

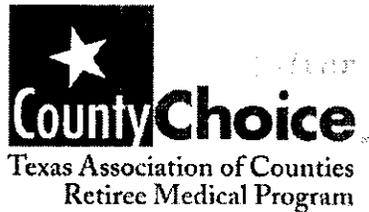


Thank you for your interest in the CountyChoice Silver UnitedHealthcare (UHC) retiree medical program.

The UHC retiree medical supplement plan offers excellent benefits and minimal out of pocket expenses for retirees, at a reasonable premium. This program provides access to a NurseLine, Disease Management, Wellness advice, and various discount programs. Retirees will have Medicare as their primary benefit and UHC as a supplement with a prescription drug plan, if the RX benefit is selected as an option to offer your retirees. The billing methods vary to accommodate each employer.

Enclosed is a summary of benefits and program requirements for your review. Should your group elect to participate in the CCS retiree benefits program, the required group enrollment paperwork must be submitted.

For questions please contact your Employee Benefits Specialist.



UnitedHealthcare Supplement Plan

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) offers a Retiree Medical Benefits Program for Medicare eligible retirees through UnitedHealthcare (UHC). The following contains program information along with requirements that must be met in order to participate in the UHC retiree program.

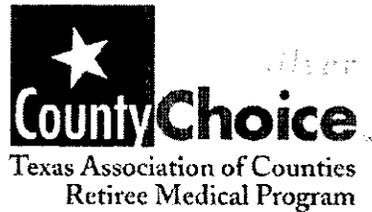
Program Requirements & Procedures

- Participants must meet the group's retirement qualifications and must be enrolled in Medicare Parts A & B.
- UHC will be the only retiree medical program offered to your Medicare eligible retirees. (No other Medicare supplement or Medicare Advantage program or group plan may be offered to your retirees.)
- By Federal Law this coverage cannot be offered to any ACTIVE employee, regardless of age.
- UHC does not coordinate benefits with any other individual or group coverage plan.
- This program offers two options for medical and prescription drug coverage. The group must elect one option to be offered to all retirees.
 1. **Medical Only** – allows retirees to select their own prescription coverage at their own expense.
 2. **Medical and Prescription** – prescription coverage provided by UHC to all retirees.

NOTE: Stand alone prescription drug coverage is not available.

Billing Options

- Group must sign authorization form to confirm billing option selected. Below are the options available.
 1. **LIST** (the Employer pays 100% of premiums); the monthly bill is sent to the Employer.
 2. **DIRECT** (the Employer pays \$0 premium); the bill is sent to the retiree monthly.
 3. **SPLIT** (the Employer pays a portion of the premium); employer must indicate the contribution levels for Employer and for Retirees. Bills will be created and sent to the Employer for the Employer portion and to the Retiree for any remaining balance.



New Group Set-up

- 60 days is required for group set up process and implementation. 30 days to set up new group and 30 days to process retiree enrollment into UHC.

Retiree Enrollments

- Group will be responsible for providing the retiree enrollment packet at the time the employee retires.
- Enrollment requests form must be submitted to TAC HEBP.
- Benefits will be effective the first of the month following the date enrollment form is received.

Termination Reporting

TAC HEBP Group Health Terminations

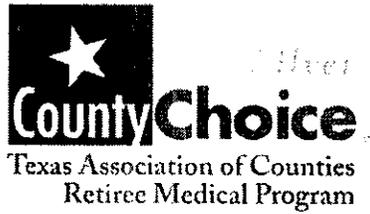
- All group health employee terminations must be processed by the group prior to the UHC effective date.
- Terminations processed via the TAC HEBP's Online Administrative System (OASYS) must be submitted by the group within the allowed 5 day grace period.
- Terminations reported after the 5th of the next month will be extended to the end of the following month, and the employer is responsible for these contributions.

UnitedHealthcare Terminations

- Termination requests must be submitted in writing to TAC HEBP.
- Termination will be effective the first of the month following the date request is received.

Open Enrollment Entries

Open enrollment for current and new members begins October 15th through December 7th of this year. This is the **only** time election changes will be accepted by the Centers for Medicare and Medicaid Services (CMS); **midyear changes will no longer be accepted.**



Retiree Benefits Quote for:

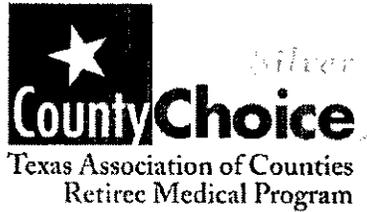
Wise County

UnitedHealthcare
2016 Premiums

Medical	\$235.68
Prescription Drug	\$206.34
Combined Total	\$442.02

Rates are based on the following:

- Rates effective 1/1/2016 through 12/31/2016.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID Cards.
- Group must elect one option to be offered to all retirees. (Medical Only or Medical & Prescription Drug Coverage)
- Stand alone prescription drug coverage is not available.



UnitedHealthcare Added Benefits

We focus on you.

Your health is unique to you. You deserve a health plan that is there with you every step of the way. Need a little or need a lot; we have programs to help you stay healthy, return to health, or help you live better when dealing with a life-long illness. It's our commitment to you.



hi

HealthInnovations™

Get help for hearing loss. It's easier than ever to take control of your hearing and your health, **hi HealthInnovations** makes hearing aids more affordable. Each hearing aid is custom programmed to your unique hearing needs.



