 5 categories:</p> <ul style="list-style-type: none"> • Staying healthy. Screenings, tests, and vaccines. Includes how often members got various screening tests, vaccines, and other check-ups that help them stay healthy. • Managing chronic (long-term) conditions. Includes how often members with different conditions got certain tests and treatments that help them manage their condition. • Ratings of health plan responsiveness and care. Includes ratings of member satisfaction with the plan. • Health plan member complaints and appeals. Includes how often members filed a complaint against the plan. • Health plan telephone customer service. Includes how well the plan handles calls from members. 	
<p>Continued on reverse side</p>	

2012 Medicare Plan Ratings (continued)

UnitedHealthcare - H2654	
Overall Plan Rating	<p>For plans covering drug services, the overall score for quality of those services covers 17 different topics in 4 categories:</p> <ul style="list-style-type: none">• Drug plan customer service. Includes how well the drug plan handles calls and makes decisions about member appeals.• Drug plan member complaints and Medicare audit findings. Includes how often members filed a complaint about the drug plan.• Member experience with drug plan. Includes member satisfaction information.• Drug pricing and patient safety. Includes how well the drug plan prices prescriptions and provides updated information on the Medicare website. Includes information on how often members with certain medical conditions get prescription drugs that are considered safer and clinically recommended for their condition. <p>For plans covering both health & drug services, the overall score for quality of those services covers all of the 53 topics listed above.</p>

Where does the information for the overall plan rating come from?

For quality of health services, the information comes from sources that include:

- Member surveys done by Medicare
- Information submitted by the plans
- Information from clinicians
- Results from Medicare's regular monitoring activities

For quality of drug services, the information comes from sources that include:

- Results from Medicare's regular monitoring activities
- Reviews of billing and other information that plans submit to Medicare
- Member surveys done by Medicare

Why is the overall plan rating important?

The Overall Plan Rating gives you a single summary score that makes it easy for you to compare plans based on quality and performance. Learn more about differences among plans by looking at the detailed ratings.

This information is available for free in other languages. Please contact our UnitedHealthcare Customer Service number at 800-643-4845, TTY/TDD: 711, 8 a.m. to 8 p.m. local time, 7 days a week for additional information.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente de UnitedHealthcare al número 800-643-4845, TTY/TDD: 711, de 8 a.m. a 8 pm hora local, los 7 días de la semana para obtener más información.



How to **ENROLL**

STEPS TO AN EASY ENROLLMENT

When filling out the Individual Enrollment Form:

- 1** Have your Medicare ID card available. You will need your Medicare Claim Number.
- 2** Fill in your name, address, birth date and optional information.
- 3** If your Medicare ID card has your Part A and Part B effective dates, fill in that information. If you don't have the dates, don't worry; it will not slow down the application process.
- 4** If your plan has a premium, you must choose a payment option.
- 5** **Select a plan. Be sure to select only one plan name. You can find the plan name on the cover of this booklet.**
- 6** Some plans have additional riders available. If you'd like to purchase one, fill out the Optional Supplemental Benefit Plans section.
- 7** If you have a primary care physician, fill in their ID number and name.
- 8** Answer the yes/no questions. For any "yes" answers, please fill in the reasons why.
- 9** Read the Statement of Understanding. This section highlights enrollment periods and defines your rights under this plan.
- 10** Don't forget your signature. You or your Authorized Representative must sign and date the form.
- 11** Your agent will provide you with a receipt of enrollment for your records.

Watch the mail for these important member materials:

- Welcome letter
- Member ID card
- New member kit, which includes the Provider Directory, Pharmacy Directory and Evidence of Coverage

Go green.

Members can eliminate paper and waste by signing up for an electronic version of the annual Explanation of Benefits. Once you register, you can view personal information, find details about your plan and coverage, and keep track of your claims and payment history. Sign up at www.myAARPMedicare.com.

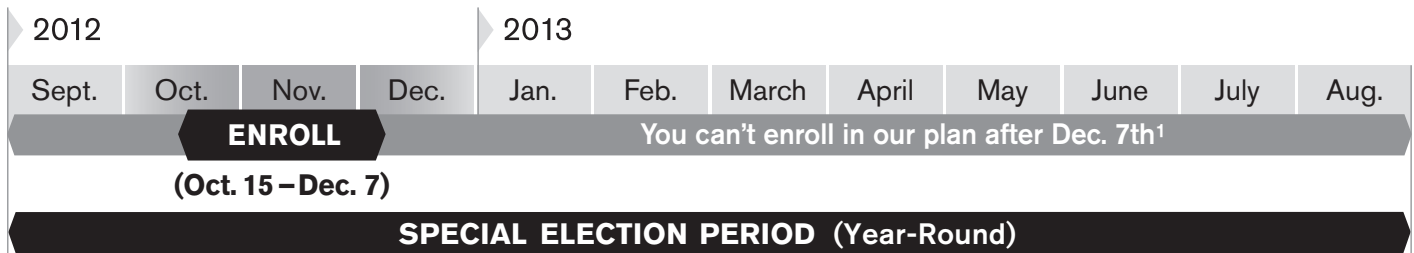
A UnitedHealthcare® Medicare Solution

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

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

UNDERSTANDING ENROLLMENT PERIODS



¹Unless you qualify for a Special Election Period.

