

2018 ENROLLMENT GUIDE



Get familiar with your Prescription Drug Plan.

AARP® MedicareRx Preferred (PDP) **AARP® MedicareRx Saver Plus (PDP)**

S5820-024

S5921-370

Region: 25

Service area: Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming

Plan Effective Date: January 1, 2018 through December 31, 2018

You deserve more than great benefits



The only Medicare plans that carry the AARP® name

UnitedHealthcare has a long-standing relationship with AARP® and is the only insurance company that offers Medicare plans with the AARP name. We're both aligned in caring about Medicare beneficiaries and ensuring they have access to affordable, quality health care.

Customer service that puts you first

Our compassionate Customer Service Advocates are an important part of your personal health care team. In addition to providing answers to your questions, they can schedule appointments and connect you to programs designed to make it easier for you to manage your health.

More choice and more control

When it comes to Medicare, one size does not fit all. That's why we offer a broad range of Medicare plans that give you options designed to fit your health care needs. And we're here to help you find the right plan whether it's in person, online or over the phone.

A health care company you can rely on

Chances are you know at least one, if not many, of our members. That's because 1 in 5 Medicare beneficiaries trust UnitedHealthcare with their coverage.¹ And we've been serving the health care needs of people just like you for 40 years — so you know we'll be here when you need us.

¹CMS Data, 2017, and UnitedHealthcare Internal Data, 2017

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

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Have questions? We can help.



Learn more online at
www.AARPMedicarePlans.com



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



Start with Medicare basics


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


You're enrolled in Original Medicare, what's next?

Original Medicare is provided by the government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. You don't get coverage for prescription drugs or routine vision, dental or hearing care. Depending on your needs, you may want to add on more coverage. When it comes to extra coverage, you have options.

Original Medicare

Provided by the federal government

PART A  Helps pay for hospital stays and inpatient care

PART B  Helps pay for doctor visits and outpatient care

Your options for more coverage:

OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance Plan

Offered by private companies



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

Medicare Part D Plan

Offered by private companies



Helps pay for prescription drugs

Choose a Medicare Advantage plan:

Medicare Advantage Plan

Offered by private companies



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



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Medicare Made Clear™ brought to you by UnitedHealthcare®



Start with Medicare basics

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

Here's how your Medicare Part D plan works.



What does it cover?

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

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



When to enroll in a Medicare Part D plan.

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

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

There's a Medicare Part D Late Enrollment Penalty.



If you don't join a Medicare Part D plan when you're first eligible, you may have to pay the Medicare late enrollment penalty if you enroll later. This is a fee that gets added to your Part D premium each month for as long as you're enrolled in a Part D plan.



Start with Medicare basics

Are you eligible for this plan?

You are eligible for a Medicare Part D plan if:



You are enrolled in Original Medicare Parts A or B (or both)

AND



Live in the plan's service area

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

Does the plan cover my prescription drugs?

- Enter your drugs into our online Drug Cost Estimator tool, EstimateDrugCostsAARP.com to determine the total annual drug cost for each plan.

Which plan will be most cost effective?

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

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

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

Helpful resources.

Medicare Made Clear™

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

Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, visit Medicare.gov or call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week.

Formulary and Pharmacy Network

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

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

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Plan information

Benefit Highlights

This is a short description of 2018 plan benefits. For complete information, please refer to your **Summary of Benefits** or **Evidence of Coverage**. Limitations, exclusions, and restrictions may apply.

Plan Costs

Plan Feature	AARP® MedicareRx Saver Plus (PDP)		AARP® MedicareRx Preferred (PDP)	
Monthly premium	\$54.60		\$84.50	
Annual prescription deductible	\$405		\$0	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic Drugs	\$1 copay	\$6 copay	\$5 copay	\$6 copay
Tier 2: Generic Drugs	\$10 copay	\$15 copay	\$12 copay	\$15 copay
Tier 3: Preferred Brand Drugs	\$33 copay	\$43 copay	\$37 copay	\$38 copay
Tier 4: Non-Preferred Drugs	37% coinsurance	37% coinsurance	40% coinsurance	50% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
Coverage gap stage	After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap. AARP® MedicareRx Preferred (PDP) members will receive additional coverage in the gap on select brand name drugs in Tier 3, Tier 4 and Tier 5.			
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay the greater of \$3.35 copay for generic (including brand drugs treated as generic), \$8.35 copay for all other drugs, or 5% coinsurance			
Formulary (drug list)	Includes most generic drugs covered by Medicare Part D and many commonly used brand name drugs		Includes nearly all generic drugs covered by Medicare Part D and many commonly used brand name drugs	

Includes **\$0** for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. Premium and/or copayments/coinsurance may change on January 1 of each year.

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

AARP® MedicareRx Saver Plus (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in rural MT, NE, ND, SD and WY. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing,

please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.



Your drug plan coverage and costs

Make sure your drugs are covered.

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

Know how much your drugs will cost.

The cost of your drug depends on 3 things: what tier the drug is covered in, where you are within the drug payment stages and where you purchase the drug.



Understanding drug tiers.

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

Formulary (Drug List) Tiers				
Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Drug	Tier 5 Specialty Tier

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



Your Part D prescription drug costs.

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

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



Once you're a member, you can easily track how close you are getting to the coverage gap stage by signing in to your account online.



Your drug plan coverage and costs

Explore ways to save money.

✓ Try OptumRx® Mail Service Pharmacy.

You could pay a \$0 copay for a 90-day supply of Tier 1 and 2 medications by using home delivery from OptumRx, our preferred mail service pharmacy.

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

✓ Spend less at select pharmacies.

You could save on common prescription drugs by using one of the pharmacies in our Preferred Retail Pharmacy network. The locations listed below are just some of the participating pharmacies. Visit FindMyPharmacyAARP.com to find a location near you.



✓ Consider generic drugs.

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at EstimateDrugCostsAARP.com to determine your potential savings.

✓ Use lower-tier drugs.

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

✓ Get Extra Help.

If you have a limited income, you may be able to get Extra Help with your Medicare prescription drug plan premiums, deductibles and copays. To find out if you qualify, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. – 7 p.m., Monday – Friday.

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2018 SUMMARY OF BENEFITS



Overview of your plan

AARP® MedicareRx Preferred (PDP)

S5820-024

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



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



www.AARPMedicarePlans.com

AARP® | MedicareRx Plans
insured through **UnitedHealthcare**

Y0066_SB_S5820_024_2018 CMS Accepted

Our service area includes **Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming.**

Summary of Benefits

January 1st, 2018 - December 31st, 2018

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service with questions you may have. You get an EOC when you enroll in the plan.

About this plan.

AARP® MedicareRx Preferred (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

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

Use network pharmacies.

AARP® MedicareRx Preferred (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for these drugs or you may pay more than you pay at an in-network pharmacy.

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

AARP® MedicareRx Preferred (PDP)

Premiums and Benefits	Cost-Share
Monthly Plan Premium	\$84.50
Annual Prescription Drug Deductible	This plan does not have a deductible.

