

Hello

SIMPLICITY

Important Information about Your New Plan

CITY OF ALEXANDRIA

UnitedHealthcare® Group Medicare Advantage (PPO)

Effective January 1, 2014 through December 31, 2014

Group Number: 12229



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Hello SIMPLICITY

Dear Retiree,

Welcome to UnitedHealthcare®. We're excited to tell you about what your new plan has to offer. This plan is easy to understand, and even easier to use.

We give you all of the details.

In this book you'll find information about the costs, benefits, services and programs included with your new plan.

How to enroll.

If you want to enroll in this plan, follow your plan sponsor's instructions. They will forward your enrollment information to UnitedHealthcare.

Something to note.

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

Coverage from a trusted leader.

UnitedHealthcare has been serving the needs of Medicare beneficiaries for more than 30 years. We strive to give you the resources, tools and coverage you may need to have the best health care experience possible.

Whether you've never felt better in your life, or you're managing a chronic condition, UnitedHealthcare is here for you. We look forward to welcoming you as a plan member.



One call does it all. Learn more today.



1-877-714-0178, TTY 711

8 a.m. – 8 p.m. local time, 7 days a week

www.UHCRetiree.com

Learn more online



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UnitedHealthcare® YOUR PARTNER IN HEALTH

Choosing UnitedHealthcare means you're partnering with a national health care coverage leader.

We simplify Medicare by offering Medicare Advantage plans. Also known as Medicare Part C, this plan combines your Medicare Parts A and B with Medicare Part D prescription drug coverage — into one easy plan.



Here's the helpful information you'll find in this book:

Discover the benefits

Review some of the most commonly used benefits.

Learn about your plan

Find out how your plan works, the programs included, which doctors and hospitals you can use and prescription drug information.

Review your drugs

Make sure your prescription drugs are covered.

Find out your next steps to living a healthier life

See what you can expect after you're enrolled in the plan.

Named "**MOST ADMIRE**D COMPANY" by *Fortune magazine*, 2013

We're with you every step of the way.

Our Customer Service team has been specially trained on the details of your plan. They are happy to answer any questions you have.



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Benefit highlights

CITY OF ALEXANDRIA 12229

Effective January 1, 2014 to December 31, 2014

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

Medical Benefits (Medicare-Covered)	Your In-Network Cost (unless otherwise noted)	Your Out-of-Network Cost (unless otherwise noted)
Doctor Office Visits		
Primary care physician (PCP)	\$15 copay	\$15 copay
Specialist	\$15 copay	\$15 copay
Preventive Care		
Annual wellness visit	\$0 copay	\$0 copay
Prostate cancer screening	\$0 copay	\$0 copay
Breast cancer screening	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Inpatient Care		
Inpatient hospital care	\$100 copay per admission	\$100 copay per admission
Skilled Nursing Facility (SNF) care	\$0 copay per day up to 100 days	\$0 copay per day up to 100 days
Outpatient Services		
Radiation therapy	\$15 copay	\$15 copay
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation services	Up to \$15 copay	Up to \$15 copay
Lab Services and Other Tests		
Laboratory tests	\$0 copay	\$0 copay
X-rays	\$0 copay	\$0 copay
Diagnostic radiology services	\$0 copay	\$0 copay
Emergency Services		
Ambulance services	\$0 copay	\$0 copay
Emergency room (worldwide)	\$50 copay	\$50 copay
Urgently needed care	\$15 copay	\$15 copay
Other Medicare-Covered Benefits		
Chiropractic services	\$15 copay	\$15 copay
Podiatry services	\$15 copay	\$15 copay
Eye exam	\$15 copay	\$15 copay
Hearing exam	\$15 copay	\$15 copay
Annual out-of-pocket maximum		
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,400 each plan year	

Medical Benefits	Your In-Network Cost (unless otherwise noted)	Your Out-of-Network Cost (unless otherwise noted)
Additional Benefits and Programs Not Covered Under Medicare		
Routine podiatry services	\$15 copay (Up to 6 visits per plan year)	\$15 copay (Up to 6 visits per plan year)
Routine hearing exams	\$0 copay (1 exam every 12 months)	\$0 copay (1 exam every 12 months)
Hearing aids	Plan pays up to \$500 (every 3 years)	Plan pays up to \$500 (every 3 years)
Routine eye exam (refraction)	\$15 copay (1 exam every 12 months)	\$15 copay (1 exam every 12 months)
Fitness program	Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Solutions for Caregivers**	Provides support for caregivers	
Behavioral/Mental Health**	Get support during one-to-one calls with a behavioral health specialist	

**The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare[®] Group Medicare Advantage (PPO) grievance process.

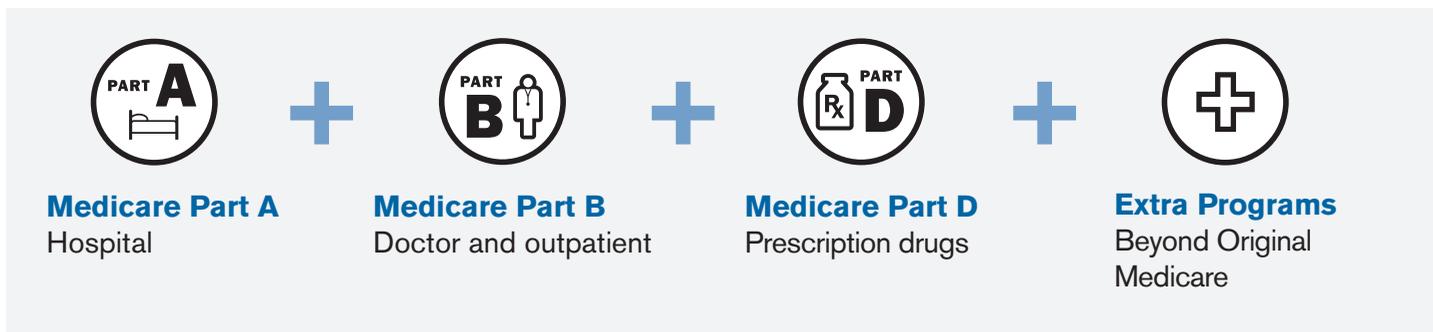
Prescription Drugs	Your Cost	
Initial coverage stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred generic	\$10 copay	\$10 copay
Tier 2: Preferred brand (includes some generic)	\$25 copay	\$10 copay
Tier 3: Non-preferred brand (includes some generic)	\$25 copay	\$10 copay
Tier 4: Specialty tier	\$25 copay	\$10 copay
Coverage gap stage (after prescription costs reach \$2,850)	The plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage (after you have paid \$4,550 out-of-pocket)	The greater of \$2.55 copay for generic, \$6.35 copay for brand name, or 5% coinsurance	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage document. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in UnitedHealthcare plans depends on contract renewal.

UnitedHealthcare® GROUP MEDICARE ADVANTAGE (PPO)

One plan designed for convenience and value.

When you sign up for a UnitedHealthcare® Group Medicare Advantage (PPO) plan, your health care coverage is combined into a single plan. We combined Medicare Parts A, B and D so you don't have to manage separate plans with multiple member ID cards. You get coverage for hospital care, doctor care and prescription drugs. All from one company, with one member ID card.



Make sure you are signed up for Medicare.

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

- Are you enrolled in Medicare Part A?**
- Have you purchased Medicare Part B?**
- Keep paying your Medicare Part B premium.**

Note: This plan includes prescription drug coverage. Medicare recipients may only be enrolled in one Medicare Part D prescription drug plan. If you enroll in another Medicare Part D prescription drug plan after you enroll in this plan, you may be disenrolled from your group-sponsored medical and/or prescription drug coverage.

Give us a call if you have any questions.



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www.UHCRetiree.com

Learn more online



How your PPO plan works

Your plan is a Preferred Provider Organization (PPO) plan. With this plan, you have access to our national network. Plus, you can see providers out-of-network at the same cost as in-network providers, as long as they participate in Medicare and accept the plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Has the choice to accept plan (except for emergencies).
What is my copay or coinsurance?	Standard plan copay or coinsurance applies.	
Do I need to choose a primary care physician (PCP)?	No	No
Do I need a referral to see a specialist?	No	No
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	No, standard plan copay or coinsurance applies.	
Is there a limit on my total out-of-pocket spending for the year?	Yes	Yes