Open Enrollment Period.

(October 15, 2012 – December 7, 2012)

Switch, drop or join a Medicare Advantage plan of your choosing.

Special Election Period.

(Year-Round)

If you answer yes to any of the following questions, you may be eligible for a Special Election Period.

If you think you qualify, talk to your local sales agent.

- Have you recently moved?
- Are you currently receiving Extra Help with your health care costs?
- Do you no longer qualify for Extra Help with your health care costs?
- Have you recently left a PACE program (Program of All-inclusive Care for the Elderly)?
- Do you live in a long-term care facility?
- Have you recently retired and lost your employer or union coverage?
- Will you be moving into a long-term care facility?
- Have you recently moved out of a long-term care facility?
- Are you currently receiving Medicaid?
- Have you recently stopped receiving Medicaid?

Disenrollment Period.

(January 1, 2013 – February 14, 2013)

For Medicare Advantage plans, you can leave your plan and switch to Original Medicare. If you switch to Original Medicare, you have until February 14, 2013, to sign up for a prescription drug plan.

During this period you cannot:

- Switch from Original Medicare to a Medicare Advantage plan
- Switch from one Medicare Advantage plan to another

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.

2013 Individual Enrollment Form

When you are ready to enroll.



Contact your local sales agent to help you choose the best plan for you and complete this individual enrollment form, **or**



Call UnitedHealthcare® at 1-800-547-5514, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. A sales agent can help you enroll over the phone.

Note: If you do not have an agent helping you enroll, please complete the enrollment form, sign and date it, and send the enrollment copy to:

AARP Medicare Plans
P.O. Box 29675
Hot Springs, AR 71903-9675

I understand the person who is discussing plan options with me is a sales agent, broker or other person employed by or contracted with United HealthCare Services, Inc. The person may be paid based on my enrollment in a plan.

If you currently have health coverage through an employer or union, joining one of our plans could affect your employer or union health benefits. You could lose your employer or union health coverage if you join our plan. Read the communications your employer or union sends you. If you have questions, visit their website or contact their office. If you can't find any contact information, your benefits administrator or the office that answers questions about your coverage can help.

Turn the page to enroll.

AARP | MedicareComplete®
insured through UnitedHealthcare

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2013 Individual Enrollment Form

Please contact UnitedHealthcare® if you need information in another language or format (audio tape).

For sales representative/agency use only

New Member Plan Change Employer Group ID Number Branch ID

Where did this application originate from? 1. Retail/Mall Program 2. Community Meeting
 3. Member Meeting 4. Local B2B Outreach 5. Local Event Outreach 6. Other

How was this application submitted? Appointment Mail in Other

1. Applicant information (please type or print in black or blue ink)

Last Name First Name Middle Initial

Birth Date ____ / ____ / ____ Gender Male Female Mr. Mrs. Ms.

Daytime Telephone Number () Evening Phone Number (optional) ()

Permanent Residence Street Address (not a P.O. Box)

City State ZIP Code County

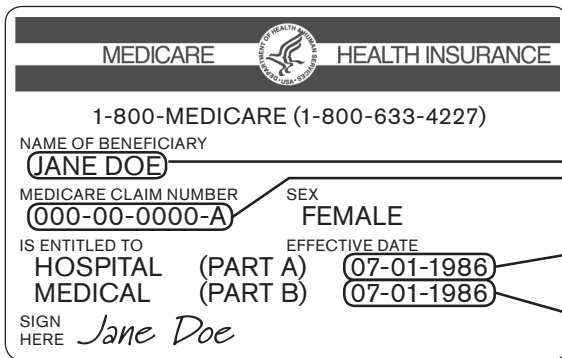
Mailing Address (only if different from your Permanent Residence Street Address)

City State ZIP Code

Email Address (optional): Please email me plan information and updates.

2. Medicare insurance information

Please take out your red, white and blue Medicare card to complete this section — **or** — Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.



Name (exactly as appears on Medicare Card)

Medicare Claim Number Letter(s)

Part A (Hospital) effective date ____ / ____ / ____

Part B (Medical) effective date ____ / ____ / ____

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

Enrollee's name _____

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3. Your payment options (if applicable)

If we determine that you owe a late-enrollment penalty (or if you currently have a late-enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT) each month or we will provide you a coupon book. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. **DO NOT pay UnitedHealthcare® the Part D-IRMAA.**

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible 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 www.socialsecurity.gov/prescriptionhelp.

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 a portion of this premium, it is recommended you choose the coupon book or EFT option.

