WHAT YOU NEED TO KNOW ABOUT YOUR MEDICARE ADVANTAGE PLAN.

UnitedHealthcare Dual Complete® (HMO-POS SNP)

H5322-028

Service Area: Select counties in Ohio

Plan Effective Date: January 1, 2017 through December 31, 2017
Discover a plan that WORKS TO YOUR ADVANTAGE.

When it comes to helping you stay healthy, look to your plan. We believe you deserve more than just a health care plan. As a plan member, you’ll have a local health team dedicated to helping you live a healthier life.

We want to:

- Help you get the care you may need when you need it
- Give you tools and resources to help you be in more control of your health
- Provide additional benefits and resources so you can spend your time and money on things that matter most to you

In this Enrollment Guide you will find:

- A description of this plan and how it works
- Information on benefits, programs and services
- Details on how to enroll and what you can expect after you enroll

Take advantage of these extras.

<table>
<thead>
<tr>
<th>Health Products Benefit Program</th>
<th>Dental Coverage</th>
<th>Transportation</th>
<th>Vision Coverage</th>
</tr>
</thead>
</table>

Enroll in three simple steps.

1. Find the Enrollment Request Form in the “Ready to Enroll” section of this Enrollment Guide.
2. Fill out the form(s) completely — make sure you sign and date it.
3. Send your completed form(s) back.

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

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

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

Your options for more coverage:

**OPTION 1**

Add one or both of the following to Original Medicare:

- **Medicare Supplement Insurance**
  
  Offered by private companies
  
  Covers some of the costs not paid by Original Medicare (Parts A and B)

- **Medicare Part D**
  
  Offered by private companies
  
  Part D covers prescription drugs

**OPTION 2**

Choose a Medicare Advantage plan:

- **Medicare Advantage (Part C)**
  
  Offered by private companies
  
  Part C combines Part A (hospital) and Part B (doctor)
  
  Provides additional benefits

- **Medicare Part D**
  
  Most plans cover prescription drugs

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

*Medicare Made Clear™ brought to you by UnitedHealthcare®*
You must select a primary care provider (PCP).

This health plan requires you to select a PCP from the plan’s network who can help manage your care.

There's no need to get referrals to see a specialist.

You can see any specialist in or out of our network for covered services.

There's an out-of-pocket spending limit for in-network care.

Once you reach that limit, the plan pays 100% of the costs for in-network covered service for the rest of the plan year. Some plans have an out-of-pocket spending limit for out-of-network care.

Stay in the network for lower costs.

<table>
<thead>
<tr>
<th>Will the doctor or hospital accept my plan?</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Provided</td>
<td>Providers have the choice to accept plan (except for emergencies).</td>
</tr>
<tr>
<td>Are emergency or urgently needed services covered?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do I have to pay the full cost for all covered doctor or hospital services?</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan co-pay or co-insurance applies.</td>
<td>Provided</td>
<td>You may pay a higher co-pay or co-insurance.</td>
</tr>
</tbody>
</table>

Plan co-pay or co-insurance are for those with Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. As a member, you will receive a Provider Directory listing all network providers and facilities within your plan. You can also find a complete listing on our website or you can request a Provider Directory from Customer Service. Limitations, exclusions, and restrictions may apply.
You are eligible for a Dual Special Needs Plan (DSNP) if you’re enrolled in Original Medicare Parts A and B and receive state Medicaid benefits. Your state Medicaid benefits vary based on your level of Medicaid eligibility. DSNP enrollment is not limited to a specific time; you can enroll year-round. Based on your needs you may also qualify for Low Income Subsidy (LIS) assistance.

What are the levels of eligibility in most states?

- Qualified Medicare Beneficiary Only (QMB Only)
- Qualified Medicare Beneficiary Plus (QMB Plus)
- Specified Low-Income Medicare Beneficiary Only (SLMB Only)
- Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)
- Qualified Individual (QI)
- Qualified Disabled and Working Individual (QDWI)
- Full Benefit Dual Eligible (FBDE)

What are the income requirements for each eligibility level?

<table>
<thead>
<tr>
<th>Eligibility Level</th>
<th>QMB Only</th>
<th>QMB Plus</th>
<th>SLMB Only</th>
<th>SLMB Plus</th>
<th>QI</th>
<th>QDWI</th>
<th>FBDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Poverty Income Level</td>
<td>At or lower than</td>
<td>At or lower than</td>
<td>Between 100% and 120%</td>
<td>Between 100% and 120%</td>
<td>Between 120% and 135%</td>
<td>Below 200%</td>
<td>Based on Medical Need status, institutionalized income levels, home/community based waivers</td>
</tr>
<tr>
<td>Social Security Income Level</td>
<td>Resources not more than two times</td>
<td>Resources not more than two times</td>
<td>Resources not more than two times</td>
<td>Resources not more than two times</td>
<td>Resources not more than two times</td>
<td>Resources not more than two times</td>
<td></td>
</tr>
</tbody>
</table>

What benefits does each eligibility level cover?

<table>
<thead>
<tr>
<th>Eligibility Level</th>
<th>Part A Premium</th>
<th>Part B Premium</th>
<th>Part D Premium</th>
<th>Medicare Deductibles, Co-pays, Co-insurance</th>
<th>Full Medicaid Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMB Only</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>QMB Plus</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SLMB Only</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>SLMB Plus</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>QI</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies by state</td>
<td>No</td>
</tr>
<tr>
<td>QDWI</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>FBDE</td>
<td>No</td>
<td>Varies by state</td>
<td>No</td>
<td>Varies by state</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1Low Income Subsidy may be available to help with Part D premium cost.
2QMBs, SLMBs and QIs are automatically enrolled in the low income subsidy program to cover Part D premium costs and will not have Part D premium expenses.

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

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Plan
INFORMATION
**Benefit Highlights**

*UnitedHealthcare Dual Complete® (HMO-POS SNP)*

This is a short description of 2017 plan benefits. Values shown are for those with Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan Costs

| Monthly plan premium | $0 |

### Medical Benefits

<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor's office visit</td>
<td>Primary Care Provider: $0 co-pay</td>
<td>Primary Care Provider: No coverage</td>
</tr>
<tr>
<td></td>
<td>Specialist: $0 co-pay</td>
<td>Specialist: No coverage</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>$0 co-pay</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$0 co-pay per day, up to 90 days</td>
<td>No coverage</td>
</tr>
<tr>
<td>Skilled nursing facility (SNF)</td>
<td>$0 co-pay per day: days 1-100</td>
<td>No coverage</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$0 co-pay</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Diabetes monitoring supplies</td>
<td>$0 co-pay for covered brands</td>
<td>No coverage</td>
</tr>
<tr>
<td>Home health care</td>
<td>$0 co-pay</td>
<td>No coverage</td>
</tr>
<tr>
<td>Diagnostic radiology services (such as MRIs, CT scans)</td>
<td>$0 co-pay</td>
<td>No coverage</td>
</tr>
<tr>
<td>Diagnostic tests and procedures (non-radiological)</td>
<td>$0 co-pay</td>
<td>No coverage</td>
</tr>
<tr>
<td>Lab services</td>
<td>$0 co-pay</td>
<td>No coverage</td>
</tr>
<tr>
<td>Outpatient x-rays</td>
<td>$0 co-pay</td>
<td>No coverage</td>
</tr>
<tr>
<td>Ambulance</td>
<td>20% of the cost</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$75 co-pay ($0 co-pay for worldwide coverage)</td>
<td>No coverage</td>
</tr>
<tr>
<td>Urgently needed services</td>
<td>$65 co-pay ($0 co-pay for worldwide coverage)</td>
<td></td>
</tr>
</tbody>
</table>

### Benefits and Services Beyond Original Medicare

<table>
<thead>
<tr>
<th>Benefits and Services</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision - routine eye exams</td>
<td>$0 co-pay; 1 every year *</td>
<td>No coverage</td>
</tr>
<tr>
<td>Vision - eyewear</td>
<td>$0 co-pay every year; up to $200 for lenses/frames and contacts *</td>
<td>No coverage</td>
</tr>
<tr>
<td>Dental - preventive</td>
<td>$0 co-pay for covered services (exam, cleaning, x-rays)</td>
<td>No coverage</td>
</tr>
<tr>
<td>Dental - comprehensive</td>
<td>$0 co-pay for covered services</td>
<td>No coverage</td>
</tr>
<tr>
<td>Dental - benefit limit</td>
<td>$2,000 limit on all covered dental services</td>
<td></td>
</tr>
<tr>
<td>Foot care - routine</td>
<td>$0 co-pay; 4 visits per year</td>
<td>No coverage</td>
</tr>
<tr>
<td>Hearing - routine exam</td>
<td>$0 co-pay; 1 per year</td>
<td>No coverage</td>
</tr>
</tbody>
</table>
## In-Network vs. Out-of-Network

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing aids</td>
<td>$1,000 allowance every 2 years</td>
<td>No coverage</td>
</tr>
<tr>
<td>Transportation</td>
<td>$0 co-pay; 48 one-way trips per year to or from approved locations</td>
<td>No coverage</td>
</tr>
<tr>
<td>Fitness program through SilverSneakers® Fitness program</td>
<td>Basic membership in a fitness program at a network location</td>
<td>No coverage</td>
</tr>
<tr>
<td>Health Products Benefit</td>
<td>$240 credit per quarter to use on approved health products</td>
<td>No coverage</td>
</tr>
<tr>
<td>NurseLine℠</td>
<td>Speak with a registered nurse (RN) 24 hours a day, 7 days a week</td>
<td>No coverage</td>
</tr>
<tr>
<td>Virtual Doctor Visits</td>
<td>$0 co-pay for each virtual doctor visit</td>
<td>No coverage</td>
</tr>
</tbody>
</table>

## Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Summary of Benefits and Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual prescription deductible</td>
<td>$0</td>
</tr>
<tr>
<td>30-day supply from retail network pharmacy</td>
<td></td>
</tr>
<tr>
<td>Generic (including brand drugs treated as generic)</td>
<td>$0, $1.20, $3.30 co-pay</td>
</tr>
<tr>
<td>All other drugs</td>
<td>$0, $3.70, $8.25 co-pay</td>
</tr>
</tbody>
</table>

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply.
Get all the benefits of Original Medicare – and more.

With this plan, you get additional benefits and services designed to help you live a healthier life. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a full range of services dedicated to your health and wellness.

Below are short descriptions about some of the 2017 plan benefits and services. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits.

### Vision coverage

Protect your eyesight and health with routine eye exams. Your vision coverage may include:

- One routine eye exam every year
- Credit toward contact lenses or eyeglasses

Co-pays and network restrictions may apply.

### Dental coverage

**Preventive and comprehensive.**

Recommended routine dental checkups are covered. Plus, a set amount is covered each year for other procedures you may need. Your dental coverage may include:

- Regular checkups and cleanings
- Dental X-rays
- Other comprehensive services

Co-pays and network restrictions may apply.
Benefits and services beyond
ORIGINAL MEDICARE

Hearing coverage
Don’t let hearing loss affect your life. Your plan includes the following hearing coverage:

• A routine hearing exam every year
• Credit toward a hearing aid provided by Epic

Co-pays and network restrictions may apply.

Health Products Benefit Program
Get credits to order over-the-counter health products from the FirstLine Medical catalog and website. You will receive credits quarterly to purchase products and the items will be delivered directly to you at no additional cost. Our product assortment offers a variety of health and wellness items such as:

• Cough medicine, pain relievers, vitamins and supplements
• Thermometers, blood pressure monitors and more

For a full list of items and to place an order visit the website at www.healthproductsbenefit.com.

Transportation
Get rides to and from plan-approved locations, like your doctor’s office. See your Summary of Benefits for the specific number of one-way or round trips included with this plan.

Learn more about these extra services and benefits.

For more information, call 1-888-834-3721, TTY 711 8 a.m. to 8 p.m. local time, 7 days a week.
2017 Summary of
BENEFITS

UnitedHealthcare Dual Complete® (HMO-POS SNP)

H5322-028

Our service area includes the following counties in:

This is a summary of drug coverages and health services provided by UnitedHealthcare Dual Complete® (HMO-POS SNP)

For more information, please contact Customer Service at:

Toll-Free 1-888-834-3721, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week

www.UHCCommunityPlan.com

UnitedHealthcare
Community Plan
Summary of Benefits

January 1st, 2017 - December 31st, 2017

We’re dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called “cost-sharing” or “out-of-pocket” costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn’t a full list of benefits we provide, it’s just an overview. To get a complete list, visit our website at www.UHCCommunityPlan.com to see the “Evidence of Coverage” or call customer service with any questions.

About this plan.

UnitedHealthcare Dual Complete® (HMO-POS SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join UnitedHealthcare Dual Complete® (HMO-POS SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed on the cover, and be a United States citizen or lawfully present in the United States.

UnitedHealthcare Dual Complete® (HMO-POS SNP) is for people who have both Medicare and Medicaid. It is called an All-Dual Eligible Special Needs Plan (D-SNP). If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some get full Medicaid benefits. Some only get help to pay for Medicare cost sharing. (Cost sharing may include premiums, deductibles, co-insurance, or co-pays.) For an explanation of the categories of people who can enroll please see the Medicaid section after the benefits chart.

What’s inside?

Plan Premiums, Annual Deductibles, and Benefits

See plan costs including the monthly plan premium, deductible and maximum out-of-pocket limit.

UnitedHealthcare Dual Complete® (HMO-POS SNP) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. Out-of-network services are limited to the plan’s service area as described on the cover. If you have any questions, please contact customer service.

You can search for a network provider and pharmacy in the online directories at www.UHCCommunityPlan.com.
Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at www.UHCCommunityPlan.com.

Medicaid Benefits

If you qualify for Medicaid and Medicare there are programs that can help pay premiums, deductibles, co-pays and co-insurance.
### UnitedHealthcare Dual Complete® (HMO-POS SNP)

<table>
<thead>
<tr>
<th>Premiums and Benefits</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Plan Premium</td>
<td>$32.30</td>
<td></td>
</tr>
<tr>
<td>Annual Medical Deductible</td>
<td>$166 for outpatient services from in-network and out-of-network providers. These amounts may change for 2017.</td>
<td></td>
</tr>
<tr>
<td>Maximum Out-of-Pocket Amount (does not include prescription drugs)</td>
<td>$6,700 annually for services you receive from in-network providers.</td>
<td>Unlimited Out-of-Network</td>
</tr>
<tr>
<td></td>
<td>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Coverage</strong></td>
<td>$1,288 upon admission: for days 1-60</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>$322 co-pay per day: for days 61-90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$644 co-pay per day: for days 91-150 (lifetime reserve days)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Our plan covers 90 days for an inpatient hospital stay.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>These are the 2016 amounts and may change for 2017.</td>
<td></td>
</tr>
<tr>
<td><strong>Doctor Visits</strong></td>
<td><strong>Primary</strong></td>
<td>$0 co-pay</td>
</tr>
<tr>
<td></td>
<td><strong>Specialists</strong></td>
<td>20% of the cost</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Medicare-covered</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>$75 co-pay ($0 co-pay for worldwide coverage) per visit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Emergency co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.</td>
<td></td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td>$65 co-pay</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Tests, Lab and Radiology Services, and X-Rays</strong></td>
<td>Diagnostic radiology services (e.g. MRI)</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Lab services</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td></td>
<td>Diagnostic tests and procedures</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Therapeutic Radiology</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Outpatient X-rays</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Benefits</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Hearing Services</strong></td>
<td>Exam to diagnose and treat hearing and balance issues</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Routine hearing exam</td>
<td>$0 co-pay; 1 per year</td>
</tr>
<tr>
<td></td>
<td>Hearing aid</td>
<td>$1,000 allowance every 2 years</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>Preventive</td>
<td>$0 co-pay for covered services (exam, cleaning, x-rays)</td>
</tr>
<tr>
<td></td>
<td>Comprehensive</td>
<td>$0 co-pay for covered services</td>
</tr>
<tr>
<td></td>
<td>Benefit limit</td>
<td>$2,000 limit on all covered dental services</td>
</tr>
<tr>
<td><strong>Vision Services</strong></td>
<td>Exam to diagnose and treat diseases and conditions of the eye</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Eyewear after cataract surgery</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td></td>
<td>Routine eye exam</td>
<td>$0 co-pay Up to 1 every year</td>
</tr>
<tr>
<td></td>
<td>Eyewear</td>
<td>$0 co-pay every year; up to $200 for lenses/frames and contacts*</td>
</tr>
<tr>
<td>Benefits</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Mental Health Care</strong></td>
<td>Inpatient visit</td>
<td>$1,288 upon admission; $322 co-pay per day: for days 61-90; $644 co-pay per day: for days 91-150 (lifetime reserve days).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% of the cost per day: for days 1 to 90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% of the cost per day: for days 91-150 (lifetime reserve days)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Our plan covers 90 days for an inpatient hospital stay.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>These are the 2016 amounts and may change for 2017.</td>
</tr>
<tr>
<td></td>
<td>Outpatient group therapy visit</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% of the cost</td>
</tr>
<tr>
<td></td>
<td>Outpatient individual therapy visit</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% of the cost</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>(Stay must meet Medicare coverage criteria)</td>
<td>$0 co-pay per day: for days 1-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$161 co-pay per day: for days 21-100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Our plan covers up to 100 days in a SNF.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>These are the 2016 amounts and may change for 2017.</td>
</tr>
<tr>
<td><strong>Rehabilitation Services</strong></td>
<td>Occupational therapy visit</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Physical therapy and speech and language therapy visit</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
<td>20% of the cost</td>
</tr>
<tr>
<td><strong>Routine Transportation</strong></td>
<td></td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0 co-pay; 48 one-way trips per year to or from approved locations</td>
</tr>
<tr>
<td>Benefits</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Foot Care</strong> (podiatry services)</td>
<td>Foot exams and treatment</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Routine foot care</td>
<td>$0 co-pay; for each visit up to 4 visits every year</td>
</tr>
<tr>
<td><strong>Medical Equipment / Supplies</strong></td>
<td>Durable Medical Equipment (e.g., wheelchairs, oxygen)</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Prosthetics (e.g., braces, artificial limbs)</td>
<td>20% of the cost</td>
</tr>
<tr>
<td><strong>Wellness Programs</strong></td>
<td>Fitness program through SilverSneakers® Fitness program</td>
<td>Basic membership in a fitness program at a network location.</td>
</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong></td>
<td>Chemotherapy drugs</td>
<td>20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Other Part B drugs</td>
<td>20% of the cost</td>
</tr>
</tbody>
</table>
Prescription Drugs