SM

NurseLine

You're never alone. Whether you have questions about a medication or have a health concern in the middle of the night, with **NurseLine** a nurse is only a phone call away.



**Solutions for
Caregivers**

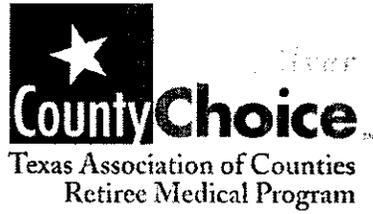
Helping you care for a loved one. **Solutions for Caregivers** supports you, your family and those you care for by providing case management services including an on-site assessment by a Registered Nurse, personalized care plan and connections to local resources.



SilverSneakers®

Stay active and have fun at no extra cost. Stay active with the **SilverSneakers®** Fitness Program. Members receive a basic fitness membership and access to more than 11,000 participating locations.





UnitedHealthcare

Retiree Medical Senior Supplement

Plan F

2016 Summary of Benefits

Underwritten by UnitedHealthcare Insurance Company



All covered amounts will vary depending on Medicare benefits for any particular year. Amounts listed on this summary are for Year 2016 benefits. Amounts may change for the Year 2017.

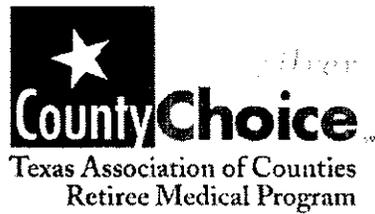
This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Once you are enrolled in the plan, you will receive a Welcome Kit which will include a Certificate and Schedule of Benefits. These documents will provide you with a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

If you would like to receive the Certificate and Schedule of Benefits before you enroll in the plan, please call Customer Service at the number located on the back of this booklet. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Inpatient Hospital Services			
Medicare Part A Hospital – semi-private room and board, general nursing and miscellaneous services and supplies.			
Days 1 – 60	All but \$1,288	\$1,288 (Medicare Part A Deductible)	\$0
Days 61 – 90	All but \$322 per day	\$322 per day	\$0
Days 91 – 150 (While using 60 lifetime reserve days)	All but \$644 per day	\$644 per day	\$0
Days 151 – 365 – lifetime additional reserve days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond 365 lifetime additional reserve days	\$0	\$0	All costs
Skilled Nursing Facility Care			
You must meet Medicare's requirements, including having been in a Hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the Hospital.			
Days 1 – 20	All approved amounts	\$0	\$0
Days 21 – 100	All but \$161 per day	Up to \$161 per day	\$0
Days 101 and after	\$0	\$0	All costs

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Blood			
First 3 pints Medicare Part A	\$0	100%	\$0
Additional amounts under Medicare Part A	100%	\$0	\$0
First 3 pints Medicare Part B	\$0	100%	\$0
Next \$166 of Medicare Approved Amounts under Medicare Part B	\$0	\$166 (Medicare Part B Deductible) ¹	\$0
Remainder of Medicare Approved Amounts under Medicare Part B	80%	20%	\$0
Hospice Services			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	100% of balance	\$0
Medical Services			
Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.			
First \$166 of Medicare Approved Amounts	\$0	\$166 (Medicare Part B Deductible) ¹	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Outpatient Mental Illness – for most outpatient mental illness services	80%	20%	\$0
Medicare Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0
Preventive Healthcare (Medicare Covered)			
Periodic Health Screenings (please refer to your certificate)	100%	Balance (if applicable)	\$0

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Durable Medical Equipment			
First \$166 of Medicare Approved Amounts	\$0	\$166 (Medicare Part B Deductible) ¹	\$0
Remainder of Medicare Approved Amounts	80% of approved amounts	20% of approved amounts	\$0
Home Health Care			
Skilled Care Services and Medical Supplies	All approved amounts	Balance (if applicable)	\$0
Preventive Healthcare (not covered by Medicare)			
Annual Routine Physical Exam	\$0	100%	\$0
Foreign Travel			
Medically Necessary Emergency Care services beginning during the first six months of each trip outside the United States. First \$250 each calendar year	\$0	\$0	\$250 Deductible
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and all amounts over the \$50,000 lifetime maximum



UnitedHealthcare
Retiree Prescription Drug
Summary of Benefits



Summary of Costs

January 1, 2016 - December 31, 2016

Monthly Premium and Deductible

How much is the monthly premium? Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

How much is the deductible? This plan does not have a deductible.

Prescription Drug Benefits

Initial Coverage You pay the following until total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Generic)	\$5 copay
Tier 2 (Preferred Brand)	\$25 copay
Tier 3 (Non-Preferred Brand)	\$60 copay
Tier 4 (Specialty Tier)	33% of the cost

Standard Mail Order Cost-Sharing

Tier	Three-month supply
Tier 1 (Generic)	\$10 copay
Tier 2 (Preferred Brand)	\$50 copay
Tier 3 (Non-Preferred Brand)	\$120 copay
Tier 4 (Specialty Tier)	33% of the cost

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310. After you enter the coverage gap, we will continue to pay our share of the cost of your drugs and you pay your share of the cost. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.