(If you do not select a payment option, you will receive a coupon book for the amount that Medicare doesn't cover. If you would like to set up EFT, please enclose a blank check with **VOID** written on the front.)

Please select a premium payment option (choose only one):

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check** *(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums).*
- Electronic Funds Transfer (EFT)** from your bank account each month.
Enclose a **voided** check or provide the following:
Account Holder Name _____ Bank Routing Number _____
Bank Account Number _____ Account Type Checking Savings
- Coupon Book**

Enrollee's name _____

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4. Benefit plan selections (choose only one)**Health Maintenance Organization (HMO) plans with a medical and Part D drug benefit**

- AARP® MedicareComplete® (HMO) AC
 AARP® MedicareComplete® Plan 1 (HMO) A1
 AARP® MedicareComplete® Plan 2 (HMO) A2
 AARP® MedicareComplete® Plan 3 (HMO) A3
 AARP® MedicareComplete® Mosaic (HMO) AM
 AARP® MedicareComplete® SecureHorizons® (HMO) AS
 AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO) AS1
 AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO) AS2
 AARP® MedicareComplete® SecureHorizons® Premier (HMO) ASP
 AARP® MedicareComplete® SecureHorizons® Value (HMO) ASH

HMO plans with medical benefits only

- AARP® MedicareComplete Essential® (HMO) AE
 AARP® MedicareComplete® SecureHorizons® Essential (HMO) ASE

Preferred Provider Organization (PPO) plans with a medical and Part D drug benefit

- AARP® MedicareComplete Choice® (PPO) ACC
 AARP® MedicareComplete Choice® (Regional PPO) ACR
 AARP® MedicareComplete Choice® Plan 1 (PPO) AC1
 AARP® MedicareComplete Choice® Plan 2 (Regional PPO) AC2

PPO plans with medical benefits only

- AARP® MedicareComplete Choice® Essential (PPO) ACE
 AARP® MedicareComplete Choice® Essential (Regional PPO) ACP

Point of Service (HMO-POS) plans with a medical and Part D drug benefit

- AARP® MedicareComplete® Plus (HMO-POS) AP
 AARP® MedicareComplete® Plus Plan 1 (HMO-POS) AP1

HMO-POS plans with medical benefits only

- AARP® MedicareComplete® Plus Essential (HMO-POS) APE

4a. Complete the following if the plan chosen includes routine dental coverage

Name of dental provider _____ Provider ID# (please refer to Provider Directory) _____
 Are you currently a patient of this dentist? Yes No

4b. Optional supplemental benefit plans**These plans are not available in all service areas.**

Please review the Summary of Benefits to confirm availability and to learn about any applicable premiums.

If available, you can choose both the Fitness AND the Deluxe Rider (or a Dental Plan below).

- Fitness Rider Deluxe Rider

If available and you did not select the "Deluxe Rider" option above, you can choose ONE of the dental plans below.

- High Option Dental Rider Optional Dental Rider Dental 260 Rider

Dental Facility # (Refer to your Provider Directory or the plan website) _____

- Dental 467 Rider Dental Platinum Rider

You do not need to select a Dental Facility for these plans.

Enrollee's name _____

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5. Primary Care Physician (PCP), Clinic or Health Center Selection (This section required for most plans.)

Refer to the plan website or Provider Directory for selection.

PCP Full Name _____

Enter the 10 or 11 numeric digit PCP ID exactly as it appears in the website or directory. Include zeros, but not dashes. For a 10 digit ID, leave the last box blank.

Provider/PCP ID #

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Are you now seeing or have you recently seen this doctor? Yes No**6. Please read and answer these important questions****Do you have End-Stage Renal Disease (ESRD)?** Yes NoIf you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.If "yes," are you currently a member of a health care company? Yes No

If "yes," name of company _____ Member ID# _____

Do you have any other prescription drug coverage such as private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Program or Federal Employee Health Benefits coverage? Yes No Plan name of other coverage _____

Member ID# for this coverage _____

Group ID# _____ Effective Date (optional) _____

Are you a resident in an institution (e.g., skilled nursing facility, rehabilitation hospital)? Yes No

If "yes," name of institution _____

Address of institution _____

City, State, ZIP Code _____

Phone number of institution (____) _____ Date of admission to the institution ____ / ____ / ____

Are you enrolled in your state Medicaid program? Yes No

If "yes," please provide your Medicaid ID number _____

Do you or your spouse work? Yes No**Do you or your spouse have any health insurance other than Medicare, such as state insurance, Workers' Compensation or Veterans Administration (VA) benefits?** Yes No

If you have other health insurance, what kind do you have? _____

What is the name of the health insurance? _____

Group # _____ ID# _____

7. Alternative formats (check only one)**Please check one of the boxes if you would prefer to be sent information in a language other than English or in another format:** Spanish Chinese Large Print (English Only)

Please contact UnitedHealthcare® at 1-800-547-5514 if you need information in another format or language than those listed above. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week. TTY users should call 711.