If you don’t qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<table>
<thead>
<tr>
<th>Annual Prescription Deductible</th>
<th>Your deductible amount is either $0 or $82, depending on the level of “Extra Help” you receive.</th>
</tr>
</thead>
</table>

**30-day supply from retail network pharmacy**

<table>
<thead>
<tr>
<th>Generic (including brand drugs treated as generic)</th>
<th>$0, $1.20, $3.30 co-pay, or 15% of the total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Drugs</td>
<td>$0, $3.70, $8.25 co-pay, or 15% of the total cost</td>
</tr>
</tbody>
</table>
### Additional Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual manipulation of the spine to correct</td>
<td>20% of the cost</td>
<td>Not covered</td>
</tr>
<tr>
<td>subluxation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes monitoring supplies</td>
<td>$0 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>NurseLine&lt;sup&gt;SM&lt;/sup&gt;</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% of the cost</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Outpatient Substance Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient group therapy visit</td>
<td>20% of the cost</td>
<td>40% of the cost</td>
</tr>
<tr>
<td>Outpatient individual therapy visit</td>
<td>20% of the cost</td>
<td>40% of the cost</td>
</tr>
</tbody>
</table>

- Manual manipulation of the spine to correct subluxation
- We only cover blood glucose monitors and test strips from the following brands:
  - OneTouch Ultra<sup>®</sup>2 System
  - OneTouch UltraMini<sup>®</sup>
  - OneTouch Verio<sup>®</sup>
  - OneTouch Verio<sup>®</sup> Sync
  - OneTouch Verio<sup>®</sup> IQ
  - OneTouch Verio<sup>®</sup> Flex System Kit
  - ACCU-CHEK ® Nano SmartView
  - ACCU-CHEK® Aviva Plus.
<table>
<thead>
<tr>
<th>Additional Benefits</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Products Benefit</td>
<td>$240 credit per quarter to use on approved health</td>
<td>Not covered out-of-network (except in emergency situations).</td>
</tr>
<tr>
<td></td>
<td>products</td>
<td></td>
</tr>
<tr>
<td>Renal Dialysis</td>
<td>20% of the cost</td>
<td></td>
</tr>
<tr>
<td>Virtual Doctor Visits</td>
<td>Speak to specific doctors using your computer or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mobile device.</td>
<td></td>
</tr>
</tbody>
</table>
Medicaid Benefits
Information for People with Medicare and Medicaid

UnitedHealthcare Dual Complete® (HMO-POS SNP) is for people who have both Medicare and Medicaid. It is called an All-Dual Eligible Special Needs Plan (D-SNP). If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some persons get full Medicaid benefits. Some only get help to pay for Medicare cost sharing. (Cost sharing may include premiums, deductibles, co-insurance, or co-pays.)

Below are the categories of people who can enroll in UnitedHealthcare Dual Complete® (HMO-POS SNP).

• **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, co-insurance and co-payments amounts only.

• **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, co-insurance and co-payment amounts.

• **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only.

• **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits.

• **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

• **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only.

• **Qualifying Individual (QI):** Medicaid pays your part B premium only.

**If you are a QMB or QMB+ Beneficiary:**
You have 0% cost-share, except for Part D prescription drug co-pays.

**If you are a SLMB+ or FBDE:**
You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the Ohio Department of Medicaid in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

**If you are a SLMB, QI or QDWI:**
Ohio Department of Medicaid does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart above. There may be some services that do not have a member cost share amount.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage

**How to Read the Medicaid Benefit Chart:**
The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For
each benefit listed below, you can see what Ohio Department of Medicaid covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medicaid</th>
<th>UnitedHealthcare Dual Complete® (HMO-POS SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid only services</strong> - The services listed below are available under Medicaid for people who qualify for full Medicaid coverage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-Term Home and Community Care Options or “Waiver Services”</td>
<td>If you need long-term care but want to stay in your home, you may be able to do so through one of the home and community-based services waiver programs.</td>
<td>Not covered beyond Original Medicare</td>
</tr>
<tr>
<td>Care in a Nursing Facility or Intermediate Care Facility for the Mentally Retarded (ICF-MR)</td>
<td>These services are available to those who need long-term care in an institution. Your Medicaid caseworker will determine a Patient Liability amount based on your income excluding certain deductions.</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Family Planning Visits and Services</td>
<td>Covered as needed</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td>Physical Exam Required for Job Placement</td>
<td>Exam is covered if not offered free of charge by employer.</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care</td>
<td>Medicaid pays for all pregnancy related services when they are needed. These services include doctor visits, ultrasounds, childbirth classes, labor &amp; delivery hospital stay, postpartum check-ups for mom, and health care and immunizations for baby. $0 copay for Medicaid-covered services.</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Dermatology (Skin) Services</td>
<td>Must be medically necessary and related to a disease or condition $0 co-pay for Medicaid-covered services</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Medicare-covered Services</td>
<td></td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services 15 visits per year for adults 30 visits per year for children younger than age 21</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Diabetes Supplies and Services</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may be different if received in an outpatient surgery setting)</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services Covered when medically necessary and ordered by your doctor</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Doctor Office Visits</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services Up to 24 visits per year. You can get more if medically necessary.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Durable Medical Equipment (wheelchairs, oxygen, etc.)</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Foot Care (podiatry services)</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Hearing Services</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td>Outpatient Rehabilitation</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td><strong>Outpatient Substance Abuse</strong></td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Prosthetic Devices</strong></td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td><strong>Covered.</strong> See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>(braces, artificial limbs, etc.)</td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td><strong>Renal Dialysis</strong></td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td><strong>Covered.</strong> See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Urgently Needed Services</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Vision Services</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services</td>
<td><strong>Covered.</strong> See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Hospice</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: $0 co-pay for Medicaid services Hospice is available to Medicaid consumers with a life expectancy of six months or less. Hospice helps meet the needs of the patient and family during the final stages of illness and dying.</td>
<td><strong>Covered.</strong> See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Stay Surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anesthesia covered as needed and when medically necessary. Some hospital services require prior authorization. Your doctor will get this before your hospital stay.</td>
<td></td>
</tr>
<tr>
<td>Inpatient Mental Health Care</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Prescription Drug Benefits</td>
<td>Medicaid only covers drugs that are excluded from Medicare Part D coverage such as:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benzodiazepines</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>Barbiturates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vitamins (except potassium, prenatal vitamins and fluoride)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cough suppressants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for generics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2 co-pay for brand name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3 co-pay for drugs requiring prior authorization</td>
<td></td>
</tr>
<tr>
<td>Additional Services available through UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
<td>$3 co-pay for Medicaid dental services</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Additional Dental Services</td>
<td>$3 co-pay for Medicaid dental services</td>
<td></td>
</tr>
<tr>
<td>Additional Foot Care</td>
<td>Not Covered</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td><strong>UnitedHealthcare Dual Complete® (HMO-POS SNP)</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Over-the-Counter Items</strong></td>
<td>Covered for Over the Counter (OTC) drugs that do not have a Medicare Part D covered equivalent</td>
<td><strong>Covered.</strong> See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td><strong>Transportation (routine)</strong></td>
<td>If you do not have a way to get to an appointment for health care services that are paid by Medicaid, call your county Department of Job &amp; Family Services for help. If you have a disability you may be able to use an ambulance or ambulette.</td>
<td><strong>Covered.</strong> See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid-covered services.</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Medicaid</td>
<td>UnitedHealthcare Dual Complete® (HMO-POS SNP)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Additional Vision Services</td>
<td>Regular Eye Exams</td>
<td>Covered. See the benefits charts for applicable cost sharing amount earlier in this booklet.</td>
</tr>
<tr>
<td></td>
<td>$2 co-pay per routine exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you are 21-59 years old: once every 24 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you are 20 years old or younger, or 60 years old or older: once every 12 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye Glasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1 co-pay for eye glass fitting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you are 21-59 years old: one pair every 24 months.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you are 20 years old or younger, or 60 years old or older: one pair every 12 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact Lenses, Tinted Lenses, Prosthetic Eye, and Low-Vision Aids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 co-pay for Medicaid-covered services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>These items must be prior authorized and be medically necessary.</td>
<td></td>
</tr>
</tbody>
</table>
This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

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

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

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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

You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-889-6358, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Enrollment in the plan depends on contract renewal with Medicare.

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

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-834-3721.

This information is available for free in other languages. Please call our customer service number at 1-888-834-3721, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-888-834-3721, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.
The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

**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 1-888-834-3721. 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 1-888-834-3721. 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 1-888-834-3721。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1-888-834-3721。我們的中文工作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 1-888-834-3721. 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 1-888-834-3721. 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 trình bảo hiểm và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-834-3721 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 1-888-834-3721. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
Italian: É disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-834-3721. Un nostro incaricato che parla Italiano vi fornirà l’assistenza necessaria. È un servizio gratuito.

Português: Disposomos 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 1-888-834-3721. 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 1-888-834-3721. 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 1-888-834-3721. Ta usługa jest bezpłatna.

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ございます。通訳をご用命になるには、1-888-834-3721 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。
## Vendor Information

Before contacting any of the providers below you must be fully enrolled in UnitedHealthcare Dual Complete® (HMO-POS SNP).

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Vendor Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing Exams</strong></td>
<td>EPIC Hearing Health Care</td>
<td>1-866-956-5400, TTY 711 6 a.m. - 6 p.m. Pacific Standard Time, Monday - Friday</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.epichearing.com">www.epichearing.com</a></td>
</tr>
<tr>
<td><strong>Hearing Aids</strong></td>
<td>EPIC Hearing Health Care</td>
<td>1-866-956-5400, TTY 711 6 a.m. - 6 p.m. Pacific Standard Time, Monday - Friday</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.epichearing.com">www.epichearing.com</a></td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>UnitedHealthcare Vision®</td>
<td>1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a></td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>UnitedHealthcare Dental</td>
<td>1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a></td>
</tr>
<tr>
<td><strong>NurseLine</strong></td>
<td>NurseLineSM</td>
<td>1-877-440-9407, TTY 711 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td><strong>Routine Transportation</strong></td>
<td>LogistiCare®</td>
<td>1-866-418-9812, TTY 1-866-288-3133 8 a.m. - 5 p.m. local time, Monday - Friday</td>
</tr>
<tr>
<td>(Limited to ground transportation</td>
<td></td>
<td><a href="http://www.logisticare.com">www.logisticare.com</a></td>
</tr>
<tr>
<td>only)</td>
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<tr>
<td><strong>Health Products Benefit Catalog</strong></td>
<td>FirstLine Medical®</td>
<td>1-800-933-2914, TTY 711 7 a.m. - 7 p.m. Central Standard Time, Monday - Friday; 7 a.m. - 4 p.m. Central Standard Time, Saturday</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.HealthProductsBenefit.com">www.HealthProductsBenefit.com</a></td>
</tr>
<tr>
<td><strong>Fitness Membership</strong></td>
<td>SilverSneakers® Fitness</td>
<td>1-888-423-4632, TTY 711 8 a.m. - 8 p.m. Eastern Standard Time, Monday - Friday</td>
</tr>
<tr>
<td>program</td>
<td></td>
<td>silversneakers.com</td>
</tr>
<tr>
<td>Benefit Type</td>
<td>Vendor Name</td>
<td>Contact Information</td>
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</tr>
<tr>
<td>Virtual Doctor Visits</td>
<td>amwell</td>
<td>1-800-643-4845, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week, <a href="http://www.amwell.com">www.amwell.com</a></td>
</tr>
</tbody>
</table>
UnitedHealthcare - H5322

2017 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

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

★★★★
4 stars

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

<table>
<thead>
<tr>
<th>Health Plan Services:</th>
<th>★★★★☆</th>
<th>3.5 stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Plan Services:</td>
<td>★★★★☆</td>
<td>4 stars</td>
</tr>
</tbody>
</table>

The number of stars shows how well our plan performs.

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

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

You may also contact us 7 days a week from 8 a.m. to 8 p.m. local time, at 888-834-3721 (toll-free) or 711 (TTY).

Current members please call 800-643-4845 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.
UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894（TTY：711）。
Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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

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

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

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

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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

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

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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

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

Your Plan may contain one or more of the following:
NurseLine℠
This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

SilverSneakers®
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. Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries. © 2016 Healthways, Inc. All rights reserved.
Non-Discrimination Notice
UnitedHealthcare Insurance Company, on behalf of itself and its affiliated companies, does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

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

If you need help with your complaint, please call the customer service number at the front of this booklet, TTY 711.

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

**Online** [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

**Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

**We provide free language services.**
We provide free services to help you communicate with us. Such as, letters in others languages or large print. Or, you can ask for an interpreter. To ask for help, please call the customer service number at the front of this booklet, TTY 711.
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the Customer Service number at the front of this booklet.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número de Servicio al Cliente que se encuentra en la portada de esta guía.

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打本手冊封面的客戶服務部電話號碼。

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Vui lòng gọi số điện thoại của ban Dịch vụ Hội viên ghi phía trước tập sách này.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 있는 고객 서비스 전화번호로 문의하십시오.

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Pakitawagan ang numero ng Customer Service na nasa harap ng booklet na ito.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Отдела по работе с клиентами, указанному на лицевой стороне данной брошюры.

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال على رقم خدمة العملاء في مقدمة هذا الكتيب.

Kreyòl Ayisyen (French Creole)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri re le nimewo Sèvis Kliyantèl la ki devan tiliv sa a.

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le service clientèle au numéro figurant au début de ce guide.

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić pod numer działu obsługi klienta podany na okładce tej broszury.

Português (Portuguese)
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número de telefone do Serviço ao Cliente na frente deste folheto.

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Italiano (Italian)
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero del Servizio alla clientela indicato all’inizio di questo libretto.

Deutsch (German)

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。本冊子の表紙に記載されているカスタマーサービスの電話番号にお電話ください。

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. لطفاً با شماره تلفن خدمات اعضا بر روی جلد این کتابچه تماس بگیرید.

Hindi (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया इस पुस्तिका के आवरण पर दिए गए ग्राहक सेवा नंबर पर कॉल करें।

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Thov hu rau Chaw Pab Qhua tus xov tooj ntawm nplooj npog phau ntawv no.

演员 (Cambodian)
បើអ្នកត្រូវបានធ្វើឲ្យប្រឈមយព័ត៌មាន ភាពយន្ត ឬ សមាជីកព័ត៌មាន នៃការពារក្នុងការប្រឈមយព័ត៌មាននេះ អ្នកអាចទទួលរកឃើញព័ត៌មានពីនេះការប្រឈមយព័ត៌មានដែលអាចប្រឈមយព័ត៌មានពីនេះ។

Ilocano (Ilocano)
PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahae nga awanan bayadna, ket sidadaan para kenam. Maidawat nga awagan iti numero ti Customer Service ayan iti sango na daytoy nga booklet.

