WHAT YOU NEED TO KNOW ABOUT YOUR MEDICARE ADVANTAGE PLAN.

2017 Medicare Part C Enrollment Guide

AARP® MedicareComplete® Plan 3 (HMO)

H3307-024

Service Area: New York - Bronx, Kings, New York, Queens, Richmond counties

Plan Effective Date: January 1, 2017 through December 31, 2017

AARP® | MedicareComplete®
insured through UnitedHealthcare

Discover a plan that WORKS TO YOUR ADVANTAGE.

When it comes to staying active, you can choose from many activities. And 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 — and how much they cost
- Details on how to enroll and what you can expect after you enroll

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 before your enrollment period ends.

Take advantage of healthy extras.

HouseCalls

Vision Coverage

My Advocate

24/7 NurseLine

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

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Have questions? We can help. Call:

Toll-free 1-800-555-5757, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week. Se habla español.

Learn more online at
www.AARPMedicarePlans.com

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Making Your Medicare PLAN CHOICE

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

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

Original Medicare is provided by the government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything — you don't get coverage for prescription drugs or 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.

PART A — **Covers hospital stays**

PART B — **Covers doctor and outpatient visits**

Your options for more coverage:

OPTION 1 — OR — **OPTION 2**

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance
Offered by private companies

MED SUPP — Covers some of the costs not paid by Original Medicare (Parts A and B)

Medicare Part D
Offered by private companies

PART D — Part D covers prescription drugs

Choose a Medicare Advantage plan:

Medicare Advantage (Part C)
Offered by private companies

PART C — Part C combines Part A (hospital) and Part B (doctor)

Provides additional benefits

PART D — Most plans cover prescription drugs

Medicare Made Clear™ brought to you by **UnitedHealthcare®**

Making Your Medicare PLAN CHOICE

This is a Part C Health Maintenance Organization (HMO) plan.

Your plan is a Health Maintenance Organization (HMO) plan. That means you must receive care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care.

Here's how your HMO plan works.

You must select a primary care provider (PCP).
This health plan requires you to select a PCP from the network who can help manage your care.

There's no need to get referrals to see a specialist.
You can see any specialist in our network. If you don't use the network, in most cases, you'll have to pay for all of the costs.

There's an out-of-pocket spending limit each plan year.
Once you reach that limit, the plan pays 100% of the costs for covered services.

Stay in the network.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	No
Are emergency or urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all covered doctor or hospital services?	Plan co-pay or co-insurance applies.	In most cases, yes, you must pay the full cost for services.

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.

Making Your Medicare PLAN CHOICE

Are you eligible for this plan?

You are eligible for a Medicare Advantage plan if:

- ✓ You are enrolled in Original Medicare Parts A and B and live in the plan's service area

AND

- ✓ You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A and B and continue to pay your Part B premium, you are eligible to enroll in this plan.

Helpful resources.

Medicare Made Clear™

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

Medicare Helpline

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

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Plan INFORMATION

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Benefit Highlights

AARP® MedicareComplete® Plan 3 (HMO)

This is a short description of 2017 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

Monthly plan premium	$66

Medical Benefits

Doctor's office visit	Primary Care Provider: $5 co-pay Specialist: $15 co-pay (no referral needed)
Preventive services	$0 co-pay
Inpatient hospital care	$200 co-pay per day: days 1-5 $0 co-pay per day after that
Skilled nursing facility (SNF)	$0 co-pay per day: days 1-20 $160 co-pay per day: days 21-38 $0 co-pay per day: days 39-100
Outpatient surgery	$200 co-pay
Diabetes monitoring supplies	$0 co-pay for covered brands
Home health care	$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	20% of the cost
Diagnostic tests and procedures (non-radiological)	20% of the cost
Lab services	$10 co-pay
Outpatient x-rays	$14 co-pay
Ambulance	$225 co-pay
Emergency care	$75 co-pay (worldwide)
Urgently needed services	$15 - $40 co-pay ($75 co-pay for worldwide coverage)
Annual out-of-pocket maximum*	$2,800

*The most you may pay in a year for medical care covered by the plan.

Benefits and Services Beyond Original Medicare

Routine physical	$0 co-pay; 1 per year
Vision - routine eye exams	$0 co-pay; 1 every year
Vision - eyewear	$0 co-pay every 2 years; up to $70 for frames (standard lenses included) or $105 for contacts (up to 4 boxes)
Dental - preventive	$0 co-pay for covered services (exam, cleaning, x-rays, flouride)
Foot care - routine	$15 co-pay; 6 visits per year
Hearing - routine exam	$5 co-pay; 1 per year
Hearing aids	$330 - $380 co-pay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)

Fitness program through SilverSneakers® Fitness program	Basic membership in a fitness program at a network location
NurseLine℠	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

	Your Cost	
Annual prescription deductible	$0	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	$2 co-pay	$0 co-pay
Tier 2: Generic Drugs	$8 co-pay	$0 co-pay
Tier 3: Preferred Brand Drugs	$45 co-pay	$125 co-pay
Tier 4: Non-Preferred Drugs	$95 co-pay	$275 co-pay
Tier 5: Specialty Tier Drugs	33% of the cost	33% of the cost
Coverage gap stage	After your total drug costs reach $3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $4,950, you will pay the greater of $3.30 co-pay for generic (including brand drugs treated as generic), $8.25 co-pay for all other drugs, or 5% of the cost	

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply.

Your drug plan
COVERAGE AND COSTS

Make sure your drugs are covered.

Find out if your prescription drugs are covered by checking the Drug List in this Enrollment Guide or the online Formulary (drug list) at **AARPMedicarePlans.com**.

Know how much your drugs will cost.

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

Understanding drug tiers.

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

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

Note: There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.

Your Part D prescription drug costs.

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

- Part D plans have four coverage stages: annual deductible, initial coverage stage, coverage gap stage, and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people stay in the initial coverage stage for the whole plan year. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The coverage cycle starts over again on January 1 each plan year.

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

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Your drug plan
COVERAGE AND COSTS

Explore ways to save money.

✓ Try OptumRx® Mail Service Pharmacy.

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

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

✓ Spend less at select pharmacies.

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

✓ Consider generic drugs.

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

✓ Use lower-tier drugs.

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

✓ Get Extra Help.

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

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Benefits and services beyond ORIGINAL MEDICARE

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 — most at little or no additional cost. 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.

A health and wellness program that comes to you

With the HouseCalls℠ program, you get an in-home clinical visit from one of our licensed health care practitioners for no additional cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.

What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and medications, perform a health screening, identify health risks and provide health education
- You can talk about health concerns and ask questions
- You'll get an "Ask Your Doctor" worksheet which you can bring to your next doctor visit

We may call to talk with you about the HouseCalls program. Or you can call **1-866-686-2504**, TTY **711**, 8:00 a.m. to 8:00 p.m. CT, Monday through Saturday.

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.

Benefits and services beyond ORIGINAL MEDICARE

Dental coverage

Getting routine preventive dental care can help protect your teeth and gums. The plan's dental services may include exams, cleanings or X-rays. Co-pays and network restrictions may apply.

Hearing coverage

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

- A routine hearing exam every year
- Hearing aids provided by the hi HealthInnovations™ mail order program

Co-pays and network restrictions may apply.

My Advocate

You may be able to get help paying for your medical costs, prescriptions, utility bills and more. My Advocate acts on behalf of your plan to help determine if you're eligible to apply for government or other community assistance programs.

Gym membership

With the SilverSneakers® Fitness program you can join a participating health club or fitness center for no additional cost. SilverSneakers® often includes:

- Group classes led by a certified instructor
- Health education meetings and social events

To find a location near you, visit the website at silversneakers.com.
Classes, equipment, facilities and services may vary by location.

Learn more about these extra services and benefits.

For more information, call 1-800-555-5757, TTY 711 8 a.m. to 8 p.m. local time, 7 days a week.

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The 2017 UnitedHealth PASSPORT PROGRAM

Bring your coverage with you.

Our UnitedHealth Passport® travel program is included in this plan. Medicare Advantage plans already cover emergency care worldwide. With UnitedHealth Passport, you can access all the benefits you have at home when you travel in the service area.

Participating counties:

Alabama Autauga, Baldwin, Bibb, Blount, Chilton, Cullman, Escambia, Houston, Jefferson, Lowndes, Macon, Madison, Mobile, Montgomery, Russell, Shelby, St. Clair, Talladega, Walker

Arkansas Benton, Carroll, Crawford, Jefferson, Pulaski, Sebastian, Washington

Arizona Graham, Maricopa, Pima, Pinal, Santa Cruz, Yavapai

Connecticut All counties in the state of Connecticut

Florida All counties in the state of Florida

Georgia Baldwin, Barrow, Bibb, Chatham, Cherokee, Clayton, Cobb, Columbia, DeKalb, Forsyth, Fulton, Hall, Harris, Henry, Muscogee, Richmond

Hawaii Honolulu

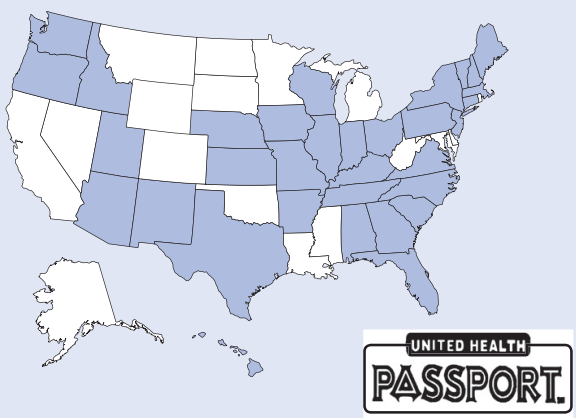
Idaho Ada, Canyon

Illinois Boone, Bureau, Carroll, Cook, DeKalb, DuPage, Grundy, Henderson, Henry, Jo Daviess, Kane, Kendall, Knox, Lee, Madison, Marshall, McHenry, McLean, Mercer, Monroe, Ogle, Peoria, Putnam, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Woodford

Indiana Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Decatur, De Kalb, Delaware, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Miami, Montgomery, Morgan, Newtown, Noble, Orange, Owen, Parke, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Shelby, St. Joseph, Starle, Steuben, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Wells, White, Whitley

Iowa Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene,

UnitedHealth Passport service area.



Iowa (Continued) Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Pottawattamie, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster

Kansas Butler, Harvey, Johnson, Sedgwick, Wyandotte

Kentucky Boone, Campbell, Fayette, Franklin, Jessamine, Kenton, Madison, Woodford

Maine All counties in the state of Maine

Massachusetts All counties in the state of Massachusetts

Missouri Boone, Buchanan, Callaway, Cass, Christian, Clay, Cole, Crawford, Dade, Dallas, Franklin, Gasconade, Greene, Jackson, Jefferson, Laclede, Lafayette, Lawrence, Lincoln, Miller, Osage, Platte, Polk, St. Charles, St. Louis, St. Louis City, Stone, Taney, Warren, Washington, Webster, Wright

Nebraska Burt, Cass, Dodge, Douglas, Lancaster, Otoe, Sarpy, Saunders, Washington

New Hampshire All counties in the state of New Hampshire

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New Jersey Bergen, Burlington, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union, Valencia

New Mexico Bernalillo, Dona Ana, Grant, Hidalgo, Luna, Sandoval, Santa Fe, Sierra, Valencia

New York All counties in the state of New York

North Carolina Alamance, Alexander, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Johnson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Orange, Person, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Stokes, Surry, Swain, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey

Ohio Butler, Champaign, Clark, Clermont, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morrow, Pickaway, Portage, Preble, Stark, Summit, Trumbull, Warren, Wood

Oregon[1] Clackamas, Lane, Marion, Multnomah, Washington, Yamhill

Pennsylvania Allegheny, Beaver, Berks, Bucks, Butler, Clarion, Chester, Crawford, Erie, Fayette, Forest, Greene, Jefferson, Lancaster, Lawrence, Lehigh, Mercer, Northampton, Philadelphia, Venango, Warren, Washington, Westmoreland, York

Rhode Island All counties in the state of Rhode Island

South Carolina Beaufort, Berkeley, Charleston, Greenville, Lancaster, Lexington, Orangeburg, Richland, Spartanburg, York

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

Texas[1] Austin, Brazoria, El Paso, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery

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

Vermont All counties in the state of Vermont

Virginia Alexandria City, Arlington, Bland, Botetourt, Bristol City, Buchanan, Chesapeake City, Chesterfield, Craig, Dickenson, Fairfax, Fairfax City, Falls Church City, Floyd, Franklin, Goochland, Grayson, Lee, Hampton City, Hanover, Henrico, Loudoun, Manassas City, Manassas Park City, Montgomery, Newport News City, Norfolk, City, Norton City, Portsmouth City, Prince William, Radford City, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Suffolk City, Tazewell, Virginia Beach City, Washington, Wise, Wythe, York

Washington Spokane

Wisconsin Brown, Calumet, Dodge, Door, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

How to use the UnitedHealth Passport program.

Before you go. Call the Customer Service number on the back of your member ID card. Give your destination's address and ZIP code, and get help finding in-network doctors nearby.

While you're away. Use your plan as usual. Visit in-network doctors in any of the counties listed above. You'll pay your usual co-pay or co-insurance for regular care.

When you return home. Passport can only be used for nine months in a row. Call us so we can deactivate the program.

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[1] The H3805 HMO plans in the Oregon counties of Clackamas, Lane, Marion, Multnomah, Washington, and Yamhill and the H4527 HMO plans in El Paso, Texas, do not participate in UnitedHealth Passport. Therefore, members of these plans are not eligible to participate in the program.

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2017 Summary of BENEFITS

AARP® MedicareComplete® Plan 3 (HMO)

H3307-024

Our service area includes the following counties in:
New York: Bronx, Kings, New York, Queens, Richmond.

This is a summary of drug coverages and health services provided by AARP® MedicareComplete® Plan 3 (HMO) January 1st, 2017 - December 31st, 2017.

For more information, please contact Customer Service at:

Toll-Free **1-800-555-5757,** TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.AARPMedicarePlans.com

AARP® | MedicareComplete®
insured through UnitedHealthcare

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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.AARPMedicarePlans.com to see the "Evidence of Coverage" or call customer service with any questions.

About this plan.

AARP® MedicareComplete® Plan 3 (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join AARP® MedicareComplete® Plan 3 (HMO), 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.

What's inside?

Plan Premiums, Annual Deductibles, and Benefits

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

AARP® MedicareComplete® Plan 3 (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy.