Prescription Drugs

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

Stage 1: Annual Prescription Deductible	Since you have no deductible, this payment stage doesn't apply.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$5 copay	\$15 copay	\$6 copay	\$18 copay	\$0 copay	\$18 copay
Tier 2: Generic Drugs	\$12 copay	\$36 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 3: Preferred Brand Drugs	\$37 copay	\$111 copay	\$38 copay	\$114 copay	\$96 copay	\$114 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance	50% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Stage 3: Coverage Gap Stage	Select brand drugs in Tier 3, Tier 4 and Tier 5 are covered in the gap. For all other covered drugs, after your total drug costs reach \$3,750, you pay 44% coinsurance for generic drugs and 35% coinsurance for brand name drugs during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs. 					

Required Information

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

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.

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

AARP® MedicareRx Preferred (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in rural MT, NE, ND, SD, and WY. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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

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

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-888-867-5564.

2018 SUMMARY OF BENEFITS



Overview of your plan

AARP® MedicareRx Saver Plus (PDP)

S5921-370

Look inside to learn more about the drug coverages the plan provides.
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AARP® MedicareRx Saver Plus (PDP)

Premiums and Benefits	Cost-Share
Monthly Plan Premium	\$54.60
Annual Prescription Drug Deductible	\$405 per year for Part D prescription drugs.

Prescription Drugs

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

Stage 1: Annual Prescription Deductible	\$405 per year.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$1 copay	\$3 copay	\$6 copay	\$18 copay	\$0 copay	\$18 copay
Tier 2: Generic Drugs	\$10 copay	\$30 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 3: Preferred Brand Drugs	\$33 copay	\$99 copay	\$43 copay	\$129 copay	\$94 copay	\$129 copay
Tier 4: Non-Preferred Drugs	37% coinsurance	37% coinsurance	37% coinsurance	37% coinsurance	37% coinsurance	37% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs. 					

Required Information

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UnitedHealthcare - S5820

2017 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2017, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★½
3.5 stars

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

Health Plan Services: Not offered

Drug Plan Services: ★★★★★
3.5 stars

The number of stars shows how well our plan performs.

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

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

You may also contact us 7 days a week from 8 a.m. to 8 p.m. local time, at 888-867-5564 (toll-free) or 711 (TTY).

Current members please call 888-867-5575 (toll-free) or 711 (TTY).

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

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711).

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UnitedHealthcare - S5921

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★★★
3 stars

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

Health Plan Services: Not offered

Drug Plan Services: ★★★
3 stars

The number of stars shows how well our plan performs.

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

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

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Current members please call 866-460-8854 (toll-free) or 711 (TTY).

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

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

AARP MedicareRx Preferred (PDP) and AARP MedicareRx Saver Plus (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in rural MT, NE, ND, SD, WY, and for AARP MedicareRx Preferred (PDP), there is also limited access in suburban PR. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-800-753-8004, TTY 711 or consult the online pharmacy directory at www.AARPMedicarePlans.com.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

Medicare evaluates plans based on a 5 Star rating system. Star Ratings are calculated each year and may change from one year to the next.



Required information

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

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

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

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

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

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

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

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



Drug list



2018 Drug list

This is a partial alphabetical list of prescription drugs covered by the AARP® MedicareRx Preferred (PDP) and AARP® MedicareRx Saver Plus (PDP) Prescription Drug Plans. The chart shows which plans cover the drug and their cost-sharing tier. The drug coverage between these two plans vary. This is not a complete list of the drugs we cover. For a more up-to-date list, call or visit us online. Our contact information is on the 3rd page of this book.

- **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Each covered drug is in 1 of 5 cost-sharing tiers
- Drug tier description:
 - Tier 1: Preferred generic
 - Tier 2: Generic
 - Tier 3: Preferred brand
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- Your plan may have an annual prescription deductible
- For more cost-sharing and deductible information, see the Summary of Benefits in this book
- Some drugs may need Prior Authorization, Step Therapy or other coverage requirements
- If you take a drug that is not on this list, you can call us to see if there is an alternative covered drug that may be appropriate for you

PA Prior authorization	The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.
QL Quantity limits	The plan will cover only a certain amount of this drug for 1 copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
ST Step therapy	There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.
B/D Medicare Part B or Part D	Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

Pr = AARP® MedicareRx Preferred Sp = AARP® MedicareRx Saver Plus NC = Not covered
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LA Limited access	Drugs are considered “limited access” if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can’t be done at a network pharmacy.
MED morphine equivalent dose	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for those individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

Drug Name	Pr	Sp	Requirements
A			
Acamprosate Calcium DR (Tablet Delayed-Release)	4	4	
Acetaminophen/Codeine (Tablet)	2	2	QL,MED
Acetazolamide (Tablet Immediate-Release)	3	3	
Acetazolamide ER (Capsule Extended-Release 12 Hour)	4	4	
Acyclovir (Tablet)	2	2	
Adacel (Injection)	3	3	
Adcirca (Tablet)	5	NC	PA,QL
Advair Diskus, Advair HFA (Aerosol)	3	NC	QL
Albenza (Tablet)	5	5	QL
Alcohol Prep Pads	3	3	
Alendronate Sodium (Tablet)	1	1	QL
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	2	
Allopurinol (Tablet)	1	1	
Alosetron HCl (Tablet)	NC	5	PA
Alprazolam (Tablet Immediate-Release)	2	2	QL
Amantadine HCl (100mg Capsule, 100mg Tablet)	3	NC	
Amantadine HCl (100mg Capsule, 50mg/5ml Syrup)	NC	2	
Amantadine HCl (50mg/5ml Syrup)	2	NC	
Amiloride HCl (Tablet)	NC	2	
Amiodarone HCl (200mg Tablet)	2	2	
Amitiza (Capsule)	3	NC	QL
Amitriptyline HCl (Tablet)	3	3	
Amlodipine Besylate (Tablet)	1	1	

Bold type = Brand name drug

Plan type = Generic drug

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

Drug Name	Pr	Sp	Requirements
Ammonium Lactate (12% Cream, 12% Lotion)	3	3	
Amoxicillin (Capsule, Tablet)	2	2	
Amphetamine/Dextroamphetamine (Capsule Extended-Release)	4	4	QL
Amphetamine/Dextroamphetamine (Tablet Immediate-Release)	3	3	QL
Anagrelide HCl (Capsule)	2	2	
Anastrozole (Tablet)	2	2	
Androderm (Patch 24 Hour)	3	3	QL
AndroGel (1.62% Packet, 1.62% Pump)	3	3	
Anoro Ellipta (Aerosol Powder)	3	3	QL
Apriso (Capsule Extended-Release 24 Hour)	3	3	QL
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	5	5	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	4	4	PA
Argatroban (125mg/125ml-0.9% Injection)	5	5	B/D,PA
Argatroban (250mg/2.5ml Injection)	5	5	B/D,PA
Arnuity Ellipta (Aerosol Powder)	3	NC	QL
Atenolol (Tablet)	1	1	
Atomoxetine (Capsule)	NC	4	QL,ST
Atorvastatin Calcium (Tablet)	1	1	QL
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	3	
Atripla (Tablet)	5	5	QL
Atrovent HFA (Aerosol Solution)	4	4	
Aubagio (Tablet)	5	NC	QL
Auryxia (Tablet)	4	4	
Avastin (Injection)	5	5	PA
Avonex (Injection)	5	NC	
Azathioprine (Tablet)	2	2	B/D,PA
Azelastine HCl (0.05% Ophthalmic Solution)	3	2	
Azelastine HCl (0.05% Ophthalmic Solution)	3	2	
Azelastine HCl (0.1% Nasal Solution)	3	3	QL
Azelastine HCl (0.15% Nasal Solution)	3	2	