Enrollee's name _____

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Statements of understanding

1. AARP® MedicareComplete® is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. For MA Only Plans, I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late-enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.
2. AARP® MedicareComplete® serves a specific service area. If I move out of the area that AARP® MedicareComplete® 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 AARP® MedicareComplete®, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from AARP® MedicareComplete® when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
3. By joining this Medicare health plan, I acknowledge that AARP® MedicareComplete® will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that AARP® MedicareComplete® will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment 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.
4. I understand that if I previously had prescription drug coverage or any insurance that included drugs, I may be asked for proof that my previous prescription drug coverage was at least as good as Medicare's standard prescription drug coverage (creditable prescription drug coverage). I can send copies of my proof with this form or I can wait until I am asked for it. I don't have to send proof to enroll. However, if I am asked for my proof and I don't provide it, my premium may be increased because of a late-enrollment penalty. For more information about the late-enrollment penalty, I may visit www.medicare.gov or 1-800-MEDICARE (1-800-633-4227); (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.
5. Counseling services may be available in my state to provide advice concerning Medicare Supplement Insurance or other Medicare Advantage or Prescription Drug Plan options as well as medical assistance through the state Medicaid Program and the Medicare Savings Program.

Enrollee's name _____

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Statements of understanding (cont.)

Additional statements of understanding for each specific plan

AARP® MedicareComplete® (HMO)

I understand that beginning on the date AARP® MedicareComplete® plan coverage begins, I must receive all covered benefits from plan contracted providers and pharmacies, except for emergency or urgently needed services or out-of-area renal dialysis. I understand that authorized services and other services contained in my Evidence of Coverage document will be covered as disclosed. If I do not receive prior authorization as required for covered services, I understand that **neither Medicare nor AARP® MedicareComplete® will pay for services.**

AARP® MedicareComplete Choice (PPO) or AARP® MedicareComplete Choice® (Regional PPO)

I understand that beginning on the date AARP® MedicareComplete Choice® plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the Plan provides coverage for all covered benefits, even if I get services out-of-network.

AARP® MedicareComplete® Plus (HMO-POS)

I understand that beginning on the date AARP® MedicareComplete® Plus plan coverage begins, benefits are available both in and out-of-network, and I understand I must use in-network providers to obtain the lowest cost sharing. Some non-emergency care from non-contracted providers may not be covered at all under the Point of Service Plan. Additionally, some out-of-network services may be limited by county or state and require prior authorization.

Fraud warning: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Enrollment Form or files a claim containing a false or a deceptive statement, has committed insurance fraud. Commission of insurance fraud may result in disenrollment or denial of benefits and may subject the individual to civil or criminal liability.

8. Please read this important information

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this Enrollment Form means that I have read, understand and agree to the contents of this Enrollment Form, Statements of Understanding and the Additional Statement of Understanding (for the plan I have chosen) on this form.

You must sign and date this Individual Enrollment Form in order for it to be processed.

If signed by an authorized representative of the applicant, this signature certifies that: (1) this person is authorized under State law to complete this enrollment; and (2) documentation of this authority is available upon request from Medicare.

Signature of applicant/member/authorized representative	Today's Date ____/____/____
---	--------------------------------

Enrollee's name _____

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If you are the authorized representative of the applicant, you must provide the following information and sign above.

Name		Relationship to applicant	
Address		Telephone Number ()	
City	State	ZIP Code	Alternate Phone Number (optional) ()

9. For sales representative/agency use only

Selling Staff Member/Agent ID		Initial Receipt Date	
Selling Staff Member/Agent Name		Proposed Effective Date	
Agent Telephone Number		Did the agent assist in completing the application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agent Signature (required)			

10. Election period (for sales representative/agency use only)

- AEP
 ICEP (MA enrollees)
 IEP (MA-PD enrollees)
 IEP (MA-PD enrollees eligible for 2nd IEP)
 OEPI
 SEP (Full Dual Eligible & Partial Dual Eligible)
 SEP (SEP Reason _____)

Enrollee's name _____

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Receipt

Important Enrollment Information

Application Date _____

Proposed Effective Date _____

Medicare ID _____

Plan Name _____

Health Plan/PBP Number _____

Sales Agent ID _____

Sales Agent Name _____

Sales Agent Phone Number _____

I-Enroll Tracking Number (if applicable) _____

This copy verifies you met with an agent who sells UnitedHealthcare[®] Products. Once UnitedHealthcare[®] receives the Enrollment Form, you will receive a copy of your original Enrollment Form in the mail within two weeks. This copy is for your records only. **Please do not resubmit.**

Please contact your sales agent if you do not receive a copy of your original Enrollment Form in the mail within two weeks.



Talk to your local sales agent for answers or to enroll.



If you do not have a local sales agent, please call
1-800-547-5514, TTY 711, 8 a.m. – 8 p.m.
local time, 7 days a week.