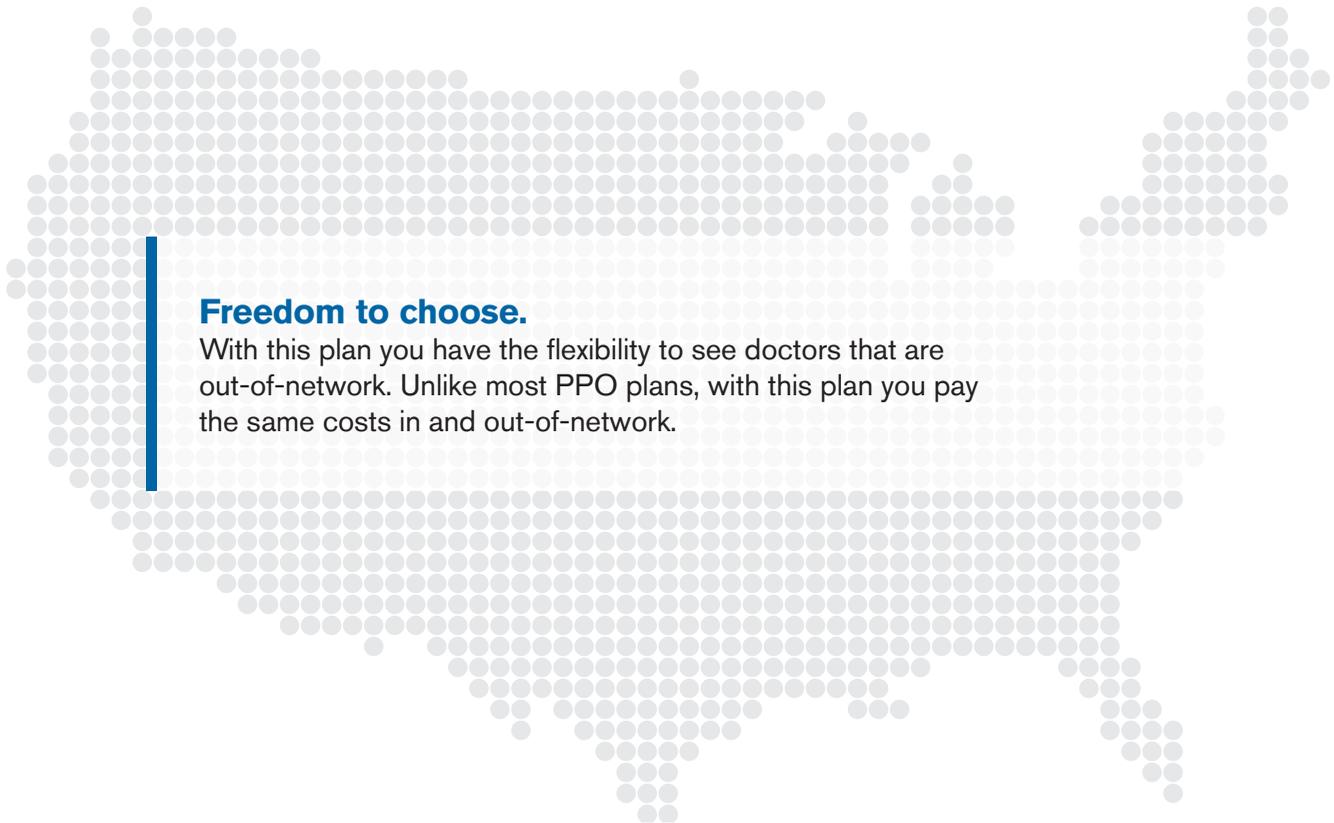


We'll handle the paperwork.

Keeping track of bills and payments can be overwhelming. We take care of the payments to doctors and hospitals, so you don't have to. There are no health questions to answer and you don't need a physical to enroll in this plan. You can view your account activity and plan details online.

Visit the doctors you want

Our large network is made up of doctors, hospitals and other health care professionals across the country. Together, they create one of the largest networks of health care professionals in the country focused on the health care needs of Medicare beneficiaries.



Freedom to choose.

With this plan you have the flexibility to see doctors that are out-of-network. Unlike most PPO plans, with this plan you pay the same costs in and out-of-network.



Is your doctor in our network?

Use our online provider directory at www.UHCRetiree.com to search for doctors and hospitals in our network.

Need help finding a doctor? Call or go online.



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Learn more online



Extra Programs

BEYOND ORIGINAL MEDICARE

We have programs designed to help you live a healthier life. We look at all aspects of your health including education, wellness, access to care and early identification and monitoring of chronic conditions.



Behavioral Health

Have someone to talk to.

We could all use a fresh perspective now and then. Over the phone, you can work one-to-one with a behavioral health specialist to help you better manage stress, quit an unhealthy habit, deal with loss and more.



hi HealthInnovations™

Get help for hearing loss.

It's easier than ever to take control of your hearing and health. hi HealthInnovations™ makes hearing aids affordable. Each hearing aid is programmed to your unique hearing needs.¹



NurseLineSM

You're never alone.

Whether you have questions about a medication or have a health concern in the middle of the night, with NurseLineSM a nurse is only a phone call away.



Solutions for Caregivers

Helping you care for a loved one.

Solutions for Caregivers supports you, your family and those you care for by providing case management services including an on-site assessment by a Registered Nurse, personalized care plan and connections to local resources.¹



SilverSneakers®

Stay active and have fun at no extra cost.

Stay active with the SilverSneakers® Fitness Program. SilverSneakers members receive a basic fitness membership and access to more than 11,000 participating locations.

¹The products and services described here are neither offered nor guaranteed under our contract with Medicare. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.



Don't live near a fitness center?

SilverSneakers Steps is a personalized fitness program for members who can't get to a SilverSneakers location. Once you enroll in Steps, you may select one of the four kits that best fits your lifestyle and fitness level — general fitness, strength, walking or yoga. The Steps wellness tools can help you get fit at home or on the go.

Save on your prescription drugs

Your plan includes 100% of the drugs covered by Medicare Part D. Be sure to review the plan drug list to make sure your prescription drugs are covered.

Explore lower cost options.

The drug list includes information about tiers. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, talk to your doctor to find out if there is a lower-tier drug you could take instead.

Tier	Cost	Description
Tier 1	Low	Includes most generic prescription drugs.
Tier 2		Includes many common brand name drugs and some higher-cost generic prescription drugs.
Tier 3		Includes non-preferred generic and non-preferred brand name drugs.
Tier 4 (Specialty)		High

Save on generic prescriptions.

Get generic drugs for as low as \$2 at thousands of pharmacies nationwide with our PharmacySaver™ program.¹ Visit www.UnitedPharmacySaver.com to find prescription drugs, pharmacies and prices.

You could save on the medications you take regularly.

You may be able to save money on 90-day² supplies of maintenance medications while enjoying the convenience of home delivery, access to helpful pharmacists, and automatic refill reminders with OptumRx.

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

²Your plan sponsor may provide coverage beyond 90 days. Please refer to the Summary of Benefits for more information.

Call Medicare to see if you qualify for Extra Help.

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



1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048

24 hours a day, 7 days a week

Visit the pharmacies you want

Choose from more than 65,000 national, regional and local chains, as well as thousands of independent neighborhood pharmacies nationwide. Visit the one that is easiest for you.



Here are a few of the most popular pharmacies in our network:



Note: Other pharmacies are available in our network.

Here's what you can expect next

- 1 We'll confirm your eligibility.**
We will make sure you are eligible for the plan before you're enrolled.
- 2 Look for your member ID card.**
In about 4 to 6 weeks, you will receive your new member ID card.
- 3 Review your welcome packet.**
Once you are enrolled in the plan, you will receive a welcome packet that will provide additional information to help you get the most out of your new plan.
- 4 Start using your plan.**
Begin using your new member ID card on your effective date.

Your Customer Service checklist.

It helps to have some information ready before calling. When you call, let the Customer Service representative know that you are calling about a group-sponsored plan. Your group number can be found on the front cover of this book.

- Permanent home address
- Phone number
- Emergency contact name and phone number
- Email address
- Medicare claim number and Medicare effective date — you can find this on your red, white and blue Medicare card
- Names and addresses for doctors, hospitals, specialists and pharmacy
- List of current prescription drugs and dosages
- Current health conditions and treatments

Give us a call if you have any questions.



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www.UHCRetiree.com

Learn more online



We'll stay in touch

Our Customer Service team is standing by, ready to assist you with any questions or concerns. But we have additional ways that we like to reach out to help you stay informed about your plan and get the most out of your plan benefits.

We'll give you a call.

Soon after your enrollment, you will also receive a call from us asking you to complete a short health survey. Your answers will help us connect you to additional programs and services, specific to your needs. If you qualify for any special health programs, a UnitedHealthcare nurse will contact you with more information. Please be aware that in order to protect your privacy, we will ask for your birthdate for membership verification.

We'll keep you informed.

Some of the information you will receive from us is required by Medicare to ensure you have the most up-to-date plan information.

Evidence of Coverage

This will be included in your welcome packet. It provides complete details about the benefits and services in your plan.

Pharmacy and Provider Directories

Directories are updated regularly. For the most up to date information see the online directories at www.UHCRetiree.com To request a written copy of a directory call Customer Service.

Annual Notice of Changes

You'll receive this every year before your renewal. It includes any changes to your benefits for the upcoming year.

Information to Help you Stay Healthy

You'll also receive information to help you learn more about your health, make more informed health care decisions and lead a healthier life. Some of this information includes health care reminders, information on your fitness program, how to access NurseLine and other wellness information.

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

We look forward to helping you live a healthier, more active retirement.



The plan DRUG LIST



2014 DRUG LIST

This is an alphabetical partial list of drugs covered by the plan. **Brand name** drugs appear in **bold** type and generic drugs in plain type. A generic drug is approved by the Food and Drug Administration as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Each drug covered by the plan is assigned to one of four tiers. Generally, the lower the tier, the less you pay. See your Summary of Benefits for the actual amount you pay in each tier.

A		
<p>Abilify (9.75mg/1.3ml Injection), T3</p> <p>Abilify (Oral Solution, Tablet), T4</p> <p>Abilify Discmelt, T4</p> <p>Abilify Maintena (300mg Injection), T4</p> <p>Acetaminophen/Codeine, T1</p> <p>Acetazolamide, T1</p> <p>Acetazolamide ER, T2</p> <p>Acetazolamide Sodium (Injection), T2</p> <p>Acetic Acid (Otic Solution), T1</p> <p>Actonel, T2</p> <p>Acyclovir (Capsule, Suspension, Tablet), T1</p> <p>Acyclovir (Ointment), T3</p> <p>Acyclovir Sodium (500mg Injection), T1</p> <p>Adcirca, T4</p> <p>Advair Diskus, T2</p> <p>Advair HFA, T2</p> <p>Aggrenox, T2</p>	<p>Albenza, T2</p> <p>Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet), T1</p> <p>Allopurinol (Tablet), T1</p> <p>Allopurinol Sodium (Injection), T1</p> <p>Alphagan P, T2</p> <p>Alprazolam, T1</p> <p>Alprazolam ER (0.5mg Tablet Extended Release 24 Hour), T3</p> <p>Alprazolam Intensol, T3</p> <p>Alprazolam ODT, T3</p> <p>Alprazolam XR (1mg Tablet Extended Release 24 Hour, 2mg Tablet Extended Release 24 Hour, 3mg Tablet Extended Release 24 Hour), T3</p> <p>Amantadine HCl, T1</p> <p>Aminophylline, T1</p> <p>Amiodarone HCl (50mg/ml Injection, Tablet), T1</p>	<p>Amitiza, T2</p> <p>Amitriptyline HCl, T1</p> <p>Amlodipine Besylate, T1</p> <p>Amlodipine Besylate/Benazepril HCl, T3</p> <p>Amoxicillin, T1</p> <p>Amoxicillin/Potassium Clavulanate, T1</p> <p>Amoxicillin/Potassium Clavulanate ER, T1</p> <p>Amphetamine/Dextroamphetamine (Capsule Extended Release 24 Hour), T1</p> <p>Amphetamine/Dextroamphetamine (Tablet), T2</p> <p>Ampyra, T4</p> <p>Anagrelide HCl, T1</p> <p>Anastrozole, T1</p> <p>Androderm, T2</p> <p>Androgel (50mg/5gm Gel), T2</p> <p>Androgel Pump (1.62% Gel), T2</p>