Pr = AARP® MedicareRx Preferred

Sp = AARP® MedicareRx Saver Plus

NC = Not covered

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

Drug Name	Pr	Sp	Requirements
Azelastine HCl (0.15% Nasal Solution)	3	2	
Azithromycin (Oral Suspension, Tablet Immediate-Release)	2	2	
Azopt (Suspension)	3	NC	
B			
Baclofen (Tablet)	2	2	
Balsalazide Disodium (Capsule)	4	4	
Belsomra (Tablet)	3	3	QL
Benazepril HCl (Tablet)	1	1	QL
Benazepril HCl/Hydrochlorothiazide (Tablet)	1	1	QL
Benlysta (Injection)	5	5	PA
Benzotropine Mesylate (Tablet)	2	2	
Beriner (Injection)	NC	5	PA,LA
Betaseron (Injection)	5	NC	
Bethanechol Chloride (Tablet)	2	2	
Bevespi Aerosphere (Aerosol)	3	3	QL
Bicalutamide (Tablet)	2	2	
Bisoprolol Fumarate (Tablet)	2	2	
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	2	NC	QL
Breo Ellipta (Aerosol Powder)	3	3	QL
Brilinta (Tablet)	3	4	QL
Brilinta (Tablet)	3	4	QL
Brimonidine Tartrate (0.15% Ophthalmic Solution)	NC	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	2	
BRIVIACT (Tablet)	5	5	QL
Budesonide (Capsule Delayed-Release)	4	4	
Bumetanide (Tablet)	2	2	
Buprenorphine HCl (Tablet Sublingual)	3	3	QL
Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet)	2	2	
Buspiron HCl (Tablet)	2	2	
Butrans (Patch Weekly)	3	NC	QL,MED
Bydureon Injection (Pen, Vial)	3	3	QL
Byetta (Injection)	4	NC	QL
Bystolic (Tablet)	3	NC	QL
C			
Cabergoline (Tablet)	3	2	
Cabergoline (Tablet)	3	2	
Calcitriol (Capsule)	2	2	B/D,PA

Bold type = Brand name drug

Plan type = Generic drug

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

Drug Name	Pr	Sp	Requirements
Calcium Acetate (Capsule)	3	2	
Calcium Acetate (Capsule)	3	2	
Captopril (Tablet)	2	NC	QL
Carafate (1gm/10ml Suspension)	4	4	
Carbaglu (Tablet)	5	5	LA
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3	2	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3	2	
Carbidopa/Levodopa, Carbidopa/Levodopa ER, Carbidopa/Levodopa ODT (Tablet)	2	2	
Carbidopa/Levodopa/Entacapone (Tablet)	4	4	
Carboplatin (Injection)	4	4	
Carvedilol (Tablet)	1	1	
Cayston (Inhalation Solution)	5	5	PA,LA
Cefuroxime Axetil (Tablet)	2	2	
Celecoxib (Capsule)	4	NC	QL
Cephalexin (Capsule, Oral Suspension)	2	2	
Chantix (Tablet)	3	3	
Chlorhexidine Gluconate (Solution)	2	2	
Chlorthalidone (Tablet)	2	2	
Cholestyramine Light (Powder)	NC	3	
Cilostazol (Tablet)	2	2	
Cinryze (Injection)	5	NC	PA,LA
Ciprodex (Otic Suspension)	3	NC	
Ciprofloxacin HCl (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	2	
Citalopram HBr (Tablet)	1	1	
Clarithromycin (Tablet)	3	3	
Climara Pro (Patch Weekly)	4	4	
Clonazepam (Tablet Immediate-Release)	2	2	QL
Clonazepam ODT (Tablet Dispersible)	4	4	QL
Clonidine HCl (Tablet Immediate-Release)	2	2	
Clopidogrel (75mg Tablet)	2	2	QL
Clozapine (Tablet Immediate-Release)	3	3	
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	NC	4	QL

Pr = AARP® MedicareRx Preferred

Sp = AARP® MedicareRx Saver Plus

NC = Not covered

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

Drug Name	Pr	Sp	Requirements
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	NC	4	QL
Clozapine ODT (Tablet Dispersible)	4	NC	QL
Colchicine (Tablet, Capsule)	3	3	QL
Combigan (Ophthalmic Solution)	3	NC	
Combivent Respimat (Aerosol Solution)	3	3	
Copaxone (Injection)	5	5	
Cosentyx (Injection)	5	5	PA
Cosentyx Sensoready Pen (Injection)	5	5	PA
Creon (Capsule Delayed-Release)	3	3	
Crixivan (Capsule)	3	3	QL
Cromolyn Sodium (Ophthalmic Solution)	NC	2	
Cyclophosphamide (Capsule)	4	4	B/D,PA
D			
Daliresp (Tablet)	4	4	PA,QL
Dapsone (Tablet)	3	3	
Desmopressin Acetate (Tablet)	3	2	
Desmopressin Acetate (Tablet)	3	2	
Dexilant (Capsule Delayed-Release)	4	NC	QL
Dextrose 5%/NaCl (Injection)	4	4	
Diazepam (1mg/ml Oral Solution)	2	2	
Diazepam (Tablet, Intensol 5mg/ml Concentrate)	2	2	QL
Diclofenac Tablet , Diclofenac DR Tablet, Diclofenac ER Tablet	2	2	
Dicyclomine HCl (10mg Capsule, 20mg Tablet)	2	2	
Digoxin (Tablet)	2	2	
Dihydroergotamine Mesylate (1mg/ml Injection)	4	4	
Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	NC	2	
Diltiazem CD (Capsule Extended-Release 24 Hour)	3	NC	
Diltiazem HCl (Tablet Immediate-Release)	2	2	
Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	NC	2	
Diltiazem HCl ER (Capsule Extended-Release)	3	NC	
Diphenoxylate/Atropine (Tablet)	3	3	
Disulfiram (Tablet)	4	2	
Disulfiram (Tablet)	4	2	
Divalproex Capsule, Divalproex DR Tablet, Divalproex ER Tablet	2	2	