Standard Retail Cost-Sharing

Tier	Drugs covered	One-month supply
Tier 1 (Generic)	All	\$5 copay
Tier 2 (Preferred Brand)	All	\$25 copay
Tier 3 (Non-Preferred Brand)	All	\$60 copay
Tier 4 (Specialty Tier)	All	33% of the cost

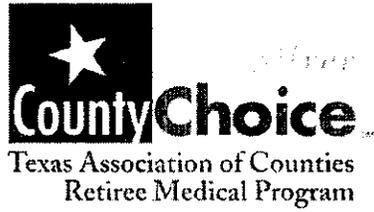
Standard Mail Order Cost-Sharing

Tier	Drugs Covered	Three-month supply
Tier 1 (Generic)	All	\$10 copay
Tier 2 (Preferred Brand)	All	\$50 copay
Tier 3 (Non-Preferred Brand)	All	\$120 copay
Tier 4 (Specialty Tier)	All	33% of the cost

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

- 5% of the cost, or
 - \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copay for all other drugs.
-



UnitedHealthcare

Retiree Prescription Drug List





DRUG LIST

This is an alphabetical partial list of Brand name and Generic drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type

Each drug is in one of four tiers, which is listed after the drug name.

- Each tier has a co-pay or co-insurance amount
- For a full description of the tiers, see the Summary of Benefits in this book

For more information or for a complete list of covered drugs, please call Customer Service. Our contact information is on the first page of this book.

This list was last updated August 1, 2015.

<p>A</p> <p>Acamprosate Calcium DR (Tablet Delayed-Release), T1</p> <p>Acetaminophen/Codeine (Tablet), T1</p> <p>Acetazolamide (Tablet), T1</p> <p>Acetazolamide ER (Capsule Extended-Release 12 Hour), T1</p> <p>Acyclovir (Tablet), T1</p> <p>Adacel (Injection), T2</p> <p>Adcirca (Tablet), T4</p> <p>Advair Diskus (Aerosol Powder), T2</p> <p>Advair HFA (Aerosol), T2</p> <p>Aggrenox (Capsule Extended-Release 12 Hour), T3</p> <p>Albenza (Tablet), T4</p> <p>Alcohol Prep Pads, T2</p> <p>Alendronate Sodium (Tablet), T1</p> <p>Alfuzosin HCl ER (Tablet Extended-Release 24 Hour), T1</p> <p>Allopurinol (Tablet), T1</p>	<p>Alprazolam (Tablet Immediate-Release), T1</p> <p>Amantadine HCl (100mg Capsule, 50mg/5ml Syrup, 100mg Tablet), T1</p> <p>Amiodarone HCl (Tablet), T1</p> <p>Amitiza (Capsule), T2</p> <p>Amitriptyline HCl (Tablet), T1</p> <p>Amlodipine Besylate (Tablet), T1</p> <p>Amlodipine Besylate/Benazepril HCl (Capsule), T1</p> <p>Ammonium Lactate (12% Cream, 12% Lotion), T1</p> <p>Amoxicillin (250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet), T1</p> <p>Amoxicillin/Clavulanate Potassium (Tablet Immediate-Release) (Generic Augmentin), T1</p>	<p>Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release), Amphetamine/ Dextroamphetamine ER (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour), T1</p> <p>Anagrelide HCl (Capsule), T1</p> <p>Anastrozole (Tablet), T1</p> <p>Androderm (Patch 24 Hour), T2</p>
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T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

**Androgel (Packet),
Androgel Pump (Gel), T2**
**Anoro Ellipta (Aerosol
Powder), T2**

Argatroban (Injection), T1

Atenolol (Tablet), T1
Atenolol/Chlorthalidone
(Tablet), T1

Atorvastatin Calcium
(Tablet), T1

Atovaquone/Proguanil HCl
(Tablet) (Generic
Malarone), T1

Atripla (Tablet), T4

**Atrovent HFA (Aerosol
Solution), T3**

Aubagio (Tablet), T4

Avastin (Injection), T4

Avonex (Injection), T4

Azathioprine (Tablet), T1

Azelastine HCl (0.05%
Ophthalmic Solution), T1

Azelastine HCl (0.1% Nasal
Solution), T1

Azelastine HCl (0.15% Nasal
Solution), T1

Azilect (Tablet), T2

Azithromycin (100mg/5ml
Suspension, 200mg/5ml
Suspension, 250mg Tablet,
500mg Tablet, 600mg
Tablet), T1

Azopt (Suspension), T2

B

Baclofen (Tablet), T1

Balsalazide Disodium
(Capsule), T1

Belsomra (Tablet), T2

Benazepril HCl (Tablet), T1

Benazepril HCl/
Hydrochlorothiazide
(Tablet), T1

Benicar (Tablet), T2

Benicar HCT (Tablet), T2

Benlysta (Injection), T4

Benzotropine Mesylate
(Tablet), T1

Betaseron (Injection), T4

Bethanechol Chloride
(Tablet), T1

Bicalutamide (Tablet), T1

Bisoprolol Fumarate
(Tablet), T1

Bisoprolol Fumarate/
Hydrochlorothiazide
(Tablet), T1

**Brimonidine Tartrate
(0.15% Ophthalmic
Solution), T1**

Brimonidine Tartrate (0.2%
Ophthalmic Solution), T1

Brintellix (Tablet), T3

Budesonide (3mg Capsule
Extended-Release 24
Hour), T1

Bumetanide (Tablet), T1

Buprenorphine HCl (Tablet
Sublingual), T1

Bupropion HCl (100mg
Tablet Immediate-Release,
75mg Tablet Immediate-
Release). Bupropion HCl SR
(100mg Tablet Extended-
Release 12 Hour, 150mg
Tablet Extended-Release 12
Hour, 200mg Tablet
Extended-Release 12 Hour),
Bupropion HCl XL (150mg
Tablet Extended-Release 24
Hour, 300mg Tablet
Extended-Release 24
Hour), T1