Bold Type = Brand Name Drug Plain type = Generic drug
T1 = Tier 1 **T2 = Tier 2** **T3 = Tier 3** **T4 = Tier 4**

Apidra, T2
Apidra SoloStar, T2
Apriso, T2
Asmanex, T3
Atelvia, T3
 Atenolol, T1
 Atenolol/Chlorthalidone, T1
Atgam, T4
 Atorvastatin Calcium, T1
 Atovaquone/Proguanil HCl
 (250mg; 100mg Tablet), T2
Atripla, T4
Aubagio, T4
**Avastin (100mg/4ml
 Injection), T4**
Avelox (Injection), T3
Avelox (Tablet), T2
Avinza, T2
Avodart, T2
Avonex, T4
 Azathioprine, T1
**Azathioprine Sodium
 (Injection), T2**
 Azelastine HCl (Nasal
 Solution), T2
 Azelastine HCl (Ophthalmic
 Solution), T2
Azilect, T2
 Azithromycin (500mg
 Injection, Suspension
 Reconstituted, Tablet), T1
Azor, T2

B

Baclofen, T1
 Balsalazide Disodium, T2
**Baraclude (Oral
 Solution), T3**

Baraclude (Tablet), T4
 Benazepril HCl, T1
 Benazepril HCl/
 Hydrochlorothiazide, T1
Benicar, T2
Benicar HCT, T2
 Benzotropine Mesylate, T1
Bepreve, T3
Betaseron, T4
 Bethanechol Chloride, T1
 Bicalutamide, T1
 Bisoprolol Fumarate, T1
 Bisoprolol Fumarate/
 Hydrochlorothiazide, T1
Boostrix, T2
**Botox (100unit
 Injection), T4**
Brilinta, T2
 Brimonidine Tartrate, T1
Bromday, T3
 Budeprion SR, T1
 Budesonide (Capsule
 Extended Release 24
 Hour), T4
 Budesonide (Inhalation
 Suspension), T2
 Bumetanide, T1
 Bupropion HCl, T1
 Bupropion HCl SR, T1
 Bupropion HCl XL, T1
 Buspirone HCl, T1
 Butalbital/Acetaminophen, T1
 Butalbital/Acetaminophen/
 Caffeine, T1
 Butalbital/Acetaminophen/
 Caffeine/Codeine, T2

Butalbital/Aspirin/
 Caffeine, T1
Bystolic, T2

C

Cabergoline, T2
 Calcitriol (Capsule, Injection,
 Oral Solution), T1
 Calcium Acetate
 (Capsule), T2
 Carbamazepine, T2
 Carbamazepine ER, T2
 Carbidopa/Levodopa, T1
 Carbidopa/Levodopa ER, T1
 Carbidopa/Levodopa
 ODT, T1
 Carisoprodol (350mg
 Tablet), T2
 Carisoprodol/Aspirin, T3
 Carisoprodol/Aspirin/
 Codeine, T3
 Cartia XT, T1
 Carvedilol (12.5mg Tablet,
 25mg Tablet, 3.125mg
 Tablet, 6.25mg Tablet), T1
 Cefuroxime Axetil (Tablet), T1
 Cefuroxime Sodium (1.5gm
 Injection, 7.5gm Injection,
 750mg Injection), T1
Celebrex, T2
 Cephalexin (250mg Capsule,
 500mg Capsule,
 Suspension Reconstituted,
 Tablet), T1
Chantix, T3
 Chlorhexidine Gluconate
 Oral Rinse, T1

Bold Type = Brand Name Drug Plain type = Generic drug
T1 = Tier 1 **T2 = Tier 2** **T3 = Tier 3** **T4 = Tier 4**

Chlorthalidone (25mg Tablet, 50mg Tablet), T1
 Cilostazol, T1
Cinryze, T4
 Ciprofloxacin (400mg/40ml Injection), T1
 Ciprofloxacin ER, T2
 Ciprofloxacin HCl, T1
 Ciprofloxacin I.V. in D5W (200mg/100ml; 5% Injection), T1
 Citalopram Hydrobromide (Oral Solution), T2
 Citalopram Hydrobromide (Tablet), T1
 Clindamycin HCl, T1
 Clindamycin Phosphate (150mg/ml Injection), T2
 Clindamycin Phosphate (Cream), T1
 Clindamycin Phosphate (External Solution, Foam, Gel, Lotion, Swab), T2
 Clindamycin Phosphate in D5W, T3
 Clindamycin/Benzoyl Peroxide (1%-5% Gel), T2
 Clobetasol Propionate (External Solution, Gel, Lotion, Ointment, Shampoo), T1
 Clobetasol Propionate (Foam), T2
 Clobetasol Propionate E, T1
 Clonazepam, T1
 Clonazepam ODT, T3
 Clonidine HCl (Patch Weekly), T2

Clonidine HCl (Tablet), T1
 Clopidogrel, T1
 Clotrimazole, T1
 Clotrimazole/Betamethasone Dipropionate, T1
 Clozapine, T2
Colcrys, T2
CombiPatch, T3
Combigan, T2
Combivent, T2
Combivent Respimat, T2
Copaxone, T4
Coumadin (Injection), T3
Coumadin (Tablet), T2
Creon, T2
Crestor, T2
 Cromolyn Sodium (Concentrate), T4
 Cromolyn Sodium (Nebulization Solution), T2
 Cromolyn Sodium (Ophthalmic Solution), T1
 Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet), T3
 Cyclobenzaprine HCl (7.5mg Tablet), T3
 Cyclophosphamide (Tablet), T2
Cymbalta, T3

D

Daliresp, T3
 Danazol, T2
Dapsone, T2
 Desmopressin Acetate, T2
Dexilant, T3
 Dextroamphetamine Sulfate (10mg Tablet), T2

Dextroamphetamine Sulfate (5mg Tablet), T1
 Dextroamphetamine Sulfate ER, T2
 Dextrose 10% Flex Container, T2
 Dextrose 10%/NaCl 0.2%, T2
 Dextrose 10%/NaCl 0.45%, T2
 Dextrose 2.5%/NaCl 0.45%, T2
 Dextrose 5%, T2
 Dextrose 5%/Lactated Ringers, T1
 Dextrose 5%/NaCl 0.2%, T2
 Dextrose 5%/NaCl 0.225%, T2
 Dextrose 5%/NaCl 0.33%, T2
 Dextrose 5%/NaCl 0.45%, T2
 Dextrose 5%/NaCl 0.9%, T2
 Dextrose 5%/Potassium Chloride 0.15%, T2
 Diazepam (Gel), T3
 Diazepam (Oral Solution, Tablet), T1
Diazepam Intensol, T1
Dibenzylamine, T3
 Diclofenac Potassium, T1
 Diclofenac Sodium (Ophthalmic Solution), T1
 Diclofenac Sodium DR, T1
 Diclofenac Sodium ER, T1
 Diclofenac Sodium/Misoprostol, T3
 Dicyclomine HCl, T1

Digoxin, T1
 Dihydroergotamine Mesylate (Injection), T2
 Diltiazem CD (120mg Capsule Extended Release 24 Hour, 240mg Capsule Extended Release 24 Hour, 300mg Capsule Extended Release 24 Hour), T1
 Diltiazem HCl (100mg Injection, 50mg/10ml Injection, Tablet), T1
 Diltiazem HCl ER (Capsule Extended Release 12 Hour, 180mg Capsule Extended Release 24 Hour, 360mg Capsule Extended Release 24 Hour, 420mg Capsule Extended Release 24 Hour), T1
Diovan, T2
 Diphenoxylate/Atropine, T1
 Disulfiram, T2
 Divalproex Sodium, T1
 Divalproex Sodium DR, T1
 Divalproex Sodium ER, T1
 Donepezil HCl (10mg Tablet Dispersible, 5mg Tablet Dispersible, 10mg Tablet, 5mg Tablet), T1
 Dorzolamide HCl, T1
 Dorzolamide HCl/Timolol Maleate, T1
 Doxazosin Mesylate, T1
 Doxepin HCl, T1
 Doxycycline (75mg Capsule), T2

Doxycycline Hyclate (Capsule, Injection, Tablet, Tablet Delayed Release), T2
 Doxycycline Monohydrate (150mg Tablet, 50mg Tablet, 75mg Tablet), T2
 Dronabinol (10mg Capsule), T4
 Dronabinol (2.5mg Capsule, 5mg Capsule), T2

Dulera, T3

E

Edarbi, T3
Edarbyclor, T3
Effient, T2
Ella, T3
Elmiron, T3
 Enalapril Maleate, T1
 Enalapril Maleate/ Hydrochlorothiazide, T1
Enjuvia, T2
 Entacapone, T2
Epzicom, T4
 Ergoloid Mesylates, T2
 Erythromycin (External Solution, Gel, Ointment, Tablet), T1
 Erythromycin/Benzoyl Peroxide, T1
 Escitalopram Oxalate, T1
 Estradiol (Tablet), T1
 Estradiol Valerate (20mg/ml Injection, 40mg/ml Injection), T2
 Estradiol/Norethindrone Acetate, T1
 Ethambutol HCl, T2