Visit our website at:
www.AARPMedicareComplete.com



Visit our website at:
www.AARPMedicareComplete.com

A UnitedHealthcare® Medicare Solution

This information is available for free in other languages. Please contact our UnitedHealthcare® Customer Service number at 1-800-547-5514, TTY/TDD: 711, 8 a.m. to 8 p.m. local time, 7 days a week, for additional information.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente de UnitedHealthcare® al número 1-800-547-5514, TTY/TDD: 711, de 8 a.m. a 8 p.m. hora local, los 7 días de la semana, para obtener más información.

本資訊也有其他語言的免費版本。欲查詢其他資訊，請撥打 1-800-547-5514 聯絡我們的 UnitedHealthcare® 客戶服務部，聽語障專線：711。每週 7 天當地時間上午 8 至下午 8 提供服務。

The AARP® MedicareComplete® plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. 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.

2013 Individual Enrollment Form

When you are ready to enroll.



Contact your local sales agent to help you choose the best plan for you and complete this individual enrollment form, **or**



Call UnitedHealthcare® at 1-800-547-5514, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week. A sales agent can help you enroll over the phone.

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AARP Medicare Plans
P.O. Box 29675
Hot Springs, AR 71903-9675

I understand the person who is discussing plan options with me is a sales agent, broker or other person employed by or contracted with United HealthCare Services, Inc. The person may be paid based on my enrollment in a plan.

If you currently have health coverage through an employer or union, joining one of our plans could affect your employer or union health benefits. You could lose your employer or union health coverage if you join our plan. Read the communications your employer or union sends you. If you have questions, visit their website or contact their office. If you can't find any contact information, your benefits administrator or the office that answers questions about your coverage can help.

Turn the page to enroll.

AARP | MedicareComplete®
insured through UnitedHealthcare

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2013 Individual Enrollment Form

1 of 7

Please contact UnitedHealthcare® if you need information in another language or format (audio tape).

For sales representative/agency use only

New Member Plan Change Employer Group ID Number Branch ID

Where did this application originate from? 1. Retail/Mall Program 2. Community Meeting
 3. Member Meeting 4. Local B2B Outreach 5. Local Event Outreach 6. Other

How was this application submitted? Appointment Mail in Other

1. Applicant information (please type or print in black or blue ink)

Last Name First Name Middle Initial

Birth Date ____ / ____ / ____ Gender Male Female Mr. Mrs. Ms.

Daytime Telephone Number () Evening Phone Number (optional) ()

Permanent Residence Street Address (not a P.O. Box)

City State ZIP Code County

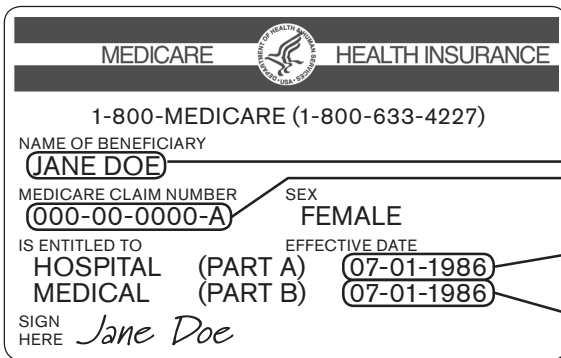
Mailing Address (only if different from your Permanent Residence Street Address)

City State ZIP Code

Email Address (optional): Please email me plan information and updates.

2. Medicare insurance information

Please take out your red, white and blue Medicare card to complete this section — **or** — Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.



Name (exactly as appears on Medicare Card)

____ - ____ - ____ Medicare Claim Number Letter(s)

Part A (Hospital) effective date ____ / ____ / ____

Part B (Medical) effective date ____ / ____ / ____

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

Enrollee's name _____

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3. Your payment options (if applicable)

If we determine that you owe a late-enrollment penalty (or if you currently have a late-enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT) each month or we will provide you a coupon book. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. **DO NOT pay UnitedHealthcare® the Part D-IRMAA.**

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible 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 www.socialsecurity.gov/prescriptionhelp.

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 a portion of this premium, it is recommended you choose the coupon book or EFT option.

(If you do not select a payment option, you will receive a coupon book for the amount that Medicare doesn't cover. If you would like to set up EFT, please enclose a blank check with **VOID** written on the front.)