Bold type = Brand name drug

Plan type = Generic drug

Drug list

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

Drug Name	Pr	Sp	Requirements
Donepezil HCl (10mg Tablet, 5mg Tablet)	2	2	QL
Donepezil HCl (23mg Tablet)	4	NC	QL
Donepezil HCl ODT (Tablet Dispersible)	2	2	QL
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution)	2	2	
Doxazosin Mesylate (Tablet)	2	2	
Doxycycline Hyclate (Capsule)	3	3	
Dronabinol (Capsule)	4	4	PA,QL
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	2	QL
Durezol (Emulsion)	3	3	
Dymista (Suspension)	4	NC	
E			
Edarbi (Tablet)	4	NC	QL
Edarbyclor (Tablet)	4	NC	QL
Eliquis (Tablet)	3	3	QL
Elmiron (Capsule)	4	4	
Embeda (Capsule Extended-Release)	3	3	QL,MED
Enalapril Maleate (Tablet)	2	2	QL
Enalapril Maleate/Hydrochlorothiazide (Tablet)	2	2	QL
Enbrel (Injection)	5	NC	PA
Entacapone (Tablet)	4	4	
Entecavir (Tablet)	5	5	
Epclusa (Tablet)	5	5	PA,QL
Eplerenone (Tablet)	3	NC	
Escitalopram Oxalate (Tablet)	2	2	
Estradiol (Tablet) (Generic Estrace)	2	2	
Eszopiclone (Tablet)	3	NC	QL
Ethosuximide (250mg Capsule)	3	NC	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	NC	2	
Ethosuximide (250mg/5ml Oral Solution)	4	NC	
Etoposide (Injection)	3	2	
Etoposide (Injection)	3	2	
Exjade (Tablet Soluble)	5	NC	PA
Extavia (Injection)	NC	5	

Pr = AARP® MedicareRx Preferred

Sp = AARP® MedicareRx Saver Plus

NC = Not covered

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

Drug Name	Pr	Sp	Requirements
F			
Famotidine (Tablet)	2	NC	
Fareston (Tablet)	5	5	
Farxiga (Tablet)	NC	3	
Fenofibrate (145mg Tablet, 48mg Tablet)	3	NC	
Fenofibrate (160mg Tablet, 54mg Tablet)	2	2	
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	3	3	QL,MED
Finasteride (5mg Tablet) (Generic Proscar)	2	2	
Firazyr (Injection)	5	5	PA,QL
Flovent Diskus, Flovent HFA (Aerosol)	3	NC	QL
Fluconazole (Tablet)	2	2	
Fluocinolone Acetonide (Otic Oil)	4	4	
Fluphenazine HCl (Tablet)	2	2	
Fluticasone Propionate (Suspension)	2	2	
Fosrenol (Packet, Tablet Chewable)	4	NC	
Furosemide (Tablet)	1	1	
Fuzeon (Injection)	5	5	QL
Fycompa (Tablet)	4	4	
G			
Gabapentin (Capsule, Tablet)	2	2	
Gammagard Liquid (Injection)	4	4	PA
Gemfibrozil (Tablet)	2	2	
Genotropin (12mg Injection, 5mg Injection)	5	5	PA
Genotropin Miniquick (0.2mg Injection)	4	4	PA
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)	5	5	PA
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution)	2	2	
Gilenya (Capsule)	5	5	QL
Glimepiride (Tablet)	1	1	QL
Glipizide, Glipizide ER (Tablet)	1	1	QL
GlucaGen HypoKit (Injection)	4	4	
Glucagon Emergency Kit (Injection)	3	3	
Guanidine HCl (Tablet)	3	3	

Bold type = Brand name drug

Plan type = Generic drug

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

Drug Name	Pr	Sp	Requirements
H			
Haloperidol (Tablet)	2	2	
Harvoni (Tablet)	5	5	PA,QL
Humalog (Injection)	3	3	
Humalog Mix (Injection)	3	3	
Humira (Injection)	5	5	PA
Humulin 70/30 (Injection)	3	3	
Humulin N (Injection)	3	3	
Humulin R (Injection)	3	3	
Hydralazine HCl (Tablet)	2	2	
Hydrochlorothiazide (Capsule, Tablet)	1	1	
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	3	QL,MED
Hydromorphone HCl (Tablet Immediate-Release)	2	2	QL,MED
Hydroxychloroquine Sulfate (Tablet)	2	2	
Hydroxyurea (Capsule)	2	2	
Hydroxyzine HCl (Syrup)	3	3	
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	3	QL,MED
I			
Ibandronate Sodium (150mg Tablet)	NC	3	
Ibandronate Sodium (Tablet)	3	NC	QL
Ibuprofen (Tablet, 100mg/5ml Suspension)	2	2	
Ilevro (Suspension)	3	NC	
Imatinib Mesylate (Tablet)	5	5	PA,QL
Imiquimod (Cream)	4	4	
Incruse Ellipta (Aerosol Powder)	3	NC	QL
Insulin Syringes, Needles	3	3	
Intelence (100mg Tablet, 200mg Tablet)	5	5	QL
Intron A (Injection)	NC	5	
Invanz (Injection)	4	4	
Invokamet, Invokamet XR (Tablet)	3	NC	QL
Invokana (Tablet)	3	NC	QL
Ipratropium Bromide (0.02% Inhalation Solution)	2	2	B/D,PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	2	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	2	2	B/D,PA
Irbesartan (Tablet)	2	2	QL
Irbesartan/Hydrochlorothiazide (Tablet)	2	NC	QL

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Sp = AARP® MedicareRx Saver Plus

NC = Not covered

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Drug Name	Pr	Sp	Requirements
Isentress (400mg Tablet)	5	5	QL
Isoniazid (Tablet)	2	2	
Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet)	2	2	
Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet)	2	2	
Ivermectin (Tablet)	3	3	
J			
Jadenu (Tablet)	NC	4	
Janumet, Janumet XR (Tablet)	3	NC	QL
Januvia (Tablet)	3	NC	QL
Jardiance (Tablet)	3	3	QL
Jentadueto, Jentadueto XR (Tablet)	4	3	QL
Jentadueto, Jentadueto XR (Tablet)	4	3	QL
K			
Kalydeco (Packet)	5	5	PA,QL
Ketoconazole (Cream, Shampoo, Tablet)	2	2	
Ketorolac Tromethamine (Ophthalmic Solution)	3	3	
Klor-Con 10, Klor-Con 8 (Tablet)	3	3	
Klor-Con M20 (Tablet Extended-Release)	2	2	
Kombiglyze XR (Tablet Extended-Release 24 Hour)	3	3	QL
Korlym (Tablet)	5	5	PA,QL
L			
Lactulose (Oral Solution)	2	2	
Lamivudine (Tablet)	3	3	
Lamotrigine (Tablet Immediate-Release)	2	2	
Lantus Injection (SoloStar, Vial)	3	3	
Lastacaft (Ophthalmic Solution)	3	3	
Latanoprost (Ophthalmic Solution)	2	1	
Latanoprost (Ophthalmic Solution)	2	1	
Latuda (Tablet)	5	5	QL
Leflunomide (Tablet)	3	3	
Letairis (Tablet)	5	5	PA,QL,LA
Letrozole (Tablet)	2	2	
Leucovorin Calcium (Tablet)	3	3	
Leukeran (Tablet)	4	4	
Levemir Injection (FlexTouch, Vial)	3	NC	
Levetiracetam (Tablet Immediate-Release)	2	3	
Levetiracetam (Tablet Immediate-Release)	2	3	