Buspironone HCl (Tablet), T1

Butrans (Patch Weekly), T2

Bydureon (Injection), T2

Byetta (Injection), T3

Bystolic (Tablet), T2

C

Cabergoline (Tablet), T1

Calcitriol (Capsule), T1

Calcium Acetate
(Capsule), T1

Captopril (Tablet), T1

Captopril/Hydrochlorothiazide
(Tablet), T1

Carafate (Suspension), T3

Carbaglu (Tablet), T4

Carbamazepine (100mg/5ml
Suspension, 200mg Tablet,
100mg Tablet Chewable),
Carbamazepine ER (100mg
Capsule Extended-Release
12 Hour, 200mg Capsule
Extended-Release 12 Hour,
300mg Capsule Extended-
Release 12 Hour, 200mg
Tablet Extended-Release 12
Hour, 400mg Tablet
Extended-Release 12
Hour), T1

Carbidopa (25mg Tablet), T1

Carbidopa/Levodopa
(10mg-100mg Tablet
Immediate-Release,
25mg-100mg Tablet
Immediate-Release,
25mg-250mg Tablet
Immediate-Release),
Carbidopa/Levodopa ER
(25mg-100mg Tablet
Extended-Release,
50mg-200mg Tablet
Extended-Release),
Carbidopa/Levodopa ODT
(10mg-100mg Tablet
Dispersible, 25mg-100mg
Tablet Dispersible,
25mg-250mg Tablet
Dispersible), T1

Carboplatin (Injection), T1

Carvedilol (Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Cayston (Inhalation Solution), T4

Cefdinir (300mg Capsule, 125mg/5ml Suspension, 250mg/5ml Suspension), T1

Cefuroxime Axetil (Tablet), T1

Celecoxib (Capsule), T1

Cephalexin (250mg Capsule, 500mg Capsule, 750mg Capsule, 125mg/5ml Suspension, 250mg/5ml Suspension), T1

Chantix (Tablet), T3

Chlorhexidine Gluconate Oral Rinse (Solution), T1

Chlorthalidone (Tablet), T1

Cilostazol (Tablet), T1

Cimetidine (Oral Solution, Tablet), T1

Cinryze (Injection), T4

Ciprodex (Otic Suspension), T2

Ciprofloxacin HCl (Tablet Immediate-Release), T1

Citalopram Hydrobromide (Tablet), T1

Clindamycin HCl (Capsule Immediate-Release, Oral Solution), T1

Clonazepam (Tablet Immediate-Release), T1

Clonazepam ODT (Tablet Dispersible), T1

Clonidine HCl (Tablet Immediate-Release), T1

Clopidogrel (Tablet), T1

Clozapine (Tablet Immediate-Release), T1

Clozapine ODT (Tablet Dispersible), T1

Colchicine (0.6mg Tablet) (Generic Colcrys), T2

Combigan (Ophthalmic Solution), T2

Combivent Respimat (Aerosol Solution), T2

Comtan (Tablet), T3

Copaxone (Injection), T4

Creon (Capsule Delayed-Release), T2

Crestor (Tablet), T2

Cromolyn Sodium (Ophthalmic Solution), T1

Cyclophosphamide (Capsule), T3

Cyproheptadine HCl (4mg Tablet), T1

Daliresp (Tablet), T3

Dapsone (Tablet), T2

Desmopressin Acetate (Tablet), T1

Dextroamphetamine Sulfate (Tablet Immediate Release), Dextroamphetamine Sulfate ER (Capsule Extended-Release), T1

Dextrose 5%/NaCl (injection), T1

Diazepam (1mg/ml Oral Solution), T1

Diazepam (Tablet Immediate-Release), Diazepam Intensol (5mg/ml Concentrate), T1

Diclofenac Potassium (Tablet), T1

Diclofenac Sodium DR (25mg Tablet Delayed-Release, 50mg Tablet Delayed-Release, 75mg Tablet Delayed-Release),

Diclofenac Sodium ER (100mg Tablet Extended-Release 24 Hour), T1

Dicyclomine HCl (10mg Capsule, 20mg Tablet), T1

Digoxin (125mcg Tablet), T1

Digoxin (250mcg Tablet), T1

Dihydroergotamine Mesylate (Injection), T1

Diltiazem HCl (Tablet Immediate-Release), Diltiazem HCl ER (240mg Capsule Extended-Release, 300mg Capsule Extended-Release) (Generic Cardizem CD), (360mg Capsule Extended-Release) (Generic Tiazac), T1

Diphenoxylate/Atropine (Tablet), T1

Disulfiram (Tablet), T1

Divalproex Sodium (125mg Capsule Sprinkle),

Divalproex Sodium DR (125mg Tablet Delayed-Release, 250mg Tablet Delayed-Release, 500mg Tablet Delayed-Release), Divalproex Sodium ER (250mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour), T1

Donepezil HCl (10mg Tablet Immediate-Release, 23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Donepezil HCl ODT (10mg Tablet Dispersible, 5mg Tablet Dispersible), T1

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T1

Doxazosin Mesylate (Tablet), T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate), T1
 Doxycycline Hyclate (Capsule Immediate-Release), T1
 Dronabinol (Capsule), T1
 Duloxetine HCl (Capsule Delayed-Release), T1
Durezol (Emulsion), T2
Dymista (Suspension), T3