Please select a premium payment option (choose only one):

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check** *(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums).*
- Electronic Funds Transfer (EFT)** from your bank account each month.
Enclose a **voided** check or provide the following:
Account Holder Name _____ Bank Routing Number _____
Bank Account Number _____ Account Type Checking Savings
- Coupon Book**

Enrollee's name _____

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4. Benefit plan selections (choose only one)**Health Maintenance Organization (HMO) plans with a medical and Part D drug benefit**

- AARP® MedicareComplete® (HMO) AC
- AARP® MedicareComplete® Plan 1 (HMO) A1
- AARP® MedicareComplete® Plan 2 (HMO) A2
- AARP® MedicareComplete® Plan 3 (HMO) A3
- AARP® MedicareComplete® Mosaic (HMO) AM
- AARP® MedicareComplete® SecureHorizons® (HMO) AS
- AARP® MedicareComplete® SecureHorizons® Plan 1 (HMO) AS1
- AARP® MedicareComplete® SecureHorizons® Plan 2 (HMO) AS2
- AARP® MedicareComplete® SecureHorizons® Premier (HMO) ASP
- AARP® MedicareComplete® SecureHorizons® Value (HMO) ASH

HMO plans with medical benefits only

- AARP® MedicareComplete Essential® (HMO) AE
- AARP® MedicareComplete® SecureHorizons® Essential (HMO) ASE

Preferred Provider Organization (PPO) plans with a medical and Part D drug benefit

- AARP® MedicareComplete Choice® (PPO) ACC
- AARP® MedicareComplete Choice® (Regional PPO) ACR
- AARP® MedicareComplete Choice® Plan 1 (PPO) AC1
- AARP® MedicareComplete Choice® Plan 2 (Regional PPO) AC2

PPO plans with medical benefits only

- AARP® MedicareComplete Choice® Essential (PPO) ACE
- AARP® MedicareComplete Choice® Essential (Regional PPO) ACP

Point of Service (HMO-POS) plans with a medical and Part D drug benefit

- AARP® MedicareComplete® Plus (HMO-POS) AP
- AARP® MedicareComplete® Plus Plan 1 (HMO-POS) AP1

HMO-POS plans with medical benefits only

- AARP® MedicareComplete® Plus Essential (HMO-POS) APE

4a. Complete the following if the plan chosen includes routine dental coverage

Name of dental provider _____ Provider ID# (please refer to Provider Directory) _____

Are you currently a patient of this dentist? Yes No

4b. Optional supplemental benefit plans**These plans are not available in all service areas.**

Please review the Summary of Benefits to confirm availability and to learn about any applicable premiums.

If available, you can choose both the Fitness AND the Deluxe Rider (or a Dental Plan below).

- Fitness Rider Deluxe Rider

If available and you did not select the "Deluxe Rider" option above, you can choose ONE of the dental plans below.

- High Option Dental Rider Optional Dental Rider Dental 260 Rider

Dental Facility # (Refer to your Provider Directory or the plan website) _____

- Dental 467 Rider Dental Platinum Rider

You do not need to select a Dental Facility for these plans.

Enrollee's name _____

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5. Primary Care Physician (PCP), Clinic or Health Center Selection (This section required for most plans.)

Refer to the plan website or Provider Directory for selection.

PCP Full Name _____

Enter the 10 or 11 numeric digit PCP ID exactly as it appears in the website or directory. Include zeros, but not dashes. For a 10 digit ID, leave the last box blank.

Provider/PCP ID #

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Are you now seeing or have you recently seen this doctor? Yes No**6. Please read and answer these important questions****Do you have End-Stage Renal Disease (ESRD)?** Yes NoIf you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.If "yes," are you currently a member of a health care company? Yes No

If "yes," name of company _____ Member ID# _____

Do you have any other prescription drug coverage such as private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Program or Federal Employee Health Benefits coverage? Yes No Plan name of other coverage _____

Member ID# for this coverage _____

Group ID# _____ Effective Date (optional) _____

Are you a resident in an institution (e.g., skilled nursing facility, rehabilitation hospital)? Yes No

If "yes," name of institution _____

Address of institution _____

City, State, ZIP Code _____

Phone number of institution (____) _____ Date of admission to the institution ____ / ____ / ____

Are you enrolled in your state Medicaid program? Yes No

If "yes," please provide your Medicaid ID number _____

Do you or your spouse work? Yes No**Do you or your spouse have any health insurance other than Medicare, such as state insurance, Workers' Compensation or Veterans Administration (VA) benefits?** Yes No

If you have other health insurance, what kind do you have? _____

What is the name of the health insurance? _____

Group # _____ ID# _____

7. Alternative formats (check only one)**Please check one of the boxes if you would prefer to be sent information in a language other than English or in another format:**

- Spanish
 Chinese
 Large Print (English Only)

Please contact UnitedHealthcare® at 1-800-547-5514 if you need information in another format or language than those listed above. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week. TTY users should call 711.