Diné Bizaad (Navajo)
Díí baa akó ninízhí: Díí saad bee yáníítí’go Diné Bizaad, saad bee áká’ánida’áwo’déé’, t’áá jiik’eh, éí ná hóló, T’áá shqdí dií ninaaltsoos wólt’aï bidáahgí Na’tlíníí Biká’ana’áwo’i biich’í’ biéesh bee hane’i biká’igii bee hóló’ dooleel.
2017 DRUG LIST

This is a comprehensive alphabetical list of drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type
- Your plan may have an annual prescription deductible
- For a description of your cost for these drugs, see the Summary of Benefits in this book

Some drugs may need Prior Authorization, Step Therapy or other requirements. To find out if your drug has added coverage needs, please contact us.

This list was last updated August 1, 2016. Call or visit us online for the most up-to-date comprehensive drug list. Our contact information is on the second page of this book.

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<th>Description</th>
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<td>Capsule</td>
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<td>ActHIB</td>
<td>Injection</td>
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<tr>
<td>Actemra</td>
<td>(162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection, 80mg/4ml Injection)</td>
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<tr>
<td>Actimmune</td>
<td>Injection</td>
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<tr>
<td>Acyclovir</td>
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<tr>
<td>Acyclovir</td>
<td>(400mg Tablet, 800mg Tablet)</td>
</tr>
<tr>
<td>Acyclovir</td>
<td>(5% Ointment)</td>
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<tr>
<td>Acyclovir Sodium</td>
<td>(Injection)</td>
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<tr>
<td>Adacel</td>
<td>Injection</td>
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<tr>
<td>Adagen</td>
<td>Injection</td>
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<tr>
<td>Adalat</td>
<td>(0.1% Cream, 0.1% Gel)</td>
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<tr>
<td>Adcirca</td>
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<td>Adefovir Dipivoxil</td>
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<td>Aggrenox</td>
<td>(Capsule Extended-Release 12 Hour)</td>
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<td>Alacort</td>
<td>(Cream)</td>
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<td>Albenza</td>
<td>(Tablet)</td>
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<td>Albuterol Sulfate</td>
<td>(0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)</td>
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<tr>
<td>Albuterol Sulfate</td>
<td>(2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)</td>
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<td>Alclometasone Dipropionate</td>
<td>(0.05% Cream, 0.05% Ointment)</td>
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<td>Alcohol Prep Pads</td>
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<td>Aldurazyme</td>
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<td>Alecensa</td>
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<td>Brand name drug</td>
<td>Generic drug</td>
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<td>Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)</td>
<td>Alendronate Sodium (70mg/75ml Oral Solution)</td>
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<td>Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)</td>
<td>Alimta (Injection)</td>
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<td>Alinia (100mg/5ml Suspension)</td>
<td>Alinia (500mg Tablet)</td>
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<td>Allopurinol (Tablet)</td>
<td>Alocril (Ophthalmic Solution)</td>
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<td>Alomide (Ophthalmic Solution)</td>
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<td>Alosetron HCl (Tablet)</td>
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<td>Alprazolam (Tablet Immediate-Release)</td>
<td>Alphagan P (0.1% Ophthalmic Solution)</td>
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<td>Altabax (Ointment)</td>
<td>Albuterol (Inhalation)</td>
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<td>Ambisome (Injection)</td>
<td>Amitiz (Capsule)</td>
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<td>Amantadine HCl (100mg Capsule, 100mg Tablet)</td>
<td>Amifostine (Injection)</td>
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<tr>
<td>Amantadine HCl (50mg/5ml Syrup)</td>
<td>Amikacin Sulfate (Injection)</td>
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<td>Amethia (Tablet)</td>
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<td>Amethyst (Tablet)</td>
<td>Aminosyn HCl (Injection)</td>
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<td>Amifostine (Injection)</td>
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<td>Amikacin Sulfate (Injection)</td>
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<td>Amiloride HCl (Tablet)</td>
<td>Amiloride (Tablet)</td>
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<td>Amiloride/Hydrochlorothiazide (Tablet)</td>
<td>Amiloride/Hydrochlorothiazide (Tablet)</td>
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<td>Aminophylline (Injection)</td>
<td>Aminophylline (Injection)</td>
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<td>Aminosyn 7%/Electrolytes (Injection)</td>
<td>Aminosyn 7%/Electrolytes (Injection)</td>
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<td>Aminosyn 8.5%/Electrolytes (Injection)</td>
<td>Aminosyn 8.5%/Electrolytes (Injection)</td>
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<td>Aminosyn II (10% Injection, 7% Injection)</td>
<td>Aminosyn II 8.5%/Electrolytes (Injection)</td>
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<td>Aminosyn-HBC (Injection)</td>
<td>Aminosyn-HBC (Injection)</td>
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<td>Aminosyn-PF (Injection)</td>
<td>Aminosyn-PF (Injection)</td>
</tr>
<tr>
<td>Aminosyn-RF (Injection)</td>
<td>Aminosyn-RF (Injection)</td>
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<tr>
<td>Amiodarone HCl (200mg Tablet)</td>
<td>Amiodarone HCl (50mg/ml Injection)</td>
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<tr>
<td>Amiodarone HCl (50mg/ml Injection)</td>
<td>Amiodarone HCl (50mg/ml Injection)</td>
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<tr>
<td>Amitiz (Capsule)</td>
<td>Amilide (Ophthalmic Solution)</td>
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<tr>
<td>Amitriptyline HCl (Tablet)</td>
<td>Amilide (Ophthalmic Solution)</td>
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<td>Amlodipine Besylate (Tablet)</td>
<td>Amiloride (Tablet)</td>
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<td>Amlodipine Besylate/Atorvastatin Calcium (Tablet)</td>
<td>Amiloride/Hydrochlorothiazide (Tablet)</td>
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<tr>
<td>Amlodipine Besylate/Benazepril HCl (Capsule)</td>
<td>Ammonium Chloride (Injection)</td>
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<tr>
<td>Amlodipine Besylate/Valsartan (Tablet)</td>
<td>Ammonium Chloride (Injection)</td>
</tr>
<tr>
<td>Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)</td>
<td>Ammonium Lactate (12% Cream, 12% Lotion)</td>
</tr>
<tr>
<td>Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)</td>
<td>Amoxicillin (Capsule)</td>
</tr>
<tr>
<td>Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release, 125mg-250mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release, (Generic Augmentin) Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)</td>
<td>Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)</td>
</tr>
<tr>
<td>Amphotericin B (Injection)</td>
<td>Amphotericin B (Injection)</td>
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<tr>
<td>Amphotericin B (Injection)</td>
<td>Amphotericin B (Injection)</td>
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<tr>
<td>Amphotericin B (Injection)</td>
<td>Amphotericin B (Injection)</td>
</tr>
</tbody>
</table>
Ampicillin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule)
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)
Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)
Ampyra (Tablet Extended-Release 12 Hour)
Anadrol-50 (Tablet)
Anagrelide HCl (Capsule)
Anastrozole (Tablet)
AndroGel (1.62% Packet Gel)
AndroGel Pump (1.62% Gel)
Androderm (Patch 24 Hour)
Anoro Ellipta (Aerosol Powder)
Anzemet (100mg Tablet, 50mg Tablet)
Apokyn (Injection)
Apraclonidine (Ophthalmic Solution)
Apri (Tablet)
Apriso (Capsule Extended-Release 24 Hour)
Aptiom (200mg Tablet)
Aptiom (400mg Tablet, 600mg Tablet, 800mg Tablet)
Aptivus (100mg/ml Oral Solution, 250mg Capsule)
Aralast NP (Injection)
Aranelle (Tablet)

Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)
Arcalyst (Injection)
Argatroban (125mg/125ml-0.9% Injection)
Argatroban (250mg/2.5ml Injection)
Aripiprazole (Tablet)
Aripiprazole ODT (Tablet Dispersible)
Aristada (Injection)
Arnuity Ellipta (Aerosol Powder)
Arranon (Injection)
Ashlyna (Tablet)
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)
Atgam (Injection)
Atorvastatin Calcium (Tablet)
Atovaquone (Suspension)
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)
Atripla (Tablet)
Atropine Sulfate (Injection)
Atrovent HFA (Aerosol Solution)
Aubagio (Tablet)
Aubra (Tablet)
Augmented Betamethasone Dipropionate (0.05% Cream)
Augmented Betamethasone Dipropionate (0.05% Gel, 0.05% Lotion, 0.05% Ointment)
Avandia (Tablet)
Avastin (Injection)
Avelox (400mg/250ml-0.8% Injection)
Aviane (Tablet)
Avonex (Injection)
Avonex Pen (Injection)
Azacitidine (Injection)
Azactam in Iso-Osmotic Dextrose (Injection)
Azasite (Ophthalmic Solution)
Azathioprine (100mg Injection)
Azathioprine (50mg Tablet)
Azelastine HCl (0.05% Ophthalmic Solution)
Azelastine HCl (0.1% Nasal Solution)
Azelastine HCl (0.15% Nasal Solution)
Azilect (Tablet)
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)
Azithromycin (500mg Injection)
Azopt (Suspension)
Azor (Tablet)
Aztreonam (Injection)
BACiiM (Injection)
BCG Vaccine (Injection)
BIVIGAM (Injection)
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)
BRIVIACT (50mg/5ml Injection)
Bacitracin (50000unit Injection)
Bacitracin (500unit/gm Ophthalmic Ointment)
Bacitracin/Polyoxymyxin B (Ophthalmic Ointment)
Baclofen (Tablet)
Bactocill in Dextrose (Injection)
Bactroban Nasal (Ointment)
Balsalazide Disodium (Capsule)
Balziva (Tablet)
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)
Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)
Bekyree (Tablet)
Beleodaq (Injection)
Belsomra (Tablet)
Benazepril HCl (Tablet)
Benazepril HCl/Hydrochlorothiazide (Tablet)
Benicar (Tablet)
Benicar HCT (Tablet)
Benlysta (Injection)
Benzotropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)
Benzotropine Mesylate (1mg/ml Injection)
Bepreve (Ophthalmic Solution)
Berinert (Injection)
Besivance (Suspension)
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)
Betaseron (Injection)
Betaxolol HCl (0.5% Ophthalmic Solution)
Betaxolol HCl (10mg Tablet, 20mg Tablet)
Bethanechol Chloride (Tablet)
Betimol (Ophthalmic Solution)
Bexarotene (Capsule)
Bexsero (Injection)
BiCNU (Injection)
BiDil (Tablet)
Bicalutamide (Tablet)
Bicillin C-R (Injection)
Bicillin L-A (Injection)
Biltricide (Tablet)
Binosto (Tablet Effervescent)
Bisoprolol Fumarate (Tablet)
Bisoprolol Fumarate/Hydrochlorothiazide (10mg-6.25mg Tablet)
Bisoprolol Fumarate/Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)
Bleomycin Sulfate (Injection)
Blephamide (Suspension)
Blephamide S.O.P. (Ointment)
Blisovi 24 Fe (Tablet)
Blisovi 1.5/30 (Tablet)
Blisovi 1/20 (Tablet)
Boostrix (Injection)
Bosulif (Tablet)
Botox (Injection)
Breo Ellipta (Aerosol Powder)
Briellyn (Tablet)
Brilinta (Tablet)
Brimonidine Tartrate (0.2% Ophthalmic Solution)
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)
Browana (Nebulized Solution)
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)
Budesonide (3mg Capsule Delayed-Release)
Bumetanide (0.25mg/ml Injection)
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)
Buphenyl (3gm/tsp Powder, 500mg Tablet)
Buprenorphine HCl (0.3mg/ml Injection)
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)
Buprenorphine HCl/Naloxone HCI (Tablet Sublingual)
Bupropion (Tablet Extended-Release 12 Hour)
Bupropion HCl (Tablet Immediate-Release)
Bupropion HCl SR (Tablet Extended-Release 12 Hour)
Bupropion HCl XL (Tablet Extended-Release 24 Hour)
Buspirone HCI (Tablet)
Busulfex (Injection)
Butorphanol Tartrate (10mg/ml Nasal Solution)
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)
Bydureon (Injection)
Byetta (Injection)
Bystolic (Tablet)
Cabergoline (Tablet)
Cabometyx (Tablet)
Cafergot (Tablet)
Calcipotriene (0.005% Cream, 0.005% External Solution)
Calcitonin-Salmon (Nasal Solution)
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)
Calcitriol (1mcg/ml Injection)
Calcitriol (3mcg/gm Ointment)
Calcium Acetate (Capsule)
Camila (Tablet)
Canasa (Suppository)
Candidas (Injection)
Candesartan Cilexetil (Tablet)
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)
Capastat Sulfate (Injection)
Caprelsa (Tablet)
Captopril (Tablet)
Captopril/Hydrochlorothiazide (Tablet)
Carac (Cream)
Carafate (1gm/10ml Suspension)
Carbaglu (Tablet)
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)
Chemet (Capsule)
Chenodal (Tablet)
Chloramphenicol Sodium Succinate (Injection)
Chlordiazepoxide HCl (Capsule)
Chlorhexidine Gluconate Oral Rinse (Solution)
Chloroquine Phosphate (Tablet)
Chlorothiazide (Tablet)
Chlorothiazide Sodium (Injection)
Chlorpromazine HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)
Chlorthalidone (Tablet)
Cholbam (Capsule)
Cholestyramine Light (Packet)
Chorionic Gonadotropin (Injection)
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)
Ciclopirox Nail Lacquer (External Solution)
Ciclopirox Olamine (Cream)
Cidofovir (Injection)
Cilostazol (Tablet)
Ciloxan (0.3% Ointment)
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)
Clarithromycin (250mg Tablet, 500mg Tablet)
Clarithromycin ER (Tablet Extended-Release 24 Hour)
Climara Pro (Patch Weekly)
Clindamycin HCl (Capsule Immediate-Release)
Clindamycin Palmitate HCl (Oral Solution)
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)
Clindamycin Phosphate (2% Cream)
Clindamycin Phosphate (300mg/2ml Solution, 900mg/6ml Solution, 600mg/4ml Injection)
Clindamycin Phosphate in D5W (Injection)
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)
Clopidogrel (75mg Tablet)
Clorazepate Dipotassium (Tablet)
Clotrizol (1% Cream, 1% External Solution, 10mg Troche)
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)
Clozapine (Tablet Immediate-Release)
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)
Clozapine ODT (200mg Tablet Dispersible)
Coartem (Tablet)
Codeine Sulfate (Tablet)
Colchicine (0.6mg Tablet) (Generic Colcrys)
Colcrys (Tablet)
Colestipol HCl (1gm Tablet)
Colestipol HCl (5gm Granules)
Colistimethate Sodium (Injection)
Colocort (Enema)
Coly-Mycin S (Suspension)
Combigan (Ophthalmic Solution)
Combivent Respimat (Aerosol Solution)
Combivir (Tablet)
Cometriq (Kit)
Complera (Tablet)
Compro (Suppository)
 CONSTULOSE (Oral Solution)
Copaxone (Injection)
Cordran Tape (Tape)
Cormax Scalp Application (External Solution)
Cortisone Acetate (Tablet)
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)
Cosmegen (Injection)
Cotellic (Tablet)
Coumadin (Tablet)
Creon (Capsule Delayed-Release)
Crestor (Tablet)
Crinone (Gel)
Crixivan (Capsule)
Cromolyn Sodium (100mg/5ml Concentrate)
Cromolyn Sodium (20mg/2ml Nebulized Solution)
Cromolyn Sodium (4% Ophthalmic Solution)
Crystelle-28 (Tablet)
Cubicin (Injection)
Cuprimine (Capsule)
Cuvposa (Oral Solution)
Cyclafem (Tablet)
Cyclobenzaprine HCl (7.5mg Tablet)
Cyclophosphamide (Capsule)
Cycloset (Tablet)
Cyclosporine (100mg Capsule, 25mg Capsule)
Cyclosporine (50mg/ml Injection)
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)
Cyproheptadine HCl (4mg Tablet)
Cyramza (Injection)
Cystadane (Capsule)
Cystagon (Capsule)
Cystaran (Ophthalmic Solution)
Cytarabine Aqueous (Injection)
DARAPRIM (Tablet)
Dacarbazine (Injection)
Dacogen (Injection)
Daklinza (Tablet)
Daliresp (Tablet)
Dalvance (Injection)
Danazol (Capsule)
Dantrolene Sodium (Capsule)
Dapsone (Tablet)
Daptacel (Injection)
Darzalex (Injection)
Daunorubicin HCl (Injection)
Debiline (Tablet)
Decitabine (Injection)
Delyla (Tablet)
Demeclocycline HCl (Tablet)
Demser (Capsule)
Denavir (Cream)
Depen Titratabs (Tablet)
Depo-Estradiol (Injection)
Depo-Medrol (20mg/ml Injection)
Depo-Provera (Injection)
Descovy (Tablet)
Desipramine HCl (Tablet)
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)
Desogestrel/Ethinyl Estradiol (Tablet)
Desonide (0.05% Ointment)
Desoximetasone (0.05% Cream, 0.25% Cream)
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)
Dexamethasone Intensol (1mg/ml Concentrate)
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)
<table>
<thead>
<tr>
<th>Brand Name Drug</th>
<th>Generic Drug</th>
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<tbody>
<tr>
<td>Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)</td>
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<tr>
<td>Dexedrine (10mg Tablet, 5mg Tablet)</td>
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<tr>
<td><strong>Dexilant (Capsule Delayed-Release)</strong></td>
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<tr>
<td>Dexamethasone HCl (Tablet Immediate-Release)</td>
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<tr>
<td>Dexamethasone HCl ER (Capsule Extended-Release 24 Hour)</td>
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<tr>
<td>Dexrazoxane (Injection)</td>
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<tr>
<td>Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)</td>
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<tr>
<td>Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)</td>
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<tr>
<td><strong>Dextrose 10% (Injection)</strong></td>
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<tr>
<td>Dextrose 10%/NaCl 0.2% (Injection)</td>
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<tr>
<td>Dextrose 10%/NaCl 0.45% (Injection)</td>
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<tr>
<td>Dextrose 2.5%/Sodium Chloride 0.45% (Injection)</td>
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<tr>
<td>Dextrose 5% (Injection)</td>
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<tr>
<td>Dextrose 5%/NaCl 0.2% (Injection)</td>
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<tr>
<td>Dextrose 5%/NaCl 0.225% (Injection)</td>
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<tr>
<td>Dextrose 5%/NaCl 0.33% (Injection)</td>
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<tr>
<td>Dextrose 5%/NaCl 0.45% (Injection)</td>
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<tr>
<td>Dextrose 5%/NaCl 0.9% (Injection)</td>
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<tr>
<td>Dextrose 5%/Potassium Chloride 0.15% (Injection)</td>
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<td>Diastat AcuDial (Gel)</td>
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<tr>
<td>Diastat Pediatric (Gel)</td>
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<tr>
<td><strong>Diazepam (10mg Gel, 2.5mg Gel, 20mg Gel)</strong></td>
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<tr>
<td>Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)</td>
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<tr>
<td>Diazepam (1mg/ml Oral Solution)</td>
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<td>Diazepam Intensol (5mg/ml Concentrate)</td>
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<tr>
<td><strong>Diclofenac Sodium (0.1% Ophthalmic Solution)</strong></td>
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<tr>
<td>Diclofenac Sodium (1% Gel)</td>
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<td>Diclofenac Sodium (3% Gel)</td>
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<td>Diclofenac Sodium DR (Tablet Delayed-Release)</td>
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<tr>
<td>Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)</td>
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<tr>
<td>Dicloxacillin Sodium (Capsule)</td>
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<tr>
<td>Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)</td>
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<tr>
<td>Didanosine (Capsule Delayed-Release)</td>
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<tr>
<td><strong>Diflucan (Tablet)</strong></td>
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<td>Diflunisal (Tablet)</td>
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<tr>
<td>Digitek (Tablet)</td>
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<tr>
<td><strong>Digoxin (0.05mg/ml Oral Solution)</strong></td>
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<td>Digoxin (0.25mg/ml Injection)</td>
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<tr>
<td>Digoxin (125mcg Tablet, 250mcg Tablet)</td>
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<tr>
<td>Dihydroergotamine Mesylate (1mg/ml Injection)</td>
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<tr>
<td>Dilantin (Capsule)</td>
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<tr>
<td>Dilantin INFATABS (Tablet Chewable)</td>
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<tr>
<td>Dilt-XR (Capsule Extended-Release 24 Hour)</td>
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<tr>
<td>Diltiazem CD (Capsule Extended-Release 24 Hour)</td>
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<tr>
<td><strong>Docetaxel (80mg/4ml Injection)</strong></td>
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**Bold type = Brand name drug**