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

AARP® MedicareComplete® Plan 3 (HMO)

Premiums and Benefits	In-Network
Monthly Plan Premium	$66
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$2,800 annually for services you receive from in-network providers.
	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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

AARP® MedicareComplete® Plan 3 (HMO)

Benefits		In-Network
Inpatient Hospital Coverage		$200 co-pay per day: for days 1-5 $0 co-pay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor Visits	Primary	$5 co-pay
	Specialists	$15 co-pay
Preventive Care	Medicare-covered	$0 co-pay
	Routine physical	$0 co-pay; 1 per year
Emergency Care		$75 co-pay (worldwide) per visit 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.
Urgently Needed Services		$15 - $40 co-pay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	20% of the cost
	Lab services	$10 co-pay
	Diagnostic tests and procedures	20% of the cost
	Therapeutic Radiology	20% of the cost
	Outpatient X-rays	$14 co-pay per service

Benefits		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	$5 co-pay
	Routine hearing exam	$5 co-pay; 1 per year
	Hearing aid	$330-$380 co-pay for each hi HealthInnovations™ hearing aid, up to 2 per year (Additional fees with Power Max model)
Dental Services	Preventive	$0 co-pay for covered services (exam, cleaning, x-rays, flouride)
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	$15 co-pay
	Eyewear after cataract surgery	$0 co-pay
	Routine eye exam	$0 co-pay Up to 1 every year
	Eyewear	$0 co-pay every 2 years; up to $70 for frames (standard lenses included) or $105 for contacts (up to 4 boxes)
Mental Health Care	Inpatient visit	$200 co-pay per day: for days 1-5 $0 co-pay per day: for days 6-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	$30 co-pay
	Outpatient individual therapy visit	$40 co-pay

Benefits		In-Network
Skilled Nursing Facility (SNF)		$0 co-pay per day: for days 1-20 $160 co-pay per day: for days 21-38 $0 co-pay per day: for days 39-100
		Our plan covers up to 100 days in a SNF.
Rehabilitation Services	Occupational therapy visit	$15 co-pay
	Physical therapy and speech and language therapy visit	$15 co-pay
Ambulance		$225 co-pay
Routine Transportation		Not covered
Foot Care (podiatry services)	Foot exams and treatment	$15 co-pay
	Routine foot care	$15 co-pay; for each visit up to 6 visits every year
Medical Equipment / Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% of the cost
	Prosthetics (e.g., braces, artificial limbs)	20% of the cost
Wellness Programs	Fitness program through SilverSneakers® Fitness program	Basic membership in a fitness program at a network location.
Medicare Part B Drugs	Chemotherapy drugs	20% of the cost
	Other Part B drugs	20% of the cost

Prescription Drugs

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

Stage 1: Annual Prescription Deductible	Since you have no deductible for Part D drugs, this payment stage doesn't apply.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	$2 co-pay	$6 co-pay	$0 co-pay	$6 co-pay
Tier 2: Generic Drugs	$8 co-pay	$24 co-pay	$0 co-pay	$24 co-pay
Tier 3: Preferred Brand Drugs	$45 co-pay	$135 co-pay	$125 co-pay	$135 co-pay
Tier 4: Non-Preferred Drugs	$95 co-pay	$285 co-pay	$275 co-pay	$285 co-pay
Tier 5: Specialty Tier Drugs	33% of the cost	33% of the cost	33% of the cost	33% of the cost
Stage 3: Coverage Gap Stage	After your total drug costs reach $3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,950, you pay the greater of: • 5% of the cost, or • $3.30 co-pay for generic (including brand drugs treated as generic) and a $8.25 co-pay for all other drugs.			

Additional Benefits		In-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	$15 co-pay
Diabetes Management	Diabetes monitoring supplies	$0 co-pay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2 System, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® Sync, OneTouch Verio® IQ, OneTouch Verio® Flex System Kit, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.
	Diabetes Self-management training	$0 co-pay
	Therapeutic shoes or inserts	20% of the cost
Home Health Care		$0 co-pay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine℠		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Outpatient Surgery		$200 co-pay
Outpatient Substance Abuse	Outpatient group therapy visit	$30 co-pay
	Outpatient individual therapy visit	$40 co-pay

Additional Benefits	In-Network
UnitedHealth Passport®	Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network co-pay or co-insurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.
Renal Dialysis	20% of the cost

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.

You must continue to pay your Medicare Part B premium.

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. $0 co-pay is applicable for tier 1 and tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll.

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

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 1-800-555-5757.

This information is available for free in other languages. Please call our customer service number at 1-800-555-5757, 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 1-800-555-5757, TTY 711, 8 a.m. a 8 p.m. hora local, los 7 días de la semana.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-555-5757. Someone who speaks English/ Language can help you. This is a free service

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-555-5757. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-555-5757。 我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電1-800-555-5757。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-555-5757. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-555-5757. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-555-5757 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-555-5757. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-800-555-5757번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-555-5757. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-555-7575 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-555-5757 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-555-5757. Un nostro incaricato che parla Italianovi fornirà l’assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-555-5757. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-555-5757. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-555-5757. 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、1-800-555-5757 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 AARP® MedicareComplete® Plan 3 (HMO).

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Hearing Aids	hi HealthInnovations™	1-855-523-9355, TTY 711 9 a.m. - 5 p.m. Central Standard Time, Monday - Friday www.hihealthinnovations.com
Vision Care	UnitedHealthcare Vision®	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Dental Services	UnitedHealthcare Dental Oxford	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
NurseLine	NurseLine℠	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Fitness Membership	SilverSneakers® Fitness program	1-888-423-4632, TTY 711 8 a.m. - 8 p.m. Eastern Standard Time, Monday - Friday silversneakers.com

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UnitedHealthcare - H3307

2016 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 the 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 2016, UnitedHealthcare received the following Overall Star Rating from Medicare:

★★★½
3.5 stars

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

Health Plan Services:	★★★½ 3.5 stars
Drug Plan Services:	★★★★ 4 stars

The number of stars shows how well our plan performs.

★★★★★	excellent
★★★★	above average
★★★	average
★★	below average
★	poor

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

You may also contact us 8 a.m. - 8 p.m. local time, 7 days a week at 800-555-5757 (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.

2017 Required INFORMATION

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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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.

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. $0 co-pay is applicable for Tier 1 and Tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

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.

2017 Required INFORMATION

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:

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.

Optum Fitness Advantage
Participation in this program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Availability of the Optum® Fitness Advantage program varies by plan/market. Refer to your Evidence of Coverage for more details.

Non-Discrimination Notice

UnitedHealthcare Insurance Company, on behalf of itself and its affiliated companies, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages.

If you need these services, please call the Customer Service number at the front of this booklet, TTY 711.

If you believe that UnitedHealthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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

You can file a grievance by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD).

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 اذكر 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 rele 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

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)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie den Kundendienst unter der Telefonnummer auf der Vorderseite dieser Broschüre an.

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 می باشد. لطفاً با شماره تلفن خدمات اعضا بر روی جلد این کتابچه تماس بگیرید.

हिंदी (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 ।

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Խնդրվում է զանգահարել Հաճախորդի սպասարկման համարով, որը գտնվում է այս գրքույկի ճակատին:

ગુજરાતી (Gujarati)
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. મહેરબાની કરી આ પુસ્તિકાના આગળના ભાગમાં આપેલ કસ્ટમર સર્વિસ નંબર ઉપર કોલ કરો.

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.

اُردُو (Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔
برائے کرم اس کتابچہ کے پہلے صفحہ پر موجود گاہک سروس نمبر پرکال کریں۔

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំផុតអ្នក។ សូមទូរស័ព្ទទៅលេខសេវាអតិថិជន នៅខាងមុខនៃកូនសៀវភៅនេះ។

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਪੁਸਤਿਕਾ ਦੇ ਅਗਲੇ ਹਿੱਸੇ ਵਿਚ ਦਿੱਤੇ ਗਏ ਗਾਹਕ ਸੇਵਾ ਨੰਬਰ 'ਤੇ ਕਾੱਲ ਕਰੋ।

বাংলা (Bengali)

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। অনুগ্রহ করে এই পুস্তিকার সামনে দেওয়া গ্রাহক সেবা বা কাষ্টমার সার্ভিস নম্বরে কল করুন।

אידיש(Yiddish)

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. ביטע רופט די קאסטומער סערוויס נומער וואס שטייט ביים אנפאנג פון דעם ביכל.

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ እባክዎ በዚህ ቡክሌት ፊት ለፊት ላይ ያለውን የደንበኞች አገልግሎት ቁጥር ይደውሉ፡፡

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี **โปรดโทรศัพท์ถึงหมายเลขศูนย์บริการลูกค้า ซึ่งอยู่ที่ด้านหน้าของสมุดเล่มนี้**

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Maaloo fuula barruulee kana irraa karaa lakkoofsa bilbilaa Tajaajila Maamiltootaatiin bilbili.

Ilokano (Ilocano)

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

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທຫາເບີບໍລິການລູກຄ້າ ທີ່ຢູ່ດ້ານຫນ້າຂອງປຶ້ມຄູ່ມືນີ້

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutemi merrni në telefon numrin e shërbimit për klientin (Customer Service) në kapakun e kësaj broshure.

Srpsko-hrvatski (Serbo-Croatian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike sa naslovne strane ove knjižice.

Українська (Ukrainian)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером телефону Відділу по роботі з клієнтами, вказаному на лицьовій стороні цієї брошури.

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । कृपया यो पूस्तिकाको अगाडि उल्लेख गरिएक ग्राहक सेवा (Customer Service) मा कल गर्नुहोस्।

Nederlands (Dutch)
AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Gelieve het telefoonnummer van de Consumentenservice die op de voorkant van dit boekje geschreven staat op te bellen.

unD (Karen)
ဟ်သူဉ်ဟ်သး–နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ဝံသးစူၤကိးဘဉ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢဟ့ၤသူတၢ်တဖဉ်အဂီၢ်အလီတဲစိနီၢ်ဂံၢ်လၢအအိဉ်လၢလံာ်ဒုးသ့ဉ်ညါတၢ်တဘ့ဉ်အံၤအမဲာ်ညါနှဉ်တက့ၢ်.

Gagana fa'a Sāmoa (Samoan)
MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Faamolemole telefoni le numera a le Customer Service o loo i luma o lenei tama'itusi.

Kajin Ṃajōḷ (Marshallese)
LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kwon kalḷọk nōṃba in telpon in Jipañ ñan Ri Wia eo ej jeje iṃaan buk in.

Română (Romanian)
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Vă rugăm să sunați la numărul Serviciului Clienți de pe partea din față a acestei broșuri.

Foosun Chuuk (Trukese)
MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kosemochen kokori ewe nampan Customer Service (Pekin Aninisin Aramas) mei pachanong nepoputan ei pwuk.

Tonga (Tongan)
FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Kataki o tā ki he fika ae vaha kihe kau kasitomaa 'oku tuku atu ihe tohi ni.

Bisaya (Bisayan)
ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Palihog kog tawag sa customer service nga numero sa atubangan aning booklet.

Ikirundi (Bantu – Kirundi)
ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Wohamagara ku numero y' ubudandaji iri imbere kuri kano gatabo.

Kiswahili (Swahili)
KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Tafadhali piga nambari ya Huduma kwa Wateja iliyoko mbele ya kijitabu hiki.

Bahasa Indonesia (Indonesian)
PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Silakan menghubungi nomor Layanan Pelanggan di halaman muka buklet ini.

Türkçe (Turkish)
DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. Lütfen bu kitapçığın ön tarafında yer alan Müşteri Hizmetleri numarasını arayınız.

(Kurdish) كوردى
ئاگاداری: ئەگەر بە زمانی كوردى قەسە دەكەیت، خزمەتگوزاریەكانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. تكایە پەیوەندی بكە بە ژمارە تەلەفۆنی بەخۆڕایی ئەندامان كە لە سەرەتای ئەم نامیلكەیەدا هاتووە.

తెలుగు (Teluga)

శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. ఈ చిరుపొత్తం ముందు వద్ద ఉండే కస్టామర్ సేవా సంఖ్యకు దయచేసి కాల్చేయండి.

Thuɔŋjaŋ (Nilotic – Dinka)
PIƊ KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ̈ kuka lëu yök abac ke cïn wënh cuatë piny. Cɔl namba de kɔc yenë ke ɣööc enɔy keek tɔ̈ tueeŋ në yë buŋë kɔ̈u.

Norsk (Norwegian)
MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring kundeservicenummeret på fremsiden av dette heftet.

Català (Catalan)
ATENCIÓ: Si parleu Català, teniu disponible un servei d"ajuda lingüística sense cap càrrec. Truqueu al número de servei al client que es troba a la primera pàgina d'aquest fullet.

λληνικά (Greek)
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Παρακαλείστε να καλέστε τον αριθμό Εξυπηρέτησης Πελατών στο μπροστινό μέρος αυτού του φυλλαδίου.

Igbo asusu (Ibo)
Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na Biko kpọọ nomba ndi ntuzi aka di n'ihu ntakiri akwukwo a.

èdè Yorùbá (Yoruba)
AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. Jọwọ pè sórí nọmbà ẹrọ ibánisọrọ ti Ẹsẹ awọn Onibàárà to wà niwájú iwé pélébé yi.

Lokaiahn Pohnpei (Pohnpeian)
Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Menlau, eker delepwohn nempe en Papah Towehkan me ntingdi ni pali keieun kisin pwuhk wet.

Deitsch (Pennsylvania Dutch)
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf die Kunne Dinschte Nummer vanne in des Buchli.

ho'okomo 'ōlelo (Hawaiian)
E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo [hoʻokomo ʻōlelo], loaʻa ke kōkua manuahi iā ʻoe. E ʻoluʻolu ʻoe e kāhea i ka helu kelepona o Kōkua (Customer Service) ma mua o kēia pepelu.

Adamawa (Fulfulde)
MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Kusu noddu limngal hakkilanki Waroobe gonngal yeeso deftel nge'el.

tsalagi gawonihisdi (Cherokee)
Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Hwaclinohvli undalsdedi hia disesdi tsidegohwela agvyididla gohweli'i

I linguahén Chamoru (Chamorro)
ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha . Pot fabot agang i numerun Setbision Taotao gi me'nan este na leblo.

ܣܘܪܝܬ(Assyrian)
ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܡܢ ܐܝܬܠܘܢ ܕܡܫܬܡܠܝܬܘܢ
ܝܠܦܢܘܬܐ ܕܡܫܪܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ. ܩܪܘ ܠܡܢܝܢܐ ܕܚܫܚܬܐ ܕܥܡܡܐ ܥܠ ܦܢܝܬܐ ܕܝܠܗ ܕܟܬܒܐ
ܐܝܟ ܕܐܝܬܠܗ ܒܦܬܩܐ

ကြမာနူ (Burmese)
သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။
ဤစာစောင်အရှေ့ဘာကျရှိ ဖောက်သည်အကျိုးဆောင် နံပါတ်ကို ဖုန်းခေါ် ပါ။

Diné Bizaad (Navajo)
Díí baa akó nínízin: Díí saad bee yáníł**ti'go **Diné Bizaad**, saad **bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hólǫ́, T'áá shǫǫdí díí ninaaltsoos wólta'í bidáahgi Na'iiłniihí Biká'ana'áwo'í bich'į' béésh bee hane'í biká'ígíí bee hólne' dooleeł.

Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ (Bassa)
Dè ɖɛ nìà kɛ dyédé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ìn m̀ gbo kpáa. Soho, sébél i nsinga i homa bolo i nyuu mbon nlong i yé ntilga bissu bi kat yon.

Chahta (Choctaw)
ANOMPA PA̲ PISAH: [Chahta] makilla ish anompoli hokma̲, kvna hosh Nahollo Anompa ya̲ pipilla hosh chi̲ tosholahinla. Holisso tikba ilvppa̲ itatoba toksvli ya̲ ish i̲ pa̲ya chike.

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Drug LIST

What is a drug list?