Enrollee's name _____

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Statements of understanding

1. AARP® MedicareComplete® is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. For MA Only Plans, I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late-enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.
2. AARP® MedicareComplete® serves a specific service area. If I move out of the area that AARP® MedicareComplete® 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 AARP® MedicareComplete®, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from AARP® MedicareComplete® when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
3. By joining this Medicare health plan, I acknowledge that AARP® MedicareComplete® will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that AARP® MedicareComplete® will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment 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.
4. I understand that if I previously had prescription drug coverage or any insurance that included drugs, I may be asked for proof that my previous prescription drug coverage was at least as good as Medicare's standard prescription drug coverage (creditable prescription drug coverage). I can send copies of my proof with this form or I can wait until I am asked for it. I don't have to send proof to enroll. However, if I am asked for my proof and I don't provide it, my premium may be increased because of a late-enrollment penalty. For more information about the late-enrollment penalty, I may visit www.medicare.gov or 1-800-MEDICARE (1-800-633-4227); (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.
5. Counseling services may be available in my state to provide advice concerning Medicare Supplement Insurance or other Medicare Advantage or Prescription Drug Plan options as well as medical assistance through the state Medicaid Program and the Medicare Savings Program.

Enrollee's name _____

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Statements of understanding (cont.)**Additional statements of understanding for each specific plan****AARP® MedicareComplete® (HMO)**

I understand that beginning on the date AARP® MedicareComplete® plan coverage begins, I must receive all covered benefits from plan contracted providers and pharmacies, except for emergency or urgently needed services or out-of-area renal dialysis. I understand that authorized services and other services contained in my Evidence of Coverage document will be covered as disclosed. If I do not receive prior authorization as required for covered services, I understand that **neither Medicare nor AARP® MedicareComplete® will pay for services.**

AARP® MedicareComplete Choice (PPO) or AARP® MedicareComplete Choice® (Regional PPO)

I understand that beginning on the date AARP® MedicareComplete Choice® plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the Plan provides coverage for all covered benefits, even if I get services out-of-network.

AARP® MedicareComplete® Plus (HMO-POS)

I understand that beginning on the date AARP® MedicareComplete® Plus plan coverage begins, benefits are available both in and out-of-network, and I understand I must use in-network providers to obtain the lowest cost sharing. Some non-emergency care from non-contracted providers may not be covered at all under the Point of Service Plan. Additionally, some out-of-network services may be limited by county or state and require prior authorization.

Fraud warning: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Enrollment Form or files a claim containing a false or a deceptive statement, has committed insurance fraud. Commission of insurance fraud may result in disenrollment or denial of benefits and may subject the individual to civil or criminal liability.

8. Please read this important information

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this Enrollment Form means that I have read, understand and agree to the contents of this Enrollment Form, Statements of Understanding and the Additional Statement of Understanding (for the plan I have chosen) on this form.

You must sign and date this Individual Enrollment Form in order for it to be processed.

If signed by an authorized representative of the applicant, this signature certifies that: (1) this person is authorized under State law to complete this enrollment; and (2) documentation of this authority is available upon request from Medicare.

Signature of applicant/member/authorized representative

Today's Date

____/____/____

Enrollee's name _____

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If you are the authorized representative of the applicant, you must provide the following information and sign above.

Name		Relationship to applicant	
Address		Telephone Number ()	
City	State	ZIP Code	Alternate Phone Number (optional) ()

9. For sales representative/agency use only

Selling Staff Member/Agent ID		Initial Receipt Date	
Selling Staff Member/Agent Name		Proposed Effective Date	
Agent Telephone Number		Did the agent assist in completing the application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agent Signature (required)			

10. Election period (for sales representative/agency use only)

- AEP
 ICEP (MA enrollees)
 IEP (MA-PD enrollees)
 IEP (MA-PD enrollees eligible for 2nd IEP)
 OEPI
 SEP (Full Dual Eligible & Partial Dual Eligible)
 SEP (SEP Reason _____)

Enrollee's name _____

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Receipt

Important Enrollment Information

Application Date _____

Proposed Effective Date _____

Medicare ID _____

Plan Name _____

Health Plan/PBP Number _____

Sales Agent ID _____

Sales Agent Name _____

Sales Agent Phone Number _____

I-Enroll Tracking Number (if applicable) _____

This copy verifies you met with an agent who sells UnitedHealthcare[®] Products. Once UnitedHealthcare[®] receives the Enrollment Form, you will receive a copy of your original Enrollment Form in the mail within two weeks. This copy is for your records only. **Please do not resubmit.**

Please contact your sales agent if you do not receive a copy of your original Enrollment Form in the mail within two weeks.



Talk to your local sales agent for answers or to enroll.



If you do not have a local sales agent, please call
1-800-547-5514, TTY 711, 8 a.m. – 8 p.m.
local time, 7 days a week.



Visit our website at:
www.AARPMedicareComplete.com



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www.AARPMedicareComplete.com

A UnitedHealthcare® Medicare Solution

This information is available for free in other languages. Please contact our UnitedHealthcare® Customer Service number at 1-800-547-5514, TTY/TDD: 711, 8 a.m. to 8 p.m. local time, 7 days a week, for additional information.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente de UnitedHealthcare® al número 1-800-547-5514, TTY/TDD: 711, de 8 a.m. a 8 p.m. hora local, los 7 días de la semana, para obtener más información.