Etoposide (Injection), T2
Evista, T2
Exalgo (12mg Tablet Extended Release 24 Hour, 16mg Tablet Extended Release 24 Hour, 8mg Tablet Extended Release 24 Hour), T2
Exelon (Capsule, Oral Solution), T3
Exelon (Patch 24 Hour), T3
Exforge, T2
Exforge HCT, T2
Exjade, T4
Extavia, T4

F

Famotidine (Injection, Suspension Reconstituted, 20mg Tablet, 40mg Tablet), T1
 Famotidine Premixed, T2
Fareston, T4
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible, 25mg Tablet Dispersible), T2
Fazaclo (12.5mg Tablet Dispersible), T2
 Felodipine ER, T2
 Fenofibrate (Tablet), T1
 Fenofibrate Micronized, T1
 Fentanyl (Patch), T2
 Finasteride (5mg Tablet), T1
 Flecainide Acetate, T1
Flovent Diskus, T2

Bold Type = Brand Name Drug Plain type = Generic drug
T1 = Tier 1 **T2 = Tier 2** **T3 = Tier 3** **T4 = Tier 4**

Flovent HFA, T2

Fluconazole, T1

Fluconazole in Dextrose
(56mg/ml; 400mg/200ml
Injection), T1

Fluoxetine DR, T3

Fluoxetine HCl, T1

Fluticasone Propionate
(Cream, Lotion,
Ointment), T1Fluticasone Propionate
(Suspension), T1**Foradil Aerolizer, T2****Forfivo XL, T3****Forteo, T3**

Fosinopril Sodium, T1

Fosinopril Sodium/
Hydrochlorothiazide, T1**Fosrenol, T4**

Furosemide, T1

G

Gabapentin, T1

Gammagard Liquid, T4**Gattex, T4****Gelnique, T2**

Gemfibrozil, T1

Gentamicin Sulfate (Cream,
Injection, 0.1% Ointment,
Ophthalmic Solution), T1**Gentamicin Sulfate/NaCl**
(0.9mg/ml; 0.9% Injection,
1.4mg/ml; 0.9%
Injection), T1Gentamicin Sulfate/NaCl
(1.6mg/ml; 0.9% Injection,
1mg/ml; 0.9% Injection), T1**Gilenya, T4****Gleevec, T4**

Glimepiride, T1

Glipizide (Immediate-Release
Tablet), T1

Glipizide ER, T1

Glipizide/Metformin HCl, T1

Glucagen HypoKit, T3**Glucagon Emergency
Kit, T2**

Glyburide, T1

Glyburide Micronized, T1

Glyburide/Metformin HCl, T1

Glycopyrrolate (4mg/20ml
Injection, Tablet), T2**Gralise, T3****Guanidine HCl, T3****H**

Haloperidol, T1

Haloperidol Decanoate, T1

Haloperidol Lactate, T1

Humalog (Vial), T2**Humalog KwikPen, T2****Humulin (Vial), T2****Humulin Pen, T2****Hycamtin (Injection), T4**

Hydralazine HCl, T1

Hydrochlorothiazide, T1

Hydrocodone/

Acetaminophen (Oral
Solution, 300mg; 10mg
Tablet, 300mg; 5mg Tablet,
300mg; 7.5mg Tablet,
325mg; 10mg Tablet,
325mg; 5mg Tablet,
325mg; 7.5mg Tablet,
500mg; 10mg Tablet,
500mg; 2.5mg Tablet,
500mg; 5mg Tablet,
500mg; 7.5mg Tablet,
650mg; 10mg Tablet,
650mg; 7.5mg Tablet,
660mg; 10mg Tablet,
750mg; 10mg Tablet,
750mg; 7.5mg Tablet), T2Hydromorphone HCl
(500mg/50ml Injection,
Immediate-Release
Tablet), T1Hydroxychloroquine
Sulfate, T1

Hydroxyurea, T1

Hydroxyzine HCl, T1

Hydroxyzine Pamoate, T1

IIbuprofen (Suspension,
400mg Tablet, 600mg
Tablet, 800mg Tablet), T1**Incivek, T4****Insulin Syringes,
Needles, T2****Intelence (100mg Tablet,
200mg Tablet), T4****Invanz, T3****Isentress (25mg Tablet
Chewable), T2**

**Isentress (Tablet, 100mg
Tablet Chewable), T4**

Isosorbide Dinitrate, T1

Isosorbide Dinitrate ER, T1

Isosorbide Mononitrate, T1

Isosorbide Mononitrate
ER, T1

Isotonic Gentamicin (0.8mg/
ml; 0.9% Injection, 1.2mg/
ml; 0.9% Injection), T1

J

Jantoven, T1

Janumet, T2

Janumet XR, T2

Januvia, T2

Jentadueto, T3

K

Ketoconazole (Cream,
Shampoo, Tablet), T1

Ketoconazole (Foam), T3

Kionex (Powder), T1

Klor-Con 10, T2

Klor-Con 8, T2

Klor-Con M15, T2

Klor-Con M20, T1

Kombiglyze XR, T2

Korlym, T4

Kuvan, T4

L

Labetalol HCl, T1

Lactulose, T1

Lamotrigine (Tablet
Chewable), T2

Lamotrigine (Tablet), T1

Lamotrigine ER, T3

Lansoprazole, T3

Lantus, T2

Lantus SoloStar, T2

Lastacraft, T2

Latanoprost, T1

Latuda, T3

Leflunomide, T1

Letairis, T4

Letrozole, T1

Leucovorin Calcium (100mg
Injection, 350mg Injection,
Tablet), T2

Leukeran, T2

Levemir, T2

Levemir FlexPen, T2

Levetiracetam (500mg/5ml
Injection, Oral Solution,
Tablet), T1

Levetiracetam ER, T2

Levofloxacin, T2

Levofloxacin in D5W (5%;
500mg/100ml Injection), T2

Levothyroxine Sodium
(Tablet), T1

Levoxyl, T2

Lialda, T2

Lidocaine (Ointment), T2

Lidocaine 2% Viscous
Solution, T2

Lidocaine HCl (0.5%
Injection, 1% Injection), T2

Lidocaine HCl (External
Solution), T2

Lidocaine HCl (Gel), T2

Lidocaine/Prilocaine
(Cream), T2

Lidoderm, T2

Lindane, T2

Liothyronine Sodium, T1

Lisinopril, T1

Lisinopril/
Hydrochlorothiazide, T1

Lithium Carbonate, T1

Lithium Carbonate ER, T1

Lithium Citrate, T1

Lodosyn, T3

Lorazepam (Tablet), T1

Lorazepam Intensol, T1

Losartan Potassium, T1

Losartan Potassium/
Hydrochlorothiazide, T1

Lotronex, T4

Lovastatin, T1

Lovaza, T3

Lumigan, T2

Lunesta, T2

**Lupron Depot (22.5mg
Injection, 3.75mg
Injection, 30mg Injection,
45mg Injection, 7.5mg
Injection), T4**

**Lupron Depot-PED
(11.25mg Injection - 1
Month, 15mg Injection - 1
Month), T4**

**Lupron Depot-PED
(11.25mg Injection - 3
Month), T3**

Lyrica, T2

Lysodren, T2

M

Meclizine HCl (Tablet), T1

Medroxyprogesterone
Acetate, T1

Megestrol Acetate, T1

Bold Type = Brand Name Drug Plain type = Generic drug

T1 = Tier 1

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Meloxicam, T1
 Mercaptopurine, T2
 Meropenem (500mg Injection), T2
 Metformin HCl, T1
 Metformin HCl ER 1000mg Tablet Extended Release 24 Hour (Generic Fortamet), T3
 Metformin HCl ER 500mg, 750mg Tablet Extended Release 24 Hour (Generic Glucophage XR), T1
 Methadone HCl (Concentrate, Oral Solution, 10mg Tablet, 5mg Tablet), T1
Methadone HCl (Injection), T3
 Methimazole, T1
 Methocarbamol, T2
 Methotrexate (Tablet), T1
 Methotrexate Sodium (1gm Injection), T2
 Methotrexate Sodium (25mg/ml Injection), T1
 Methylphenidate HCl (Oral Solution, Tablet), T2
 Methylphenidate HCl CD (10mg Capsule Extended Release, 50mg Capsule Extended Release, 60mg Capsule Extended Release), T3
 Methylphenidate HCl ER (20mg Tablet Extended Release), T1

Methylphenidate HCl ER (Capsule Extended Release 24 Hour, 27mg Tablet Extended Release, 36mg Tablet Extended Release, 54mg Tablet Extended Release), T2
 Methylprednisolone (Tablet), T1
 Methylprednisolone Acetate (Injection), T2
 Methylprednisolone Dose Pack, T1
 Methylprednisolone Sodium Succinate (125mg Injection, 40mg Injection), T2
 Metoclopramide HCl (Injection), T2
 Metoclopramide HCl (Oral Solution, Tablet), T1
 Metolazone, T1
 Metoprolol Succinate ER, T2
 Metoprolol Tartrate (Injection), T2
 Metoprolol Tartrate (Tablet), T1
 Metoprolol/ Hydrochlorothiazide, T2
 Metronidazole (Cream, 0.75% Gel, Lotion, Tablet), T2
 Metronidazole Vaginal, T3
 Metronidazole in NaCl 0.79%, T2
Micardis, T3
Micardis HCT, T3
 Midodrine HCl, T2

Migergot, T2
Millipred (Oral Solution), T3
Millipred (Tablet), T3
 Minocycline HCl (Capsule), T1
 Minocycline HCl (Tablet), T3
 Minocycline HCl ER, T3
 Minoxidil (Tablet), T1
 Mirtazapine, T1
 Mirtazapine ODT (30mg Tablet Dispersible, 45mg Tablet Dispersible), T1
 Misoprostol, T1
 Modafinil, T3
 Montelukast Sodium, T1
 Morphine Sulfate (Oral Solution, Tablet), T2
 Morphine Sulfate ER, T2
Moxeza, T2
Multaq, T2
 Mupirocin (Cream), T3
 Mupirocin (Ointment), T1
Mycobutin, T3
Myrbetriq, T2