Medicare Part D Drug List

The drug list is a list of prescription drugs covered by an insurance plan:

- Many plans have a tiered drug list, where drugs are divided into groups called “tiers”
- In general, the lower the tier, the lower the cost to you
- Generic drugs typically fall into Tier 1

Drug List Tiers	
Tier 1	$
Tier 2	$$
Tier 3	$$$
Tier 4	$$$$
Tier 5	$$$$$

Medicare Made Clear™ brought to you by **UnitedHealthcare®**

UHEX17MP3875470_000

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
- Each covered drug is in one of five cost-sharing tiers. The tier number is listed after the drug name
- Your plan may have an annual prescription deductible
- For more cost-sharing and deductible information, see the Summary of Benefits in this book

Some drugs may need Prior Authorization, Step Therapy or other 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.

#

8-MOP (Capsule), T4

A

A-Hydrocort (Injection), T4
Abacavir (Tablet), T4
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet), T5
Abelcet (Injection), T5
Abilify Maintena (Injection), T5
Abraxane (Injection), T5
Abstral (Tablet Sublingual), T5
Acamprosate Calcium DR (Tablet Delayed-Release), T4
Acarbose (Tablet), T1
Acebutolol HCl (Capsule), T2
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet), T2
Acetazolamide (Tablet Immediate-Release), T3
Acetazolamide ER (Capsule Extended-Release 12 Hour), T4
Acetazolamide Sodium (Injection), T4
Acetic Acid (Otic Solution), T2
Acetylcysteine (Inhalation Solution), T2
Acitretin (Capsule), T4
ActHIB (Injection), T3
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection, 80mg/4ml Injection), T5
Actimmune (Injection), T5
Acyclovir (200mg Capsule, 200mg/5ml Suspension), T2
Acyclovir (400mg Tablet, 800mg Tablet), T1
Acyclovir (5% Ointment), T4
Acyclovir Sodium (Injection), T4
Adacel (Injection), T3
Adagen (Injection), T5
Adapalene (0.1% Cream, 0.1% Gel), T4
Adcirca (Tablet), T5
Adefovir Dipivoxil (Tablet), T5
Adempas (Tablet), T5
Adrucil (Injection), T4
Advair Diskus (Aerosol Powder), T3
Advair HFA (Aerosol), T3
Afeditab CR (Tablet Extended-Release 24 Hour), T2
Afinitor (Tablet), T5
Afinitor Disperz (Tablet Soluble), T5
Aggrenox (Capsule Extended-Release 12 Hour), T3
Ala Cort (Cream), T2
Albenza (Tablet), T5
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution), T2

Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release), T4
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment), T3
Alcohol Prep Pads, T3
Aldurazyme (Injection), T5
Alecensa (Capsule), T5
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet), T1
Alendronate Sodium (70mg/75ml Oral Solution), T4
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour), T2
Alimta (Injection), T5
Alinia (100mg/5ml Suspension), T4
Alinia (500mg Tablet), T5
Allopurinol (Tablet), T1
Alocril (Ophthalmic Solution), T4
Alomide (Ophthalmic Solution), T4
Alosetron HCl (Tablet), T5
Aloxi (Injection), T5
Alphagan P (0.1% Ophthalmic Solution), T3
Alprazolam (Tablet Immediate-Release), T1
Altabax (Ointment), T4
AmBisome (Injection), T5
Amantadine HCl (100mg Capsule, 100mg Tablet), T3
Amantadine HCl (50mg/5ml Syrup), T2
Amethia (Tablet), T4
Amethyst (Tablet), T4
Amifostine (Injection), T5
Amikacin Sulfate (Injection), T4
Amiloride HCl (Tablet), T2
Amiloride/Hydrochlorothiazide (Tablet), T2
Aminophylline (Injection), T4
Aminosyn 7%/Electrolytes (Injection), T4
Aminosyn 8.5%/Electrolytes (Injection), T4
Aminosyn II (10% Injection, 7% Injection), T4
Aminosyn II 8.5%/Electrolytes (Injection), T4
Aminosyn-HBC (Injection), T4
Aminosyn-PF (Injection), T4
Aminosyn-RF (Injection), T4
Amiodarone HCl (200mg Tablet), T1
Amiodarone HCl (50mg/ml Injection), T4
Amitiza (Capsule), T3
Amitriptyline HCl (Tablet), T4
Amlodipine Besylate (Tablet), T1
Amlodipine Besylate/Atorvastatin Calcium (Tablet), T1
Amlodipine Besylate/Benazepril HCl (Capsule), T1
Amlodipine Besylate/Valsartan (Tablet), T4
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet), T4
Ammonium Chloride (Injection), T4
Ammonium Lactate (12% Cream, 12% Lotion), T3
Amoxapine (Tablet), T3
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), T1
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) (Generic Augmentin), T2
Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour), T4
Amphetamine/Dextroamphetamine (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), T4

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), T3
Amphotericin B (Injection), T4
Ampicillin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule), T2
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection), T4
Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection), T4
Ampyra (Tablet Extended-Release 12 Hour), T5
Anadrol-50 (Tablet), T5
Anagrelide HCl (Capsule), T2
Anastrozole (Tablet), T1
AndroGel (1.62% Packet Gel), T3
AndroGel Pump (1.62% Gel), T3
Androderm (Patch 24 Hour), T3
Anoro Ellipta (Aerosol Powder), T3
Anzemet (100mg Tablet, 50mg Tablet), T5
Apokyn (Injection), T5
Apraclonidine (Ophthalmic Solution), T3
Apri (Tablet), T4
Apriso (Capsule Extended-Release 24 Hour), T3
Aptiom (200mg Tablet), T4
Aptiom (400mg Tablet, 600mg Tablet, 800mg Tablet), T5
Aptivus (100mg/ml Oral Solution, 250mg Capsule), T5
Aralast NP (Injection), T5
Aranelle (Tablet), T4
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), T5
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection), T4
Arcalyst (Injection), T5
Argatroban (125mg/ 125ml-0.9% Injection), T5
Argatroban (250mg/2.5ml Injection), T5
Aripiprazole (Tablet), T4
Aripiprazole ODT (Tablet Dispersible), T5
Aristada (Injection), T5
Arnuity Ellipta (Aerosol Powder), T3
Arranon (Injection), T5
Ashlyna (Tablet), T4
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour), T3
Atenolol (Tablet), T1
Atenolol/Chlorthalidone (Tablet), T1
Atgam (Injection), T5
Atorvastatin Calcium (Tablet), T1
Atovaquone (Suspension), T5
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone), T3
Atripla (Tablet), T5
Atropine Sulfate (Injection), T4
Atrovent HFA (Aerosol Solution), T4
Aubagio (Tablet), T5
Aubra (Tablet), T4
Augmented Betamethasone Dipropionate (0.05% Cream), T4
Augmented Betamethasone Dipropionate (0.05% Gel, 0.05% Lotion, 0.05% Ointment), T3
Avandia (Tablet), T4
Avastin (Injection), T5
Avelox (400mg/250ml-0.8% Injection), T4
Aviane (Tablet), T4
Avonex (Injection), T5
Avonex Pen (Injection), T5
Azacitidine (Injection), T5
Azactam in Iso-Osmotic Dextrose (Injection), T4
Azasite (Ophthalmic Solution), T4
Azathioprine (100mg Injection), T5
Azathioprine (50mg Tablet), T2
Azelastine HCl (0.05% Ophthalmic Solution), T4
Azelastine HCl (0.1% Nasal Solution), T3

Azelastine HCl (0.15% Nasal Solution), T3
Azilect (Tablet), T3
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet), T1
Azithromycin (500mg Injection), T4
Azopt (Suspension), T3
Azor (Tablet), T3
Aztreonam (Injection), T4

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BACiiM (Injection), T4
BCG Vaccine (Injection), T3
BIVIGAM (Injection), T5
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution), T5
BRIVIACT (50mg/5ml Injection), T4
Bacitracin (50000unit Injection), T4
Bacitracin (500unit/gm Ophthalmic Ointment), T2
Bacitracin/Polymyxin B (Ophthalmic Ointment), T2
Baclofen (Tablet), T2
Bactocill in Dextrose (Injection), T4
Bactroban Nasal (Ointment), T4
Balsalazide Disodium (Capsule), T4
Balziva (Tablet), T4
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension), T5
Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet), T5
Bekyree (Tablet), T4
Beleodaq (Injection), T5
Belsomra (Tablet), T3
Benazepril HCl (Tablet), T1
Benazepril HCl/ Hydrochlorothiazide (Tablet), T1
Benicar (Tablet), T3
Benicar HCT (Tablet), T3
Benlysta (Injection), T5
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet), T2
Benztropine Mesylate (1mg/ ml Injection), T4
Bepreve (Ophthalmic Solution), T4
Berinert (Injection), T5
Besivance (Suspension), T4
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment), T4
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment), T4
Betaseron (Injection), T5
Betaxolol HCl (0.5% Ophthalmic Solution), T3
Betaxolol HCl (10mg Tablet, 20mg Tablet), T3
Bethanechol Chloride (Tablet), T2
Bethkis (Nebulized Solution), T5
Betimol (Ophthalmic Solution), T4
Bexarotene (Capsule), T5
Bexsero (Injection), T3
BiCNU (Injection), T5
BiDil (Tablet), T3
Bicalutamide (Tablet), T2
Bicillin C-R (Injection), T4
Bicillin L-A (Injection), T4
Biltricide (Tablet), T4
Binosto (Tablet Effervescent), T4
Bisoprolol Fumarate (Tablet), T2
Bisoprolol Fumarate/ Hydrochlorothiazide (10mg-6.25mg Tablet), T2
Bisoprolol Fumarate/ Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet), T2
Bleomycin Sulfate (Injection), T4
Blephamide (Suspension), T4
Blephamide S.O.P. (Ointment), T4
Blisovi 24 Fe (Tablet), T4
Blisovi Fe 1.5/30 (Tablet), T4
Blisovi Fe 1/20 (Tablet), T4
Boostrix (Injection), T3
Bosulif (Tablet), T5
Botox (Injection), T4
Breo Ellipta (Aerosol Powder), T3
Briellyn (Tablet), T4
Brilinta (Tablet), T3
Brimonidine Tartrate (0.2% Ophthalmic Solution), T2
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule), T3
Brovana (Nebulized Solution), T4
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension), T4
Budesonide (3mg Capsule Delayed-Release), T4

Bumetanide (0.25mg/ml Injection), T4
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet), T1
Buphenyl (3gm/tsp Powder, 500mg Tablet), T5
Buprenorphine HCl (0.3mg/ml Injection), T3
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual), T3
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual), T3
Buproban (Tablet Extended-Release 12 Hour), T2
Bupropion HCl (Tablet Immediate-Release), T2
Bupropion HCl SR (Tablet Extended-Release 12 Hour), T2
Bupropion HCl XL (Tablet Extended-Release 24 Hour), T2
Buspirone HCl (Tablet), T2
Busulfex (Injection), T5
Butorphanol Tartrate (10mg/ml Nasal Solution), T3
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection), T4
Bydureon (Injection), T3
Byetta (Injection), T4
Bystolic (Tablet), T3

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Cabergoline (Tablet), T3
Cabometyx (Tablet), T5
Cafergot (Tablet), T3
Calcipotriene (0.005% Cream, 0.005% External Solution), T4
Calcitonin-Salmon (Nasal Solution), T3
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution), T2
Calcitriol (1mcg/ml Injection), T4
Calcitriol (3mcg/gm Ointment), T4
Calcium Acetate (Capsule), T3
Camila (Tablet), T3
Canasa (Suppository), T5
Cancidas (Injection), T5
Candesartan Cilexetil (Tablet), T1
Candesartan Cilexetil/Hydrochlorothiazide (Tablet), T1
Capastat Sulfate (Injection), T4
Caprelsa (Tablet), T5
Captopril (Tablet), T1
Captopril/Hydrochlorothiazide (Tablet), T1
Carac (Cream), T5
Carafate (1gm/10ml Suspension), T4
Carbaglu (Tablet), T5
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release), T3
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour), T3
Carbidopa (Tablet), T5
Carbidopa/Levodopa (Tablet Immediate-Release), T1
Carbidopa/Levodopa ER (Tablet Extended-Release), T1
Carbidopa/Levodopa ODT (Tablet Dispersible), T2
Carbidopa/Levodopa/Entacapone (Tablet), T4
Carboplatin (Injection), T4
Cardene IV (Injection), T4
Carimune Nanofiltered (Injection), T5
Carteolol HCl (Ophthalmic Solution), T2
Cartia XT (Capsule Extended-Release 24 Hour), T3
Carvedilol (Tablet Immediate-Release), T1
Cayston (Inhalation Solution), T5
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release), T2
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule), T2
Cefazolin Sodium (Injection), T4
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule), T3
Cefepime (Injection), T4
Cefixime (Suspension), T4
Cefotaxime Sodium (Injection), T4
Cefotetan (Injection), T4
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection), T4

Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension), T4
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet), T3
Ceftazidime (Injection), T4
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection), T4
Cefuroxime Axetil (Tablet), T2
Cefuroxime Sodium (Injection), T4
Celecoxib (Capsule), T4
Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet), T5
Cellcept Intravenous (Injection), T4
Celontin (Capsule), T4
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule), T2
Cerezyme (Injection), T5
Cervarix (Injection), T4
Cesamet (Capsule), T5
Cetirizine HCl (Syrup), T2
Chantix (Tablet), T3
Chantix Continuing Month Pak (Tablet), T3
Chantix Starting Month Pak (Tablet), T3
Chemet (Capsule), T4
Chenodal (Tablet), T5
Chloramphenicol Sodium Succinate (Injection), T4
Chlordiazepoxide HCl (Capsule), T2
Chlorhexidine Gluconate Oral Rinse (Solution), T2
Chloroquine Phosphate (Tablet), T2
Chlorothiazide (Tablet), T2
Chlorothiazide Sodium (Injection), T4
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection), T4
Chlorthalidone (Tablet), T2
Cholbam (Capsule), T5
Cholestyramine Light (Packet), T4
Chorionic Gonadotropin (Injection), T4
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo), T3
Ciclopirox Nail Lacquer (External Solution), T3
Ciclopirox Olamine (Cream), T3
Cidofovir (Injection), T5
Cilostazol (Tablet), T2
Ciloxan (0.3% Ointment), T4
Cimetidine (Tablet), T2
Cimetidine HCl (Oral Solution), T2
Cimzia (Injection), T5
Cinryze (Injection), T5
Cipro HC (Suspension), T4
Ciprodex (Otic Suspension), T3
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection), T4
Ciprofloxacin ER (Tablet Extended-Release 24 Hour), T3
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release), T2
Ciprofloxacin I.V. in D5W (Injection), T4
Cisplatin (Injection), T4
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet), T1
Citalopram HBr (10mg/5ml Oral Solution), T3
Cladribine (Injection), T5
Claravis (Capsule), T4
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension), T4
Clarithromycin (250mg Tablet, 500mg Tablet), T3
Clarithromycin ER (Tablet Extended-Release 24 Hour), T3
Climara Pro (Patch Weekly), T4
Clindamycin HCl (Capsule Immediate-Release), T2
Clindamycin Palmitate HCl (Oral Solution), T2
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab), T3
Clindamycin Phosphate (2% Cream), T3
Clindamycin Phosphate (300mg/2ml Solution, 900mg/6ml Solution, 600mg/4ml Injection), T4