本資訊也有其他語言的免費版本。欲查詢其他資訊，請撥打 1-800-547-5514 聯絡我們的 UnitedHealthcare® 客戶服務部，聽語障專線：711。每週 7 天當地時間上午 8 至下午 8 提供服務。

The AARP® MedicareComplete® plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. 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.

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.

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.

Outbound enrollment and verification (OEV) call.

UnitedHealthcare® is required by Medicare to conduct an enrollment and verification call within 15 days of receiving your enrollment application. A vendor authorized by UnitedHealthcare will be calling you to conduct a short survey on its behalf.

During the call, the representative will ask you a few questions to make sure the Medicare Advantage plan was explained to you clearly and thoroughly and to ensure it is your intent to enroll in the plan. The survey, however, will not affect your ability to enroll in the plan.

The representative conducting the survey is not a licensed insurance agent and will not be able to answer questions you might have about the plan or plan benefits. They will be able to provide you with a number for Customer Service so that you can get your questions answered. Your sales agent will not be on the phone during the call.

The representative will also help you understand the seven-day cancellation language that is required by Medicare.

If you are not home to take the call, the vendor representative will mail you an enrollment verification letter.

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The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

UnitedHealthcare® Medicare Advantage plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract.

Enrollment verification.

Thank you for choosing UnitedHealthcare. We want to make sure that all of your questions have been answered before you enroll in our plan. Please review the list below with your agent. By initialing next to each statement, you're confirming that you understand the type of plan you're enrolling in.

My agent explained that I will receive an outbound enrollment verification (OEV) call within the next 15 days to confirm my understanding and intent to enroll in the plan. _____

Once my enrollment is approved by Medicare, UnitedHealthcare will provide my Medicare health and/or prescription drug coverage (if applicable). I understand that the plan I have chosen is NOT a Medicare supplement (Medigap) plan. _____

Once my enrollment is approved by Medicare, I will receive a member ID card. I understand that I must use this member ID card instead of my Original Medicare card when I receive health care services or visit the pharmacy. _____

I have reviewed the Summary of Benefits with my agent. I understand the plan's premium, deductible, covered benefits, copays and coinsurance amounts, if applicable. For additional information, I can refer to the Evidence of Coverage, which I will receive in my Welcome Kit. _____

I understand that I must continue to pay my Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. _____

If a power of attorney (or any other person who assists in my health care decisions) should have been included with this enrollment process, they were present or contacted. _____

I understand that my plan will only cover health care and services provided by physicians and hospitals in the plan's network. Except for emergencies, these plans do not cover care received outside the network. The agent verified whether any of my doctors are in the plan's network. _____

For plans with prescription drug coverage.

My agent and I have reviewed all of my current prescription medications and have verified if they are covered within the plan's formulary. For my medications that are not listed in the plan's formulary, I understand they are not covered by the plan, unless an exception is granted. _____

My agent has explained the prescription drug coverage gap. He or she also explained how my medication costs are calculated in order to reach the gap. If I reach the coverage gap, I understand my cost and coverage may change, depending on my level of state assistance, if applicable. _____

I understand that a late-enrollment penalty (LEP) will be added to my monthly Part D premium if I did not join a Medicare plan when I was first eligible. _____

Enrollee Name: _____ Agent Name: _____

Proposed Effective Date: _____ Agent ID: _____

WHAT TO EXPECT AFTER YOU ENROLL

Steps	How you get it	Description
1 Receipt of completed enrollment form	Agent 	The agent will give you a receipt. This confirms you submitted an enrollment form.
2 Copy of completed enrollment form	Mailed 	We will mail you a copy of your enrollment form within two weeks of receipt, for your records.
3 Acknowledgement of receipt of completed enrollment form	Mailed 	A letter stating we received your completed enrollment form. Medicare must approve your enrollment form before you become a member.
4 Notice to confirm enrollment	Mailed 	A letter stating that Medicare has approved your enrollment form. Enrollment complete.
5 Outbound enrollment and verification call	Phone 	If you enrolled with an agent or broker, you will receive a call to confirm you understand the type of plan you are enrolling in. If we do not reach you by phone, you will receive a letter.
6 Member ID card	Mailed 	Bring your new plan member ID card every time you visit the doctor, hospital or pharmacy.
7 Welcome kit	Mailed 	Includes important plan information such as the Evidence of Coverage.
8 Premium assistance	Mailed 	You may receive a letter on how to get extra help with your Medicare premiums and other health care costs, if you qualify.
9 Health needs assessment call	Phone 	This call will help us learn about your health history. The information will not affect your enrollment in this plan. Your answers will help us create a health program to help fit your needs.
10 Take your New Member Orientation	Online 	New Member Orientation is an easy way to learn about your plan and how to use your plan's tools, services and benefits. Sign in or register at myAARPMedicare.com .

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

You must continue to pay your Medicare Part B premium.