E

Edarbi (Tablet), T3
Edarbyclor (Tablet), T3
Elliquis (Tablet), T2
Elmiron (Capsule), T3
 Enalapril Maleate (Tablet), T1
 Enalapril Maleate/
 Hydrochlorothiazide
 (Tablet), T1
Enbrel (Injection), T4
 Entacapone (Tablet), T1
 Entecavir (Tablet), T1
EpiPen (Injection), T2
 Eplerenone (Tablet), T1
Epzicom (Tablet), T4
Equetro (Capsule Extended-Release 12 Hour), T3
 Erythromycin (Ophthalmic Ointment), T1
 Erythromycin Base
 (Tablet), T1
 Escitalopram Oxalate
 (Tablet), T1
 Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace), T1
 Eszopiclone (Tablet), T1
 Ethambutol HCl (Tablet), T1

Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution), T1
 Etoposide (Injection), T1
Exjade (Tablet Soluble), T4

F

Famotidine (Tablet), T1
Fareston (Tablet), T4
Farxiga (Tablet), T3
 Fenofibrate (Tablet), T1
 Fentanyl (Patch 72 Hour), T1
 Finasteride (5mg Tablet) (Generic Proscar), T1
Firazyr (Injection), T4
 Flecainide Acetate
 (Tablet), T1
Flovent Diskus (Aerosol Powder), T2
Flovent HFA (Aerosol), T2
 Fluconazole (Tablet), T1
 Fluocinolone Acetonide (Otic Oil), T1
 Fluphenazine HCl (Tablet), T1
 Fluticasone Propionate
 (Suspension), T1
 Furosemide (Tablet), T1
Fuzeon (Injection), T4

G

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 300mg Tablet), T1
Gammagard Liquid (Injection), T4
 Gemfibrozil (Tablet), T1
 Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution), T1
Gilenya (Capsule), T4
Gleevec (Tablet), T4
 Glimepiride (Tablet), T1

Glipizide (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Glipizide ER (10mg Tablet Extended-Release 24 Hour, 2.5mg Tablet Extended-Release 24 Hour, 5mg Tablet Extended-Release 24 Hour), T1
 Glipizide/Metformin HCl (Tablet), T1
Glucagen Hypokit (Injection), T3
Glucagon Emergency Kit (Injection), T2

H

Haloperidol (Tablet), T1
Harvoni (Tablet), T4
Humalog Kwikpen (100unit/ml Injection), Humalog Mix 50/50 Kwikpen, Humalog Mix 75/25 Kwikpen, Humalog Mix 50/50 Vial, Humalog Mix 75/25 Vial, Humalog Vial (Injection), T2
Humira (Injection), T4
Humulin 70/30 Kwikpen, Humulin N Kwikpen, Humulin 70/30 Vial, Humulin N Vial, Humulin R Vial (injection), Humulin R U-500 Vial (Concentrated injection), T2
 Hydralazine HCl (Tablet), T1
 Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1

Drug LIST

Bold type = Brand name drug

Plain type = Generic drug

Hydrocodone/
Acetaminophen
(10mg-325mg Tablet,
2.5mg-325mg Tablet,
5mg-325mg Tablet,
7.5mg-325mg Tablet), T1
Hydromorphone HCl (Tablet
Immediate-Release), T1
Hydroxychloroquine Sulfate
(Tablet), T1
Hydroxyurea (Capsule), T1
Hydroxyzine HCl (10mg/5ml
Oral Solution), T1

Ibandronate Sodium
(Tablet), T1

Ibuprofen (100mg/5ml
Suspension, 400mg Tablet,
600mg Tablet, 800mg
Tablet), T1

Ilevro (Suspension), T2

Imiquimod (Cream), T1

Insulin Syringes, Needles, T2

**Intelence (100mg Tablet,
200mg Tablet), T4**

Invanz (Injection), T3

Invokamet (Tablet), T2

Invokana (Tablet), T2

Ipratropium Bromide (0.02%
Inhalation Solution), T1

Ipratropium Bromide (0.03%
Nasal Solution, 0.06% Nasal
Solution), T1

Ipratropium Bromide/
Albuterol Sulfate (Inhalation
Solution), T1

Irbesartan (Tablet), T1

Irbesartan/
Hydrochlorothiazide
(Tablet), T1

Isentress (Tablet), T4

Isoniazid (Tablet), T1

Isosorbide Dinitrate (10mg
Tablet Immediate-Release,
20mg Tablet Immediate-
Release, 30mg Tablet
Immediate-Release, 5mg
Tablet Immediate-Release),
Isosorbide Dinitrate ER
(40mg Tablet Extended-
Release), T1

Isosorbide Mononitrate
(10mg Tablet Immediate-
Release, 20mg Tablet
Immediate-Release),
Isosorbide Mononitrate ER
(120mg Tablet Extended-
Release 24 Hour, 30mg
Tablet Extended-Release 24
Hour, 60mg Tablet
Extended-Release 24
Hour), T1

Ivermectin (Tablet), T1

**Janumet (50mg-1000mg
Tablet Immediate-Release,
50mg-500mg Tablet
Immediate-Release),
Janumet XR
(100mg-1000mg Tablet
Extended-Release 24
Hour, 50mg-1000mg
Tablet Extended-Release
24 Hour, 50mg-500mg
Tablet Extended-Release
24 Hour), T2**