Bold type = Brand name drug

Plan type = Generic drug

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

Drug Name	Pr	Sp	Requirements
Levocarnitine (Tablet)	3	3	
Levocetirizine Dihydrochloride (5mg Tablet)	3	3	QL
Levofloxacin (Tablet)	3	3	
Levothyroxine Sodium (Tablet)	1	1	
Lialda (Tablet Delayed-Release)	3	NC	QL
Lidocaine (Ointment)	4	4	
Lidocaine HCl (Gel)	2	2	
Lidocaine Viscous (Solution)	2	2	
Lidocaine/Prilocaine (Cream)	3	3	
Lindane (Shampoo)	4	4	
Linzess (Capsule)	3	3	QL
Liothyronine Sodium (Tablet)	2	2	
Lisinopril (Tablet)	1	1	QL
Lisinopril/Hydrochlorothiazide (Tablet)	1	1	QL
Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet)	2	2	
Loperamide HCl (Capsule)	2	2	
Lorazepam (Tablet, Intensol 2mg/ml Concentrate)	2	2	QL
Losartan Potassium (Tablet)	1	1	QL
Losartan Potassium/Hydrochlorothiazide (Tablet)	1	1	QL
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	4	NC	
Lovastatin (Tablet Immediate-Release)	2	2	QL
Lumigan (Ophthalmic Solution)	3	NC	
Lupron Depot, Lupron Depot-PED (Injection)	5	5	PA
Lyrica (Capsule)	3	3	QL
Lysodren (Tablet)	5	5	
M			
Meclizine HCl (Tablet)	2	2	
Medroxyprogesterone Acetate (Tablet)	2	2	
Meloxicam (Tablet)	1	1	
Memantine HCl (Tablet)	3	3	PA,QL
Mercaptopurine (Tablet)	3	3	
Meropenem (Injection)	4	4	
Metformin HCl (Tablet Immediate-Release)	1	1	QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	1	QL
Methadone HCl (Tablet, Oral Solution)	3	3	QL,MED
Methazolamide (25mg Tablet)	NC	4	

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Drug Name	Pr	Sp	Requirements
Methazolamide (Tablet)	4	NC	
Methimazole (Tablet)	2	2	
Methotrexate (Tablet)	2	2	
Methscopolamine Bromide (Tablet)	4	4	
Methyldopa (Tablet)	2	3	
Methyldopa (Tablet)	2	3	
Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin)	3	3	QL
Metoclopramide HCl (Tablet)	2	2	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	2	1	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	2	1	
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	1	
Metronidazole (Tablet)	2	2	
Migergot (Suppository)	4	4	
Minocycline HCl (Capsule)	2	2	
Minoxidil (Tablet)	2	2	
Mirtazapine, Mirtazapine ODT (Tablet)	2	2	
Misoprostol (Tablet)	3	3	
Modafinil (Tablet)	4	4	PA,QL
Montelukast Sodium (Tablet, Tablet Chewable, Packet)	2	2	QL
Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin)	3	3	QL,MED
Multaq (Tablet)	3	NC	QL
Myrbetriq (Tablet Extended-Release 24 Hour)	3	3	
N			
Nadolol (Tablet)	4	NC	
Naltrexone HCl (Tablet)	3	3	
Namenda XR (Capsule Extended-Release 24 Hour)	3	3	PA,QL
Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	2	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	NC	3	
Niacin ER (Tablet Extended-Release)	4	NC	
Niacor (Tablet)	NC	2	
Nicotrol Inhaler	4	4	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule)	3	3	
Nitrofurantoin Monohydrate (100mg Capsule)	3	3	
Nitrostat (Tablet Sublingual)	3	3	

Bold type = Brand name drug

Plan type = Generic drug

Drug list

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

Drug Name	Pr	Sp	Requirements
Nizatadine (Capsule)	NC	2	
Norethindrone Acetate (5mg Tablet)	2	2	
Nortriptyline HCl (Capsule, Oral Solution)	2	2	
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	4	4	QL
Nucynta ER (Tablet Extended-Release 12 Hour)	3	NC	QL,MED
Nuedexta (Capsule)	4	4	PA
Nutropin AQ (Injection)	5	NC	PA
Nystatin (Cream, Ointment)	NC	1	
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	2	NC	
Nystatin (Powder, Suspension, Tablet)	NC	2	
O			
Olanzapine (Tablet Immediate-Release)	2	2	QL
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	4	NC	QL
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	2	QL
Omeprazole (20mg Capsule Delayed-Release)	2	2	
Ondansetron, Ondansetron ODT (Tablet)	2	2	B/D,PA
Onglyza (Tablet)	3	3	QL
Opsumit (Tablet)	5	NC	PA,LA
Orenitram (0.125mg Tablet Extended-Release)	4	4	PA,QL
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	5	5	PA,QL
Orenitram (2.5mg Tablet Extended-Release)	5	5	PA
Oxcarbazepine (Tablet)	3	3	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	3	2	QL
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	3	2	QL
Oxycodone HCl (Tablet Immediate-Release)	3	3	QL,MED
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	3	QL,MED
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	NC	QL,MED
P			
Pantoprazole Sodium (Tablet Delayed-Release)	2	2	QL
Pazeo (Ophthalmic Solution)	3	NC	
Pegasys (Injection)	5	5	PA
Penicillin V Potassium (Tablet)	2	2	
Perforomist (Nebulized Solution)	4	4	B/D,PA,QL
Permethrin (Cream)	3	3	

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Drug Name	Pr	Sp	Requirements
Phenytoin Sodium Extended (Capsule)	2	2	
Phoslyra (Oral Solution)	3	3	
Pilocarpine HCl (Tablet)	4	4	
Pioglitazone HCl (Tablet)	1	1	QL
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	2	
Pomalyst (Capsule)	5	5	PA,QL
Potassium Chloride ER (Capsule Extended-Release)	3	NC	
Potassium Chloride ER (Tablet Extended-Release)	2	2	
Potassium Citrate ER (Tablet Extended-Release)	3	4	
Potassium Citrate ER (Tablet Extended-Release)	3	4	
Pradaxa (Capsule)	4	4	QL
Pramipexole Dihydrochloride (Tablet Immediate-Release)	3	2	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	3	2	
Pravastatin Sodium (Tablet)	1	1	QL
Prazosin HCl (Capsule)	2	2	
Prednisolone Acetate (Ophthalmic Suspension)	3	3	
Prednisone (Tablet, 5mg/5ml Oral Solution)	2	2	
Premarin (Vaginal Cream)	3	3	
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	5	NC	QL
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)	NC	5	
Prezista (150mg Tablet)	NC	4	
ProAir HFA, ProAir RespiClick (Aerosol)	3	NC	
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	4	4	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	5	5	PA
Proctosol HC (Cream)	2	2	
Progesterone (Capsule)	2	NC	
Prolensa (Ophthalmic Solution)	4	4	
Promethazine HCl (Tablet)	3	3	
Propranolol HCl (Tablet Immediate-Release)	2	2	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	2	
Propylthiouracil (Tablet)	2	2	
Pulmicort Flexhaler (Aerosol Powder)	NC	3	
Pyridostigmine Bromide (Tablet)	3	3	