Clindamycin Phosphate in D5W (Injection), T4
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin), T4
Clobetasol Propionate (0.05% External Solution), T3
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo), T4
Clobetasol Propionate E (Cream), T4
Clolar (Injection), T5
Clomipramine HCl (Capsule), T4
Clonazepam (Tablet Immediate-Release), T2
Clonazepam ODT (Tablet Dispersible), T4
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release), T1
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly), T4
Clonidine HCl ER (Tablet Extended-Release 12 Hour), T4
Clopidogrel (75mg Tablet), T2
Clorazepate Dipotassium (Tablet), T2
Clorpres (Tablet), T4
Clotrimazole (1% Cream, 1% External Solution, 10mg Troche), T2
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream), T3
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion), T4
Clozapine (Tablet Immediate-Release), T3
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible), T3
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible), T3
Clozapine ODT (200mg Tablet Dispersible), T5
Coartem (Tablet), T4
Codeine Sulfate (Tablet), T3
Colchicine (0.6mg Tablet) (Generic Colcrys), T3
Colcrys (Tablet), T3
Colestipol HCl (1gm Tablet), T3
Colestipol HCl (5gm Granules), T4
Colistimethate Sodium (Injection), T4
Colocort (Enema), T4
Coly-Mycin S (Suspension), T4
Combigan (Ophthalmic Solution), T3
Combivent Respimat (Aerosol Solution), T3
Combivir (Tablet), T5
Cometriq (Kit), T5
Complera (Tablet), T5
Compro (Suppository), T4
Constulose (Oral Solution), T2
Copaxone (Injection), T5
Cordran Tape (Tape), T4
Cormax Scalp Application (External Solution), T3
Cortisone Acetate (Tablet), T4
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment), T4
Cosmegen (Injection), T5
Cotellic (Tablet), T5
Coumadin (Tablet), T4
Creon (Capsule Delayed-Release), T3
Crestor (Tablet), T3
Crinone (Gel), T4
Crixivan (Capsule), T3
Cromolyn Sodium (100mg/5ml Concentrate), T4
Cromolyn Sodium (20mg/2ml Nebulized Solution), T3
Cromolyn Sodium (4% Ophthalmic Solution), T2
Cryselle-28 (Tablet), T4
Cubicin (Injection), T5
Cuprimine (Capsule), T5
Cuvposa (Oral Solution), T4
Cyclafem (Tablet), T4
Cyclobenzaprine HCl (7.5mg Tablet), T4
Cyclophosphamide (Capsule), T4
Cycloset (Tablet), T4
Cyclosporine (100mg Capsule, 25mg Capsule), T3
Cyclosporine (50mg/ml Injection), T4
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution), T3
Cyproheptadine HCl (4mg Tablet), T4
Cyramza (Injection), T5
Cystadane (Powder), T5
Cystagon (Capsule), T4
Cystaran (Ophthalmic Solution), T5
Cytarabine Aqueous (Injection), T4

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DARAPRIM (Tablet), T5
Dacarbazine (Injection), T4
Dacogen (Injection), T5
Daklinza (Tablet), T5

Daliresp (Tablet), T4
Dalvance (Injection), T5
Danazol (Capsule), T4
Dantrolene Sodium (Capsule), T4
Dapsone (Tablet), T3
Daptacel (Injection), T3
Darzalex (Injection), T5
Daunorubicin HCl (Injection), T4
Deblitane (Tablet), T3
Decitabine (Injection), T5
Delyla (Tablet), T4
Demeclocycline HCl (Tablet), T4
Demser (Capsule), T5
Denavir (Cream), T5
Depen Titratabs (Tablet), T5
Depo-Estradiol (Injection), T4
Depo-Medrol (20mg/ml Injection), T4
Depo-Provera (Injection), T4
Descovy (Tablet), T5
Desipramine HCl (Tablet), T2
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution), T3
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection), T4
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet), T3
Desogestrel/Ethinyl Estradiol (Tablet), T4
Desonide (0.05% Ointment), T4
Desoximetasone (0.05% Cream, 0.25% Cream), T4
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir), T2
Dexamethasone Intensol (1mg/ml Concentrate), T2
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution), T2
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection), T4
Dexedrine (10mg Tablet, 5mg Tablet), T4
Dexilant (Capsule Delayed-Release), T4
Dexmethylphenidate HCl (Tablet Immediate-Release), T3
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour), T4
Dexrazoxane (Injection), T5
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T4
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour), T4
Dextrose 10% (Injection), T4
Dextrose 10%/NaCl 0.2% (Injection), T4
Dextrose 10%/NaCl 0.45% (Injection), T4
Dextrose 2.5%/Sodium Chloride 0.45% (Injection), T4
Dextrose 5% (Injection), T4
Dextrose 5%/NaCl 0.2% (Injection), T4
Dextrose 5%/NaCl 0.225% (Injection), T4
Dextrose 5%/NaCl 0.33% (Injection), T4
Dextrose 5%/NaCl 0.45% (Injection), T4
Dextrose 5%/NaCl 0.9% (Injection), T4
Dextrose 5%/Potassium Chloride 0.15% (Injection), T4
Diastat AcuDial (Gel), T4
Diastat Pediatric (Gel), T4
Diazepam (10mg Gel, 2.5mg Gel, 20mg Gel), T4
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet), T2
Diazepam (1mg/ml Oral Solution), T2
Diazepam Intensol (5mg/ml Concentrate), T2
Diclofenac Potassium (Tablet Immediate-Release), T2
Diclofenac Sodium (0.1% Ophthalmic Solution), T2
Diclofenac Sodium (1% Gel), T3
Diclofenac Sodium (3% Gel), T5
Diclofenac Sodium DR (Tablet Delayed-Release), T2
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour), T2
Dicloxacillin Sodium (Capsule), T2
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet), T2
Didanosine (Capsule Delayed-Release), T3
Dificid (Tablet), T5

Diflunisal (Tablet), T3
Digitek (Tablet), T2
Digoxin (0.05mg/ml Oral Solution), T4
Digoxin (0.25mg/ml Injection), T4
Digoxin (125mcg Tablet, 250mcg Tablet), T2
Dihydroergotamine Mesylate (1mg/ml Injection), T5
Dilantin (Capsule), T3
Dilantin INFATABS (Tablet Chewable), T3
Dilt-XR (Capsule Extended-Release 24 Hour), T3
Diltiazem CD (Capsule Extended-Release 24 Hour), T3
Diltiazem HCl (100mg Injection, 50mg/10ml Injection), T4
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release), T2
Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour, 120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 360mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour), T3
Dipentum (Capsule), T5
Diphenhydramine HCl (50mg/ml Injection), T4
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid), T4
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection), T3
Disulfiram (Tablet), T4
Diuril (Suspension), T4
Divalproex Sodium (Capsule Sprinkle Delayed-Release), T2
Divalproex Sodium DR (Tablet Delayed-Release), T2
Divalproex Sodium ER (Tablet Extended-Release 24 Hour), T2
Docefrez (Injection), T5
Docetaxel (80mg/4ml Injection), T5
Docetaxel (80mg/8ml Injection), T5
Dofetilide (Capsule), T4
Donepezil HCl (Tablet Immediate-Release), T1
Donepezil HCl ODT (Tablet Dispersible), T2
Doribax (Injection), T3
Dorzolamide HCl (Ophthalmic Solution), T2
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution), T2
Doxazosin Mesylate (Tablet), T2
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate), T4
Doxepin HCl (Cream), T3
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule), T4
Doxercalciferol (4mcg/2ml Injection), T4
Doxil (Injection), T5
Doxorubicin HCl (Injection), T4
Doxorubicin HCl Liposome (Injection), T5
Doxy 100 (Injection), T4
Doxycycline (25mg/5ml Suspension), T4
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release), T3
Doxycycline Hyclate (100mg Injection), T4
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet), T3
Dronabinol (Capsule), T4
Drospirenone/Ethinyl Estradiol (Tablet), T4
Droxia (Capsule), T4
Duavee (Tablet), T4
Dulera (Aerosol), T4
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release), T3
Duramorph (Injection), T4
Durezol (Emulsion), T3
Dymista (Suspension), T4
Dyrenium (Capsule), T4

E

E.E.S. Granules (Suspension), T4
Econazole Nitrate (Cream), T4
Edarbi (Tablet), T4
Edarbyclor (Tablet), T4
Edecrin (Tablet), T5
Edurant (Tablet), T5
Effient (Tablet), T3
Egrifta (Injection), T5
Elaprase (Injection), T5
Elelyso (Injection), T5
Elestrin (Gel), T4
Elidel (Cream), T4
Eliphos (Tablet), T4
Eliquis (Tablet), T3
Elitek (Injection), T5
Ellence (Injection), T5
Elmiron (Capsule), T4
Embeda (Capsule Extended-Release), T3
Emcyt (Capsule), T5
Emend (150mg Injection), T4
Emend (Pack, 125mg Capsule, 40mg Capsule, 80mg Capsule), T4
Emoquette (Tablet), T4
Empliciti (Injection), T5
Emsam (Patch 24 Hour), T5
Emtriva (10mg/ml Oral Solution, 200mg Capsule), T4
Enalapril Maleate (Tablet), T1
Enalapril Maleate/ Hydrochlorothiazide (Tablet), T1
Enbrel (Injection), T5
Enbrel SureClick (Injection), T5
Endocet (Tablet), T3
Engerix-B (Injection), T3
Enoxaparin Sodium (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), T4
Enpresse-28 (Tablet), T4
Entacapone (Tablet), T4
Entecavir (Tablet), T5
Entocort EC (Capsule Delayed-Release), T5
Entresto (Tablet), T3
Enulose (Oral Solution), T2
Epaned (Oral Solution), T4
EpiPen (Injection), T3
Epinastine HCl (Ophthalmic Solution), T3
Epitol (Tablet), T3
Epivir HBV (5mg/ml Oral Solution), T3
Eplerenone (Tablet), T3
Eprosartan Mesylate (Tablet), T1
Epzicom (Tablet), T5
Eraxis (Injection), T5
Erbitux (Injection), T5
Erivedge (Capsule), T5
Errin (Tablet), T3
Erwinaze (Injection), T5
Ery (2% Pad), T3
Ery-Tab (Tablet Delayed-Release), T4
EryPed 200 (Suspension), T4
EryPed 400 (Suspension), T5
Erythrocin Lactobionate (Injection), T4
Erythromycin (2% External Solution), T2
Erythromycin (2% Gel), T4
Erythromycin (250mg Capsule Delayed-Release), T4
Erythromycin (5mg/gm Ophthalmic Ointment), T2
Erythromycin Base (Tablet), T4
Erythromycin Ethylsuccinate (Tablet), T4
Erythromycin/Benzoyl Peroxide (Gel), T4
Esbriet (Capsule), T5
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet), T1
Escitalopram Oxalate (5mg/ 5ml Oral Solution), T2
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium), T3
Esomeprazole Sodium (Injection), T4
Estrace (0.1mg/gm Cream), T4
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, 37.5mcg/24hr Patch Weekly), T3
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace), T3
Estradiol Valerate (Injection), T4
Estring (Ring), T4
Ethambutol HCl (Tablet), T3
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution), T3
Etidronate Disodium (Tablet), T4

Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release), T3
Etodolac ER (Tablet Extended-Release 24 Hour), T4
Etopophos (Injection), T5
Etoposide (Injection), T3
Eurax (10% Cream, 10% Lotion), T4
Evotaz (Tablet), T5
Exelderm (1% Cream, 1% External Solution), T4
Exemestane (Tablet), T3
Exjade (Tablet Soluble), T5

F

FML (Ointment), T4
FML Forte (Suspension), T4
Fabrazyme (Injection), T5
Falmina (Tablet), T4
Famciclovir (Tablet), T3
Famotidine (20mg Tablet, 40mg Tablet), T2
Famotidine (20mg/2ml Injection, 40mg/5ml Suspension), T4
Famotidine Premixed (Injection), T4
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet), T5
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet), T4
Fanapt Titration Pack (Tablet), T4
Fareston (Tablet), T5
Farydak (Capsule), T5
Faslodex (Injection), T5
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible), T5
Felbamate (400mg Tablet, 600mg Tablet), T4
Felbamate (600mg/5ml Suspension), T5
Felbatol (600mg/5ml Suspension), T5
Felodipine ER (Tablet Extended-Release 24 Hour), T3
Femring (Ring), T4
Fenofibrate (145mg Tablet, 48mg Tablet), T3
Fenofibrate (160mg Tablet, 54mg Tablet), T1
Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule), T3
Fenofibric Acid (Tablet), T3
Fenofibric Acid DR (Capsule Delayed-Release), T3
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), T4
Ferriprox (100mg/ml Oral Solution, 500mg Tablet), T5
Fetzima (Capsule Extended-Release 24 Hour), T4
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack), T4
Finasteride (5mg Tablet) (Generic Proscar), T1
Firazyr (Injection), T5
Firmagon (120mg Injection), T5
Firmagon (80mg Injection), T4
Flarex (Suspension), T4
Flebogamma DIF (Injection), T5
Flecainide Acetate (Tablet), T2
Flector (Patch), T4
Flovent Diskus (Aerosol Powder), T3
Flovent HFA (Aerosol), T3
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension), T2
Fluconazole in NaCl (Injection), T4
Flucytosine (Capsule), T5
Fludarabine Phosphate (Injection), T4
Fludrocortisone Acetate (Tablet), T2
Flunisolide (Nasal Solution), T1
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment), T4
Fluocinolone Acetonide (0.01% Otic Oil), T4
Fluocinolone Acetonide Body (Oil), T4
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment), T3
Fluocinonide-E (Cream), T3
Fluorometholone (Ophthalmic Suspension), T3
Fluorouracil (0.5% Cream), T5

Fluorouracil (2% External Solution, 5% External Solution), T3
Fluorouracil (2.5gm/50ml Injection), T4
Fluorouracil (5% Cream), T4
Fluoxetine DR (Capsule Delayed-Release), T4
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution), T2
Fluphenazine Decanoate (Injection), T4
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet), T2
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection), T4
Fluphenazine HCl (5mg/ml Concentrate), T3
Flurbiprofen (Tablet), T2
Flurbiprofen Sodium (Ophthalmic Solution), T2
Flutamide (Capsule), T3
Fluticasone Propionate (0.005% Ointment, 0.05% Cream), T3
Fluticasone Propionate (50mcg/act Suspension), T2
Fluvastatin (Capsule Immediate-Release), T1
Fluvoxamine Maleate (Tablet), T3
Folotyn (Injection), T5
Fomepizole (Injection), T5
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection), T5
Fondaparinux Sodium (2.5mg/0.5ml Injection), T4
Forteo (Injection), T5
Fosinopril Sodium (Tablet), T1
Fosinopril Sodium/Hydrochlorothiazide (Tablet), T1
Fosphenytoin Sodium (Injection), T4
Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable), T5
FreAmine HBC 6.9% (Injection), T4
Furosemide (10mg/ml Injection), T4
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution), T2
Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet), T1
Fusilev (Injection), T5
Fuzeon (Injection), T5
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet), T4