N

Naloxone HCl (1mg/ml Injection), T2
 Naltrexone HCl, T2
Namenda, T2
Namenda XR, T3
 Naphazoline HCl, T1
Naprelan (375mg Tablet Extended Release 24 Hour, 500mg Tablet Extended Release 24 Hour), T3

Naprelan (750mg Tablet Extended Release 24 Hour), T3

Naproxen (Suspension, Tablet), T1

Nasonex, T3

Neomycin/Polymyxin/ Hydrocortisone, T1

Nevanac, T2

Nexium, T2

Nexium I.V., T3

Niacor, T1

Niaspan, T2

Nicotrol Inhaler, T3

Nicotrol NS, T2

Nifedical XL, T1

Nifedipine (Capsule), T2

Nifedipine ER, T1

Nitrofurantoin, T2

Nitroglycerin, T1

Nitrostat, T2

Nortriptyline HCl (Capsule), T1

Norvir, T3

Novolin (Vial), T2

Novolog (Vial), T2

Novolog FlexPen, T2

Nucynta ER, T2

Nuedexta, T3

O

Olanzapine (Injection), T2

Olanzapine (Tablet), T2

Olanzapine ODT, T2

Olanzapine/Fluoxetine, T3

Omeprazole (Capsule Delayed Release), T1

Omnaris, T3

Ondansetron HCl (40mg/ 20ml Injection), T2

Ondansetron HCl (Oral Solution), T2

Ondansetron HCl (Tablet), T1

Ondansetron ODT, T1

Onglyza, T2

Opana ER (Crush Resistant) (10mg Tablet Extended Release 12 Hour, 20mg Tablet Extended Release 12 Hour, 30mg Tablet Extended Release 12 Hour, 40mg Tablet Extended Release 12 Hour, 5mg Tablet Extended Release 12 Hour), T2

Oxandrolone (10mg Tablet), T4

Oxandrolone (2.5mg Tablet), T2

Oxybutynin Chloride, T1

Oxybutynin Chloride ER, T2

Oxycodone HCl (10mg Tablet, 20mg Tablet), T1

Oxycodone HCl (Capsule, Concentrate, 15mg Tablet, 30mg Tablet, 5mg Tablet), T2

Oxycodone/ Acetaminophen, T2

Oxycodone/Aspirin, T1

Oxycodone/Ibuprofen, T2

Oxycontin, T2

Oxytrol, T2

P

Pantoprazole Sodium (Injection), T3

Pantoprazole Sodium (Tablet Delayed Release), T1

Paroxetine HCl, T1

Paroxetine HCl ER, T3

Pataday, T2

Patanol, T2

Peg-Intron (50mcg/0.5ml Injection), T4

Peg-Intron Redipen, T4

Pegasys, T4

Pegasys ProClick (135mcg/0.5ml Injection), T4

Penicillin G Potassium (5mu Injection), T3

Penicillin G Potassium in Iso-Osmotic Dextrose (Injection), T2

Penicillin G Procaine, T3

Penicillin G Sodium, T3

Penicillin V Potassium, T1

Pentasa, T3

Permethrin (Cream), T1

Perphenazine, T1

Perphenazine/ Amitriptyline, T1

Phenelzine Sulfate, T1

Phenobarbital (Elixir, Tablet), T1

Phenytoin (Suspension), T1

Phenytoin (Tablet Chewable), T2

Phenytoin Sodium (Injection), T1

Bold Type = Brand Name Drug Plain type = Generic drug

T1 = Tier 1

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T4 = Tier 4

Phenytoin Sodium Extended
(Capsule), T1

Pioglitazone HCl, T2

Pioglitazone HCl/
Glimepiride, T2

Pioglitazone HCl/Metformin
HCl, T2

Polyethylene Glycol 3350
(Powder), T1

Potassium Chloride (10meq/
100ml Injection, 20meq/
100ml Injection, 2meq/ml
Injection, 30meq/100ml
Injection, 40meq/100ml
Injection), T2

Potassium Chloride 0.15%/
D5W/NaCl 0.33%, T2

Potassium Chloride 0.15%/
D5W/NaCl 0.45%
Viaflex, T2

Potassium Chloride 0.15%/
NaCl 0.45% Viaflex, T2

Potassium Chloride 0.15%/
NaCl 0.9%, T2

Potassium Chloride 0.22%/
D5W/NaCl 0.45%, T2

Potassium Chloride 0.3%/
D5W, T2

Potassium Chloride 0.3%/
NaCl 0.9%, T2

Potassium Chloride ER
(Capsule Extended
Release, 10meq Tablet
Extended Release, 20meq
Tablet Extended
Release), T1

Pradaxa, T2

Pramipexole Dihydrochloride
(Immediate-Release
Tablet), T2

Pravastatin Sodium, T1

Prazosin HCl, T1

Prednisolone Acetate, T1

Prednisolone Sodium
Phosphate (Ophthalmic
Solution), T1

Prednisolone Sodium
Phosphate (Oral
Solution), T1

Prednisone, T1

**Premarin (Cream,
Tablet), T2**

Premarin (Injection), T3

Prenatabs OBN, T1

**Prezista (150mg Tablet,
75mg Tablet), T3**

**Prezista (Suspension,
400mg Tablet, 600mg
Tablet, 800mg Tablet), T4**

Primidone, T1

Proair HFA, T2

**Procrit (10000unit/ml
Injection, 2000unit/ml
Injection, 3000unit/ml
Injection, 4000unit/ml
Injection), T3**

**Procrit (20000unit/ml
Injection, 40000unit/ml
Injection), T4**

Prolastin-C, T4

Prolia, T3

Promethazine HCl, T2

Promethazine VC, T2

Propranolol HCl, T1

Propranolol HCl ER, T1

Propranolol/
Hydrochlorothiazide, T1

Propylthiouracil, T1

Pulmicort, T3

Pulmicort Flexhaler, T2

Pyridostigmine Bromide, T1

Q

Qnasl, T3

Quetiapine Fumarate, T1

Quinapril HCl, T1

Quinapril/
Hydrochlorothiazide, T1

R

Ramipril, T1

Ranexa, T2

Ranitidine HCl (Capsule,
150mg/6ml Injection,
Syrup, 150mg Tablet,
300mg Tablet), T1

Rapaflo, T2

Rebif, T4

Renagel, T2

Renvela, T2

Restasis, T2

**Revlimid (10mg Capsule,
15mg Capsule, 25mg
Capsule, 5mg
Capsule), T4**

Rifampin (Capsule), T2

Rifampin (Injection), T3

Rilutek, T2

Risperidone (Oral
Solution), T2

Risperidone (Tablet), T1

Risperidone ODT, T2

Rituxan, T4

Rizatriptan Benzoate, T2

Ropinirole ER, T3
Ropinirole HCl, T1
Rozerem, T3

S

Santyl, T3
Saphris (10mg Tablet Sublingual), T3
Saphris (5mg Tablet Sublingual), T3
Savella, T2
Savella Titration Pack, T2
Selegiline HCl, T2
Selzentry, T4
Sensipar (30mg Tablet), T2
Sensipar (60mg Tablet, 90mg Tablet), T4
Serevent Diskus, T2
Seroquel XR, T2
Serostim, T4
Sertraline HCl (Concentrate), T2
Sertraline HCl (Tablet), T1
Simvastatin, T1
Sodium Fluoride (Tablet), T1
Sotalol HCl (160mg Tablet, 240mg Tablet, 80mg Tablet), T1
Sotalol HCl (AF) (120mg Tablet), T1
Sotalol HCl (Injection), T2
Spiriva Handihaler, T2
Spironolactone, T1
Spironolactone/ Hydrochlorothiazide, T1
Strattera, T3
Stromectol, T2
Suboxone, T3

Sucralfate, T1
Sulfacetamide Sodium (Ointment, Ophthalmic Solution), T1
Sulfacetamide Sodium (Suspension), T2
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate, T1
Sulfamethoxazole/ Trimethoprim, T1
Sulfamethoxazole/ Trimethoprim DS, T1
Sulfasalazine (Tablet), T1
Sulfazine EC, T1
Sumatriptan Succinate (6mg/ 0.5ml Injection), T2
Sumatriptan Succinate (Tablet), T1
Sumavel DosePro, T3
Suprax (Suspension Reconstituted, Tablet, Tablet Chewable), T2
Sustiva, T3
Symbicort, T2
Symbyax, T3
Synthroid, T2

T

Tamiflu, T2
Tamoxifen Citrate, T1
Tamsulosin HCl, T1
Tarceva, T4
Targretin, T4
Tasmar, T4
Tecfidera, T4
Temazepam, T1
Terazosin HCl, T1

Testosterone Cypionate, T2
Testosterone Enanthate, T2
Thalomid, T4
Theophylline ER (Tablet Extended Release 12 Hour, Tablet Extended Release 24 Hour), T1
Timolol Maleate (Gel Forming Solution, Ophthalmic Solution), T1
Timolol Maleate (Tablet), T1
Tizanidine HCl (Capsule), T3
Tizanidine HCl (Tablet), T1
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection), T2
Tobramycin Sulfate (Ophthalmic Solution), T1
Tobramycin Sulfate/ NaCl, T2
Tobramycin/ Dexamethasone, T2
Topiramate, T1
Torsemide (20mg/2ml Injection, Tablet), T1
Toviaz, T2
Tracleer, T4
Tradjenta, T3
Tramadol HCl, T1
Tramadol HCl ER 100mg, 200mg Tablet Extended Release 24 Hour (Generic Ultram ER), T3
Tramadol HCl ER 300mg Tablet Extended Release 24 Hour (Generic Ryzolt), T3

Bold Type = Brand Name Drug Plain type = Generic drug
T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