**Plain type = Generic drug**
<table>
<thead>
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<th>Drug Name</th>
<th>Formulation</th>
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<tr>
<td>Docetaxel</td>
<td>(80mg/8ml Injection)</td>
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<td>Dofetilide</td>
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<td>Donepezil HCl</td>
<td>(Tablet Immediate-Release)</td>
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<td>Donepezil HCl ODT</td>
<td>(Tablet Dispersible)</td>
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<td>Doribax</td>
<td>(Injection)</td>
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<td>Dorzolamide HCl</td>
<td>(Ophthalmic Solution)</td>
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<tr>
<td>Dorzolamide HCl/Timolol Maleate</td>
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<td>Doxazosin Mesylate</td>
<td>(Tablet)</td>
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<tr>
<td>Doxepin HCl</td>
<td>(100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)</td>
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<td>Doxepin HCl (Cream)</td>
<td>(0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)</td>
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<td>Doxepin HCl (Injection)</td>
<td>(4mcg/2ml Injection)</td>
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<td>Doxy 100</td>
<td>(Injection)</td>
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<td>Doxycycline (Capsule)</td>
<td>(25mg/5ml Suspension)</td>
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<td>Doxycycline Hyclate</td>
<td>(100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)</td>
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<td>Doxycycline Hyclate (Injection)</td>
<td>(100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)</td>
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<td>Dronabinol</td>
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<td>Drospirenone/Ethinyl Estradiol</td>
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<td>Droxia</td>
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<td>Duavee</td>
<td>(Tablet)</td>
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<td>Dulera (Aerosol)</td>
<td>(Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release))</td>
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<td>Duramorph</td>
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<td>Durezol (Emulsion)</td>
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<td>Dymista (Suspension)</td>
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<td>Dyrenium</td>
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<td>E.E.S. Granules</td>
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<td>Econazole Nitrate</td>
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<td>Edarbi</td>
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<td>Edarbyclor</td>
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<td>Effient</td>
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<td>Egrifta</td>
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<td>Elidel (Cream)</td>
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<td>Eliphos</td>
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<td>Eliquis</td>
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<td>Elitek</td>
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<td>Ellence</td>
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<td>(Capsule Extended-Release)</td>
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<td>Emend (Injection)</td>
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<td>Emend (Pack)</td>
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<td>Emoquette</td>
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<td>Empliciti</td>
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<td>Emsam</td>
<td>(Patch 24 Hour)</td>
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<td>Emtriva</td>
<td>(10mg/ml Oral Solution, 200mg Capsule)</td>
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<td>Enalapril Maleate</td>
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<td>Enalapril Maleate/ Hydrochlorothiazide</td>
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<td>Enbrel</td>
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<td>Enbrel SureClick</td>
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<td>Endocet</td>
<td>(Tablet)</td>
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<tr>
<td>Enoxaparin Sodium</td>
<td>(100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)</td>
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<td>Enpresse-28</td>
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<td>Entacapone</td>
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<td>Entecavir</td>
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<td>Epinastine HCl</td>
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<td>Epitole</td>
<td>(Tablet)</td>
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<td>Epivir HBV</td>
<td>(5mg/ml Oral Solution)</td>
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<td>Eplerenone</td>
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<td>Eprosartan Mesylate</td>
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<td>Epzicom</td>
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<td>Eraxis</td>
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<td>Erbitux</td>
<td>(Injection)</td>
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<td>Erivedge</td>
<td>(Capsule)</td>
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Errin (Tablet)
Erwinaze (Injection)
Ery (2% Pad)
Ery-Tab (Tablet Delayed-Release)
EryPed 200 (Suspension)
EryPed 400 (Suspension)
Erythrocitin Lactobionate (Injection)
Erythromycin (2% External Solution)
Erythromycin (2% Gel)
Erythromycin (250mg Capsule Delayed-Release)
Erythromycin (5mg/gm Ophthalmic Ointment)
Erythromycin Base (Tablet)
Erythromycin Ethylsuccinate (Tablet)
Erythromycin/Benzoyl Peroxide (Gel)
Esbriet (Capsule)
Escalapram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)
Escalapram Oxalate (5mg/5ml Oral Solution)
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)
Esomeprazole Sodium (Injection)
Estrace (0.1mg/gm Cream)
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 0.375mcg/24hr Patch Weekly)
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)
Estradiol Valerate (Injection)
Estring (Ring)
Ethambutol HCl (Tablet)
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)
Etidronate Disodium (Tablet)
Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)
Etodolac ER (Tablet Extended-Release 24 Hour)
Etopophos (Injection)
Etoposide (Injection)
Eurax (10% Cream, 10% Lotion)
Evotaz (Tablet)
Exelderm (1% Cream, 1% External Solution)
Exemestane (Tablet)
Exjade (Tablet Soluble)
FML (Ointment)
FML Forte (Suspension)
Fabrazyme (Injection)
Falmina (Tablet)
Famciclovir (Tablet)
Famotidine (20mg Tablet, 40mg Tablet)
Famotidine (20mg/2ml Injection, 40mg/5ml Suspension)
Famotidine Premixed (Injection)
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)
Fanapt Titration Pack (Tablet)
Fareston (Tablet)
Farydak (Capsule)
Faslodex (Injection)
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)
Felbamate (400mg Tablet, 600mg Tablet)
Felbamate (600mg/5ml Suspension)
Felbatol (600mg/5ml Suspension)
Felodipine ER (Tablet Extended-Release 24 Hour)
Fenri Ring (Ring)
Fenofibrate (145mg Tablet, 48mg Tablet)
Fenofibrate (160mg Tablet, 54mg Tablet)
Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule)
Fenofibric Acid (Tablet)
Fenofibric Acid DR (Capsule Delayed-Release)
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)
Fetzima (Capsule Extended-Release 24 Hour)
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)
Finasteride (5mg Tablet) (Generic Proscar)
Firazy (Injection)
Firmagon (120mg Injection)
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<th>Formulations</th>
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<td>Flarex (Suspension)</td>
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<td>Flebogamma DIF (Injection)</td>
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<td>Flecainide Acetate (Tablet)</td>
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<td>Flector (Patch)</td>
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<td>Flovent Diskus (Aerosol Powder)</td>
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<td>Flovent HFA (Aerosol)</td>
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<tr>
<td>Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)</td>
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<td>Fluconazole in NaCl (Injection)</td>
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<td>Flucytosine (Capsule)</td>
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<td>Fludarabine Phosphate (Injection)</td>
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<td>Fludrocortisone Acetate (Tablet)</td>
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<td>Flunisolide (Nasal Solution)</td>
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<td>Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)</td>
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<td>Fluocinolone Acetonide (0.01% Otic Oil)</td>
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<td>Fluocinolone Acetonide Body (Oil)</td>
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<td>Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)</td>
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<td>Fluocinonide-E (Cream)</td>
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<td>Fluorometholone (Ophthalmic Suspension)</td>
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<td>Fluorouracil (0.5% Cream)</td>
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<td>Fluorouracil (2% External Solution, 5% External Solution)</td>
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<td>Fluorouracil (2.5gm/50ml Injection)</td>
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<td>Fluorouracil (5% Cream)</td>
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<tr>
<td>Fluoxetine DR (Capsule Delayed-Release)</td>
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<tr>
<td>Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)</td>
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<tr>
<td>Fluphenazine Decanoate (Injection)</td>
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<tr>
<td>Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)</td>
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<tr>
<td>Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)</td>
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<tr>
<td>Fluphenazine HCl (5mg/ml Concentrate)</td>
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<tr>
<td>Flurbiprofen (Tablet)</td>
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<tr>
<td>Flurbiprofen Sodium (Ophthalmic Solution)</td>
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<tr>
<td>Flutamide (Capsule)</td>
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<tr>
<td>Fluticasone Propionate (0.005% Ointment, 0.05% Cream)</td>
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<tr>
<td>Fluticasone Propionate (50mcg/act Suspension)</td>
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<tr>
<td>Fluvoxamine Maleate (Tablet)</td>
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<tr>
<td>Folotyn (Injection)</td>
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<tr>
<td>Fomarpizole (Injection)</td>
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<tr>
<td>Fonarapin Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)</td>
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<tr>
<td>Fonarapin Sodium (2.5mg/0.5ml Injection)</td>
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<tr>
<td>Forteo (Injection)</td>
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<tr>
<td>Fosinopril Sodium (Tablet)</td>
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<tr>
<td>Fosinopril Sodium/ Hydrochlorothiazide (Tablet)</td>
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<td>Fosphenytoin Sodium (Injection)</td>
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<tr>
<td>Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)</td>
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<tr>
<td>FreAmine HBC 6.9% (Injection)</td>
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<tr>
<td>Furosemide (10mg/ml Injection)</td>
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<tr>
<td>Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)</td>
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<tr>
<td>Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)</td>
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<td>Fusilev (Injection)</td>
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<td>Fuzeon (Injection)</td>
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<tr>
<td>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</td>
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<td>Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)</td>
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<td>Gabapentin (250mg/5ml Oral Solution)</td>
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<td>Gabitril (12mg Tablet, 16mg Tablet)</td>
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<td>Gablofen (10000mcg/20ml Injection, 50mcg/ml Injection)</td>
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<td>Gablofen (40000mcg/20ml Injection)</td>
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<td>Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour, 4mg/ml Oral Solution)</td>
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<tr>
<td>Bold type = Brand name drug</td>
<td>Plain type = Generic drug</td>
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<td>Gamastan S/D (Injection)</td>
<td>Gentamicin Sulfate/0.9% Sodium Chloride (Injection)</td>
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<td>Gammagard Liquid (Injection)</td>
<td>Genvoya (Tablet)</td>
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<tr>
<td>Gammaked (Injection)</td>
<td>Geodon (20mg Injection)</td>
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<tr>
<td>Gammaphex (Injection)</td>
<td>Gianvi (Tablet)</td>
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<td>Gammunex-C (Injection)</td>
<td>Gildagia (Tablet)</td>
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<td>Gardasil (Injection)</td>
<td>Gildess 1.5/30 (Tablet)</td>
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<td>Gardasil 9 (Injection)</td>
<td>Gildess 24 Fe (Tablet)</td>
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<td>Gatifloxacin (Ophthalmic Solution)</td>
<td>Gilenya (Capsule)</td>
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<td>Gattex (Injection)</td>
<td>Gilotrif (Tablet)</td>
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<td>Gauze (Non-medicated 2X2)</td>
<td>Glassia (Injection)</td>
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<td>GaviLyte-C (Oral Solution)</td>
<td>Glatopa (Injection)</td>
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<td>GaviLyte-G (Oral Solution)</td>
<td>Gleostine (Capsule)</td>
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<td>GaviLyte-H (Kit)</td>
<td>Glimepiride (Tablet)</td>
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<td>GaviLyte-N/Flavor Pack (Oral Solution)</td>
<td>Glipizide (Tablet Immediate-Release)</td>
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<td>Gemcitabine HCl (Injection)</td>
<td>Glipizide ER (Tablet Extended-Release 24 Hour)</td>
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<td>Gemfibrozil (Tablet)</td>
<td>Glipizide/Metformin HCl (Tablet)</td>
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<td>Gemzar (Injection)</td>
<td>Glucagon HypoKit (Injection)</td>
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<td>Generlac (Oral Solution)</td>
<td>Glucagon Emergency Kit (Injection)</td>
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<td>Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)</td>
<td>Glycopyrrolate (4mg/20ml Injection)</td>
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<td>Genotropin (12mg Injection, 5mg Injection)</td>
<td>Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)</td>
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<td>Genotropin Miniquick (0.2mg Injection)</td>
<td>Granisetron HCl (1mg Tablet)</td>
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<td>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 2mg Injection)</td>
<td>Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)</td>
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<td>Gentak (Ophthalmic Ointment)</td>
<td>Griseofulvin Ultramicrsize (Tablet)</td>
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<td>Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution)</td>
<td>Guanfacine ER (Tablet Extended-Release 24 Hour)</td>
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<td>Gentamicin Sulfate (10mg/ml Injection, 40mg/ml Injection)</td>
<td>Guanidine HCl (Tablet)</td>
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<td>Halaven (Injection)</td>
<td>Halobetasol Propionate (0.05% Cream, 0.05% Ointment)</td>
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<td>Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)</td>
<td>Haloperidol Decanoate (Injection)</td>
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<td>Haloperidol Lactate (Injection)</td>
<td>Haloperidol Lactate (Injection)</td>
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<td>Harvoni (Tablet)</td>
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<td>Havrix (Injection)</td>
<td>Hecterol (Injection)</td>
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<td>Hectorol (1mcg Capsule, 2.5mcg Capsule)</td>
<td>Heparin Sodium (Injection)</td>
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<td>Heparin Sodium/D5W (Injection)</td>
<td>Heparin Sodium/D5W (Injection)</td>
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<td>Heparin Sodium/D5W (Injection)</td>
<td>HepatAmine (Injection)</td>
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<td>Hepsera (Tablet)</td>
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<td>Herceptin (Injection)</td>
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<td>Hetlioz (Capsule)</td>
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<td>Hexalen (Capsule)</td>
<td>Hexalen (Injection)</td>
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<td>Hiberix (Injection)</td>
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<td>Humalog Cartridge (Injection)</td>
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<td>Humalog KwikPen (Injection)</td>
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<td>Humalog Mix 50/50 KwikPen (Injection)</td>