G

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet), T2
Gabapentin (250mg/5ml Oral Solution), T3
Gabitril (12mg Tablet, 16mg Tablet), T4
Gablofen (10000mcg/20ml Injection, 50mcg/ml Injection), T4
Gablofen (40000mcg/20ml Injection), T5
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), T4
Gamastan S/D (Injection), T3
Gammagard Liquid (Injection), T5
Gammaked (Injection), T5
Gammaplex (Injection), T5
Gamunex-C (Injection), T5
Ganciclovir (Injection), T3
Gardasil (Injection), T3
Gardasil 9 (Injection), T3
Gatifloxacin (Ophthalmic Solution), T3
Gattex (Injection), T5
Gauze (Non-medicated 2X2), T3
GaviLyte-C (Oral Solution), T2
GaviLyte-G (Oral Solution), T2
GaviLyte-H (Kit), T3
GaviLyte-N/Flavor Pack (Oral Solution), T1
Gemcitabine HCl (Injection), T4
Gemfibrozil (Tablet), T2
Gemzar (Injection), T5
Generlac (Oral Solution), T2
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution), T3
Genotropin (12mg Injection, 5mg Injection), T5
Genotropin Miniquick (0.2mg Injection), T4

Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection), T5
Gentak (Ophthalmic Ointment), T2
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution), T2
Gentamicin Sulfate (10mg/ml Injection, 40mg/ml Injection), T4
Gentamicin Sulfate/0.9% Sodium Chloride (Injection), T4
Genvoya (Tablet), T5
Geodon (20mg Injection), T4
Gianvi (Tablet), T4
Gildagia (Tablet), T4
Gildess 1.5/30 (Tablet), T4
Gildess 24 Fe (Tablet), T4
Gilenya (Capsule), T5
Gilotrif (Tablet), T5
Glassia (Injection), T5
Glatopa (Injection), T5
Gleostine (Capsule), T4
Glimepiride (Tablet), T1
Glipizide (Tablet Immediate-Release), T1
Glipizide ER (Tablet Extended-Release 24 Hour), T1
Glipizide/Metformin HCl (Tablet), T1
GlucaGen HypoKit (Injection), T4
Glucagon Emergency Kit (Injection), T3
Glycopyrrolate (4mg/20ml Injection), T5
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection), T4
Granisetron HCl (1mg Tablet), T4
Granix (Injection), T5
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet), T4
Griseofulvin Ultramicrosize (Tablet), T4
Guanfacine ER (Tablet Extended-Release 24 Hour), T4
Guanidine HCl (Tablet), T3

H

Halaven (Injection), T5
Halobetasol Propionate (0.05% Cream, 0.05% Ointment), T4
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate), T2
Haloperidol Decanoate (Injection), T4
Haloperidol Lactate (Injection), T4
Harvoni (Tablet), T5
Havrix (Injection), T3
Hectorol (1mcg Capsule, 2.5mcg Capsule), T5
Heparin Sodium (Injection), T4
Heparin Sodium/D5W (Injection), T4
HepatAmine (Injection), T4
Hepsera (Tablet), T5
Herceptin (Injection), T5
Hetlioz (Capsule), T5
Hexalen (Capsule), T5
Hiberix (Injection), T3
Humalog Cartridge (Injection), T3
Humalog KwikPen (Injection), T3
Humalog Mix 50/50 KwikPen (Injection), T3
Humalog Mix 50/50 Vial (Injection), T3
Humalog Mix 75/25 KwikPen (Injection), T3
Humalog Mix 75/25 Vial (Injection), T3
Humalog Vial (Injection), T3
Humatrope (Injection), T5
Humatrope Combo Pack (Injection), T5
Humira (Injection), T5
Humira Pediatric Crohns Disease Starter Pack (Injection), T5
Humira Pen (Injection), T5
Humira Pen Crohns Disease Starter Pack (Injection), T5
Humulin 70/30 KwikPen (Injection), T3
Humulin 70/30 Vial (Injection), T3
Humulin N KwikPen (Injection), T3
Humulin N Vial (Injection), T3
Humulin R U-500 KwikPen (Injection), T3
Humulin R U-500 Vial (Concentrated) (Injection), T3
Humulin R Vial (Injection), T3
Hycamtin (Injection), T5

Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet), T2
Hydralazine HCl (20mg/ml Injection), T4
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet), T1
Hydrocodone Bitartrate/ Acetaminophen (7.5mg-325mg/15ml Oral Solution), T3
Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet), T3
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment), T2
Hydrocortisone (100mg/ 60ml Enema), T4
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion), T3
Hydrocortisone Butyrate (0.1% Ointment), T3
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment), T4
Hydrocortisone/Acetic Acid (Otic Solution), T3
Hydromorphone HCl (10mg/ ml Injection, 50mg/5ml Injection), T4
Hydromorphone HCl (1mg/ml Liquid), T4
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release), T2
Hydromorphone HCl (2mg/ ml Injection), T4
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent), T4
Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent), T5
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent), T5
Hydroxychloroquine Sulfate (Tablet), T2
Hydroxyprogesterone Caproate (Injection), T5
Hydroxyurea (Capsule), T2
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup), T3
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection), T4
Hydroxyzine Pamoate (Capsule), T3

I

IPOL Inactivated IPV (Injection), T3
Ibandronate Sodium (150mg Tablet), T3
Ibandronate Sodium (3mg/ 3ml Injection), T4
Ibrance (Capsule), T5
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet), T2
Iclusig (15mg Tablet), T5
Iclusig (45mg Tablet), T5
Idamycin PFS (Injection), T5
Idarubicin HCl (Injection), T5
Ifosfamide (Injection), T4
Ilaris (Injection), T5
Ilevro (Suspension), T3
Ilotycin (Ophthalmic Ointment), T2
Imatinib Mesylate (Tablet), T5
Imbruvica (Capsule), T5
Imipenem/Cilastatin (Injection), T4
Imipramine HCl (Tablet), T4
Imipramine Pamoate (Capsule), T4
Imiquimod (Cream), T4
Imovax Rabies (H.D.C.V.) (Injection), T3
Increlex (Injection), T5
Incruse Ellipta (Aerosol Powder), T3
Indapamide (Tablet), T2
Infanrix (Injection), T3
Inlyta (Tablet), T5
Insulin Syringes, Needles, T3
Intelence (Tablet), T5
Intralipid (Injection), T4
Intron A (Injection), T5
Intron A w/Diluent (Injection), T5
Introvale (Tablet), T4
Invanz (Injection), T4
Invega Sustenna (117mg/ 0.75ml Injection, 156mg/ ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection), T5

Invega Sustenna (39mg/ 0.25ml Injection), T4
Invega Trinza (Injection), T5
Invirase (200mg Capsule, 500mg Tablet), T5
Invokamet (Tablet), T3
Invokana (Tablet), T3
Ionosol-B/Dextrose 5% (Injection), T4
Ionosol-MB/Dextrose 5% (Injection), T4
Ipratropium Bromide (0.02% Inhalation Solution), T2
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution), T2
Ipratropium Bromide/ Albuterol Sulfate (Inhalation Solution), T1
Irbesartan (Tablet), T1
Irbesartan/ Hydrochlorothiazide (Tablet), T1
Iressa (Tablet), T5
Irinotecan (Injection), T4
Isentress (100mg Packet, 100mg Tablet Chewable, 400mg Tablet), T5
Isentress (25mg Tablet Chewable), T3
Isolyte-P/Dextrose 5% (Injection), T4
Isolyte-S (Injection), T4
Isoniazid (100mg Tablet, 300mg Tablet), T2
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup), T4
Isosorbide Dinitrate (Tablet Immediate-Release), T2
Isosorbide Dinitrate ER (Tablet Extended-Release), T2
Isosorbide Mononitrate (Tablet Immediate-Release), T2
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour), T2
Isotonic Gentamicin (Injection), T4
Istodax (Injection), T5
Itraconazole (Capsule), T4
Ivermectin (Tablet), T3
Ixiaro (Injection), T3

J

Jadenu (Tablet), T5
Jakafi (Tablet), T5
Jantoven (Tablet), T1
Janumet (Tablet Immediate-Release), T3
Janumet XR (Tablet Extended-Release 24 Hour), T3
Januvia (Tablet), T3
Jardiance (Tablet), T3
Jentadueto (Tablet), T4
Jentadueto XR (Tablet Extended-Release 24 Hour), T4
Jevtana (Injection), T5
Jinteli (Tablet), T4
Jolivette (Tablet), T3
Jublia (External Solution), T4
Juleber (Tablet), T4
Junel 1.5/30 (Tablet), T4
Junel 1/20 (Tablet), T4
Junel Fe 1.5/30 (Tablet), T4
Junel Fe 1/20 (Tablet), T4
Junel Fe 24 (Tablet), T4
Juxtapid (Capsule), T5

K

KCl 0.075%/D5W/NaCl 0.45% (Injection), T4
KCl 0.15%/D5W/LR (Injection), T4
KCl 0.15%/D5W/NaCl 0.2% (Injection), T4
KCl 0.15%/D5W/NaCl 0.225% (Injection), T4
KCl 0.15%/D5W/NaCl 0.9% (Injection), T4
KCl 0.3%/D5W/NaCl 0.45% (Injection), T4
KCl 0.3%/D5W/NaCl 0.9% (Injection), T4
Kadcyla (Injection), T5
Kaitlib Fe (Tablet Chewable), T4
Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution), T4
Kaletra (200mg-50mg Tablet), T5
Kalydeco (150mg Tablet), T5
Kalydeco (50mg Packet, 75mg Packet), T5
Kanuma (Injection), T5
Kariva (Tablet), T4
Kelnor 1/35 (Tablet), T4
Kenalog-10 (Injection), T4
Kenalog-40 (Injection), T4
Kepivance (Injection), T5
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet), T2
Ketoconazole (2% Foam), T4
Ketoprofen (Capsule Immediate-Release), T3
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution), T3

Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection), T4
Keytruda (Injection), T5
Kimidess (Tablet), T4
Kineret (Injection), T5
Kionex (Powder), T3
Klor-Con 10 (Tablet Extended-Release), T3
Klor-Con 8 (Tablet Extended-Release), T3
Klor-Con M15 (Tablet Extended-Release), T3
Klor-Con M20 (Tablet Extended-Release), T2
Klor-Con Sprinkle (Capsule Extended-Release), T3
Kombiglyze XR (Tablet Extended-Release 24 Hour), T3
Korlym (Tablet), T5
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble), T5
Kynamro (Injection), T5

L

LARIN 1.5/30 (Tablet), T4
LARIN 1/20 (Tablet), T4
LARIN Fe 1.5/30 (Tablet), T4
LARIN Fe 1/20 (Tablet), T4
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet), T2
Labetalol HCl (5mg/ml Injection), T4
Lacrisert (Insert), T4
Lactated Ringers Dextrose 5% Viaflex (Injection), T4
Lactated Ringers Irrigation (Solution), T3
Lactated Ringers Viaflex (Injection), T4
Lactulose (Oral Solution), T2
Lamisil (125mg Packet, 187.5mg Packet), T4
Lamivudine (100mg Tablet), T3
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet), T3
Lamivudine/Zidovudine (Tablet), T4
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release), T2
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable), T3
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet), T4
Lantus SoloStar (Injection), T3
Lantus Vial (Injection), T3
Lastacaft (Ophthalmic Solution), T3
Latanoprost (Ophthalmic Solution), T1
Latuda (Tablet), T5
Layolis Fe (Tablet Chewable), T4
Leena (Tablet), T4
Leflunomide (Tablet), T2
Lenvima (Capsule Therapy Pack), T5
Lessina (Tablet), T4
Letairis (Tablet), T5
Letrozole (Tablet), T2
Leucovorin Calcium (100mg Injection, 350mg Injection), T4
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet), T3
Leukeran (Tablet), T3
Leukine (Injection), T5
Leuprolide Acetate (Injection), T4
Levalbuterol (Nebulized Solution), T4
Levemir FlexTouch (Injection), T3
Levemir Vial (Injection), T3
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution), T2
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection), T4
Levetiracetam (500mg/5ml Injection), T4
Levetiracetam ER (Tablet Extended-Release 24 Hour), T3
Levobunolol HCl (Ophthalmic Solution), T2
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet), T3
Levocetirizine Dihydrochloride (5mg Tablet), T1
Levofloxacin (0.5% Ophthalmic Solution), T3
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet), T1
Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution), T4
Levofloxacin in D5W (Injection), T4

Levoleucovorin Calcium (Injection), T5
Levonest (Tablet), T4
Levonorgestrel and Ethinyl Estradiol (Tablet), T4
Levonorgestrel/Ethinyl Estradiol (Tablet), T4
Levora 0.15/30-28 (Tablet), T4
Levorphanol Tartrate (Tablet), T4
Levothyroxine Sodium (100mcg Injection), T5
Levothyroxine 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), T1
Levoxyl (Tablet), T3
Lexiva (50mg/ml Suspension), T4
Lexiva (700mg Tablet), T5
Lialda (Tablet Delayed-Release), T3
Lidocaine (5% Ointment), T4
Lidocaine (5% Patch), T4
Lidocaine HCl (0.5% Injection, 2% Injection), T4
Lidocaine HCl (4% External Solution), T2
Lidocaine HCl (Gel), T2
Lidocaine Viscous (Solution), T2
Lidocaine/Prilocaine (2.5%-2.5% Cream), T3
Lincomycin HCl (Injection), T4
Lindane (Shampoo), T4
Linezolid (100mg/5ml Suspension), T5
Linezolid (600mg Tablet), T5
Linezolid (600mg/300ml Injection), T4
Linzess (Capsule), T3
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection), T4
Lioresal Intrathecal (10mg/5ml Injection), T5
Liothyronine Sodium (10mcg/ml Injection), T4
Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet), T2
Lisinopril (Tablet), T1
Lisinopril/Hydrochlorothiazide (Tablet), T1
Lithium (Oral Solution), T3
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release), T2
Lithium Carbonate ER (Tablet Extended-Release), T2
Lithostat (Tablet), T5
Lomedia 24 Fe (Tablet), T4
Lonsurf (Tablet), T5
Loperamide HCl (Capsule), T2
Lorazepam (Tablet), T1
Lorazepam Intensol (2mg/ml Concentrate), T2
Lorcet (Tablet), T3
Lorcet Plus (Tablet), T3
Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3
Loryna (Tablet), T4
Losartan Potassium (Tablet), T1
Losartan Potassium/Hydrochlorothiazide (Tablet), T1
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension), T4
Lotronex (Tablet), T5
Lovastatin (Tablet Immediate-Release), T1
Loxapine Succinate (10mg Capsule, 5mg Capsule), T2
Loxapine Succinate (25mg Capsule, 50mg Capsule), T2
Lumigan (Ophthalmic Solution), T3
Lumizyme (Injection), T5
Lupaneta Pack (Kit), T5
Lupron Depot (Injection), T5
Lupron Depot-PED (Injection), T5
Lutera (Tablet), T4
Lynparza (Capsule), T5
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution), T3
Lysodren (Tablet), T3
Lyza (Tablet), T3

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M-M-R II (Injection), T3
MENHIBRIX (Injection), T3
Magnesium Sulfate (1gm/2ml-50% Injection), T4
Magnesium Sulfate (5gm/10ml-50% Injection), T4
Makena (Injection), T5
Malathion (Lotion), T4
Maprotiline HCl (Tablet), T4
Marlissa (Tablet), T4