Bold type = Brand name drug

Plan type = Generic drug

Drug list

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Drug Name	Pr	Sp	Requirements
Q			
Quetiapine Fumarate (Tablet Immediate-Release)	2	2	QL
Quinapril HCl (Tablet)	2	2	QL
Quinapril/Hydrochlorothiazide (Tablet)	2	2	QL
R			
Raloxifene HCl (Tablet)	3	2	QL
Raloxifene HCl (Tablet)	3	2	QL
Ramipril (Capsule)	2	2	QL
Ranexa (Tablet Extended-Release 12 Hour)	3	3	QL
Ranitidine HCl (Tablet)	2	2	
Rapaflo (Capsule)	3	NC	QL
Rasagiline Mesylate (Tablet)	3	3	
Rebif (Injection)	5	NC	
Renagel (Tablet)	3	NC	ST
Renvela (Tablet, Packet)	3	3	
Restasis (Emulsion)	3	3	QL
Revlimid (Capsule)	5	5	PA,QL,LA
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	5	5	QL
Rifabutin (Capsule)	4	4	
Rifampin (Capsule)	3	2	
Rifampin (Capsule)	3	2	
Riluzole (Tablet)	4	4	
Rimantadine HCl (Tablet)	4	2	
Rimantadine HCl (Tablet)	4	2	
Risperidone (Tablet Immediate-Release)	2	2	
Rituxan (Injection)	5	5	PA
Rivastigmine Tartrate (Capsule)	3	2	QL
Rivastigmine Tartrate (Capsule)	3	2	QL
Rizatriptan, Rizatriptan ODT (Tablet)	3	2	QL
Rizatriptan, Rizatriptan ODT (Tablet)	3	2	QL
Ropinirole HCl (Tablet Immediate-Release)	2	2	
Rosuvastatin Calcium (Tablet)	2	2	QL
Rozerem (Tablet)	4	NC	QL

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Drug Name	Pr	Sp	Requirements
S			
Santyl (Ointment)	4	4	
Saphris (Tablet Sublingual)	4	4	QL
Savella (Tablet)	3	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3	3	
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)	5	5	QL
Sensipar (30mg Tablet)	3	3	QL
Sensipar (60mg Tablet, 90mg Tablet)	5	5	QL
Serevent Diskus (Aerosol Powder)	3	3	QL
Sertraline HCl (Tablet)	1	1	
Sildenafil (20mg Tablet)	3	3	PA,QL
Silver Sulfadiazine (Cream)	3	3	
Simbrinza (Suspension)	3	3	
Simvastatin (Tablet)	1	1	QL
Sodium Polystyrene Sulfonate (Suspension)	3	3	
Sotalol HCl, Sotalol HCl AF (Tablet)	2	2	
Spiriva HandiHaler Capsule, Spiriva Respimat Solution	3	3	QL
Spironolactone (Tablet)	2	2	
Sprycel (Tablet)	5	5	PA,QL
Stiolto Respimat (Aerosol Solution)	3	3	QL
Suboxone (Film)	4	4	QL
Sucralfate (Tablet)	2	2	
Sulfamethoxazole/Trimethoprim DS (Tablet)	2	2	
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	2	
Sumatriptan Succinate (Tablet)	2	2	QL
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	3	
Suprax (400mg Capsule, 500mg/5ml Suspension)	3	3	
Symbicort (Aerosol)	3	3	QL
Synjardy, Synjardy XR (Tablet)	3	3	QL
Synthroid (Tablet)	3	3	
T			
Tamiflu (6mg/ml Suspension)	4	4	QL
Tamoxifen Citrate (Tablet)	2	2	
Tamsulosin HCl (Capsule)	2	2	
Targretin (1% Gel)	5	5	PA
Tasigna (Capsule)	5	5	PA,QL

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Drug Name	Pr	Sp	Requirements
Tecfidera (Capsule Delayed-Release)	5	5	QL
Telmisartan (Tablet)	3	3	QL
Telmisartan/Hydrochlorothiazide (Tablet)	3	NC	QL
Temazepam (15mg Capsule, 30mg Capsule)	2	2	QL
Terazosin HCl (Capsule)	2	2	
Testosterone Cypionate (Injection)	4	4	
Theophylline (Oral Solution)	2	NC	
Theophylline CR, Theophylline ER (Tablet)	2	2	
Thymoglobulin (Injection)	5	5	
Timolol Maleate Ophthalmic Gel Forming (Solution)	3	3	
Tivicay (25mg Tablet, 50mg Tablet)	5	5	QL
Tizanidine HCl (Tablet)	2	2	
Tobramycin Sulfate (Ophthalmic Solution)	2	2	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	3	3	
Topiramate (Tablet Immediate-Release)	2	2	
Topotecan HCl (Injection)	5	5	
Toujeo SoloStar (Injection)	3	3	
Tradjenta (Tablet)	4	3	QL
Tradjenta (Tablet)	4	3	QL
Tramadol HCl (Tablet Immediate-Release)	2	2	QL,MED
Tramadol HCl/Acetaminophen (Tablet)	2	2	QL,MED
Tranexamic Acid (1000mg/10ml Injection)	3	3	
Tranexamic Acid (650mg Tablet)	4	4	
Transderm-Scop (Patch 72 Hour)	4	4	
Travatan Z (Ophthalmic Solution)	3	NC	
Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	NC	1	
Trazodone HCl (Tablet)	2	NC	
Tretinoin (Capsule)	5	5	
Triamcinolone Acetonide (Cream, Ointment)	2	2	
Triamterene/Hydrochlorothiazide (Capsule, Tablet)	2	2	
Trihexyphenidyl HCl (Elixir)	2	2	
Trintellix (Tablet)	4	4	QL
Trulicity (Injection)	3	3	QL
Truvada (Tablet)	5	5	QL

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Drug Name	Pr	Sp	Requirements
U			
Uloric (Tablet)	3	3	ST
Ursodiol (250mg Tablet, 500mg Tablet)	4	4	
Ursodiol (300mg Capsule)	3	3	
V			
Valacyclovir HCl (Tablet)	3	2	QL
Valacyclovir HCl (Tablet)	3	2	QL
Valganciclovir (Tablet)	4	5	QL
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	2	
Valsartan (Tablet)	2	2	QL
Valsartan/Hydrochlorothiazide (Tablet)	2	2	QL
Vascepa (Capsule)	4	4	
Velphoro (Tablet Chewable)	4	4	
Verapamil HCl (Tablet Immediate-Release)	2	2	
Verapamil HCl ER (Tablet Extended-Release)	2	2	
Versacloz (Suspension)	5	5	
Vesicare (Tablet)	3	3	QL
Victoza (Injection)	3	NC	QL
Viibryd (Tablet)	4	4	QL
Vimpat (Tablet)	4	4	QL
Viread (Powder, Tablet)	5	5	QL
Vyvanse (Capsule)	4	NC	
W			
Warfarin Sodium (Tablet)	1	1	
Welchol (3.75gm Packet, 625mg Tablet)	3	NC	
X			
Xarelto (Tablet)	3	3	QL
Xigduo XR (Tablet Extended-Release 24 Hour)	NC	3	
Xolair (Injection)	5	5	PA
Z			
Zafirlukast (Tablet)	3	2	QL
Zafirlukast (Tablet)	3	2	QL
Zenpep (Capsule Delayed-Release)	3	3	
Zepatier (Tablet)	5	5	PA,QL
Zioptan (Ophthalmic Solution)	NC	4	
Zirgan (Gel)	4	4	