Januvia (Tablet), T2

Jardiance (Tablet), T2

Jentadueto (Tablet), T3

Kalydeco (Tablet), T4

Kazano (Tablet), T3

Ketoconazole (2% Cream, 2%
Shampoo, 200mg
Tablet), T1

Ketorolac Tromethamine
(Ophthalmic Solution), T1
Kionex (Powder), T1

**Klor-Con 8 (Tablet
Extended-Release), Klor-
Con 10 (Tablet Extended-
Release), T1**

Klor-Con M20 (Tablet
Extended-Release), T1

**Kombiglyze XR (Tablet
Extended-Release 24
Hour), T2**

Korlym (Tablet), T4

Labetalol HCl (Tablet), T1
Lactulose (Oral Solution), T1
Lamivudine (Tablet), T1
Lamotrigine (Tablet
Chewable, Tablet
Immediate-Release,
Lamotrigine ODT (Tablet
Dispersible), T1

**Lantus Solostar (Injection),
Lantus Vial (Injection), T2**

**Lastacast (Ophthalmic
Solution), T2**

Latanoprost (Ophthalmic
Solution), T1

Latuda (Tablet), T4

Leflunomide (Tablet), T1

Letrozole (Tablet), T1

Leucovorin Calcium
(Tablet), T1

Leukeran (Tablet), T2

**Levemir FlexTouch
(Injection), Levemir Vial
(Injection), T2**

Levetiracetam (Tablet
Immediate-Release), T1

Levodopamine (Tablet), T1

Levocetirizine Dihydrochloride
(Tablet), T1

Levofloxacin (Tablet), T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Levothyroxine Sodium (Tablet), T1
Lialda (Tablet Delayed-Release), T2
 Lidocaine (Gel, Ointment, 2% Viscous Solution), T1
 Lidocaine/Prilocaine (Cream), T1
 Lindane (1% Lotion, 1% Shampoo), T1
Linzess (Capsule), T2
 Liothyronine Sodium (Tablet), T1
 Lisinopril (Tablet), T1
 Lisinopril/Hydrochlorothiazide (Tablet), T1
 Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release), Lithium Carbonate ER (300mg Tablet Extended-Release, 450mg Tablet Extended-Release), T1
 Loperamide HCl (Capsule), T1
 Lorazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release), Lorazepam Intensol (2mg/ml Concentrate), T1
 Losartan Potassium (Tablet), T1
 Losartan Potassium/Hydrochlorothiazide (Tablet), T1
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension), T3
 Lovastatin (Tablet), T1

Lumigan (Ophthalmic Solution), T2
Lupron Depot (Injection), Lupron Depot-PED (Injection), T4
Lyrica (Capsule), T2
Lysodren (Tablet), T4
M
 Medroxyprogesterone Acetate (Tablet), T1
 Meloxicam (Tablet), T1
 Mercaptopurine (Tablet), T1
 Meropenem (Injection), T1
 Metformin HCl (1000mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 350mg Tablet Immediate-Release), metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR), metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet), T1
 Methadone HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution, 10mg Tablet, 5mg Tablet), T1
 Methimazole (Tablet), T1
 Methotrexate (Tablet), T1
 Methscopolamine Bromide (Tablet) T1
 Methyl dopa (Tablet), T1
 Methylphenidate HCl (Tablet Immediate Release) (Generic Ritalin), T1
 Methylprednisolone Dose Pack (Tablet), T1
 Metoclopramide HCl (Tablet), T1
 Metolazone (Tablet), T1

Metoprolol Succinate ER (Tablet Extended-Release 24 Hour), T1
 Metoprolol Tartrate (Tablet Immediate-Release), T1
 Metronidazole (Tablet Immediate-Release), T1
 Midodrine HCl (Tablet), T1
 Migergot (Suppository), T1
 Minocycline HCl (Capsule Immediate-Release), T1
 Minoxidil (Tablet), T1
 Mirtazapine (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 45mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release), Mirtazapine ODT (15mg Tablet Dispersible, 30mg Tablet Dispersible, 45mg Tablet Dispersible), T1
 Modafinil (Tablet), T1
 Montelukast Sodium (4mg Packet, 10mg Tablet, 4mg Tablet Chewable, 5mg Tablet Chewable), T1
 Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin), T1
Multaq (Tablet), T2
 Mupirocin (Ointment), T1
Myrbetriq (Tablet Extended-Release 24 Hour), T2
N
 Naltrexone HCl (Tablet), T1
Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T3
 Namenda (10mg/5ml Oral Solution), Namenda XR (Capsule Extended-Release 24 Hour), T2

Bold type = Brand name drug

Plain type = Generic drug

Naproxen (Tablet Immediate-Release), T1

Nasonex (Suspension), T3

Neomycin/Polymyxin/
Hydrocortisone (Otic
Solution, Otic
Suspension), T1

Nesina (Tablet), T3

Nevanac (Suspension), T2

Niacin ER (Tablet Extended-Release), T1

Nicotrol Inhaler, T3

Nitrofurantoin Macrocrystals
(50mg Capsule) (Generic
Macrochantin), T1

Nitrofurantoin Monohydrate
(100mg Capsule) (Generic
Macrobid), T1

**Nitrostat (Tablet
Sublingual), T2**

Norethindrone Acetate
(Tablet), T1

Nortriptyline HCl (10mg
Capsule, 25mg Capsule,
50mg Capsule, 75mg
Capsule, 10mg/5ml Oral
Solution), T1