Tramadol HCl/
Acetaminophen, T1
Tranexamic Acid
(Injection), T2
Tranexamic Acid (Tablet), T3
Transderm-Scop, T3
Tranylcypramine Sulfate, T2
Travatan Z, T2
Trazodone HCl, T1
Tretinoin (Capsule), T4
Tretinoin (Cream, 0.01% Gel,
0.025% Gel), T2
Triamcinolone Acetonide
(Cream, Lotion,
Ointment), T1
Triamcinolone Acetonide
(Inhaler), T2
Triamcinolone in Orabase, T1
Triamterene/
Hydrochlorothiazide, T1
Tribenzor, T2
Trihexyphenidyl HCl, T1
Trilipix, T2
Trimethobenzamide HCl
(Capsule), T3

Trinessa, T2
Truvada, T4

U

Uloric, T2

V

Valacyclovir HCl, T2
Valcyte, T4
Valsartan/
Hydrochlorothiazide, T2
Vascepa, T3
Venlafaxine HCl, T2
Venlafaxine HCl ER, T2
Ventolin HFA, T3
Verapamil HCl (Injection), T2
Verapamil HCl (Tablet), T1
Verapamil HCl ER (Capsule
Extended Release 24
Hour), T2
Verapamil HCl ER (Tablet
Extended Release), T1
Vesicare, T2
Victrelis, T4
Vigamox, T2
Vimovo, T2

Voltaren, T2
Voltaren-XR, T3
Vytorin, T3
Vyvanse, T3

W

Warfarin Sodium, T1
Welchol, T2

X

Xarelto, T2
Xtandi, T4
Xyrem, T4

Z

Zafirlukast, T1
Zenpep, T2
Zetia, T2
Zetonna, T3
Zirgan, T3
Zolpidem Tartrate, T1
Zolpidem Tartrate ER, T3
Zonisamide, T1
Zostavax, T3
Zytiga, T4

For more in-depth information about the covered drugs in the plan, please contact us or go to our website listed in the Introduction section in the front of this book.

A UnitedHealthcare® Medicare Solution

This is a partial list of the drugs covered by this plan. Call Customer Service for a complete list of covered drugs.

This list is effective as of August 1, 2013 and is subject to change.

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.

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Bonus Drug List

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

These additional covered drugs **are not part of the Part D plan¹ and do not apply to your Medicare Part D out-of-pocket costs.**

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

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

These payments do not help you move through the Part D prescription drug stages. That is, they do not help you move into or out of the coverage gap (the Catastrophic Level Threshold), if applicable.²

Because coverage for the prescription drugs in the bonus drug list is in addition to your Part D drug coverage, the appeals and grievance process is different. For information on the appeals and grievance process for prescription drugs in the bonus drug list, please contact Customer Service.

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

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list.

Drug	Tier	Quantity Limits
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES		
Isometheptene/Acetaminophen/ Dichloralphenazone	1	
CENTRAL NERVOUS SYSTEM AGENTS - ANXIOLYTICS, SEDATIVES, HYPNOTICS		
Weight Loss		
Phentermine	1	Maximum of one per day
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS		
Dry Skin		
Urea 40% Cream	1	
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS		
Hemorrhoids		
Analpram-HC	3	
Anucort-HC	1	
Hydrocortisone Acetate	1	
Hydrocortisone/Pramoxine	1	
Hemorrhoidal HC	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Irritable Bowel		
Chlordiazepoxide/Clidinium	1	
Hyoscyamine	1	
Irritable Bowel or Ulcers		
Belladonna Alkaloid/Phenobarbital	1	
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS		
Erectile Dysfunction		
Caverject	3	Maximum of 6 vials per month
Cialis	3	Maximum of 6 tablets per month
Edex	3	Maximum of 6 cartridges per month
Levitra	3	Maximum of 6 tablets per month
Muse	3	Maximum of 6 urethral suppositories per month
Staxyn	3	Maximum of 6 tablets per month
Viagra	3	Maximum of 6 tablets per month
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES AND TREAT DIABETES AND BONE CONDITIONS		
Hormone Replacement		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Esterified Estrogen	1	
Esterified Estrogen/ Methyltestosterone	1	
Thyroid Supplement		
Armour Thyroid	3	
Nature-throid	3	
NUTRITIONAL SUPPLEMENTS - DRUGS TO TREAT VITAMIN, MINERAL AND BODY FLUID DEFICIENCIES		
Cyanocobalamin	1	
Folbee	1	
Folic Acid (Rx only)	1	
Nascobal	3	
Nephrocaps	3	
Rena-Vite	1	
Vitamin D (Rx only)	1	
Mephyton	3	
Potassium Supplement		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Klor-Con EF	1	
Potassium Chloride 10% Liquid	1	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS		
Ear Pain		
Antipyrine and Benzocaine	1	
RESPIRATORY TRACT AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS		
Cough and Cold		
Benzonatate	1	
Cheratussin AC	1	
Cheratussin DAC	1	
Hydrocodone/Homatropine	1	
Hydromet	1	
Promethazine Syrup	1	
Promethazine VC Syrup	1	
Promethazine/Codeine Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Tussigon	1	

Drug = Brand name drug Plain type = Generic drug

Note: If a particular prescription drug is in this bonus drug list, that does not guarantee that your doctor or medical provider will prescribe that drug for your medical condition.

This is not a complete list of prescription drugs covered by our plan. For a complete list, please contact Customer Service.

A UnitedHealthcare® Medicare Solution

¹ For information on the appeals and grievance process for these drugs, please contact Customer Service.

² The Catastrophic Level Threshold for 2014 is \$4,550. After you reach this threshold, the plan will pay most of the cost of your Part D drugs.

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

Formulary, pharmacy network, premium and/or copayments/coinsurance may change each plan year.

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

BDL: U



Getting **STARTED**



Statement of **UNDERSTANDING**

By electing enrollment in this plan, you agree to the following:

You must keep your Medicare Parts A and B by continuing to pay the Part B premiums and, if applicable, Part A premiums, if not otherwise paid for under Medicaid or by another third party. You can only be in one Medicare Advantage plan or Medicare Prescription Drug plan at a time. By enrolling in this plan, you will automatically be disenrolled from any other Medicare Advantage Health plan or prescription drug plan of which you may be a member. It is your responsibility to inform the plan of any prescription drug coverage that you have or may get in the future. Enrollment in this plan is generally for the entire year, unless special election periods apply. If you want to keep your membership in this plan for the following plan year, you do not need to notify us or fill out any paperwork. You will automatically remain enrolled as a member of this plan if you do not sign up for a different plan or request disenrollment from this plan. You may leave this plan only at certain times of the year or under special circumstances, by sending a request to the plan or by calling 1-800-MEDICARE (1-800-633-4227) (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.

You must live in the service area and if you move out of the service area defined for the plan (see the Summary of Benefits for a description of the plan's service area), you must notify the plan of the move and find a new plan in your area. If you permanently move out of the service area, you will be disenrolled from the plan and can enroll in a plan in your new service area. People with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. However, under this plan, when you are outside of the United States you are covered only for Emergency or Urgently Needed Care.

As a member of this plan, you have the right to appeal plan decisions about payments or services if you disagree. You will be bound by the benefits, copays, exclusions, limitations and other terms of the plan. It is your responsibility to read the Evidence of Coverage when you get it to know which rules you must follow to get coverage with this Medicare Advantage plan and the amounts for which you will be responsible for payment under the plan.

By joining this Medicare Advantage Health plan, you acknowledge that UnitedHealthcare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge the plan will release your information, including your prescription drug event data, if applicable, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. If you intentionally provide false information, you may be disenrolled from the plan.

If you previously had prescription drug coverage or any insurance that included drugs, you may be asked for proof that your previous prescription drug coverage was at least as good as Medicare's standard prescription drug coverage (creditable prescription drug coverage). You may wait until you are asked to send us proof or you may provide it now. If you would like to provide copies of your proof of creditable prescription drug coverage now and you are required to complete an Enrollment Request Form you can include your proof in the same envelope as the Enrollment Request Form. If you are not required to complete an Enrollment Request Form and would like to send the copies of your proof now, please use the address below:

UnitedHealthcare
P.O. Box 29650
Hot Springs, AR 71903-9973



You don't have to send proof to enroll. However, if you are asked for proof and don't provide it, your premium may be increased because of a late enrollment penalty. For more information about the late enrollment penalty, you may visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) (hearing impaired users should call 1-877-486-2048), 24 hours a day, 7 days a week.

Your enrollment in this plan will be effective the first day of the month following the month in which you submit your completed and signed request form, unless your employer's health plan coverage or your Medicare entitlement goes into effect at a later date.

If your eligibility in the UnitedHealthcare Group Medicare Advantage plan is not approved by Medicare, you will be financially responsible for all medical services rendered as of the date of your enrollment confirmation. Upon confirmation from Medicare, the plan will send you written notice of your effective date. Until you have received this written notification, you should not drop any supplemental insurance you have in effect now.

If you disenroll from this employer-sponsored plan, you will be automatically transferred to Original Medicare. Also, if you choose to enroll in a non-employer-sponsored Medicare Advantage plan, or another employer-sponsored Medicare Advantage plan, you will be automatically disenrolled from this employer-sponsored plan.

Counseling services may be available in your state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options and concerning medical assistance through the state Medicaid program and the Medicare Savings Program.

Additional Statements of Understanding for each specific plan:

UnitedHealthcare Group Medicare Advantage (HMO)

By enrolling in this plan, you must receive all covered benefits from plan contracted providers and pharmacies, with the exception of emergency or urgently needed services or out-of-area renal dialysis. Authorized services and other services contained in your Evidence of Coverage document will be covered as disclosed. If you do not receive prior authorization as required for covered services, neither Medicare nor the plan will pay for services.

UnitedHealthcare Group Medicare Advantage (HMO-POS)

By enrolling in this plan, benefits are available both in and out-of-network, and you must use in-network providers to enjoy the lowest share of your cost. Some non-emergency care from out-of-network providers may not be covered at all under the Point of Service plan. Additionally, some out-of-network services may be limited by county or state and require prior authorization.