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Drug Name	Pr	Sp	Requirements
Zolpidem Tartrate (Tablet Immediate-Release)	2	2	QL
Zonisamide (Capsule)	2	2	
Zostavax (Injection)	4	4	PA
Zytiga (Tablet)	5	5	PA,QL

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

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Alternative covered drugs

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

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

PDP Preferred

Drugs not covered by the plan	Alternative covered drugs – Tier
Amlodipine/Benazepril	Amlodipine – 1 Benazepril – 1
Armodafinil	Modafinil – 4 (PA Required)
Carisoprodol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
Cymbalta	Duloxetine – 2
Diovan	Valsartan – 2
Dutasteride	Finasteride – 2
Farxiga	Invokana – 3 Jardiance – 3
Lexapro	Escitalopram – 2
Lidoderm	Lidocaine Patch – 4 (PA Required)
Lipitor	Atorvastatin – 1
Metaxalone	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
Methocarbamol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
Movantik	Lactulose – 2 Amitiza – 3
Novolin	Humulin – 3
Novolog	Humalog – 3
Nystatin/Triamcinolone	Nystatin – 2 Triamcinolone Cream/Ointment – 2
Otezla	Enbrel – 5 (PA Required) Humira – 5 (PA Required) Remicade – 5 (PA Required)
Plavix 75mg	Clopidogrel 75mg – 2
Proventil HFA	Proair HFA – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
Qvar	Arnuity Ellipta – 3 Flovent HFA – 3
Rabeprazole Sodium	Omeprazole – 2 Pantoprazole Tablet – 2 Nexium Capsule – 3 Dexilant – 4
Risedronate Sodium	Alendronate Tablet – 1 Ibandronate Tablet – 3 Binosto – 4
Temazepam 7.5mg and 22.5mg	Temazepam 15mg or 30mg – 2
Testosterone	Androgel 1.62% – 3 Androderm – 3
Toprol XL	Metoprolol Extended Release – 2
Toviaz	Myrbetriq – 3 Oxybutynin Extended Release – 3 Vesicare – 3 Tolterodine Extended Release – 4
Tresiba Flextouch	Lantus – 3 Toujeo – 3 Levemir – 3
Tudorza Pressair	Incruse Ellipta – 3 Spiriva – 3
Vagifem	Premarin Cream – 3 Estrace Cream – 4 Estring – 4
Vytorin	Ezetimibe – 2 Simvastatin – 1
Xopenex HFA	Proair HFA – 3
Zolpidem Tartrate Extended Release	Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3 Trazodone – 2

Saver Plus

Drugs not covered by the plan	Alternative covered drugs – Tier
Advair Diskus	Breo Ellipta – 3 Symbicort – 3
Amitiza	Linzess – 3
Bystolic	Atenolol – 1 Bisoprolol – 2 Carvedilol Immediate Release Tablet – 1 Metoprolol Succinate Tablet – 1
Celecoxib	Meloxicam Tablet – 1 Naproxen Immediate Release – 2
Cialis 2.5mg and 5mg (BPH use only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 2 Terazosin – 2
Clobetasol Propionate	Augmented Betamethasone – 2 Halobetasol – 4
Dexilant	Omeprazole – 2 Pantoprazole Tablet – 2
Dulera	Breo Ellipta – 3 Symbicort – 3
Effient	Clopidogrel 75mg Tablet – 2 Brilinta – 4
Esomeprazole Magnesium	Omeprazole – 2 Pantoprazole Tablet – 2
Eszopiclone	Zolpidem Immediate Release – 2 Trazodone 50mg, 100mg 150mg Tablet – 1 Zaleplon – 3 Belsomra – 3
Famotidine	Ranitidine Tablet – 2 Nizatidine Capsule – 2
Fenofibrate	Fenofibrate 54mg and 160mg Tablet – 2 Gemfibrozil – 2
Invokana	Metformin Immediate Release and Extended Release (Generic Glucophage XR) – 1 Farxiga – 3 Jardiance – 3
Janumet	Jentadueto – 3 Kombiglyze – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
Januvia	Metformin Immediate Release and Extended Release (Generic Glucophage XR) – 1 Onglyza – 3 Tradjenta – 3
Lansoprazole	Omeprazole – 2 Pantoprazole Tablet – 2
Levemir	Lantus – 3 Toujeo – 3
Lumigan	Latanoprost – 1
Nexium	Omeprazole – 2 Pantoprazole Tablet – 2
Olmesartan	Losartan – 1 Irbesartan – 2 Valsartan – 2
Potassium Chloride Extended Release Capsule	Potassium Chloride Extended Release Tablet – 2
Proair HFA	Ventolin HFA – 3
Quetiapine Extended Release	Quetiapine Immediate Release Tablet – 2
Qvar	Pulmicort Inhaler – 3
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg – 2
Travatan Z	Latanoprost – 1
Zolpidem Tartrate Extended Release	Zolpidem Immediate Release – 2 Trazodone 50mg, 100mg, 150mg Tablet – 1 Zaleplon – 3 Belsomra – 3

Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2017 and may be subject to change. Please refer to formulary materials for details on drug coverage.

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



Ready to
enroll

Ways to enroll

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



ONLINE

Go to **EnrollAARPPartD.com** and follow the step-by-step instructions to enroll.

- Get started by entering your ZIP code and clicking “Find Plans”
 - Choose your plan from the “Select a Plan” dropdown
 - Simply click “Enroll Now” and fill out your application
-



BY PHONE

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



BY MAIL

Fill out the enrollment request form and mail to:
UnitedHealthcare Medicare Enrollment Attn Conduent
3315 Central AVE
Hot Springs, AR 71913



BY FAX

Fill out the enrollment request form and fax it to:
Fax: 1-501-262-7070

Make sure your drugs are covered.



Before you enroll in the plan, go to www.AARPMedicarePlans.com to make sure your drugs are covered and your pharmacy is in the network.

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

Scope of appointment confirmation form

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

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

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

Signature	Signature Date MM/DD/YYYY
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If you are the authorized representative, please sign above and print clearly and legibly below:

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

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

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

Beneficiary Address (Optional)

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

Licensed Sales Representative Signature

Scope of appointment (SOA) is subject to Medicare Record Retention Requirements.

TEAR HERE

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Fax to: 1-866-994-9659



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.

Other Related Products

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

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

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

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

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2018 Enrollment Request Form

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

Please check the plan you want:

AARP MedicareRx Saver Plus (PDP) K

AARP MedicareRx Preferred (PDP) A

Please Read This Important Information

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

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

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

Information about you.

Please type or print in black or blue ink.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
	Birth Date MM/DD/YYYY		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Main Phone Number () –		Other Phone Number () –

Enrollee Name _____

Agent Name / ID No. _____

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Information about you.

Permanent Residence Street Address
(P.O. BOX IS NOT ALLOWED)

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

City	County	State	ZIP Code
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Email Address

Go paperless. Get plan materials online.

Check here to get some of your plan documents delivered online. And don't worry- if you change your mind later, you can update your preferences at any time.

When you sign up for paperless delivery, you'll get an email letting you know when your plan documents are ready to access on our secure website.

After you get your first email, use your member ID card to register your account at www.AARPMedicarePlans.com. Once registered, you can view your plan documents online. Not all plan materials are online. You may get some materials in the mail while we work to make them available online.