**Norvir (100mg Capsule,
80mg/ml Oral Solution,
100mg Tablet), T3**

Nuedexa (Capsule), T3

Nutropin AQ (Injection), T4

Nuvigil (Tablet), T3

Nystatin (Cream, Ointment,
Oral Suspension, Topical
Powder), T1

Nystop (Powder), T1

Olanzapine (Tablet
Immediate-Release), T1

Omega-3-Acid Ethyl Esters
(Capsule) (Generic
Lovaza), T1

Omeprazole (10mg Capsule
Delayed-Release, 40mg
Capsule Delayed-
Release), T1

Omeprazole (20mg Capsule
Delayed-Release), T1

Ondansetron (24mg Tablet
Immediate-Release, 4mg
Tablet Immediate-Release,
8mg Tablet Immediate-
Release), Ondansetron ODT
(4mg Tablet Dispersible,
8mg Tablet Dispersible), T1

Onglyza (Tablet), T2

**Opana ER (Crush Resistant)
(Tablet Extended-Release
12 Hour Abuse-
Deterrent), T2**

Opsumit (Tablet), T4

**Orenitram (0.125mg Tablet
Extended-Release), T3**

**Orenitram (0.25mg Tablet
Extended-Release, 1mg
Tablet Extended-
Release), T4**

**Orenitram (2.5mg Tablet
Extended-Release), T4**

Oseni (Tablet), T3

Oxcarbazepine (Tablet), T1

Oxybutynin Chloride (5mg/
5ml Syrup, 5mg Tablet), T1

Oxybutynin Chloride ER
(Tablet Extended-Release
24 Hour), T1

Oxycodone HCl (Tablet
Immediate-Release), T1

Oxycodone/Acetaminophen
(10mg-325mg Tablet,
2.5mg-325mg Tablet,
5mg-325mg Tablet,
7.5mg-325mg Tablet), T1

P

Pantoprazole Sodium (Tablet
Delayed-Release), T1

**Pataday (Ophthalmic
Solution), T2**

Pegasys (Injection), T4

Penicillin V Potassium
(Tablet), T1

**Perforomist (Nebulized
Solution), T3**

Periogard (Solution), T1

Permethrin (Cream), T1

Phenytoin Sodium Extended
(Capsule), T1

Pilocarpine HCl (Tablet), T1

Pioglitazone HCl (Tablet), T1

Pioglitazone HCl/Glimepiride
(Tablet), T1

Pioglitazone HCl/Metformin
HCl (Tablet), T1

Polyethylene Glycol 3350
(Powder) (Generic
Miralax), T1

Pomalyst (Capsule), T4

Potassium Chloride ER
(10meq Capsule Extended-
Release, 8meq Capsule
Extended-Release, 10meq
Tablet Extended-Release,
20meq Tablet Extended-
Release, 8meq Tablet
Extended-Release), T1

Potassium Citrate ER (Tablet
Extended-Release), T1

Potiga (Tablet), T4

Pradaxa (Capsule), T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Pramipexole Dihydrochloride (Tablet Immediate-Release), T1

Pravastatin Sodium (Tablet), T1

Prazosin HCl (Capsule), T1

Prednisolone Acetate (Suspension), T1

Prednisone (5mg/5ml Oral Solution, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet), Prednisone Intensol (5mg/ml Concentrate), T1

Premarin (Vaginal Cream), T2

Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet), T4

Pristiq (Tablet Extended-Release 24 Hour), T3

ProAir HFA (Aerosol Solution), ProAir RespiClick (Aerosol Powder), T2

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

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

Proctosol HC (Cream), T1

Proctozone-HC (Cream), T1

Progesterone (Capsule), T1

Prolensa (Ophthalmic Solution), T3

Promethazine HCl (Tablet), T1

Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release), Propranolol HCl ER (120mg Capsule Extended-Release 24 Hour, 160mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour), T1

Propylthiouracil (Tablet), T1

Pulmicort Flexhaler (Aerosol Powder), T3

Pyridostigmine Bromide (Tablet), T1

Quetiapine Fumarate (Tablet Immediate Release), T1

Quinapril HCl (Tablet), T1

Quinapril/Hydrochlorothiazide (Tablet), T1

Raloxifene HCl (Tablet), T1

Ramipril (Capsule), T1

Ranexa (Tablet Extended-Release 12 Hour), T2

Ranitidine HCl (Tablet), T1

Rapallo (Capsule), T2

Reoif (Injection), T4

Renagel (Tablet), T2

Renvela (800mg Tablet), T2

Ruscasis (Emulsion), T2

Revlimid (Capsule), T4

Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet), T4

Ribavirin (200mg Capsule, 200mg Tablet), T1

Rifabutin (Capsule), T1

Rifampin (Capsule), T1

Riluzole (Tablet), T1

Rimantadine HCl (Tablet), T1

Risperidone (Tablet), T1

Rituxan (Injection), T4

Rivastigmine Tartrate (Capsule Immediate-Release), T1

Rizatriptan Benzoate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), Rizatriptan Benzoate ODT (10mg Tablet Dispersible, 5mg Tablet Dispersible), T1