UnitedHealthcare Group Medicare Advantage (Regional PPO)(PPO)

By enrolling in this plan, if you use out-of-network providers for health care, benefits will generally be paid at the out-of-network benefit level. Check your Evidence of Coverage to determine your share of the cost differential for using out-of-network providers.

All Medicare Advantage plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

Members of our Medicare Advantage health plans have the right to request an organization determination including the right to file an appeal and the right to file a grievance. Medicare Advantage health plan organizations must identify, track, resolve and report all activity related to an appeal or grievance.

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



More plan **INFORMATION**

2014 Summary of BENEFITS

January 1, 2014 - December 31, 2014

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): CITY OF ALEXANDRIA
Group Number: 12229
H1509-801



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Section I

Introduction to Summary of Benefits

Thank you for your interest in UnitedHealthcare® Group Medicare Advantage (PPO). Our plan is offered by UNITEDHEALTHCARE INSURANCE COMPANY a Medicare Advantage Preferred Provider Organization (PPO) that contracts with the federal government.

This plan is designed for people who meet the eligibility requirements of their former employer, union group or trust administrator (plan sponsor).

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call UnitedHealthcare® Group Medicare Advantage (PPO) and ask for the "Evidence of Coverage."

Your Health Care Coverage

This plan is offered through your plan sponsor.

You may be able to join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other plan sponsor retirement benefits you may currently have. Once enrolled in our plan, if you choose to end your membership outside of your plan sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

Please call UnitedHealthcare® Group Medicare Advantage (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

Where is UnitedHealthcare® Group Medicare Advantage (PPO) available?

The service area for this plan includes the 50 United States and the District of Columbia, except for DeKalb, Gibson, Warren, Morgan and Shelby Counties in Indiana. If you live in one of these counties in Indiana, you are not permitted to enroll in the plan.

You must live in the service area to join the plan.

Who is eligible to join UnitedHealthcare® Group Medicare Advantage (PPO)?

You can join UnitedHealthcare® Group Medicare Advantage (PPO) if you are entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area and you meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

If you are not entitled to Medicare Part A, please refer to your plan sponsor's enrollment materials, or contact your plan sponsor directly to determine if you are eligible to enroll in our plan. Some plan sponsors have made arrangements with us to purchase Medicare Part A on your behalf.

Individuals with End Stage Renal Disease (ESRD) or who receive routine kidney dialysis may still be eligible to enroll through a plan sponsored Medicare Advantage (MA) health plan or as an individual, in some instances. Please call Customer Service at the phone number listed at the end of this introduction for more information.

Note: If you have received a transplant that has restored your kidney function and you no longer require a regular course of dialysis, you likely **are not** considered to have ESRD and you likely **are** eligible to enroll in UnitedHealthcare® Group Medicare Advantage (PPO).

Can I choose my doctors?

UnitedHealthcare® Group Medicare Advantage (PPO) has formed a network of doctors, specialists, and hospitals.

You can use any doctor who is part of our network. You may also go to doctors outside of our network.

The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at www.UHCRetiree.com.

Our Customer Service phone number is listed at the end of this introduction.

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

You can go to doctors, specialists, or hospitals in or out of network. For more information, please call the Customer Service number listed at the end of this introduction.

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

UnitedHealthcare® Group Medicare Advantage (PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

UnitedHealthcare® Group Medicare Advantage (PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current pharmacy directory or visit us at www.UHCRetiree.com. Our Customer Service number is listed at the end of this introduction.

What if my doctor prescribes less than a month's supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

What is a prescription drug formulary?

UnitedHealthcare® Group Medicare Advantage (PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a Part D Abridged Formulary to you and you can search our complete formulary on our Web site at www.UHCRetiree.com.

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

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

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day / 7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full plan year at a time. Plan benefits and cost-sharing may change from plan year to plan year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also,

Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area, and your plan sponsor will notify you of their options for your coverage.

As a member of UnitedHealthcare® Group Medicare Advantage (PPO) you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance.

You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of UnitedHealthcare® Group Medicare Advantage (PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

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

What is a Medication Therapy Management (MTM) program?

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

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UnitedHealthcare® Group Medicare Advantage (PPO) for more details.

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

Please call UnitedHealthcare for more information about UnitedHealthcare® Group Medicare Advantage (PPO).

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

Current members should call toll-free at **1-800-457-8506**, 8 a.m. - 8 p.m., local time, Monday through Friday, for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD **711**)

Prospective members should call toll-free **1-877-714-0178**, 8 a.m. - 8 p.m., local time, 7 days a week, for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD **711**)

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

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language.

For additional information, call Customer Service at the phone number listed above.

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

Section II

Summary of Benefits

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
Important Information			
1 Premium and Other Important Information	<p>In 2013 the monthly Part B Standard Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call</p>	<p>Contact your group plan benefit administrator to determine your actual premium amount, if applicable.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>\$3,400 combined in-network and out-of-network out-of-pocket limit</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
1 Premium and Other Important Information (continued)	Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.		
2 Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16)	You may go to any doctor, specialist or hospital that accepts Medicare.	You may go to doctors, specialists, and hospitals in or out of the network.	
Inpatient Care			
3 Inpatient Hospital Care	In 2013 the amounts for each benefit period were: <ul style="list-style-type: none"> • Days 1 - 60: \$1,184 deductible • Days 61 - 90: \$296 per day • Days 91 - 150: \$592 per lifetime reserve day These amounts may	No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: \$100 copay for each hospital stay	No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: \$100 copay for each hospital stay

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
3 Inpatient Hospital Care (continued)	<p>change for 2014.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>		
4 Inpatient Mental Health Care (includes Substance Abuse and Rehabilitation Services)	<p>In 2013 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> Days 1 - 60: \$1,184 	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime.</p> <p>Inpatient psychiatric</p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime.</p> <p>Inpatient psychiatric</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
4 Inpatient Mental Health Care (continued)	<p>deductible</p> <ul style="list-style-type: none"> Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day. <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>\$100 copay for each hospital stay, up to 190 days.</p>	<p>hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>\$100 copay for each hospital stay, up to 190 days.</p>
5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2013 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> Days 1 - 20: \$0 per day Days 21 - 100: \$148 	<p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p>	<p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
5 Skilled Nursing Facility (SNF) (continued)	<p>per day.</p> <p>These amounts may change for 2014.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>\$0 copay per SNF day, up to 100 days.</p>	<p>\$0 copay per SNF day, up to 100 days.</p>
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<p>\$0 copay</p>	<p>\$0 copay for each Medicare-covered home health visit.</p>	<p>\$0 copay for each Medicare-covered home health visit.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
7 Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice</p>	
Outpatient Care			
8 Doctor Office Visits	20% coinsurance	<p>\$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$15 copay for each Medicare-covered specialist visit.</p>	<p>\$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$15 copay for each Medicare-covered specialist visit.</p>
9 Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	\$15 copay for each Medicare-covered chiropractic visit.	\$15 copay for each Medicare-covered chiropractic visit.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
10 Podiatry Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>\$15 copay for each Medicare-covered podiatry visit.</p> <p>See Section III for information about Routine Podiatry Services.</p>	<p>\$15 copay for each Medicare-covered podiatry visit.</p> <p>See Section III for information about Routine Podiatry Services.</p>
11 Outpatient Mental Health Care	<p>20% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC).</p> <p>Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment</p>	<p>\$15 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$55 copay each day for Medicare-covered partial hospitalization program services.</p>	<p>\$15 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$55 copay each day for Medicare-covered partial hospitalization program services.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
11 Outpatient Mental Health Care (continued)	that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.		
12 Outpatient Substance Abuse Care	20% coinsurance	\$15 copay for each Medicare-covered individual or group substance abuse outpatient treatment visit.	\$15 copay for each Medicare-covered individual or group substance abuse outpatient treatment visit.
13 Outpatient Services	<p>20% coinsurance for the doctor's services</p> <p>Specified copay for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p>\$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>\$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
<p>14 Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>\$0 copay for Medicare-covered ambulance benefits.</p>	<p>\$0 copay for Medicare-covered ambulance benefits.</p>
<p>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copay for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>\$50 copay for each Medicare-covered emergency room visit.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>Worldwide coverage.</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
<p>16 Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>\$15 copay for each Medicare-covered urgently needed care visit.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently needed care visit.</p> <p>Worldwide coverage.</p>	
<p>17 Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p>	<p>\$15 copay for each Medicare-covered occupational therapy visit.</p> <p>\$15 copay for each Medicare-covered physical therapy and/or speech and language pathology visit.</p> <p>\$15 copay for each Medicare-covered comprehensive outpatient rehabilitation facility (CORF) visit.</p>	<p>\$15 copay for each Medicare-covered occupational therapy visit.</p> <p>\$15 copay for each Medicare-covered physical therapy and/or speech and language pathology visit.</p> <p>\$15 copay for each Medicare-covered comprehensive outpatient rehabilitation facility (CORF) visit.</p>
Outpatient Medical Services and Supplies			
<p>18 Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>\$0 copay for Medicare-covered durable medical equipment.</p>	<p>\$0 copay for Medicare-covered durable medical equipment.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	\$0 copay for Medicare-covered prosthetic devices. \$0 copay for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	\$0 copay for Medicare-covered prosthetic devices. \$0 copay for Medicare-covered medical supplies related to prosthetics, splints, and other devices.
20 Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts.	\$0 copay for Medicare-covered Diabetes self-management training. \$0 copay for each Medicare-covered Diabetes monitoring supply. \$0 copay for Medicare-covered Therapeutic shoes or inserts.	\$0 copay for Medicare-covered Diabetes self-management training. \$0 copay for each Medicare-covered Diabetes monitoring supply. \$0 copay for Medicare-covered Therapeutic shoes or inserts.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare.</p> <p>Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for each Medicare-covered diagnostic procedure and test.</p> <p>\$0 copay for each Medicare-covered X-ray.</p> <p>\$0 copay for each Medicare-covered diagnostic radiology service (not including X-rays).</p> <p>\$15 copay for each Medicare-covered therapeutic radiology service.</p>	<p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for each Medicare-covered diagnostic procedure and test.</p> <p>\$0 copay for each Medicare-covered X-ray.</p> <p>\$0 copay for each Medicare-covered diagnostic radiology service (not including X-rays).</p> <p>\$15 copay for each Medicare-covered therapeutic radiology service.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
22 Cardiac and Pulmonary Rehabilitation Services	20% coinsurance for Cardiac Rehabilitation services	\$15 copay for each Medicare-covered cardiac rehabilitation service.	\$15 copay for each Medicare-covered cardiac rehabilitation service.
	20% coinsurance for Pulmonary Rehabilitation services	\$15 copay for each Medicare-covered pulmonary rehabilitation service.	\$15 copay for each Medicare-covered pulmonary rehabilitation service.
	20% coinsurance for Intensive Cardiac Rehabilitation services	\$15 copay for each Medicare-covered intensive cardiac rehabilitation service.	\$15 copay for each Medicare-covered intensive cardiac rehabilitation service.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
Preventive Services			
23 Preventive Services	<p>No coinsurance, copayment or deductible for the following:</p> <p>Abdominal Aortic Aneurysm Screening</p> <p>Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p> <p>Cardiovascular Screening</p> <p>Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>Colorectal Cancer</p>	<p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>	<p>\$0 copay for each Abdominal Aortic Aneurysm screening</p> <p>\$0 copay for each Bone Mass Measurement</p> <p>\$0 copay for each Cardiovascular Screening</p> <p>\$0 copay for each Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</p> <p>\$0 copay for each</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
23 Preventive Services (continued)	Screening		Colorectal Cancer Screening
	Diabetes Screening		\$0 copay for each Diabetes Screening
	Influenza Vaccine		\$0 copay for each Influenza Vaccine
	Hepatitis B Vaccine for people with Medicare who are at risk		\$0 copay for each Hepatitis B Vaccine
	HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.		\$0 copay for each HIV Screening
Breast Cancer Screening (Mammogram). Medicare covers screening		\$0 copay for each Breast Cancer Screening (Mammogram)	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
23 Preventive Services (continued)	<p>mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35 and 39.</p> <p>Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</p> <p>Personalized Prevention Plan Services (Annual Wellness Visits)</p> <p>Pneumococcal Vaccine. You may</p>		<p>\$0 copay for each Medical Nutrition Therapy Service</p> <p>\$0 copay for each Personalized Prevention Plan Service (Annual Wellness Visit)</p> <p>\$0 copay for each Pneumococcal</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
23 Preventive Services (continued)	<p>only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> <p>Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</p> <p>Smoking and Tobacco Use Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <p>Screening and behavioral counseling interventions in primary care to reduce alcohol misuse</p> <p>Screening for</p>		<p>Vaccine</p> <p>\$0 copay for each Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</p> <p>\$0 copay for each Smoking and Tobacco Use Cessation visit</p> <p>\$0 copay for each Screening and behavioral counseling intervention in primary care to reduce alcohol misuse</p> <p>\$0 copay for each</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
23 Preventive Services (continued)	depression in adults		Screening for depression in adults
	Screening for sexually transmitted infections (STIs) and high-intensity behavioral counseling to prevent STIs		\$0 copay for each Screening for sexually transmitted infections (STIs) and high-intensity behavioral counseling to prevent STIs
	Intensive behavioral counseling for Cardiovascular Disease (bi-annual)		\$0 copay for Intensive behavioral counseling for Cardiovascular Disease (bi-annual)
	Intensive behavioral therapy for obesity		\$0 copay for each Intensive behavioral therapy for obesity
	Welcome to Medicare Preventive Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one		\$0 copay for an annual physical exam