Information about your Medicare

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

- Fill out this information as it appears on your Medicare card.

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number: _____

Is Entitled to _____ Effective Date _____

Hospital (Part A) _____

Medical (Part B) _____

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

How do you want to pay?

Enrollee Name _____

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Ready to enroll

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

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

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

I want to pay directly from my bank account.

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

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

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

Account Holder Name _____

Bank Routing Number

Bank Account Number

Signature _____ Date _____

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

I get monthly benefits from: Social Security RRB

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

I want to pay by mail.

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

I want to pay online.

Visit www.AARPMedicarePlans.com to make a payment directly from your bank account.

A few notes about your costs.

Enrollee Name _____

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Ready to enroll

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

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

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

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

Need help with your prescription drug costs?

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

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

A few questions to help us manage your plan.

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

Please check what you'd like: Spanish Other _____

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

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

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

Name _____

Address _____	City _____	State _____	ZIP Code _____
---------------	------------	-------------	----------------

Phone Number () - _____	Date You Moved There MM/DD/YYYY
---	--

Enrollee Name _____

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

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

If yes, what is it?

Name of Other Insurance

Member ID Number	Group ID Number	Date Plan Started MM/DD/YYYY

Please read and sign

By completing this form, I agree to the following:

- This is a Medicare Prescription Drug plan. It has a contract with the federal government. This Prescription Drug coverage is in addition to Original Medicare. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A or B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare Prescription Drug plan at a time-if I am currently in a Medicare Prescription Drug plan, my enrollment in this plan will end that enrollment.
- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so between October 15 and December 7. This is the Open Enrollment Period for Medicare Advantage **and** Medicare prescription drug coverage. I understand that there may be special situations at other times during the year in which I can leave the plan.
- This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border. I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
- I will get a Welcome Guide with an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- I understand I must use network pharmacies except in an emergency. I have the right to make an appeal if I disagree with how the plan covers or pays for services.

Enrollee Name _____

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Ready to enroll

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- My plan will give my information, including my prescription drug event data, to Medicare and other plans when needed for treatment, payment and health care operations. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- I understand that my state may offer help and advice with Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

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

If I sign as an authorized representative, it means that I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

Signature of Applicant / Member / Authorized Representative

Today's Date MM/DD/YYYY

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

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

TEAR HERE

Enrollee Name _____

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Ready to enroll

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For sales representative/agency use only.

<input type="checkbox"/> New Member	Employer Group Name
<input type="checkbox"/> Plan Change	

Employer Group ID <input type="text"/>	Branch ID <input type="text"/>
--	--------------------------------

Sales Representative/Writing ID	Initial Receipt Date <input type="text"/>
---------------------------------	--

Sales Representative/Agent Name	Proposed Effective Date <input type="text"/>
---------------------------------	---

Sales Representative Phone Number () -

Where did this application originate?

National Retail/Mall Program Local Event Outreach Local B2B Outreach Other
 Member Meeting Community Meeting Walmart Program

How was this application submitted? Appointment Other Mail-in

Agent must complete

AEP IEP IEP 2
 SEP (Institutional) SEP (Dual Eligible) SEP - GEP Part B
 SEP (SEP Reason)
 SEP Eligibility Date

Sales Representative Signature (required)

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (聽力語言殘障服務專線 TTY : 711).

TEAR HERE

TEAR HERE

Ready to enroll

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2018 Plan recap

TEAR HERE

TEAR HERE

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



Fill out this plan recap with your Sales Representative (if applicable). It will take you through some details to make sure the plan fits your needs.



PLAN INFORMATION Here are some details about your new plan.



My new plan is a Medicare Part D Plan.



The name of my new plan is: _____

My plan coverage begins (effective date): **MM / DD / YYYY**

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



I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. Once my coverage starts, I may have to wait until the Open Enrollment Period to make a plan change, unless I qualify for a Special Enrollment Period.



My plan (circle one): **DOES / DOES NOT** have a deductible. If I have a deductible, it applies to drugs in (check the answer(s)):
 Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 or ALL tiers



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



I cannot have a stand-alone Medicare Part D plan and a Medicare Advantage plan at the same time. (Unless my Medicare Advantage plan is a Private Fee-for-Service plan that doesn't have prescription drug coverage.)



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



My plan has a \$ _____ monthly plan premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

Ready to enroll



PRESCRIPTION DRUG COVERAGE Know what is covered by your prescription drug plan.

My prescription drug plan will cover only those drugs included on my plan's list of covered drugs. My Sales Representative helped me confirm whether my current medications are on my plan's drug list, and showed me how to look up any medications I am prescribed in the future.

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

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

² For medications that have limitations, I may need to contact the plan before I can fill my prescription.



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



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



I understand how my prescription drug plan works, including:

- The cost difference between preferred network, standard network and out-of-network pharmacies
- Tier levels
- Prior authorizations
- Quantity limits
- Step therapy
- Coverage gap drug stages and how they impact my costs
- Late Enrollment Penalty



Contact your Sales Representative.

If I need assistance or help, I will call my Sales Representative at _____ or Customer Service at _____

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

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2018 Enrollment Receipt

To be completed if enrolling with a Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment, and you receive your member ID card. This receipt is not a guarantee of enrollment.

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

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Applicant 1:	Applicant 2 (if applicable):
Name _____	Name _____
Application Date MM / DD / YYYY _____	Application Date MM / DD / YYYY _____
Proposed Effective Date MM / DD / YYYY _____	Proposed Effective Date MM / DD / YYYY _____
Plan Name _____	Plan Name _____
Plan Type _____	Plan Type _____
Enrollment Tracking No. (if applicable) _____	Enrollment Tracking No. (if applicable) _____

Call your Sales Representative if you have any questions:

Sales Representative Name and ID Number _____

Sales Representative Phone No. _____

- -

RxBIN: 610097

Rx PCN: 9999

RxGRP: PDPIND

TEAR HERE

We're always here to help. If you have any questions you can call Customer Service Toll-Free at

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

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

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Ready to enroll

Here's what you can expect next

Wellness is a journey. And everyone can use a helping hand. That's why we'll be here every step of the way.



TEAR HERE

YOU ARE HERE



Enrollment Submitted



Verification Letter

We received your application.



Welcome Letter and Member ID Card

Great news — your application has been approved.



Welcome Guide

Learn to make the most of your plan.



Your Plan Coverage Begins

You can start using your plan.

Learn about ways to save on your prescriptions

Below are some helpful savings options for when your plan coverage begins:



Learn about and sign up for prescription home delivery. Once your coverage begins, sign up to get more savings by having your 90 Day supply of medication conveniently mailed to your home.



Take advantage of members-only savings at preferred retail pharmacies. Get extra savings by filling your prescriptions through our Preferred Retail Pharmacy Network.



Review your drugs with your doctor. Bring a list of all the drugs you are currently taking with you to your doctor's appointments. Ask about generics and lower-cost options that may be available to you and if they might work for you.

TEAR HERE

Thank you for choosing UnitedHealthcare®

When you get your member ID card in the mail, you can call the number on the back with any questions.

Questions? We're here to help.



For additional information, please contact the plan or your Sales Representative.



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



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