Marplan (Tablet), T4
Matulane (Capsule), T5
Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour), T3
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour), T3
Meclizine HCl (Tablet), T2
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet), T2
Medroxyprogesterone Acetate (150mg/ml Injection), T4
Mefloquine HCl (Tablet), T2
Megace ES (Suspension), T5
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension), T3
Megestrol Acetate (625mg/5ml Suspension), T4
Mekinist (Tablet), T5
Meloxicam (15mg Tablet, 7.5mg Tablet), T1
Meloxicam (7.5mg/5ml Suspension), T4
Melphalan HCl (Injection), T4
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution), T3
Memantine HCl Titration Pak (Tablet), T4
Menactra (Injection), T3
Menest (Tablet), T3
Menomune-A/C/Y/W-135 (Injection), T3
Mentax (Cream), T4
Menveo (Injection), T3
Mepron (Suspension), T5
Mercaptopurine (Tablet), T3
Meropenem (Injection), T4
Mesalamine (Kit), T4
Mesna (Injection), T4
Mesnex (400mg Tablet), T5
Mestinon (60mg/5ml Syrup), T5
Metadate ER (Tablet Extended-Release), T4
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup), T4
Metformin HCl (Tablet Immediate-Release), T1
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR), T1
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution), T3
Methadone HCl (10mg/ml Injection), T5
Methazolamide (Tablet), T4
Methenamine Hippurate (Tablet), T4
Methimazole (Tablet), T2
Methotrexate (Tablet), T2
Methotrexate Sodium (Injection), T4
Methoxsalen (Capsule), T5
Methscopolamine Bromide (Tablet), T4
Methyclothiazide (Tablet), T3
Methyldopa (Tablet), T3
Methyldopa/Hydrochlorothiazide (Tablet), T3
Methyldopate HCl (Injection), T4
Methylergonovine Maleate (Tablet), T5
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin), T3
Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution), T4
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release), T4
Methylprednisolone (Tablet), T2
Methylprednisolone Acetate (Injection), T4
Methylprednisolone Dose Pack (Tablet Therapy Pack), T2
Methylprednisolone Sodium Succinate (Injection), T4
Metipranolol (Ophthalmic Solution), T2
Metoclopramide HCl (10mg Tablet, 5mg Tablet), T1
Metoclopramide HCl (5mg/5ml Oral Solution), T2
Metoclopramide HCl (5mg/ml Injection), T4
Metolazone (Tablet), T3
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour), T1
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release), T1

Metoprolol Tartrate (1mg/ml Injection), T4
Metoprolol/ Hydrochlorothiazide (Tablet), T3
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion), T4
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release), T2
Metronidazole Vaginal (Gel), T3
Metronidazole in NaCl 0.79% (Injection), T4
Mexiletine HCl (Capsule), T2
Miacalcin (200unit/ml Injection), T5
Miconazole 3 (Suppository), T3
Microgestin 1.5/30 (Tablet), T4
Microgestin 1/20 (Tablet), T4
Microgestin Fe (Tablet), T4
Microgestin Fe 1.5/30 (Tablet), T4
Midodrine HCl (Tablet), T3
Migergot (Suppository), T5
Miglitol (Tablet), T4
Minitran (Patch 24 Hour), T2
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release), T2
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release), T4
Minoxidil (Tablet), T2
Mirtazapine (Tablet Immediate-Release), T2
Mirtazapine ODT (Tablet Dispersible), T2
Mirvaso (Gel), T4
Misoprostol (Tablet), T3
Mitomycin (Injection), T5
Mitoxantrone HCl (Injection), T3
Modafinil (Tablet), T4
Moexipril HCl (15mg Tablet), T1
Moexipril HCl (7.5mg Tablet), T1
Moexipril/Hydrochlorothiazide (Tablet), T1
Molindone HCl (Tablet), T4
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment), T3
Mometasone Furoate (50mcg/act Suspension), T4
MonoNessa (Tablet), T4
Montelukast Sodium (10mg Tablet), T1
Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable), T2
Morphine Sulfate (100mg/ 5ml Oral Solution, 10mg/ 5ml Oral Solution, 20mg/ 5ml Oral Solution), T3
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection), T4
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release), T3
Morphine Sulfate (2mg/ml Injection), T4
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), T3
Moxeza (Ophthalmic Solution), T4
Moxifloxacin HCl (400mg Tablet), T3
Moxifloxacin HCl (400mg/ 250ml Injection), T4
Mozobil (Injection), T5
Multaq (Tablet), T3
Mupirocin (2% Cream), T4
Mupirocin (2% Ointment), T2
Mustargen (Injection), T5
Myalept (Injection), T5
Mycamine (100mg Injection), T5
Mycamine (50mg Injection), T4
Mycophenolate Mofetil (200mg/ml Suspension), T5
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet), T3
Mycophenolic Acid DR (Tablet Delayed-Release), T4
Myrbetriq (Tablet Extended-Release 24 Hour), T3

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Nabumetone (Tablet), T4
Nadolol (Tablet), T4
Nadolol/Bendroflumethiazide (40mg-5mg Tablet), T3
Nadolol/Bendroflumethiazide (80mg-5mg Tablet), T3
Nafcillin Sodium (10gm Injection), T4

Nafcillin Sodium (1gm Injection), T5
Naftifine HCl (1% Cream), T4
Naftifine HCl (2% Cream), T4
Naftin (1% Gel, 2% Gel), T4
Naglazyme (Injection), T5
Nalbuphine HCl (Injection), T4
Naloxone HCl (Injection), T3
Naltrexone HCl (Tablet), T3
Namenda XR (Capsule Extended-Release 24 Hour), T3
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour), T3
Namzaric (Capsule Extended-Release 24 Hour), T3
Naphazoline HCl (Ophthalmic Solution), T2
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release), T2
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn), T2
Naratriptan HCl (Tablet), T3
Narcan (Liquid), T3
Nasonex (Suspension), T4
Natacyn (Suspension), T3
Nateglinide (Tablet), T1
Natpara (Injection), T5
Nebupent (Inhalation Solution), T4
Necon 0.5/35-28 (Tablet), T4
Necon 1/35 (Tablet), T4
Necon 1/50-28 (Tablet), T4
Necon 10/11-28 (Tablet), T4
Necon 7/7/7 (Tablet), T4
Nefazodone HCl (Tablet), T3
Neomycin Sulfate (Tablet), T2
Neomycin/Bacitracin/Polymyxin (Ointment), T3
Neomycin/Polymyxin B Sulfates (Irrigation Solution), T3
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment), T3
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension), T2
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution), T3
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension), T4
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension), T3
Nephramine (Injection), T4
Neulasta (Injection), T5
Neupogen (Injection), T5
Neupro (Patch 24 Hour), T4
Nevanac (Suspension), T3
Nevirapine (200mg Tablet Immediate-Release), T3
Nevirapine (50mg/5ml Suspension), T3
Nevirapine ER (Tablet Extended-Release 24 Hour), T3
Nexavar (Tablet), T5
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet), T3
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release), T3
Niacin ER (Tablet Extended-Release), T4
Niacor (Tablet), T2
Nicardipine HCl (2.5mg/ml Injection), T4
Nicardipine HCl (20mg Capsule, 30mg Capsule), T3
Nicotrol Inhaler, T4
Nifedical XL (Tablet Extended-Release 24 Hour), T2
Nifedipine ER (Tablet Extended-Release 24 Hour), T2
Nikki (Tablet), T4
Nilandron (Tablet), T5
Nimodipine (Capsule), T5
Ninlaro (Capsule), T5
Nipent (Injection), T5
Nitro-Bid (Ointment), T4
Nitrofurantoin (Suspension), T4
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrodantin), T3
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid), T3
Nitroglycerin (Injection), T4
Nitroglycerin Lingual (Translingual Solution), T1
Nitroglycerin Transdermal (Patch 24 Hour), T2
Nitrostat (Tablet Sublingual), T3
Nora-BE (Tablet), T3
Norditropin FlexPro (Injection), T5
Norethindrone & Ethinyl Estradiol Ferrous Fumarate (Tablet Chewable), T4
Norethindrone (Tablet), T3
Norethindrone Acetate (Tablet), T2

Norethindrone Acetate/ Ethinyl Estradiol/Ferrous Fumarate (Tablet), T4
Norgestimate/Ethinyl Estradiol (Tablet), T4
Norlyroc (Tablet), T3
Normosol-M in D5W (Injection), T4
Normosol-R (Injection), T4
Normosol-R in D5W (Injection), T4
Northera (Capsule), T5
Nortrel 0.5/35 (28) (Tablet), T4
Nortrel 1/35 (Tablet), T4
Nortrel 7/7/7 (Tablet), T4
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution), T2
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution), T4
Novarel (Injection), T4
Noxafil (100mg Tablet Delayed-Release), T5
Noxafil (40mg/ml Suspension), T5
Nucynta ER (Tablet Extended-Release 12 Hour), T3
Nuedexta (Capsule), T4
Nulojix (Injection), T5
Nuplazid (Tablet), T5
Nutrilipid (Injection), T4
Nutropin AQ (Injection), T5
NuvaRing (Ring), T4
Nyamyc (Powder), T2
Nystatin (Cream, Ointment, Powder, Suspension, Tablet), T2
Nystop (Powder), T2

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ONMEL (Tablet), T5
Ocella (Tablet), T4
Octagam (Injection), T5
Octreotide Acetate (1000mcg/ml Injection), T5
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection), T4
Odefsey (Tablet), T5
Odomzo (Capsule), T5
Ofev (Capsule), T5
Ofloxacin (0.3% Ophthalmic Solution), T2
Ofloxacin (0.3% Otic Solution, 400mg Tablet), T3
Ogestrel (Tablet), T4
Olanzapine (10mg Injection), T4
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), T2
Olanzapine ODT (Tablet Dispersible), T4
Olopatadine HCl (Ophthalmic Solution), T3
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza), T4
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release), T2
Omeprazole (20mg Capsule Delayed-Release), T2
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet), T2
Ondansetron HCl (4mg/2ml Injection), T4
Ondansetron HCl (4mg/5ml Oral Solution), T4
Ondansetron ODT (Tablet Dispersible), T2
Onfi (10mg Tablet, 20mg Tablet), T5
Onfi (2.5mg/ml Suspension), T5
Onglyza (Tablet), T3
Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent), T3
Opdivo (Injection), T5
Opsumit (Tablet), T5
Orencia (125mg/ml Injection, 250mg Injection), T5
Orenitram (0.125mg Tablet Extended-Release), T4
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release), T5
Orenitram (2.5mg Tablet Extended-Release), T5
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension), T5
Orkambi (Tablet), T5
Orphenadrine Citrate (Injection), T4
Orsythia (Tablet), T4
Otezla (Tablet Therapy Pack, 30mg Tablet), T5
Oxacillin Sodium (10gm Injection), T5
Oxacillin Sodium (2gm Injection), T4

Oxaliplatin (Injection), T4
Oxandrolone (10mg Tablet), T4
Oxandrolone (2.5mg Tablet), T3
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet), T3
Oxcarbazepine (300mg/5ml Suspension), T4
Oxiconazole Nitrate (Cream), T4
Oxistat (1% Cream, 1% Lotion), T4
Oxsoralen Ultra (Capsule), T5
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup), T2
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour), T3
Oxycodone HCl (100mg/5ml Concentrate), T4
Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T2
Oxycodone HCl (5mg/5ml Oral Solution), T3
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet), T3
Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution), T4
Oxycodone/Aspirin (Tablet), T3
Oxycodone/Ibuprofen (Tablet), T3

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PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY), T3
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY), T3
PRUDOXIN (Cream), T3
Pacerone (200mg Tablet), T1
Paclitaxel (Injection), T4
Paliperidone ER (Tablet Extended-Release 24 Hour), T5
Pamidronate Disodium (Injection), T4
Panretin (Gel), T5
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release), T1
Paricalcitol (1mcg Capsule, 2mcg Capsule), T4
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection), T4
Paricalcitol (4mcg Capsule), T4
Paromomycin Sulfate (Capsule), T4
Paroxetine HCl (Tablet Immediate-Release), T2
Paser (Packet), T4
Pataday (Ophthalmic Solution), T3
Patanol (Ophthalmic Solution), T3
Paxil (10mg/5ml Suspension), T4
Pazeo (Ophthalmic Solution), T3
Pedvax HIB (Injection), T3
PegIntron (Injection), T5
PegIntron REDIPEN (Injection), T5
Peganone (Tablet), T4
Pegasys (Injection), T5
Pegasys ProClick (Injection), T5
Penicillin G Potassium (Injection), T5
Penicillin G Procaine (Injection), T4
Penicillin G Sodium (Injection), T5
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet), T2
Pentam 300 (Injection), T4
Pentasa (Capsule Extended-Release), T4
Pentoxifylline ER (Tablet Extended-Release), T2
Perforomist (Nebulized Solution), T4
Perindopril Erbumine (Tablet), T1
Periogard (Solution), T2
Perjeta (Injection), T5
Permethrin (Cream), T3
Perphenazine (Tablet), T4
Phenadoz (Suppository), T4
Phenelzine Sulfate (Tablet), T3
Phenergan (12.5mg Suppository, 25mg Suppository), T4

Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir), T2
Phenoxybenzamine HCl (Capsule), T5
Phenytek (Capsule), T3
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable), T2
Phenytoin Sodium (Injection), T4
Phenytoin Sodium Extended (Capsule), T2
PhosLo (Capsule), T3
Phoslyra (Oral Solution), T3
Phospholine Iodide (Ophthalmic Solution), T4
Physiolyte (Irrigation Solution), T4
Physiosol Irrigation (Solution), T4
Picato (Gel), T3
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution), T3
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet), T4
Pimozide (Tablet), T4
Pimtrea (Tablet), T4
Pindolol (Tablet), T3
Pioglitazone HCl (Tablet), T1
Pioglitazone HCl/Glimepiride (Tablet), T1
Pioglitazone HCl/Metformin HCl (Tablet), T1
Piperacillin/Tazobactam (Injection), T4
Pirmella 1/35 (Tablet), T4
Piroxicam (Capsule), T3
Plasma-Lyte A (Injection), T4
Plasma-Lyte-148 (Injection), T4
Plasma-Lyte-56/D5W (Injection), T4
Plenamine (Injection), T4
Podofilox (External Solution), T3
Polyethylene Glycol 3350 Powder (Generic MiraLAX), T2
Polymyxin B Sulfate (Injection), T4
Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution), T2
Pomalyst (Capsule), T5
Portia-28 (Tablet), T4
Potassium Chloride (10% Oral Solution, 20% Oral Solution), T3
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection), T4
Potassium Chloride (2meq/ml Injection), T4
Potassium Chloride 0.15% / NaCl 0.45% Viaflex (Injection), T4
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection), T4
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection), T4
Potassium Chloride 0.15%/ NaCl 0.9% (Injection), T4
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection), T4
Potassium Chloride 0.3%/ NaCl 0.9% (Injection), T4
Potassium Chloride 0.3%/ D5W (Injection), T4
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 8meq Tablet Extended-Release), T3
Potassium Chloride ER Microencapsulated (10meq Tablet Extended-Release, 20meq Tablet Extended-Release), T2
Potassium Citrate ER (Tablet Extended-Release), T3
Potiga (Tablet), T5
Pradaxa (Capsule), T4
Praluent (Injection), T5
Pramipexole Dihydrochloride (Tablet Immediate-Release), T3
Pravastatin Sodium (Tablet), T1
Prazosin HCl (Capsule), T2
Pred Mild (Suspension), T4
Pred-G (Suspension), T4
Pred-G S.O.P. (Ointment), T4
Prednicarbate (0.1% Cream), T4
Prednicarbate (0.1% Ointment), T4
Prednisolone Acetate (Ophthalmic Suspension), T3
Prednisolone Sodium Phosphate (1% Ophthalmic Solution), T2