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
23 Preventive Services (continued)	Annual Wellness Visit every 12 months.		
24 Kidney Disease and Conditions	20% coinsurance for renal dialysis 20% coinsurance for Kidney Disease Education Services	\$15 copay for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.	\$15 copay for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
PRESCRIPTION DRUGS BENEFITS			
25 Outpatient Prescription Drugs	<p>Most drugs are not covered under Original Medicare.</p> <p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered Under Medicare Part B</p> <p>General</p> <p>\$0 copay for Medicare Part-B drugs (not including Medicare Part B chemotherapy drugs).</p> <p>\$0 copay for Medicare Part B chemotherapy drugs.</p>	<p>Drugs Covered Under Medicare Part B</p> <p>General</p> <p>\$0 copay for Medicare Part-B drugs (not including Medicare Part B chemotherapy drugs) out-of-network.</p> <p>\$0 copay for Medicare Part B chemotherapy drugs out-of-network.</p>
		<p>Drugs Covered Under Medicare Part D</p> <p>This plan uses a formulary. The plan will send you the Abridged Formulary. You can also see the formulary at www.UHCRetiree.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia. This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
25 Outpatient Prescription Drugs (continued)		<p>travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from UnitedHealthcare® Group Medicare Advantage (PPO) for certain drugs.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and UnitedHealthcare® Group Medicare Advantage (PPO) approves the exception, you will pay Tier 3: Non-Preferred Brand cost-sharing for that drug.</p> <p>Your Plan Sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. Once you are</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
25 Outpatient Prescription Drugs (continued)		<p>enrolled in this plan, you will receive a separate document called the “Certificate of Coverage” with more information about this supplemental drug coverage.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,850.</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$10.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$25.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$25.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$25.00 copay for a one-month (30-day) supply of drugs in this tier <p>Mail Order</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$10.00 copay for a three-month (90-day) supply of drugs in this tier from the plan’s preferred mail order pharmacy, OptumRx™ <p>Tier 2: Preferred Brand Drugs (includes some Generics)</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
25 Outpatient Prescription Drugs (continued)		<ul style="list-style-type: none"> • \$10.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, OptumRx <p>Tier 3: Non-Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$10.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, OptumRx <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$10.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, OptumRx <p>Coverage Gap</p> <p>The plan covers all formulary drugs through the coverage gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, <p>or</p> <ul style="list-style-type: none"> • \$2.55 copay for generic (including brand drugs treated as generic) and \$6.35 copay for all other drugs. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
25 Outpatient Prescription Drugs (continued)		<p>there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from UnitedHealthcare® Group Medicare Advantage (PPO).</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$10.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$25.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$25.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$25.00 copay for a one-month (30-day) supply of drugs in this tier <p>Non-Formulary (drugs not covered under Medicare Part D)</p> <p>Your Plan Sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see the Bonus Drug List for more information.</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
Outpatient Medical Services and Supplies			
26 Dental Services	Preventive dental services (such as cleaning) not covered.	\$15 copay for Medicare-covered dental benefits.	\$15 copay for Medicare-covered dental benefits.
27 Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	\$15 copay for each Medicare-covered diagnostic hearing exam. See Section III for information about Routine Hearing Exam. See Section III for information about Hearing Aids.	\$15 copay for each Medicare-covered diagnostic hearing exam. See Section III for information about Routine Hearing Exam. See Section III for information about Hearing Aids.
28 Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk.	\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. \$15 copay for each Medicare-covered exam to diagnose and treat diseases and conditions of the eye. \$0 copay for an annual Medicare-covered glaucoma screening for people	\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. \$15 copay for each Medicare-covered exam to diagnose and treat diseases and conditions of the eye. \$0 copay for an annual Medicare-covered glaucoma screening for people

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
28 Vision Services (continued)		<p>at risk.</p> <p>See Section III for information about Routine Vision Exam.</p>	<p>at risk.</p> <p>See Section III for information about Routine Vision Exam.</p>

Section III

Additional Benefits

Benefits	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
Routine Hearing Exam	Not covered.	\$0 copay for each supplemental routine hearing exam, limited to one exam every 12 months.	\$0 copay for each supplemental routine hearing exam, limited to one exam every 12 months. Benefit is combined in and out-of-network.
Hearing Aids	Not covered.	Plan pays up to a \$500 allowance for hearing aids every 3 years.	Plan pays up to a \$500 allowance for hearing aids every 3 years. Benefit is combined in and out-of-network.
Routine Vision Exam	Not covered.	\$15 copay for a supplemental routine eye exam, limited to one exam every 12 months.	\$15 copay for supplemental routine eye exam, limited to one exam every 12 months. Benefit is combined in and out-of-network.

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (PPO)	
		In-Network	Out-of-Network
Routine Podiatry	Not covered.	\$15 copay for each supplemental routine podiatry visit up to 6 visits each year.	\$15 copay for each supplemental routine podiatry visit up to 6 visits each year. Benefit is combined in and out-of-network.
Fitness Program	Not covered.	<p>\$0 membership fee.</p> <p>SilverSneakers® Fitness Program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.</p> <p>SilverSneakers® Steps at Home program is available for members living 15 miles away or more from a SilverSneakers® fitness center. Includes a self-directed pedometer-based physical activity and walking program.</p>	
NurselineSM	Not covered.	You may call the Nurseline, 24 hours a day, 7 days a week and speak to a registered nurse (RN) about your medical concerns and questions.	

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-457-8506. Someone who speaks English/ Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-457-8506. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-457-8506。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-457-8506我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-457-8506. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-457-8506. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-457-8506 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-457-8506. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-457-8506번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-457-8506. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: نود أن نقدم لك خدمات الترجمة مجاناً لإجابة أسئلتك عن برنامجنا الصحي أو برنامجنا الدوائي. للحصول على هذه الخدمات، يرجى الاتصال بنا على الرقم 1-800-457-8506. نحن نقدم لك خدمات الترجمة مجاناً. إننا نقدم لك خدمات الترجمة مجاناً. إننا نقدم لك خدمات الترجمة مجاناً.

ةين اجم ةمدخ هذة .كتدع اسمب ةيبرعلا شدحتي ام

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-457-8506. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-457-8506. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-457-8506. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-457-8506. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-457-8506 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-457-8506にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in UnitedHealthcare plans depends on contract renewal.



2014 Important INFORMATION

Your plan may contain one or more of the following:

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

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

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

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

You are not required to use OptumRx to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan's Preferred Mail Service Pharmacy. New prescriptions should arrive within ten business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

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

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