<td>Humalog Mix 50/50 Vial (Injection)</td>
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<td>Humalog Mix 75/25 Vial (Injection)</td>
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<td>Humatrope (Injection)</td>
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<td>Humatrope Combo Pack (Injection)</td>
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<tr>
<td>Humira (Injection)</td>
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Humira Pediatric Crohns Disease Starter Pack (Injection)
Humira Pen (Injection)
Humira Pen Crohns Disease Starter Pack (Injection)
Humulin 70/30 KwikPen (Injection)
Humulin 70/30 Vial (Injection)
Humulin N KwikPen (Injection)
Humulin N Vial (Injection)
Humulin R U-500 KwikPen (Injection)
Humulin R U-500 Vial (Concentrated) (Injection)
Humulin R Vial (Injection)
Hyacamtin (Injection)
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)
Hydralazine HCl (20mg/ml Injection)
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)
Hydrocodone/Acetaminophen (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)
Hydrocortisone Butyrate (0.1% Ointment)
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)
Hydrocortisone/Acetic Acid (Otic Solution)
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)
Hydromorphone HCl (1mg/ml Liquid)
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)
Hydromorphone HCl (2mg/ml Injection)
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)
Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)
Hydroxychloroquine Sulfate (Tablet)
Hydroxyprogesterone Caproate (Injection)
Hydroxyurea (Capsule)
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)
Hydroxyzine Pamoate (Capsule)
Ibandronate Sodium (150mg Tablet)
Ibandronate Sodium (3mg/3ml Injection)
Ibrance (Capsule)
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)
Iclusig (15mg Tablet)
Iclusig (45mg Tablet)
Idamycin PFS (Injection)
Idarubicin HCl (Injection)
Ifosfamide (Injection)
Ilaris (Injection)
Ilevro (Suspension)
Ilotycin (Ophthalmic Ointment)
Imatinib Mesylate (Tablet)
Imbruvica (Capsule)
Imipenem/Cilastatin (Injection)
Imipramine HCl (Tablet)
Imipramine Pamoate (Capsule)
Imiquimod (Cream)
Imovax Rabies (H.D.C.V.) (Injection)
Increlex (Injection)
Incruse Ellipta (Aerosol Powder)
Indapamide (Tablet)
Infanrix (Injection)
Inlyta (Tablet)
Insulin Syringes, Needles
Intelence (Tablet)
Intralipid (Injection)
Intron A (Injection)
Intron A w/Diluent (Injection)
Introvale (Tablet)
Invanz (Injection)
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)
Invega Sustenna (39mg/0.25ml Injection)
Invega Trinza (Injection)
Invirase (200mg Capsule, 500mg Tablet)
Invokamet (Tablet)
Invokana (Tablet)
Ionosol-B/Dextrose 5% (Injection)
Ionosol-MB/Dextrose 5% (Injection)
Ipratropium Bromide (0.02% Inhalation Solution)
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)
Irbesartan (Tablet)
Irbesartan/Hydrochlorothiazide (Tablet)
Iressa (Tablet)
Irinotecan (Injection)
Isoniazid (100mg Tablet, 300mg Tablet)
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)
Isosorbide Dinitrate (Tablet Immediate-Release)
Isosorbide Dinitrate ER (Tablet Extended-Release)
Isosorbide Mononitrate (Tablet Immediate-Release)
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)
Isotonic Gentamicin (Injection)
IstoDax (Injection)
Itraconazole (Capsule)
Ivermectin (Tablet)
Ixaro (Injection)
Jadenu (Tablet)
Jakafi (Tablet)
Jantoven (Tablet)
Janumet (Tablet Immediate-Release)
Janumet XR (Tablet Extended-Release 24 Hour)
Januvia (Tablet)
Jardiance (Tablet)
Jentadueto (Tablet)
Jentadueto XR (Tablet Extended-Release 24 Hour)
Jevtana (Injection)
Jinteli (Tablet)
Jolivette (Tablet)
Jublia (External Solution)
Juleber (Tablet)
Junel 1.5/30 (Tablet)
Junel 1/20 (Tablet)
Junel Fe 1.5/30 (Tablet)
Junel Fe 1/20 (Tablet)
Juxtapid (Capsule)
KCl 0.075%/D5W/NaCl 0.45% (Injection)
KCl 0.15%/D5W/LR (Injection)
KCl 0.15%/D5W/NaCl 0.2% (Injection)
KCl 0.15%/D5W/NaCl 0.225% (Injection)
KCl 0.15%/D5W/NaCl 0.9% (Injection)
KCl 0.3%/D5W/NaCl 0.45% (Injection)
KCl 0.3%/D5W/NaCl 0.9% (Injection)
Kadcyla (Injection)
Kaitlib Fe (Tablet Chewable)
Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)
Kaletra (200mg-50mg Tablet)
Kalydeco (150mg Tablet)
Kalydeco (50mg Packet, 75mg Packet)
Kanuma (Injection)
Kariva (Tablet)
Kelnor 1/35 (Tablet)
Kenalog-10 (Injection)
Kenalog-40 (Injection)
Kepivance (Injection)
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)
Ketoconazole (2% Foam)
Ketoprofen (Capsule Immediate-Release)
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulations</th>
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<tbody>
<tr>
<td>Ketorolac Tromethamine</td>
<td>(15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)</td>
</tr>
<tr>
<td>Keytruda (Injection)</td>
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<tr>
<td>Kimidess (Tablet)</td>
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<td>Kineret (Injection)</td>
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<tr>
<td>Kionex (Powder)</td>
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<tr>
<td>Klor-Con 10 (Tablet</td>
<td>Extended-Release)</td>
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<tr>
<td>Klor-Con 8 (Tablet</td>
<td>Extended-Release)</td>
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<tr>
<td>Klor-Con M15 (Tablet</td>
<td>Extended-Release)</td>
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<tr>
<td>Klor-Con M20 (Tablet</td>
<td>Extended-Release)</td>
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<td>Klor-Con Sprinkle (Capsule</td>
<td>Extended-Release)</td>
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<td>Kombiglyze XR (Tablet</td>
<td>Extended-Release 24 Hour)</td>
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<td>Laron (Tablet)</td>
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<tr>
<td>Kuvan (100mg Packet,</td>
<td>500mg Packet, 100mg Tablet Soluble</td>
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<td>Latuda (Tablet)</td>
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<td>Leena (Tablet)</td>
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<td>Leflunomide (Tablet)</td>
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<tr>
<td>Lenvima (Capsule Therapy</td>
<td>Pack)</td>
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<td>Levodopa (Tablet)</td>
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<td>Levovest (Tablet)</td>
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<td>Lactulose (Oral Solution)</td>
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<td>Lamisil (125mg Packet,</td>
<td>187.5mg Packet)</td>
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<td>Lamivudine (100mg Tablet)</td>
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<tr>
<td>Lamivudine (10mg/ml Oral</td>
<td>Solution, 150mg Tablet, 300mg Tablet</td>
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<td>Lamivudine/Zidovudine</td>
<td>(Tablet)</td>
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<td>Lamotrigine (100mg Tablet</td>
<td>Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-</td>
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<td>Release, 25mg Tablet Immediate-Release, 5mg Tablet Chewable</td>
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<td>Loxacin (125mcg Tablet,</td>
<td>187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</td>
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<td>Lantus SoloStar (Injection)</td>
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<td>Lantus Vial (Injection)</td>
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<td>Lasteact (Ophthalmic</td>
<td>Solution)</td>
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<td>Latanoprost (Ophthalmic</td>
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<td>Letairis (Tablet)</td>
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<td>Letrozole (Tablet)</td>
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<td>Leucovorin Calcium (100mg</td>
<td>Injection, 350mg Injection)</td>
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<td>Leucovorin Calcium (10mg</td>
<td>Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)</td>
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<td>Leukine (Injection)</td>
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<td>Leuprolide Acetate (Injection)</td>
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<td>Levalbuterol (Nebulized</td>
<td>Solution)</td>
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<td>Levemir FlexTouch</td>
<td>(Injection)</td>
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<td>Levemir Vial (Injection)</td>
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<td>Lefoviracetam (1000mg/100</td>
<td>ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection)</td>
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<td>Levofloxacin (0.5% Ophthalmic Solution)</td>
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<td>Levobunolol HCl (Ophthalmic Solution)</td>
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<td>Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)</td>
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<td>Levocetirizine Dihydrochloride (5mg Tablet)</td>
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<td>Levofloxacin (25mg/ml Oral Solution)</td>
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<td>Levofloxacin in D5W (Injection)</td>
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<td>Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)</td>
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<td>Levovest (Tablet)</td>
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<td>Levonorgestrel and Ethinyl Estradiol (Tablet)</td>
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<td>Levonorgestrel/Ethinyl Estradiol (Tablet)</td>
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<td>Brand name drug</td>
<td>Generic drug</td>
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<td>Levora 0.15/30-28 (Tablet)</td>
<td>Levorphanol Tartrate (Tablet)</td>
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<td>Levotyroxine Sodium (100mcg Injection)</td>
<td>Levotyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)</td>
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<td>Lexiva (50mg/ml Suspension)</td>
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<td>Lialda (Tablet Delayed-Release)</td>
<td>Lidocaine (5% Ointment)</td>
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<tr>
<td>Lidocaine (5% Patch)</td>
<td>Lidocaine HCl (0.5% Injection, 2% Injection)</td>
</tr>
<tr>
<td>Lidocaine HCl (4% External Solution)</td>
<td>Lidocaine HCl (Gel)</td>
</tr>
<tr>
<td>Lidocaine HCl (Gel)</td>
<td>Lidocaine Viscous (Solution)</td>
</tr>
<tr>
<td>Lidocaine/Prilocaine (2.5%-2.5% Cream)</td>
<td>Lincomycin HCl (Injection)</td>
</tr>
<tr>
<td>Lindane (Shampoo)</td>
<td>Linezolid (100mg/5ml Suspension)</td>
</tr>
<tr>
<td>Linezolid (600mg Tablet)</td>
<td>Linezolid (600mg/300ml Injection)</td>
</tr>
<tr>
<td>Linezolid (100mg/5ml Suspension)</td>
<td>Linzess (Capsule)</td>
</tr>
<tr>
<td>Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)</td>
<td>Lioresal Intrathecal (10mg/5ml Injection)</td>
</tr>
<tr>
<td>Lothyronine Sodium (10mcg/ml Injection)</td>
<td>Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet)</td>
</tr>
<tr>
<td>Lisinopril (Tablet)</td>
<td>Lisinopril/Hydrochlorothiazide (Tablet)</td>
</tr>
<tr>
<td>Lithium (Oral Solution)</td>
<td>Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)</td>
</tr>
<tr>
<td>Lithium Carbonate ER (Tablet Extended-Release)</td>
<td>Lithium Carbonate ER (Tablet Extended-Release)</td>
</tr>
<tr>
<td>Lomedia 24 Fe (Tablet)</td>
<td>Lomedia 24 Fe (Tablet)</td>
</tr>
<tr>
<td>Lonsurf (Tablet)</td>
<td>Loperamide HCl (Capsule)</td>
</tr>
<tr>
<td>Lorazepam (Tablet)</td>
<td>Lorazepam Intensol (2mg/ml Concentrate)</td>
</tr>
<tr>
<td>Lorcaz (Tablet)</td>
<td>Lorcaz (Tablet)</td>
</tr>
<tr>
<td>Lorcaz Plus (Tablet)</td>
<td>Lorcaz Plus (Tablet)</td>
</tr>
<tr>
<td>Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)</td>
<td>Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)</td>
</tr>
<tr>
<td>Lorzia (Tablet)</td>
<td>Losartan Potassium (Tablet)</td>
</tr>
<tr>
<td>Losartan Potassium (Tablet)</td>
<td>Losartan Potassium (Tablet)</td>
</tr>
<tr>
<td>Losartan Potassium/Hydrochlorothiazide (Tablet)</td>
<td>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</td>
</tr>
<tr>
<td>Lotepax (Tablet)</td>
<td>Lotepax (Tablet)</td>
</tr>
<tr>
<td>Lovastatin (Tablet Immediate-Release)</td>
<td>Lovastatin (Tablet Immediate-Release)</td>
</tr>
<tr>
<td>Loxapine Succinate (10mg Capsule, 5mg Capsule)</td>
<td>Loxapine Succinate (10mg Capsule, 5mg Capsule)</td>
</tr>
<tr>
<td>Loxapine Succinate (25mg Capsule, 50mg Capsule)</td>
<td>Loxapine Succinate (25mg Capsule, 50mg Capsule)</td>
</tr>
<tr>
<td>Lumigan (Ophthalmic Solution)</td>
<td>Lumigan (Ophthalmic Solution)</td>
</tr>
<tr>
<td>Lumizyme (Injection)</td>
<td>Lumizyme (Injection)</td>
</tr>
<tr>
<td>Lupaneta Pack (Kit)</td>
<td>Lupaneta Pack (Kit)</td>
</tr>
<tr>
<td>Lupron Depot (Injection)</td>
<td>Lupron Depot-PED (Injection)</td>
</tr>
<tr>
<td>Lytera (Tablet)</td>
<td>Lytera (Tablet)</td>
</tr>
<tr>
<td>Lynparza (Capsule)</td>
<td>Lyza (Tablet)</td>
</tr>
<tr>
<td>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</td>
<td>Makena (Injection)</td>
</tr>
<tr>
<td>M-M-R II (Injection)</td>
<td>Makena (Injection)</td>
</tr>
<tr>
<td>MENHIBRIX (Injection)</td>
<td>Maprotiline HCl (Tablet)</td>
</tr>
<tr>
<td>Magnesium Sulfate (1gm/2ml-50% Injection)</td>
<td>Marliss (Tablet)</td>
</tr>
<tr>
<td>Magnesium Sulfate (5gm/10ml-50% Injection)</td>
<td>Marplan (Tablet)</td>
</tr>
<tr>
<td>Matulane (Capsule)</td>
<td>Matulane (Capsule)</td>
</tr>
<tr>
<td>Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)</td>
<td>Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)</td>
</tr>
<tr>
<td>Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)</td>
<td>Medilazine HCl (Tablet)</td>
</tr>
<tr>
<td>Medroxypregesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)</td>
<td>Malathion (Lotion)</td>
</tr>
<tr>
<td>M-M-R II (Injection)</td>
<td>Maprotiline HCl (Tablet)</td>
</tr>
</tbody>
</table>
Medroxyprogesterone Acetate (150mg/ml Injection)
Mefloquine HCl (Tablet)
Megace ES (Suspension)
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)
Megestrol Acetate (625mg/5ml Suspension)
Mekinist (Tablet)
Meloxicam (15mg Tablet, 7.5mg Tablet)
Meloxicam (7.5mg/5ml Suspension)
Melphalan HCl (Injection)
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)
Memantine HCl Titration Pak (Tablet)
Menactra (Injection)
Menest (Tablet)
Menomune-A/C/Y/W-135 (Injection)
Mentax (Cream)
Menveo (Injection)
Mepropranolol (Ophthalmic Solution)
Mesoridazine (Tablet)
Mesna (Injection)
Mestinon (60mg/5ml Syrup)
Metadate ER (Tablet Extended-Release)
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)
Metformin HCl (Tablet Immediate-Release)
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour)
(Methylprednisolone Dose Pack (Tablet Therapy Pack))
Methylprednisolone Sodium Succinate (Injection)
Metipranolol (Ophthalmic Solution)
Metoclopramide HCl (10mg Tablet, 5mg Tablet)
Metoclopramide HCl (5mg/5ml Oral Solution)
Metoclopramide HCl (5mg/ml Injection)
Metolazone (Tablet)
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)
Metoprolol Tartrate (1mg/ml Injection)
Metoprolol/
Hydrochlorothiazide (Tablet)
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)
Metronidazole Vaginal (Gel)
Metronidazole in NaCl 0.79% (Injection)
Mexiletine HCl (Capsule)
Micacidin (200unit/ml Injection)
Miconazole 3 (Suppository)
Microgestin 1.5/30 (Tablet)
Microgestin 1/20 (Tablet)
Microgestin Fe (Tablet)
Microgestin Fe 1.5/30 (Tablet)
Midodrine HCl (Tablet)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migergot</td>
<td>(Suppository)</td>
</tr>
<tr>
<td>Miglitol</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Minitran</td>
<td>(Patch 24 Hour)</td>
</tr>
<tr>
<td>Minocycline HCl</td>
<td>(100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)</td>
</tr>
<tr>
<td>Minocycline HCl</td>
<td>(100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)</td>
</tr>
<tr>
<td>Minoxidil</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Mirtazapine</td>
<td>(Tablet Immediate-Release)</td>
</tr>
<tr>
<td>Mirtazapine ODT</td>
<td>(Tablet Dispersible)</td>
</tr>
<tr>
<td>Mirvaso</td>
<td>(Gel)</td>
</tr>
<tr>
<td>Misoprostol</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Mitomycin</td>
<td>(Injection)</td>
</tr>
<tr>
<td>Mitoxantrone HCl</td>
<td>(Injection)</td>
</tr>
<tr>
<td>Modafinil</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Moexipril HCl</td>
<td>(15mg Tablet)</td>
</tr>
<tr>
<td>Moexipril HCl</td>
<td>(7.5mg Tablet)</td>
</tr>
<tr>
<td>Moexipril/Hydrochlorothiazide</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Molindone HCl</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Mometasone Furoate</td>
<td>(0.1% Cream, 0.1% External Solution, 0.1% Ointment)</td>
</tr>
<tr>
<td>Mometasone Furoate</td>
<td>(50mcg/act Suspension)</td>
</tr>
<tr>
<td>MonoNessa</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Montelukast Sodium</td>
<td>(10mg Tablet)</td>
</tr>
<tr>
<td>Montelukast Sodium</td>
<td>(4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)</td>
</tr>
<tr>
<td>Morphine Sulfate</td>
<td>(100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)</td>
</tr>
<tr>
<td>Morphine Sulfate</td>
<td>(10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)</td>
</tr>
<tr>
<td>Morphine Sulfate</td>
<td>(15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</td>
</tr>
<tr>
<td>Morphine Sulfate</td>
<td>(2mg/ml Injection)</td>
</tr>
<tr>
<td>Morphine Sulfate ER</td>
<td>(100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)</td>
</tr>
<tr>
<td>Moxeza</td>
<td>(Ophthalmic Solution)</td>
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<tr>
<td>Moxifloxacin HCl</td>
<td>(400mg Tablet)</td>
</tr>
<tr>
<td>Moxifloxacin HCl</td>
<td>(400mg/250ml Injection)</td>
</tr>
<tr>
<td>Mozobil</td>
<td>(Injection)</td>
</tr>
<tr>
<td>Multaq</td>
<td>(Tablet)</td>
</tr>
<tr>
<td>Mupirocin</td>
<td>(2% Cream)</td>
</tr>
<tr>
<td>Mupirocin</td>
<td>(2% Ointment)</td>
</tr>
<tr>
<td>Mustargen</td>
<td>(Injection)</td>
</tr>
<tr>
<td>Myalept</td>
<td>(Injection)</td>
</tr>
<tr>
<td>Mycamine</td>
<td>(100mg Injection)</td>
</tr>
<tr>
<td>Mycamine</td>
<td>(50mg Injection)</td>
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<tr>
<td>Mycophenolate Mofetil</td>
<td>(200mg/ml Suspension)</td>
</tr>
<tr>
<td>Mycophenolate Mofetil</td>
<td>(250mg Capsule, 500mg Tablet)</td>
</tr>
<tr>
<td>Mycophenolic Acid DR</td>
<td>(Tablet Delayed-Release)</td>
</tr>
<tr>
<td>Myrbetriq</td>
<td>(Tablet Extended-Release 24 Hour)</td>
</tr>
</tbody>
</table>