Ropinirole HCl (Tablet Immediate-Release), T1

Rozerem (Tablet), T3

S

Santyl (Ointment), T3

Saphris (Tablet Sublingual), T3

Savella (Tablet), T2

Selegiline HCl (5mg Capsule, 5mg Tablet), T1

Selzentry (Tablet), T4

Sensipar (30mg Tablet), T2
Sensipar (60mg Tablet, 90mg Tablet), T4

Serevent Diskus (Aerosol Powder), T2

Seroquel XR (Tablet Extended-Release 24 Hour), T2

Sertraline HCl (Tablet), T1

Sildenafil (Tablet), T1

Silver Sulfadiazine (Cream), T1

Simvastatin (Tablet), T1

Sodium Fluoride (Tablet), T1

Bold type = Brand name drug

Plain type = Generic drug

Sodium Polystyrene Sulfonate (Suspension), T1
 Sotalol HCl (Tablet), Sotalol HCl AF (Tablet), T1
Sovaldi (Tablet), T4
Spiriva Handihaler (18mcg Capsule), Spiriva Respiimat (2.5mcg/ACT Aerosol Solution), T2
 Spironolactone (Tablet), T1
Strattera (Capsule), T3
Suboxone (Film), T3
 Sucralfate (Tablet), T1
 Sulfamethoxazole/Trimethoprim (Tablet), Sulfamethoxazole/Trimethoprim DS (Tablet), T1
 Sulfasalazine (Tablet Immediate-Release), T1
 Sulfazine EC (Tablet Delayed-Release), T1
 Sumatriptan Succinate (Tablet), T1
 Suprax (100mg/5ml Suspension, 200mg/5ml Suspension, 100mg Tablet Chewable, 200mg Tablet Chewable), T2
Suprax (400mg Capsule, 500mg/5ml Suspension), T2
Symbicort (Aerosol), T2
Symlinpen 120 (Injection), T4
Symlinpen 60 (Injection), T3
Synthroid (Tablet), T2

Tarniflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension), T3
 Tamoxifen Citrate (Tablet), T1
 Tamsulosin HCl (Capsule), T1
Tarceva (Tablet), T4
Targretin (75mg Capsule, 1% Gel), T4
Tasigna (Capsule), T4
Tecfidera (Capsule Delayed-Release), T4
 Telmisartan (Tablet), T1
 Telmisartan/Hydrochlorothiazide (Tablet) T1
 Temazepam (Capsule), T1
 Terazosin HCl (Capsule), T1
 Terbinafine HCl (Tablet), T1
 Testosterone Cypionate (Injection), T1
 Theophylline (50mg/1.5ml Oral Solution), Theophylline CR (100mg Tablet Extended-Release, 200mg Tablet Extended-Release), 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), T1
Thymoglobulin (Injection), T4
 Timolol Maleate (Ophthalmic Solution), T1
Tivicay (Tablet), T4
 Tizanidine HCl (Tablet), T1
 Tobramycin Sulfate (Ophthalmic Solution), T1

Tobramycin/Dexamethasone (Ophthalmic Suspension), T1
 Topiramate (Tablet Immediate-Release), T1
 Topotecan HCl (Injection), T1
 Torsemide (Tablet), T1
Tracleer (Tablet), T4
Tradjenta (Tablet), T3
 Tramadol HCl (Tablet Immediate-Release), T1
 Tramadol HCl/Acetaminophen (Tablet), T1
 Tranexamic Acid (100mg/ml Injection, 650mg Tablet), T1
Transderm-Scop (Patch 72 Hour), T3
Travatan Z (Ophthalmic Solution), T2
 Trazodone HCl (Tablet), T1
 Tretinoin (Capsule), T1
 Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment), T1
 Triamcinolone in Orabase (Paste), T1
 Triarterene/Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet), T1
Tribenzor (Tablet), T2
 Trihexyphenidyl HCl (Elixir), T1
Trulicity (Injection), T2
Truvada (Tablet), T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

U**Uloric (Tablet), T2**

Ursodiol (300mg Capsule,
250mg Tablet, 500mg
Tablet), T1

V

Valacyclovir HCl (Tablet), T1

Valganciclovir (Tablet), T1

Valsartan (Tablet), T1

Valsartan/
Hydrochlorothiazide
(Tablet), T1

Verapamil HCl (120mg Tablet
Immediate-Release, 40mg
Tablet Immediate-Release,
80mg Tablet Immediate-
Release), Verapamil HCl ER
(120mg Tablet Extended-
Release, 180mg Tablet
Extended-Release, 240mg
Tablet Extended-
Release), T1

Versacloz (Suspension), T4

Vesicare (Tablet), T2

Victoza (Injection), T2

**Virazole (Inhalation
Solution), T4**

**Viread (40mg/gm Powder,
150mg Tablet, 200mg
Tablet, 250mg Tablet,
300mg Tablet), T4**

Voltaren (Gel), T3

Vytorin (Tablet), T3

Vyvanse (Capsule), T3

W

Warfarin Sodium (Tablet), T1

**Welchol (3.75gm Packet,
625mg Tablet), T2**

X

Xarelto (Tablet), T2

Xolair (Injection), T4

Z

Zafirlukast (Tablet), T1

**Zenpep (Capsule Delayed-
Release), T2**

Zetia (Tablet), T2

Zirgan (Gel), T3

Zolpidem Tartrate (Tablet
Immediate-Release), T1

Zonisamide (Capsule), T1

Zostavax (Injection), T3

Zytiga (Tablet), T4

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