**Bold type = Brand name drug**

**Plain type = Generic drug**
Nebupent (Inhalation Solution)
Necon 0.5/35-28 (Tablet)
Necon 1/35 (Tablet)
Necon 1/50-28 (Tablet)
Necon 10/11-28 (Tablet)
Neopro 7/7/7 (Tablet)
Nefazodone HCl (Tablet)
Neomycin Sulfate (Tablet)
Neomycin/Bacitracin/Polymyxin (Ointment)
Neomycin/Polymyxin B Sulfates (Irrigation Solution)
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)
Nephramine (Injection)
Neulasta (Injection)
Neupogen (Injection)
Neupro (Patch 24 Hour)
Nevanac (Suspension)
Nevirapine (200mg Tablet Immediate-Release)
Nevirapine (50mg/5ml Suspension)
Nevirapine ER (Tablet Extended-Release 24 Hour)
Nexavar (Tablet)
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)
Niacin ER (Tablet Extended-Release)
Niacor (Tablet)
Nicardipine HCl (2.5mg/ml Injection)
Nicardipine HCl (20mg Capsule, 30mg Capsule)
Nicotrol Inhaler
Nifedical XL (Tablet Extended-Release 24 Hour)
Nifedipine ER (Tablet Extended-Release 24 Hour)
Nikki (Tablet)
Nilandron (Tablet)
Ninlaro (Capsule)
Nipent (Injection)
Nitro-Bid (Ointment)
Nitrofurantoin (Suspension)
Nitrofurantoin Macrocystals (100mg Capsule, 50mg Capsule) (Generic Macrobid)
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrodantin)
Nitroglycerin (Injection)
Nitroglycerin Lingual (Translingual Solution)
Nitroglycerin Transdermal (Patch 24 Hour)
Nitrostat (Tablet Sublingual)
Nora-BE (Tablet)
Norditropin FlexPro (Injection)
Norethindrone & Ethinyl Estradiol Ferrous Fumarate (Tablet Chewable)
Norethindrone (Tablet)
Norethindrone Acetate (Tablet)
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)
Norgestimate/Ethinyl Estradiol (Tablet)
Norlyroc (Tablet)
Normosol-M in D5W (Injection)
Normosol-R (Injection)
Normosol-R in D5W (Injection)
Northera (Capsule)
Nortrel 0.5/35 (28) (Tablet)
Nortrel 1/35 (Tablet)
Nortrel 7/7/7 (Tablet)
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)
Novarel (Injection)
Noxafil (100mg Tablet Delayed-Release)
Noxafil (40mg/ml Suspension)
Nucynta ER (Tablet Extended-Release 12 Hour)
Nuedexta (Capsule)
Nulojix (Injection)
Nuplazid (Tablet)
Nutrilipid (Injection)
Nutropin AQ (Injection)
NuvaRing (Ring)
Nyamyc (Powder)
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)
Nystop (Powder)

ONMEL (Tablet)
Ocella (Tablet)
Octagam (Injection)
Octreotide Acetate (1000mcg/ml Injection)
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)
Odefsey (Tablet)
Odomzo (Capsule)
Ofev (Capsule)
Ofloxacin (0.3% Ophthalmic Solution)
Ofloxacin (0.3% Otic Solution, 400mg Tablet)
Ogestrel (Tablet)
Olanzapine (10mg Injection)
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)
Olanzapine ODT (Tablet Dispersible)
Olanzapine OD (Tablet Dispersible)
Olopatadine HCl (Ophthalmic Solution)
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)
Omeprazole (20mg Capsule Delayed-Release)
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)
Ondansetron HCl (4mg/2ml Injection)
Ondansetron HCl (4mg/5ml Oral Solution)
Ondansetron ODT (Tablet Dispersible)
Ondi (10mg Tablet, 20mg Tablet)
Ondi (2.5mg/ml Suspension)
Onglyza (Tablet)
Opdivo (Injection)
Opsumit (Tablet)
Orencia (125mg/ml Injection, 250mg Injection)
Orenitram (0.125mg Tablet Extended-Release)
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)
Orenitram (2.5mg Tablet Extended-Release)
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)
Orkambi (Tablet)
Orphenadrine Citrate (Injection)
Orsythia (Tablet)
Otezla (Tablet Therapy Pack, 30mg Tablet)
Oxacillin Sodium (10gm Injection)
Oxacillin Sodium (2gm Injection)
Oxaliplatin (Injection)
Oxandrolone (10mg Tablet)

Bold type = Brand name drug
Plain type = Generic drug
PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY)
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)
PRUDOXIN (Cream)
Pacerone (200mg Tablet)
Paclitaxel (Injection)
Paliperidone ER (Tablet Extended-Release 24 Hour)
Pamidronate Disodium (Injection)
Panretin (Gel)
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)
Paricalcitol (1mcg Capsule, 2mcg Capsule)
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection)
Paricalcitol (4mcg Capsule)
Paromomycin Sulfate (Capsule)
Paroxetine HCl (Tablet Immediate-Release)
Paser (Packet)
Pataday (Ophthalmic Solution)
Patanol (Ophthalmic Solution)
Paxil (10mg/5ml Suspension)
Pazeo (Ophthalmic Solution)
Pedvax HIB (Injection)
PegIntron (Injection)
PegIntron REDIPEN (Injection)
Peganone (Tablet)

Pegsys (Injection)
Pegsys ProClick (Injection)
Penicillin G Potassium (Injection)
Penicillin G Procaine (Injection)
Penicillin G Sodium (Injection)
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)
Pentam 300 (Injection)
Pentasa (Capsule Extended-Release)
Pentoxifylline ER (Tablet Extended-Release)
Perforomist (Nebulized Solution)
Perindopril Erbumine (Tablet)
Periogard (Solution)
Perjeta (Injection)
Permethrin (Cream)
Perphenazine (Tablet)
Phenelzine Sulfate (Tablet)
Phenergan (12.5mg Suppository, 25mg Suppository)
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)
Phenoxybenzamine HCl (Capsule)
Phenytek (Capsule)
Phenyltolbutamide (125mg/5ml Suspension, 50mg Tablet Chewable)
Phenytoin Sodium (Injection)
Phenytoin Sodium Extended (Capsule)
PhosLo (Capsule)
Phoslyra (Oral Solution)
Phospholine Iodide (Ophthalmic Solution)
Physiolyte (Irrigation Solution)
Physiosol Irrigation (Solution)
Picato (Gel)
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)
Pimozide (Tablet)
Pimtrea (Tablet)
Pindolol (Tablet)
Pioglitazone HCl (Tablet)
Pioglitazone HCl/Glimepiride (Tablet)
Pioglitazone HCl/Metformin HCI (Tablet)
Piperacillin/Tazobactam (Injection)
Pirmella 1/35 (Tablet)
Piroxicam (Capsule)
Plasma-Lyte A (Injection)
Plasma-Lyte-148 (Injection)
Plasma-Lyte-56/D5W (Injection)
Plenamine (Injection)
Podofox (External Solution)
Polyethylene Glycol 3350 Powder (Generic MiraLAX)
Polymyxin B Sulfate (Injection)
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)
Pomalyst (Capsule)
Portia-28 (Tablet)
Potassium Chloride (10% Oral Solution, 20% Oral Solution)
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)
Potassium Chloride (2meq/ml Injection)
Potassium Chloride 0.15% / NaCl 0.45% Viaflex (Injection)
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)
Potassium Chloride 0.15%/NaCl 0.9% (Injection)
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)
Potassium Chloride 0.3%/NaCl 0.9% (Injection)
Potassium Chloride 0.3%/D5W (Injection)
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 8meq Tablet Extended-Release)
Potassium Chloride ER Microencapsulated (10meq Tablet Extended-Release, 20meq Tablet Extended-Release)
Potassium Citrate ER (Tablet Extended-Release)
Potiga (Tablet)
Pradaxa (Capsule)
Praluent (Injection)
Pramipexole Dihydrochloride (Tablet Immediate-Release)
Pravastatin Sodium (Tablet)
Prazosin HCl (Capsule)
Pred Mild (Suspension)
Pred-G (Suspension)
Pred-G S.O.P. (Ointment)
Prednicarbate (0.1% Cream)
Prednicarbate (0.1% Ointment)
Prednisolone Acetate (Ophthalmic Suspension)
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)
Prednisolone Sodium Phosphate (15mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)
Prednisone (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)
Prednisone (5mg/5ml Oral Solution)
Prednisone Intensol (5mg/ml Concentrate)
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)
Premarin (Vaginal Cream)
Premasol (Injection)
Premphase (Tablet)
Prempro (Tablet)
Prevalite (Powder)
Previfem (Tablet)
Prezcobix (Tablet)
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)
Prezista (75mg Tablet)
Priftin (Tablet)
Prilosec (10mg Packet, 2.5mg Packet)
Primaquine Phosphate (Tablet)
Primidone (Tablet)
Pristiq (Tablet Extended-Release 24 Hour)
Privigen (Injection)
ProAir HFA (Aerosol Solution)
ProAir RespiClick (Aerosol Powder)
ProQuad (Injection)
Probenecid (Tablet)
Probenecid/Colchicine (Tablet)
Procainamide HCl (Injection)
Procalamine (Injection)
Prochlorperazine (Suppository)
Prochlorperazine Edisylate (Injection)
Prochlorperazine Maleate (Tablet)
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)
Procrit (20000unit/ml Injection, 40000unit/ml Injection)
Procto-Med HC (Cream)
Procto-Pak (Cream)
Proctosol HC (Cream)
Proctozone-HC (Cream)
Procysbi (Capsule Delayed-Release)
Progesterone (Capsule)
Proglycem (Suspension)
Prograf (5mg/ml Injection)
Prolastin-C (Injection)
Prolensa (Ophthalmic Solution)
Proleukin (Injection)
Prolia (Injection)
Promacta (Tablet)
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)
Promethegan (25mg Suppository)
Propafenone HCl (Tablet)
Propafenone HCl ER (Capsule Extended-Release 12 Hour)
Proparacaine HCl (Ophthalmic Solution)
Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)
Propranolol HCl (1mg/ml Injection)
Propranolol HCl ER (Capsule Extended-Release 24 Hour)
Propranolol/Hydrochlorothiazide (Tablet)
Propylthiouracil (Tablet)
Prosol (Injection)
Protriptyline HCl (Tablet)
Pulmozyme (Inhalation Solution)
Purixan (Suspension)
Pyrazinamide (Tablet)
Pyridostigmine Bromide (180mg Tablet Extended-Release, 60mg Tablet)
Quadracel (Injection)
Quasense (Tablet)
Quetiapine Fumarate (Tablet Immediate-Release)
Quinapril HCl (Tablet)
Quinapril/Hydrochlorothiazide (Tablet)
Quinidine Gluconate (Injection)
Quinidine Gluconate CR (Tablet Extended-Release)
Quinidine Sulfate (Tablet)
Quinine Sulfate (Capsule)
RAVICTI (Liquid)
Rabavert (Injection)
Raloxifene HCl (Tablet)
Ramipril (Capsule)
Ranexa (Tablet Extended-Release 12 Hour)
Ranitidine HCl (150mg Tablet, 300mg Tablet)
Ranitidine HCl (150mg/6ml Injection, 15mg/ml Syrup)
Rapaflo (Capsule)
Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)
Rebif (Injection)
Rebif Rebifidose (Injection)
Rebif Rebifidose Titration Pack (Injection)
Rebif Titration Pack (Injection)
Reclipsen (Tablet)
Recombivax HB (Injection)
Regranex (Gel)
Relenza Diskhaler (Aerosol Powder)
Replenza (Injection)
Remicade (Injection)
Remodulin (Injection)
Renagel (Tablet)
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)
Repaglinide (Tablet)
Repaglinide/Metformin HCl (Tablet)
Repatha (Injection)
Repatha SureClick (Injection)
Rescriptor (Tablet)
Retrovir IV Infusion (Injection)
Revatio (10mg/12.5ml Injection)
Revatio (20mg Tablet)
Revlimid (Capsule)
Rexulti (Tablet)
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)
Ribavirin (200mg Tablet, 400mg Tablet, 600mg Tablet)
Ribavirin (200mg Tablet)
Ribavirin (200mg Tablet)
Ridaura (Capsule)
Rifabutin (Capsule)
Rifampin (150mg Capsule, 300mg Capsule)
Rifampin (600mg Injection)
Rifater (Tablet)
Rilutek (Tablet)
Riluzole (Tablet)
Rimantadine HCl (Tablet)
Ringers Injection
Ringers Irrigation (Solution)
Riomet (Oral Solution)
Risedronate Sodium (Tablet)
Risperdal Consta (12.5mg Injection, 25mg Injection)
Risperdal Consta (37.5mg Injection, 50mg Injection)
Risperdone (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release, 3mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)
Risperdone (1mg/ml Oral Solution)
Risperdone ODT (Tablet Dispersible)
Rituxan (Injection)
Rivastigmine Tartrate (Capsule Immediate-Release)
Rivastigmine Transdermal System (Patch 24 Hour)
Rizatriptan Benzoate (Tablet Immediate-Release)
Rizatriptan Benzoate ODT (Tablet Dispersible)
Ropinirole HCl (Tablet Immediate-Release)
Rosuvastatin Calcium (Tablet)
RotaTeq (Oral Solution)
Rotarix (Suspension)
Roweepra (Tablet)
Rozerem (Tablet)
Ruconest (Injection)
Sandimmune (100mg Capsule)
Sandimmune (100mg/ml Oral Solution)
Sandostatin LAR Depot (Injection)
Santyl (Ointment)
Saphris (Tablet Sublingual)
Savelia (Tablet)
Savella Titration Pack
Selegiline HCl (5mg Capsule, 5mg Tablet)
Selenium Sulfide (Lotion)
Selzentry (Tablet)
Sensipar (30mg Tablet)
Sensipar (60mg Tablet, 90mg Tablet)
Serevent Diskus (Aerosol Powder)
Seroquel XR (Tablet Extended-Release 24 Hour)
Serostim (Injection)
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)
Sertraline HCl (20mg/ml Concentrate)
Setlakin (Tablet)
SfRowasa (Enema)
Sharobel (Tablet)
Signifor (Injection)
Sildenafil (10mg/12.5ml Injection)
Sildenafil (20mg Tablet) (Generic Revatio)
Silver Sulfadiazine (Cream)
Simbrinza (Suspension)
Simponi (Injection)
Simponi Aria (Injection)
Simulect (Injection)
Simvastatin (Tablet)
Sirolimus (0.5mg Tablet, 1mg Tablet)
Sirturo (Tablet)
Sodium Chloride (0.9% Injection)
Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)
Sodium Chloride 0.45% Viaflex (Injection)
Sodium Chloride 0.9% Irrigation Solution
Sodium Fluoride (Tablet)
Sodium Lactate (Injection)
Sodium Phenylbutyrate (Powder)
Sodium Polystyrene Sulfonate (Suspension)
Sodium Sulfacetamide (Ophthalmic Solution)
Solaraze (Gel)
Soltamox (Oral Solution)
Solu-Cortef (Injection)
Solu-Medrol (2gm Injection)
Somatuline Depot (Injection)
Somavert (Injection)
Soriatane (Capsule)
Sotalol HCl (AF) (Tablet)
Sotalol HCl (Tablet)
Sovaldi (Tablet)
Spiriva HandiHaler (Capsule)
Spiriva Respimat (Aerosol Solution)
Spironolactone (Tablet)
Spironolactone/Hydrochlorothiazide (Tablet)
Sporanox (10mg/ml Oral Solution)
Sprintec 28 (Tablet)
Spritam (Tablet Disintegrating Soluble)
Sprycel (Tablet)
Sronyx (Tablet)
Stalevo 100 (Tablet)
Stalevo 125 (Tablet)
Stalevo 150 (Tablet)
Stalevo 200 (Tablet)
Stalevo 50 (Tablet)
Stalevo 75 (Tablet)
Stavudine (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)
Stelara (Injection)
Sterile Water Irrigation (Solution)
Stioldt Respimat (Aerosol Solution)
Stivarga (Tablet)
Strattera (Capsule)
Strensiq (Injection)
Streptomycin Sulfate (Injection)
Stribild (Tablet)
Suboxone (Film)
Sucraid (Oral Solution)
Sucralfate (Tablet)
Sulfacetamide Sodium (Ophthalmic Ointment)
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate (Ophthalmic Solution)
Sulfadiazine (Tablet)
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)
Sulfamethoxazole/Trimethoprim (400mg-80mg/5ml Injection)
Sulfamethoxazole/Trimethoprim DS (Tablet)
Sulfamylon (85mg/gm Cream)
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)
Sulindac (Tablet)
Sumatriptan (Nasal Solution)
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)
Sumatriptan Succinate (6mg/0.5ml Injection)
Sumatriptan Succinate Refill (Injection)
Sumavel DosePro (Injection)
Supprax (100mg Tablet Chewable, 200mg Tablet Chewable)
Supprax (400mg Capsule, 500mg/5ml Suspension)
Suprep Bowel Prep (Oral Solution)
Sustiva (200mg Capsule, 600mg Tablet)
Sustiva (50mg Capsule)
Sutent (Capsule)
Sylatron (Injection)
Synarel (Nasal Solution)
Synarel (Injection)
Synjardy (Tablet)
Synribo (Injection)
Synthroid (Tablet)
Syprine (Capsule)

TOBI (Nebulized Solution)
TOBI Podhaler (Capsule)
TPN Electrolytes (Injection)
Tabloid (Tablet)
Tacrolimus (0.03% Ointment, 0.1% Ointment)
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)
Tafinlar (Capsule)
Tagrisso (Tablet)
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)
Tamoxifen Citrate (Tablet)
Tamsulosin HCl (Capsule)
Tarceva (Tablet)
Tarjeta (1% Gel)
Tarina Fe 1/20 (Tablet)
Tasigna (Capsule)
Taxotere (Injection)
Tazicef (Injection)
Tazol (0.05% Cream, 0.1% Cream)
Taztia XT (Capsule Extended-Release 24 Hour)
Tecentriq (Injection)
Tecfidera (Capsule Delayed-Release)
Tecfidera Starter Pack
Telmisartan (Tablet)
Telmisartan/Amlodipine (Tablet)
Telmisartan/Hydrochlorothiazide (Tablet)
Temazepam (15mg Capsule, 30mg Capsule)
Tenivac (Injection)
Terazosin HCl (Capsule)
Terbutaline Sulfate (1mg/ml Injection)
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)
Testosterone Cypionate (Injection)
Testosterone Enanthate (Injection)
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)
Tetrabenazine (Tablet)
Tetracycline HCl (Capsule)
Thalidomide (Capsule)
Theophylline (Oral Solution)
Theophylline CR (Tablet Extended-Release 12 Hour)
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)
Thioridazine HCl (Tablet)
Thiotepa (Injection)
Thiothixene (Capsule)
Thymoglobulin (Injection)
Tiagabine HCl (Tablet)
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)
Timolol Maleate Ophthalmic Gel Forming (Solution)
Tinidazole (Tablet)
Tivicay (10mg Tablet)
Tivicay (25mg Tablet, 50mg Tablet)
Tizanidine HCl (2mg Tablet, 4mg Tablet)

Tobradex (Ophthalmic Ointment)
Tobradex ST (Ophthalmic Suspension)
Tobramycin (Nebulized Solution)
Tobramycin Sulfate (0.3% Ophthalmic Solution)
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)
Tobramycin/Dexamethasone (Ophthalmic Suspension)
Tobrex (0.3% Ophthalmic Ointment)
Tolcapone (Tablet)
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)
Toposar (Injection)
Topotecan HCl (Injection)
Torisel (Injection)
Torsemide (Tablet)
Tracileer (Tablet)
Tradjenta (Tablet)
Tramadol HCl (Tablet Immediate-Release)
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) (Generic Ultram ER), (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt)
Tramadol HCl/Acetaminophen (Tablet)
Trandolapril (Tablet)
Tranexamic Acid (1000mg/10ml Injection)
Tranexamic Acid (650mg Tablet)
Transderm-Scop (Patch 72 Hour)
Tranylcypromine Sulfate (Tablet)
Travasol (Injection)
Travatan Z (Ophthalmic Solution)
Travoprost (Ophthalmic Solution)
Trazodone HCl (Tablet)
Trexall (Tablet)
Trezix (Capsule)
Tri-Legest Fe (Tablet)
Tri-Lo-Estarylla (Tablet)
Tri-Lo-Sprintec (Tablet)
Tri-Previfem (Tablet)
Tri-Sprintec (Tablet)
TriLyte (Oral Solution)
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)
Triamcinolone in Orabase (Paste)
Triamterene/
Hydrochlorothiazide
(37.5mg-25mg Capsule,
50mg-25mg Capsule,
37.5mg-25mg Tablet,
75mg-50mg Tablet)

Tribenzor (Tablet)
Triderm (Cream)
Trifluoperazine HCl (Tablet)
Trifluridine (Ophthalmic
Solution)
Trihexyphenidyl HCl (0.4mg/
ml Elixir, 2mg Tablet, 5mg
Tablet)
Trimethoprim (Tablet)
Trimipramine Maleate
(Capsule)
Trinessa (Tablet)
Trintellix (Tablet)
Trisenox (Injection)
Triumeq (Tablet)
Trivora-28 (Tablet)
Trizivir (Tablet)
Trophamine (10% Injection)
Trulicity (Injection)
Typhim Vi (Injection)
Tysabri (Injection)
Tyvaso (Inhalation Solution)
Tykerb (Tablet)
Tygacil (Injection)
Tyril (Tablet)
Valacyclovir HCl (Tablet)
Valchlor (Gel)
Varizig (Injection)
Versacloz (Suspension)
Vesicare (Tablet)
Vexol (Suspension)
Vfend (200mg Tablet, 50mg
Tablet, 40mg/ml
Suspension)
Vibramycin (50mg/5ml
Syrup)
Victoza (Injection)
Vidaza (Injection)
Videx Pediatric (Oral Solution)
Vienva (Tablet)
Vigamox (Ophthalmic Solution)
Viibryd (Tablet)
Viibryd Starter Pack (Kit)
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)
Vimpat (200mg/20ml Injection)
Vinblastine Sulfate (Injection)
Vincasar PFS (Injection)
Vincristine Sulfate (Injection)
Vinorelbine Tartrate (Injection)
Viracept (Tablet)
Virazole (Inhalation Solution)
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)
Vitekta (Tablet)
Vivitrol (Injection)
Voltaren (Gel)
Voriconazole (200mg Injection, 40mg/ml Suspension)
Voriconazole (200mg Tablet, 50mg Tablet)
Votrient (Tablet)
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)
Vraylar (Capsule Therapy Pack)
Vyemla (Tablet)
Vytorin (Tablet)
Vyvanse (Capsule)

W
WYMZYA Fe (Tablet Chewable)
Warfarin Sodium (Tablet)
Welchol (3.75gm Packet, 625mg Tablet)

X
Xalkori (Capsule)
Xarelto (Tablet)
Xarelto Starter Pack (Tablet Therapy Pack)
Xeljanz (Tablet)
Xeljanz XR (Tablet Extended-Release 24 Hour)
Xenazine (Tablet)
Xgeva (Injection)
Xifaxan (Injection)
Xolair (Tablet)
Xtandi (Capsule)
Xulane (Patch Weekly)
Xyrem (Oral Solution)

Y
YF-Vax (Injection)
Yervoy (Injection)

Z
Zafirlukast (Tablet)
Zaleplon (Capsule)
Zaltrap (Injection)
Zanosar (Injection)
Zarxio (Injection)
Zavesca (Capsule)
Zazole (Cream)
Zelapar (Tablet Dispersible)
Zelboraf (Tablet)
Zemaira (Injection)
Zemplar (2mcg/ml Injection)
Zemplar (5mcg/ml Injection)
Zenchent (Tablet)
Zenchent Fe (Tablet Chewable)
Zenpep (Capsule Delayed-Release)
Zepatier (Tablet)
Zerbaxa (Injection)
Zetia (Tablet)
Ziagen (20mg/ml Oral Solution)
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)
Zinecard (Injection)
Ziprasidone HCl (Capsule)
Zirgan (Gel)
Zmax (Suspension)
Zoledronic Acid (4mg/5ml Injection)
Zoledronic Acid (5mg/100ml Injection)
Zolinza (Capsule)
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)
Zomacton (10mg Injection)
Zometa (Injection)
Zonisamide (Capsule)
Zortive (Injection)
Zortress (Tablet)
Zovastavax (Injection)
Zovia 1/35E (Tablet)
Zovia 1/50E (Tablet)
Zyclara (Cream)
Zyclara Pump (Cream)
Zydélég (Tablet)
Zyflor (Tablet)
Zyflo CR (Tablet Extended-Release 12 Hour)
Zykadia (Capsule)
Zyprexa Relprevv (Injection)
Zytiga (Tablet)
Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan’s contract renewal with Medicare. These plans are available to all people meeting certain eligibility requirements, such as having both Medical Assistance from the state and Medicare, living in a contracted nursing home, or having a qualifying chronic care condition.
Ready to ENROLL
Ways to ENROLL

Simply choose how you want to enroll in this plan from the options below. It doesn’t have to be complicated, pick the way that is easiest for you.

**BY PHONE**
Contact one of our Licensed Sales Representatives at **1-888-834-3721, (TTY 711)** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule an individual appointment.

**AT A NEIGHBORHOOD MEETING**
Go to [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) to find a Neighborhood Meeting located near you.

**ONLINE**
Go to [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) and follow the step-by-step instructions to enroll.

**BY MAIL OR FAX**
Complete, sign and date the enrollment request form and send or fax to below:
UnitedHealthcare Medicare Enrollment Attn: Xerox/ACS
3315 Central AVE
Hot Springs, AR 71913
FAX 1-501-262-7070

Don’t forget to choose a primary care provider.

When you’re filling out your application, make sure to add the name, phone number and provider/PCP ID number of your primary care provider (PCP). Your PCP plays an important role in your health care needs. If you don’t have a PCP yet, a licensed sales representative can help you select one. You can also learn more online at [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com).

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

Medicare requires Licensed Sales Representatives to document the scope of an appointment prior to any sales meeting to ensure understanding of what will be discussed between them and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare beneficiary.

To ensure your appointment focuses only on those Medicare and health-related products you want to discuss with your licensed sales representative, please indicate by checking the appropriate box(es) beside the product(s) in which you are interested.

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

By signing this form, you agree to a meeting with a Licensed Sales Representative to discuss the types of products you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Signature Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

If you are the authorized representative, please sign above and print clearly and legibly below:

<table>
<thead>
<tr>
<th>Name (First_Last)</th>
<th>Relationship to Beneficiary</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Licensed Sales Representative Name (First_Last)</th>
<th>Licensed Sales Representative Phone</th>
<th>Licensed Sales Representative ID</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficiary Name (First_Last)</th>
<th>Beneficiary Phone (Optional)</th>
<th>Date Appointment will be Completed</th>
</tr>
</thead>
<tbody>
<tr>
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<td>MM/DD/YYYY</td>
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</table>

Beneficiary Address (Optional)

<table>
<thead>
<tr>
<th>Initial Method of Contact</th>
<th>Plan(s) the Licensed Sales Representative will Represent During the Meeting</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Licensed Sales Representative Signature

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

Licensed Sales Representative: If applicable, please explain why SOA was not documented and signed by beneficiary prior to meeting. Check all that apply.

☐ Unplanned Attendee ☐ New SOA required (consumer requested other Health Product information)
☐ Walk-in ☐ Other (please explain):

Fax to: 1-866-994-9659
Stand-alone Medicare Prescription Drug Plans (Part D)

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

**Medicare Advantage Plans (Part C) and Cost Plans**

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

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

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

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

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

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

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

**Other Related Products**

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

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

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

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

Medicare requires Licensed Sales Representatives to document the scope of an appointment prior to any sales meeting to ensure understanding of what will be discussed between them and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare beneficiary.

To ensure your appointment focuses only on those Medicare and health-related products you want to discuss with your licensed sales representative, please indicate by checking the appropriate box(es) beside the product(s) in which you are interested.

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

By signing this form, you agree to a meeting with a Licensed Sales Representative to discuss the types of products you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Signature Date MM/DD/YYYY</th>
</tr>
</thead>
</table>

If you are the authorized representative, please sign above and print clearly and legibly below:

<table>
<thead>
<tr>
<th>Name (First_Last)</th>
<th>Relationship to Beneficiary</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Licensed Sales Representative Name (First_Last)</th>
<th>Licensed Sales Representative Phone</th>
<th>Licensed Sales Representative ID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Beneficiary Name (First_Last)</th>
<th>Beneficiary Phone (Optional)</th>
<th>Date Appointment will be Completed MM/DD/YYYY</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Beneficiary Address (Optional)</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Initial Method of Contact</th>
<th>Plan(s) the Licensed Sales Representative will Represent During the Meeting</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Licensed Sales Representative Signature</th>
</tr>
</thead>
</table>

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

**Licensed Sales Representative**: If applicable, please explain why SOA was not documented and signed by beneficiary prior to meeting. Check all that apply.

- [ ] Unplanned Attendee
- [ ] New SOA required (consumer requested other Health Product information)
- [ ] Walk-in
- [ ] Other (please explain): ________

Fax to: 1-866-994-9659
Stand-alone Medicare Prescription Drug Plans (Part D)

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

Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

Other Related Products

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

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

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

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

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88
2017 Enrollment Request Form

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

☐ UnitedHealthcare Dual Complete (HMO-POS SNP) H5322-028 - UDH

This plan is designed for people with both Medicare and Medicaid. We may need to contact you to ask for proof of eligibility.

This is a Health Maintenance Organization - Point of Service (HMO-POS) plan. It has a network of doctors, specialists, hospitals and other providers you can use. In some cases, you may get covered services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

Information about you.

Please type or print in black or blue ink.

<table>
<thead>
<tr>
<th></th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Mr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mrs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Ms.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Birth Date  M M / D D / Y Y Y Y  Gender  ☐ Male  ☐ Female

Main Phone Number ( ) -  Other Phone Number ( ) -

Social Security Number
(Required for people who are enrolling in D-SNP plans): __ __ __ __ - __ __ __ __ __ __

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

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Mailing Address (Only if it’s different from your permanent residence street address. You can give a P.O. box.)

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Email Address: 

Enrollee Name  

Y0066_160609_110539 Approved  

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Information about your Medicare.

Please use the information from your red, white and blue Medicare card. Remember, you need to have both Medicare Part A and Part B to join this plan.

You can simply fill in the blanks so they match your card.

Or attach a copy of the card or your letter from Social Security or the Railroad Retirement Board.

How do you want to pay?

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

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it.

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

☐ I want to pay directly from my bank account.
  - Please attach a blank check from the account you’d like to use. Write “VOID” across the front. Please DO NOT send a deposit slip or money order.
  - Please read the statement below.
    My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month.
    If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

Account Type ☐ Checking ☐ Savings

Account Holder Name _______________________________________________________

Bank Routing Number

Bank Account Number

Sign Here __________________________ Date Signed ___________________

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

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

☐ I want to pay by mail.
We’ll send a bill to your mailing address each month.

A few notes about your costs.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA) Social Security (SS) will send you a letter and ask you how you want to pay it:

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

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

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

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

A few questions to help us manage your plan.

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

   Please check what you’d like: ☐ Spanish ☐ Other________________________

   If you don’t see the language or format you want, please call us at 1-888-834-3721, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.UHCCommunityPlan.com for online help.

2. Do you have end stage renal disease? ☐ Yes ☐ No

   If you have had a successful kidney transplant and/or you don’t need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don’t need dialysis, otherwise we may need to contact you to obtain additional information.

   If “yes,” are you currently a member of a health care company? ☐ Yes ☐ No

   Name of Company ________________________________
   Member ID _______________________________________

Enrollee Name
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3. Are you enrolled in your State Medicaid program? □ Yes □ No
   If yes, please give us your Medicaid number: __________________________

4. Do you live in a nursing home or a long-term care facility? □ Yes □ No
   If yes, please give us information on the long-term care facility:
   __________________________

5. Do you have health insurance with an employer or union right now? □ Yes □ No
   If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union’s website, or read any information sent to you. If there is no any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

6. Do you or your spouse work? □ Yes □ No
   Do you or your spouse have other health insurance that will cover medical services?
   (Examples: Other employer group coverage, LTD coverage, Workman’s Compensation, Auto Liability, or Veterans benefits) □ Yes □ No
   If yes, please complete the following:
   __________________________

7. Do you have other insurance that will cover your prescription drugs? □ Yes □ No
   Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.
   If yes, what is it?
   __________________________

Enrollee Name
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8. Please give us the name of your primary care provider (PCP), clinic or health center.
You can find a list on the plan website or in the current Provider Directory.

<table>
<thead>
<tr>
<th>Provider or PCP Full Name</th>
<th>Phone Number (   ) -</th>
</tr>
</thead>
</table>

Provider/PCP ID Number:
(Please enter the number exactly as it appears on the website or in the current Provider Directory. It will be 10 to 12 digits. Don’t include dashes.)

Are you now seeing or have you recently seen this doctor? □ Yes □ No

Please read and sign.

By completing this form, I agree to the following:

- This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare health plan or Prescription Drug plan at a time. If I’m a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- I may have to pay a late enrollment penalty (LEP). This would only happen if I didn’t sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. “Creditable” means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I’ll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I’m out of the country. However, I have some limited coverage near the U.S. border.
- I will get an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan’s terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn’t listed in the EOC or approved by the plan, Medicare and the plan won’t pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- I understand that beginning on the date the plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the plan provides refunds for all covered benefits, even if I get services out of network.
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· If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I’ve been accepted into the plan.
· My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
· If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
· The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

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

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

Signature of Applicant/Member/Authorized Representative:

____________________________

Today's Date M M / D D / Y Y Y Y

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<table>
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<tr>
<th>City</th>
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<table>
<thead>
<tr>
<th>Phone Number (                ) -</th>
<th>Relationship to Applicant</th>
</tr>
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</table>

Enrollee Name

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For licensed sales representative/agency use only.

- New Member
- Plan Change

<table>
<thead>
<tr>
<th>Employer Group Name</th>
<th>Employer Group ID</th>
<th>Branch ID</th>
</tr>
</thead>
</table>

Where did this application originate?
- □ Retail/Mall Program
- □ Local Event Outreach
- □ Local B2B Outreach
- □ Member Meeting
- □ Community Meeting
- □ Other

How was this application submitted?
- □ Appointment
- □ Other
- □ Mail In

<table>
<thead>
<tr>
<th>Licensed Sales Representative/Writing ID</th>
<th>Initial Receipt Date</th>
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<tr>
<th>Licensed Sales Representative/Agent Name</th>
<th>Proposed Effective Date</th>
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<tbody>
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<td>M M / D D / Y Y Y Y</td>
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<table>
<thead>
<tr>
<th>Licensed Sales Representative Phone Number ( )</th>
<th>-</th>
</tr>
</thead>
</table>

Agent must complete

- □ AEP
- □ SEP (Chronic)
- □ SEP (Full Dual Eligible)
- □ SEP (SEP Reason) ____________________________
- □ SEP Eligibility Date M M / D D / Y Y Y Y

Licensed Sales Representative Signature (required)

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


This information is available for free in other languages. Please call our customer service number at 1-888-834-3721, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-888-834-3721, TTY 711, de 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

本資訊也有其他語言的免費版本。請撥打1-888-834-3721 聯絡我們的客戶服務部，聽力語言殘障服務專線711，每週7天，當地時間上午8時至晚上8時。

Y0066_160609_110539 Approved

CSOH17PO3876150_001
2017 Enrollment Request Form

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

☐ UnitedHealthcare Dual Complete (HMO-POS SNP) H5322-028 - UDH

This plan is designed for people with both Medicare and Medicaid. We may need to contact you to ask for proof of eligibility.

This is a Health Maintenance Organization - Point of Service (HMO-POS) plan. It has a network of doctors, specialists, hospitals and other providers you can use. In some cases, you may get covered services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

Information about you.

Please type or print in black or blue ink.

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

| Birth Date | Gender | Male | Female |
| MM/DD/YYYY | □ | ☐ | ☐ |

<table>
<thead>
<tr>
<th>Main Phone Number ( )</th>
<th>Other Phone Number ( )</th>
</tr>
</thead>
</table>

Social Security Number (Required for people who are enrolling in D-SNP plans):

<table>
<thead>
<tr>
<th>Permanent Residence Street Address (P.O. BOX IS NOT ALLOWED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
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<table>
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<tr>
<th>Mailing Address (Only if it’s different from your permanent residence street address. You can give a P.O. box.)</th>
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<td>City</td>
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</table>

Email Address:

Enrollee Name
Y0066_160609_110539 Approved

CSOH17PO3876150_001
Information about your Medicare.

Please use the information from your red, white and blue Medicare card. Remember, you need to have both Medicare Part A and Part B to join this plan.

You can simply fill in the blanks so they match your card.

Or attach a copy of the card or your letter from Social Security or the Railroad Retirement Board.

How do you want to pay?

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

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it.

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

☐ I want to pay directly from my bank account.

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

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

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A few notes about your costs.

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

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

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

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

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A few questions to help us manage your plan.

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

   Please check what you’d like: ☐ Spanish ☐ Other____________________

   If you don’t see the language or format you want, please call us at 1-888-834-3721, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.UHCCommunityPlan.com for online help.

2. Do you have end stage renal disease? ☐ Yes ☐ No

   If you have had a successful kidney transplant and/or you don’t need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don’t need dialysis, otherwise we may need to contact you to obtain additional information.

   If “yes,” are you currently a member of a health care company? ☐ Yes ☐ No

   Name of Company ________________________________

   Member ID ______________________________________

Enrollee Name ________________________________

Y0066_160609_110539 Approved

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3. Are you enrolled in your State Medicaid program?  
   □ Yes  □ No
   If yes, please give us your Medicaid number:  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4. Do you live in a nursing home or a long-term care facility?  
   □ Yes  □ No
   If yes, please give us information on the long-term care facility:

   Name

   Address  City  State  ZIP Code

   Phone Number ( )  Date You Moved There

5. Do you have health insurance with an employer or union right now?  
   □ Yes  □ No
   If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union’s website, or read any information sent to you. If there is no any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

6. Do you or your spouse work?  
   □ Yes  □ No
   Do you or your spouse have other health insurance that will cover medical services?  
   (Examples: Other employer group coverage, LTD coverage, Workman’s Compensation, Auto Liability, or Veterans benefits)  
   □ Yes  □ No
   If yes, please complete the following:

   Name of Health Insurance Company

   Subscriber Name  Group ID

   Member ID  Effective Dates (if applicable)

    MM/ DD/ YYYY - MM/ DD/ YYYY

7. Do you have other insurance that will cover your prescription drugs?  
   □ Yes  □ No
   Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.
   If yes, what is it?

   Name of Other Insurance

   Member ID Number  Group ID Number  Date Plan Started

    MM/ DD/ YYYY
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8. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the current Provider Directory.

<table>
<thead>
<tr>
<th>Provider or PCP Full Name</th>
<th>Phone Number (       ) -</th>
</tr>
</thead>
</table>

Provider/PCP ID Number:  
(Please enter the number exactly as it appears on the website or in the current Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this doctor?  □ Yes  □ No

Please read and sign.

By completing this form, I agree to the following:

- This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- I may have to pay a late enrollment penalty (LEP). This would only happen if I didn’t sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. “Creditable” means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I’ll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I’m out of the country. However, I have some limited coverage near the U.S. border.
- I will get an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan’s terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn’t listed in the EOC or approved by the plan, Medicare and the plan won’t pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- I understand that beginning on the date the plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the plan provides refunds for all covered benefits, even if I get services out of network.
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If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I’ve been accepted into the plan.

- My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose the plan.

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

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

Signature of Applicant/Member/Authorized Representative:

______________________________

Today’s Date M M/DDYY

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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</table>

<table>
<thead>
<tr>
<th>Phone Number ( ) -</th>
<th>Relationship to Applicant</th>
</tr>
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</table>

Enrollee Name

Y0066_160609_110539 Approved

CSOH17PO3876150_001
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Plan Change

Employer Group Name

Employer Group ID

Branch ID

Where did this application originate?

- □ Retail/Mall Program
- □ Local Event Outreach
- □ Local B2B Outreach
- □ Member Meeting
- □ Community Meeting
- □ Other

How was this application submitted?

- □ Appointment
- □ Other
- □ Mail In

Licensed Sales Representative/Agent Name

Proposed Effective Date

Licensed Sales Representative Phone Number

Licensed Sales Representative/Writing ID

Initial Receipt Date

Agent must complete

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

SEP Eligibility Date

Licensed Sales Representative Signature (required)

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


This information is available for free in other languages. Please call our customer service number at 1-888-834-3721, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro Servicio al Cliente al número 1-888-834-3721, TTY 711, de 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

本資訊也有其他語言的免費版本。請撥打1-888-834-3721 聯絡我們的客戶服務部, 聽力語言殘障服務專線711, 每週7 天，當地時間上午8 時至晚上 8 時。
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We want to help you fully understand your chosen plan and options.

☐ Fill out this worksheet with your Licensed Sales Representative. It will walk you through all of the details to help you make sure this plan fits your needs.

PLAN INFORMATION Here are some details about your plan and coverage.

My new plan is (circle one): Medicare Supplement Insurance (Medigap) plan
Medicare Advantage plan Medicare Part D plan

The name of my new plan is: ____________________________

My plan coverage begins (effective date): M M / D D / Y Y Y Y

My plan type is (circle): HMO HMO-POS LPPO RPPO PFFS
Requires referrals ☐ Does not require referrals ☐

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

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

My plan is available only in the plan’s service area, which is: ____________________________.
If I move outside of the service area for more than six months in a row, I will need to choose a new plan. I will ask my Licensed Sales Representative or Customer Service to help me.

My plan will now provide:
☐ all my Medicare health coverage
☐ all my Medicare prescription drug coverage

Circle the correct answer:

I should / should not have a Medicare Advantage plan and a Medicare supplement insurance (Medigap) policy at the same time. If I have a Medicare supplement policy right now, once I receive confirmation of my enrollment in my new Medicare advantage plan, I will write to that insurance company, ____________________________, to cancel my Medicare supplement policy.

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

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at ___________________________. If my plan coverage starts and I want to leave the plan, I will need to wait until the Open Enrollment Period, unless I qualify for a Special Enrollment Period.
**PREMIUM INFORMATION** What you need to know about paying a monthly premium.

I need to continue to pay my Medicare Part B premium unless the state or another third party pays this premium for me. My plan has a $__________ monthly premium. I must pay this monthly premium to stay in this plan.

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

**NETWORK INFORMATION** Understanding your network is important.

My current primary care provider, ____________________________, is currently in the plan’s network.

My specialists, ____________________________, are currently in the plan’s network.

**Circle the correct answers:** If I get my care from out-of-network providers, I may pay less / more of the cost. I should call before my appointment to make sure the provider will accept my plan.

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

My plan’s deductible for drugs in tiers _______ is $__________ . (Only applicable for plans with a deductible.)

• The cost difference between retail and mail order pharmacies (if applicable)
• Tier levels
• Drug stages and how they impact my costs

My current medications are:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Has Limits (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes* / No</td>
</tr>
<tr>
<td></td>
<td>Yes* / No</td>
</tr>
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*For medications that have limitations, I may need to contact the plan before I can fill my prescription.

---

**My Licensed Sales Representative is committed to helping me sign up for the plan that’s right for me and my health needs at the time of my enrollment.**

I understand that this plan can change each year. This current plan is valid from _______ to _______. I can enroll in a different plan each year during the Open Enrollment Period.

If I have any questions about my plan or if my needs change, I can call my Licensed Sales Representative at: ____________________________ . I can also call the Customer Service number on the front of this booklet.

---

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

The name of my new plan is: ____________________________.

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

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

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

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

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

My plan is available only in the plan’s service area, which is: ____________________________.

If I move outside of the service area for more than six months in a row, I will need to choose a new plan. I will ask my Licensed Sales Representative or Customer Service to help me.

My plan will now provide:  □ all my Medicare health coverage  □ all my Medicare prescription drug coverage

Circle the correct answer:

**I should / should not** have a Medicare Advantage plan and a Medicare supplement insurance (Medigap) policy at the same time. If I have a Medicare supplement policy right now, once I receive confirmation of my enrollment in my new Medicare advantage plan, I will write to that insurance company, ____________________________, to cancel my Medicare supplement policy.

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If I have any questions about my plan or if my needs change, I can call my Licensed Sales Representative at: _______________. I can also call the Customer Service number on the front of this booklet.
2017 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment, and you receive your member ID card. You will receive a copy of your original Enrollment Request Form in the mail within two weeks. If you do not receive a copy, please contact your local Licensed Sales Representative. This receipt is not a guarantee of enrollment.

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

Applicant 1:

Name

Application Date MM / DD / YYYY

Proposed Effective Date MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your local Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name

Licensed Sales Representative Phone No. — — — — — — — —

Licensed Sales Representative ID

Applicant 2 (if applicable):

Name

Application Date MM / DD / YYYY

Proposed Effective Date MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

We’re always here to help. Customer Service is happy to help with any questions or concerns you have.

Call them toll-free at 1-888-834-3721, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You don’t need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, you may cancel by contacting the insurer.

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

Y0066_160703_031205 Accepted

CSOH17PO3878023_000
WE’RE IN THIS TOGETHER.

When it comes to managing your health, you’re in the driver’s seat. But, we’re always here to help when you need it. We’ll also send you helpful information along the way.

Here’s what you can expect next.

- **Verification Letter**: We received your application.
- **Enrollment Submitted**
- **Welcome Letter and Member ID Card**: Your application has been approved.
- **Getting Started Guide and Plan Details**: Learn to make the most of your plan.
- **Your Plan Coverage Begins**: You can start using your plan.

Get ready to get the most out of your plan.

- **Schedule your Annual Wellness Visit**: Make sure to schedule your appointment for after your coverage begins.
- **Take advantage of an in-home clinic visit once a year**: Visit UHCHouseCalls.com to learn more.
- **Complete a health assessment after your coverage begins**: Medicare requires the plan to send a health assessment to Medicare members. We’ll use your answers to suggest helpful programs and resources.

Thank you for choosing us.

Remember, we’re just a phone call away.
Toll-Free: 1-800-643-4845, TTY 711
8 a.m- 8 p.m. local time, 7 days a week
Questions? We’re here to help.

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