Prednisolone Sodium Phosphate (15mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution), T2
Prednisone (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet), T1
Prednisone (5mg/5ml Oral Solution), T2
Prednisone Intensol (5mg/ml Concentrate), T2
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection), T4
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet), T4
Premarin (Vaginal Cream), T3
Premasol (Injection), T4
Premphase (Tablet), T4
Prempro (Tablet), T4
Prevalite (Powder), T4
Previfem (Tablet), T4
Prezcobix (Tablet), T5
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet), T5
Prezista (75mg Tablet), T4
Priftin (Tablet), T4
Prilosec (10mg Packet, 2.5mg Packet), T4
Primaquine Phosphate (Tablet), T4
Primidone (Tablet), T2
Pristiq (Tablet Extended-Release 24 Hour), T4
Privigen (Injection), T5
ProAir HFA (Aerosol Solution), T3
ProAir RespiClick (Aerosol Powder), T3
ProQuad (Injection), T3
Probenecid (Tablet), T2
Probenecid/Colchicine (Tablet), T2
Procainamide HCl (Injection), T4
Procalamine (Injection), T4
Prochlorperazine (Suppository), T4
Prochlorperazine Edisylate (Injection), T4
Prochlorperazine Maleate (Tablet), T2
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection), T4
Procrit (20000unit/ml Injection, 40000unit/ml Injection), T5
Procto-Med HC (Cream), T2
Procto-Pak (Cream), T2
Proctosol HC (Cream), T2
Proctozone-HC (Cream), T2
Procysbi (Capsule Delayed-Release), T5
Progesterone (Capsule), T2
Proglycem (Suspension), T5
Prograf (5mg/ml Injection), T4
Prolastin-C (Injection), T5
Prolensa (Ophthalmic Solution), T4
Proleukin (Injection), T5
Prolia (Injection), T4
Promacta (Tablet), T5
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection), T4
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup), T3
Promethegan (25mg Suppository), T4
Propafenone HCl (Tablet), T2
Propafenone HCl ER (Capsule Extended-Release 12 Hour), T4
Proparacaine HCl (Ophthalmic Solution), T2
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), T2
Propranolol HCl (1mg/ml Injection), T4
Propranolol HCl ER (Capsule Extended-Release 24 Hour), T2
Propranolol/Hydrochlorothiazide (Tablet), T2
Propylthiouracil (Tablet), T2
Prosol (Injection), T4
Protriptyline HCl (Tablet), T4
Pulmozyme (Inhalation Solution), T5
Purixan (Suspension), T5
Pyrazinamide (Tablet), T4
Pyridostigmine Bromide (180mg Tablet Extended-Release, 60mg Tablet), T4

Q

Quadracel (Injection), T3
Quasense (Tablet), T4
Quetiapine Fumarate (Tablet Immediate-Release), T2
Quinapril HCl (Tablet), T1
Quinapril/Hydrochlorothiazide (Tablet), T1
Quinidine Gluconate (Injection), T4
Quinidine Gluconate CR (Tablet Extended-Release), T4
Quinidine Sulfate (Tablet), T2
Quinine Sulfate (Capsule), T4

R

RAVICTI (Liquid), T5
Rabavert (Injection), T3
Raloxifene HCl (Tablet), T3
Ramipril (Capsule), T1
Ranexa (Tablet Extended-Release 12 Hour), T3
Ranitidine HCl (150mg Tablet, 300mg Tablet), T2
Ranitidine HCl (150mg/6ml Injection, 15mg/ml Syrup), T4
Rapaflo (Capsule), T3
Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution), T5
Rebif (Injection), T5
Rebif Rebidose (Injection), T5
Rebif Rebidose Titration Pack (Injection), T5
Rebif Titration Pack (Injection), T5
Reclipsen (Tablet), T4
Recombivax HB (Injection), T3
Regranex (Gel), T5
Relenza Diskhaler (Aerosol Powder), T3
Relistor (Injection), T5
Remicade (Injection), T5
Remodulin (Injection), T5
Renagel (Tablet), T3
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet), T3
Repaglinide (Tablet), T1
Repaglinide/Metformin HCl (Tablet), T4
Repatha (Injection), T5
Repatha SureClick (Injection), T5
Rescriptor (Tablet), T4
Restasis (Emulsion), T3
Retrovir IV Infusion (Injection), T4
Revatio (10mg/12.5ml Injection), T5
Revatio (20mg Tablet), T5
Revlimid (Capsule), T5
Rexulti (Tablet), T5
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet), T5
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet), T3
Ribavirin (200mg Tablet), T3
Ridaura (Capsule), T5
Rifabutin (Capsule), T4
Rifampin (150mg Capsule, 300mg Capsule), T3
Rifampin (600mg Injection), T4
Rifater (Tablet), T4
Rilutek (Tablet), T5
Riluzole (Tablet), T3
Rimantadine HCl (Tablet), T4
Ringers Injection, T4
Ringers Irrigation (Solution), T3
Riomet (Oral Solution), T4
Risedronate Sodium (Tablet), T3
Risperdal Consta (12.5mg Injection, 25mg Injection), T4
Risperdal Consta (37.5mg Injection, 50mg Injection), T5
Risperidone (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), T2
Risperidone (1mg/ml Oral Solution), T4
Risperidone ODT (Tablet Dispersible), T4
Rituxan (Injection), T5
Rivastigmine Tartrate (Capsule Immediate-Release), T3
Rivastigmine Transdermal System (Patch 24 Hour), T4
Rizatriptan Benzoate (Tablet Immediate-Release), T3
Rizatriptan Benzoate ODT (Tablet Dispersible), T3
Ropinirole HCl (Tablet Immediate-Release), T2
Rosuvastatin Calcium (Tablet), T3
RotaTeq (Oral Solution), T3
Rotarix (Suspension), T3
Roweepra (Tablet), T2
Rozerem (Tablet), T4
Ruconest (Injection), T5

S

SSD (Cream), T3
Sabril (500mg Packet, 500mg Tablet), T5
Saizen (Injection), T5
Samsca (Tablet), T5
Sancuso (Patch), T5
Sandimmune (100mg Capsule), T5
Sandimmune (100mg/ml Oral Solution), T4
Sandostatin LAR Depot (Injection), T5
Santyl (Ointment), T4
Saphris (Tablet Sublingual), T4
Savella (Tablet), T3
Savella Titration Pack, T3
Selegiline HCl (5mg Capsule, 5mg Tablet), T3
Selenium Sulfide (Lotion), T2
Selzentry (Tablet), T5
Sensipar (30mg Tablet), T3
Sensipar (60mg Tablet, 90mg Tablet), T5
Serevent Diskus (Aerosol Powder), T3
Seroquel XR (Tablet Extended-Release 24 Hour), T3
Serostim (Injection), T5
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet), T1
Sertraline HCl (20mg/ml Concentrate), T4
Setlakin (Tablet), T4
SfRowasa (Enema), T5
Sharobel (Tablet), T3
Signifor (Injection), T5
Sildenafil (10mg/12.5ml Injection), T5
Sildenafil (20mg Tablet) (Generic Revatio), T3
Silver Sulfadiazine (Cream), T3
Simbrinza (Suspension), T3
Simponi (Injection), T5
Simponi Aria (Injection), T5
Simulect (Injection), T5
Simvastatin (Tablet), T1
Sirolimus (0.5mg Tablet, 1mg Tablet), T4
Sirolimus (2mg Tablet), T5
Sirturo (Tablet), T5
Sodium Chloride (0.9% Injection), T4
Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection), T4
Sodium Chloride 0.45% Viaflex (Injection), T4
Sodium Chloride 0.9% (Irrigation Solution), T3
Sodium Fluoride (Tablet), T2
Sodium Lactate (Injection), T4
Sodium Phenylbutyrate (Powder), T5
Sodium Polystyrene Sulfonate (Suspension), T3
Sodium Sulfacetamide (Ophthalmic Solution), T2
Solaraze (Gel), T5
Soltamox (Oral Solution), T4
Solu-Cortef (Injection), T4
Solu-Medrol (2gm Injection), T4
Somatuline Depot (Injection), T5
Somavert (Injection), T5
Soriatane (Capsule), T5
Sotalol HCl (AF) (Tablet), T2
Sotalol HCl (Tablet), T2
Sovaldi (Tablet), T5
Spiriva HandiHaler (Capsule), T3
Spiriva Respimat (Aerosol Solution), T3
Spironolactone (Tablet), T2
Spironolactone/ Hydrochlorothiazide (Tablet), T2
Sporanox (10mg/ml Oral Solution), T5
Sprintec 28 (Tablet), T4
Spritam (Tablet Disintegrating Soluble), T4
Sprycel (Tablet), T5
Sronyx (Tablet), T4
Stalevo 100 (Tablet), T4
Stalevo 125 (Tablet), T4
Stalevo 150 (Tablet), T4
Stalevo 200 (Tablet), T4
Stalevo 50 (Tablet), T4
Stalevo 75 (Tablet), T4
Stavudine (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution), T3
Stelara (Injection), T5
Sterile Water Irrigation (Solution), T3
Stiolto Respimat (Aerosol Solution), T3
Stivarga (Tablet), T5
Strattera (Capsule), T4
Strensiq (Injection), T5
Streptomycin Sulfate (Injection), T4
Stribild (Tablet), T5
Suboxone (Film), T4
Sucraid (Oral Solution), T5
Sucralfate (Tablet), T2
Sulfacetamide Sodium (Ophthalmic Ointment), T2
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate (Ophthalmic Solution), T2
Sulfadiazine (Tablet), T4

Sulfamethoxazole/ Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet), T2
Sulfamethoxazole/ Trimethoprim (400mg-80mg/5ml Injection), T4
Sulfamethoxazole/ Trimethoprim DS (Tablet), T2
Sulfamylon (85mg/gm Cream), T4
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release), T2
Sulindac (Tablet), T2
Sumatriptan (Nasal Solution), T4
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet), T2
Sumatriptan Succinate (6mg/ 0.5ml Injection), T4
Sumatriptan Succinate Refill (Injection), T4
Sumavel DosePro (Injection), T5
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable), T3
Suprax (400mg Capsule, 500mg/5ml Suspension), T3
Suprep Bowel Prep (Oral Solution), T3
Sustiva (200mg Capsule, 600mg Tablet), T5
Sustiva (50mg Capsule), T4
Sutent (Capsule), T5
Sylatron (Injection), T5
Sylvant (Injection), T5
Symbicort (Aerosol), T3
SymlinPen 120 (Injection), T5
SymlinPen 60 (Injection), T5
Synagis (Injection), T5
Synarel (Nasal Solution), T5
Synercid (Injection), T5
Synjardy (Tablet), T3
Synribo (Injection), T5
Synthroid (Tablet), T3
Syprine (Capsule), T5

T

TOBI (Nebulized Solution), T5
TOBI Podhaler (Capsule), T5
TPN Electrolytes (Injection), T4
Tabloid (Tablet), T5
Tacrolimus (0.03% Ointment, 0.1% Ointment), T4
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule), T3
Tafinlar (Capsule), T5
Tagrisso (Tablet), T5
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension), T4
Tamoxifen Citrate (Tablet), T2
Tamsulosin HCl (Capsule), T1
Tarceva (Tablet), T5
Targretin (1% Gel), T5
Tarina Fe 1/20 (Tablet), T4
Tasigna (Capsule), T5
Taxotere (Injection), T5
Tazicef (Injection), T4
Tazorac (0.05% Cream, 0.1% Cream), T4
Taztia XT (Capsule Extended-Release 24 Hour), T3
Tecentriq (Injection), T5
Tecfidera (Capsule Delayed-Release), T5
Tecfidera Starter Pack, T5
Telmisartan (Tablet), T1
Telmisartan/Amlodipine (Tablet), T1
Telmisartan/ Hydrochlorothiazide (Tablet), T1
Temazepam (15mg Capsule, 30mg Capsule), T3
Tenivac (Injection), T3
Terazosin HCl (Capsule), T2
Terbinafine HCl (Tablet), T2
Terbutaline Sulfate (1mg/ml Injection), T5
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository), T3
Testosterone Cypionate (Injection), T4
Testosterone Enanthate (Injection), T4
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection), T3
Tetrabenazine (Tablet), T5
Tetracycline HCl (Capsule), T4
Thalomid (Capsule), T5
Theophylline (Oral Solution), T2
Theophylline CR (Tablet Extended-Release 12 Hour), T2
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), T2
Thioridazine HCl (Tablet), T3

Thiotepa (Injection), T5
Thiothixene (Capsule), T3
Thymoglobulin (Injection), T5
Tiagabine HCl (Tablet), T4
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution), T2
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet), T4
Timolol Maleate Ophthalmic Gel Forming (Solution), T3
Tinidazole (Tablet), T4
Tivicay (10mg Tablet), T4
Tivicay (25mg Tablet, 50mg Tablet), T5
Tizanidine HCl (2mg Tablet, 4mg Tablet), T2
Tobradex (Ophthalmic Ointment), T3
Tobradex ST (Ophthalmic Suspension), T4
Tobramycin (Nebulized Solution), T5
Tobramycin Sulfate (0.3% Ophthalmic Solution), T2
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection), T4
Tobramycin/Dexamethasone (Ophthalmic Suspension), T3
Tobrex (0.3% Ophthalmic Ointment), T4
Tolcapone (Tablet), T5
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), T2
Toposar (Injection), T3
Topotecan HCl (Injection), T5
Torisel (Injection), T5
Torsemide (Tablet), T2
Toujeo SoloStar (Injection), T3
Tracleer (Tablet), T5
Tradjenta (Tablet), T4
Tramadol HCl (Tablet Immediate-Release), T2
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), T4
Tramadol HCl/ Acetaminophen (Tablet), T2
Trandolapril (Tablet), T1
Tranexamic Acid (1000mg/ 10ml Injection), T3
Tranexamic Acid (650mg Tablet), T4
Transderm-Scop (Patch 72 Hour), T4
Tranylcypromine Sulfate (Tablet), T4
Travasol (Injection), T4
Travatan Z (Ophthalmic Solution), T3
Travoprost (Ophthalmic Solution), T3
Trazodone HCl (Tablet), T1
Treanda (Injection), T5
Trecator (Tablet), T4
Trelstar Mixject (Injection), T5
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream), T4
Tretinoin (10mg Capsule), T5
Tretinoin Microsphere (Gel), T4
Trexall (Tablet), T4
Trezix (Capsule), T4
Tri-Legest Fe (Tablet), T4
Tri-Lo-Estarylla (Tablet), T4
Tri-Lo-Sprintec (Tablet), T4
Tri-Previfem (Tablet), T4
Tri-Sprintec (Tablet), T4
TriLyte (Oral Solution), T1
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment), T3
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion), T4
Triamcinolone in Orabase (Paste), T3
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet), T2
Tribenzor (Tablet), T3
Triderm (Cream), T3
Trifluoperazine HCl (Tablet), T3
Trifluridine (Ophthalmic Solution), T4

Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet), T3
Trimethoprim (Tablet), T2
Trimipramine Maleate (Capsule), T4
Trinessa (Tablet), T4
Trintellix (Tablet), T4
Trisenox (Injection), T4
Triumeq (Tablet), T5
Trivora-28 (Tablet), T4
Trizivir (Tablet), T5
Trophamine (10% Injection), T4
Trulicity (Injection), T3
Trumenba (Injection), T3
Truvada (Tablet), T5
Twinrix (Injection), T3
Tybost (Tablet), T4
Tygacil (Injection), T5
Tykerb (Tablet), T5
Typhim Vi (Injection), T3
Tysabri (Injection), T5
Tyvaso (Inhalation Solution), T5
Tyzeka (Tablet), T5

U

Uceris (9mg Tablet Extended-Release 24 Hour), T5
Uloric (Tablet), T3
Unithroid (Tablet), T3
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule), T4
Uvadex (Injection), T4

V

VAQTA (Injection), T3
VP-PNV-DHA (Capsule), T2
VPRIV (Injection), T5
Vagifem (Tablet), T4
Valacyclovir HCl (Tablet), T3
Valchlor (Gel), T5
Valcyte (450mg Tablet), T5
Valcyte (50mg/ml Oral Solution), T5
Valganciclovir (Tablet), T5
Valproate Sodium (100mg/ml Injection), T4
Valproic Acid (250mg Capsule, 250mg/5ml Syrup), T2
Valsartan (Tablet), T1
Valsartan/Hydrochlorothiazide (Tablet), T1
Vancocin HCl (Capsule), T5
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection), T4
Vancomycin HCl (125mg Capsule, 250mg Capsule), T5
Vandazole (Gel), T3
Varivax (Injection), T3
Varizig (Injection), T3
Vascepa (Capsule), T4
Vectibix (Injection), T5
Velcade (Injection), T5
Velivet (Tablet), T4
Velphoro (Tablet Chewable), T5
Venclexta (100mg Tablet), T5
Venclexta (10mg Tablet, 50mg Tablet), T4
Venclexta Starting Pack (Tablet Therapy Pack), T5
Venlafaxine HCl (Tablet Immediate-Release), T3
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour), T2
Ventavis (Inhalation Solution), T5
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release), T2
Verapamil HCl (2.5mg/ml Injection), T4
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour), T3
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release), T2
Verapamil HCl SR (Capsule Extended-Release 24 Hour), T3
Versacloz (Suspension), T5
Vesicare (Tablet), T3
Vestura (Tablet), T4
Vexol (Suspension), T4
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension), T5
Vibramycin (50mg/5ml Syrup), T4
Victoza (Injection), T3
Vidaza (Injection), T5
Videx Pediatric (Oral Solution), T4
Vienva (Tablet), T4
Vigamox (Ophthalmic Solution), T4

Viibryd (Tablet), T4
Viibryd Starter Pack (Kit), T4
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution), T4
Vimpat (200mg/20ml Injection), T4
Vinblastine Sulfate (Injection), T4
Vincasar PFS (Injection), T4
Vincristine Sulfate (Injection), T4
Vinorelbine Tartrate (Injection), T4
Viracept (Tablet), T5
Virazole (Inhalation Solution), T5
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder), T5
Vitekta (Tablet), T5
Vivitrol (Injection), T5
Voltaren (Gel), T3
Voriconazole (200mg Injection, 40mg/ml Suspension), T5
Voriconazole (200mg Tablet, 50mg Tablet), T4
Votrient (Tablet), T5
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule), T5
Vraylar (Capsule Therapy Pack), T4
Vyfemla (Tablet), T4
Vytorin (Tablet), T4
Vyvanse (Capsule), T4

W

WYMZYA Fe (Tablet Chewable), T4
Warfarin Sodium (Tablet), T1
Welchol (3.75gm Packet, 625mg Tablet), T3

X

Xalkori (Capsule), T5
Xarelto (Tablet), T3
Xarelto Starter Pack (Tablet Therapy Pack), T3
Xeljanz (Tablet), T5
Xeljanz XR (Tablet Extended-Release 24 Hour), T5
Xenazine (Tablet), T5
Xgeva (Injection), T5
Xifaxan (Tablet), T5
Xolair (Injection), T5
Xtandi (Capsule), T5
Xulane (Patch Weekly), T4
Xyrem (Oral Solution), T5

Y

YF-Vax (Injection), T3
Yervoy (Injection), T5

Z

Zafirlukast (Tablet), T3
Zaleplon (Capsule), T3
Zaltrap (Injection), T5
Zanosar (Injection), T4
Zarxio (Injection), T5
Zavesca (Capsule), T5
Zazole (Cream), T3
Zelapar (Tablet Dispersible), T5
Zelboraf (Tablet), T5
Zemaira (Injection), T5
Zemplar (2mcg/ml Injection), T4
Zemplar (5mcg/ml Injection), T5
Zenchent (Tablet), T4
Zenchent Fe (Tablet Chewable), T4
Zenpep (Capsule Delayed-Release), T3
Zepatier (Tablet), T5
Zerbaxa (Injection), T5
Zetia (Tablet), T3
Ziagen (20mg/ml Oral Solution), T4
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup), T3
Zinecard (Injection), T5
Ziprasidone HCl (Capsule), T3
Zirgan (Gel), T4
Zmax (Suspension), T4
Zoledronic Acid (4mg/5ml Injection), T4
Zoledronic Acid (5mg/100ml Injection), T4
Zolinza (Capsule), T5
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release), T4
Zomacton (10mg Injection), T5
Zometa (Injection), T5
Zonisamide (Capsule), T2
Zorbtive (Injection), T5
Zortress (Tablet), T5
Zostavax (Injection), T4
Zovia 1/35E (Tablet), T4
Zovia 1/50E (Tablet), T4
Zyclara (Cream), T5
Zyclara Pump (Cream), T5
Zydelig (Tablet), T5
Zyflo (Tablet), T5
Zyflo CR (Tablet Extended-Release 12 Hour), T5
Zykadia (Capsule), T5
Zyprexa Relprevv (Injection), T5

Zytiga (Tablet), T5

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

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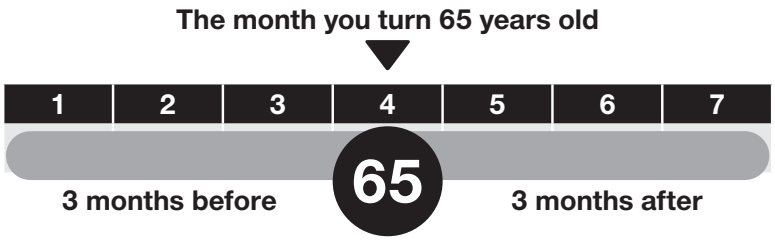
Ready to ENROLL

When are the Medicare enrollment periods?

Medicare Initial Enrollment Period

Your Initial Enrollment Period (IEP) is when you first sign up for Medicare. Your IEP is seven months long. If you miss your IEP, you must wait to enroll in a Part C or Part D plan during Open Enrollment (October 15 – December 7), unless you qualify for an exception.



Medicare Open Enrollment Period

Medicare Open Enrollment is your chance to make changes to your coverage.

October 15 – December 7

Medicare Special Enrollment Period

A Medicare Special Enrollment Period (SEP) allows you to enroll in Medicare or change your Medicare coverage outside of standard enrollment periods without paying a penalty. There are different SEPs to cover different life events.

Medicare Made Clear™ brought to you by **UnitedHealthcare®**

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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 **1-800-555-5757, (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.AARPMedicarePlans.com** to find a Neighborhood Meeting located near you.

ONLINE

Go to **www.AARPMedicarePlans.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.AARPMedicarePlans.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.

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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:

Signature	Signature Date MM/DD/YYYY

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

Name (First_Last)	Relationship to Beneficiary

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

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

Beneficiary Address (Optional)

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

Licensed Sales Representative Signature

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

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

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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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- ☐ **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**

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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:

Signature	Signature Date MM/DD/YYYY

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

Name (First_Last)	Relationship to Beneficiary

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

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

Beneficiary Address (Optional)

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

Licensed Sales Representative Signature

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

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

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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.

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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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AARP | MedicareComplete
insured through UnitedHealthcare

2017 Enrollment Request Form

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

☐ **AARP MedicareComplete Plan 3 (HMO) H3307-024 - A3**

This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

Information about you.

Please type or print in black or blue ink.

☐ Mr. ☐ Mrs. ☐ Ms.	Last Name	First Name	Middle Initial

Birth Date MM / DD / YYYY	Gender ☐ Male ☐ Female
Main Phone Number ( ) -	Other Phone Number ( ) -

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

City	County	State	ZIP Code

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

City	County	State	ZIP Code

Email Address:

Go paperless. Get plan materials online.

☐ Check here to get plan materials delivered online. It's an easy and secure way to get information like your plan documents, benefit statements and wellness information. You may get some materials in the mail while we work to make them available online. Once you receive an email notification, go to www.AARPMedicarePlans.com and use your member ID card to register your account. Once registered, you can review your materials, benefits, claims and so much more. You can switch to paper delivery at any time or call us to have a paper copy sent to you.

Enrollee Name _____

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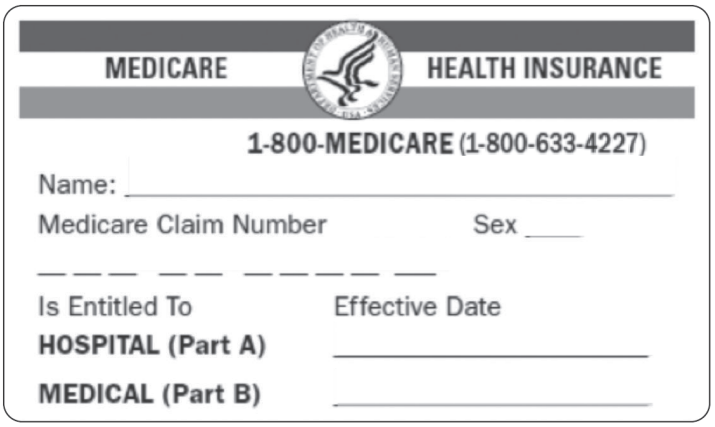
Information about your Medicare.

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.


MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

Name: _____

Medicare Claim Number Sex ____

___ ___ ___ ___ ___ ___ ___ ___ ___

Is Entitled To Effective Date

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

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.

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

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

☐ **I want to pay directly from my bank account.**

- Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- Please read the statement below.
  My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month. 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

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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.

☐ **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 1-800-555-5757, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.AARPMedicarePlans.com for online help.

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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 _____

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 MM/DD/YYYY		

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

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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

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.

Provider or PCP Full Name	Phone Number ( ) -
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.

Enrollee Name _____

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- 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 I must get my health care coverage from doctors or providers that are in my plan's network. I can go to any doctor or hospital in an emergency or for urgently needed services or out-of-area dialysis services.
- 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

TEAR HERE

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

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

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Enrollee Name _____

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For licensed sales representative/agency use only.

☐ New Member
☐ 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/Writing ID

Initial Receipt Date
M M/D D/Y Y Y Y

Licensed Sales Representative/Agent Name

Proposed Effective Date
M M/D D/Y Y Y Y

Licensed Sales Representative Phone Number ( ) –

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 M M/D D/Y Y Y Y

Licensed Sales Representative Signature (required)

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This information is available for free in other languages. Please call our customer service number at 1-800-555-5757, 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 1-800-555-5757, 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1-800-555-5757 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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AARP | MedicareComplete
insured through UnitedHealthcare

2017 Enrollment Request Form

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

☐ **AARP MedicareComplete Plan 3 (HMO) H3307-024 - A3**

This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

Information about you.

Please type or print in black or blue ink.

☐ Mr. ☐ Mrs. ☐ Ms.	Last Name	First Name	Middle Initial

Birth Date MM / DD / YYYY	Gender ☐ Male ☐ Female
Main Phone Number ( ) -	Other Phone Number ( ) -

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

City	County	State	ZIP Code

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

City	County	State	ZIP Code

Email Address:

Go paperless. Get plan materials online.

☐ Check here to get plan materials delivered online. It's an easy and secure way to get information like your plan documents, benefit statements and wellness information. You may get some materials in the mail while we work to make them available online. Once you receive an email notification, go to www.AARPMedicarePlans.com and use your member ID card to register your account. Once registered, you can review your materials, benefits, claims and so much more. You can switch to paper delivery at any time or call us to have a paper copy sent to you.

Enrollee Name _____

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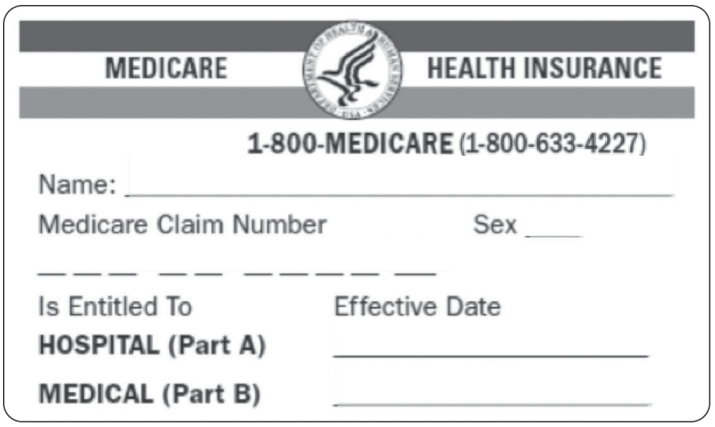
Information about your Medicare.

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.


MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

Name: _____

Medicare Claim Number Sex ____

Is Entitled To Effective Date

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

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.

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

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

☐ **I want to pay directly from my bank account.**

- Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- Please read the statement below.
  My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month. 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

Enrollee Name _____

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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.

☐ **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 1-800-555-5757, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.AARPMedicarePlans.com for online help.

Enrollee Name _____

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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 _____

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 MM/DD/YYYY		

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

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Enrollee Name _____

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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

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.

Provider or PCP Full Name	Phone Number ( ) -
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.

Enrollee Name _____

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- 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 I must get my health care coverage from doctors or providers that are in my plan's network. I can go to any doctor or hospital in an emergency or for urgently needed services or out-of-area dialysis services.
- 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.

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Signature of Applicant/Member/Authorized Representative:

_____

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

TEAR HERE

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

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

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Enrollee Name _____

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For licensed sales representative/agency use only.

☐ New Member
☐ 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/Writing ID

Initial Receipt Date
M M/D D/Y Y Y Y

Licensed Sales Representative/Agent Name

Proposed Effective Date
M M/D D/Y Y Y Y

Licensed Sales Representative Phone Number ( ) –

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 M M/D D/Y Y Y Y

Licensed Sales Representative Signature (required)

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2017 Plan
RECAP

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

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.

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.

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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: I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. But if I need emergency care, urgent care, or out-of-area dialysis, it will be covered wherever I need it.

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:

Medication	Has Limits (circle)
_____	Yes* / No
_____	Yes* / No

*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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2017 Plan RECAP

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

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.

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.)

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

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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: I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. But if I need emergency care, urgent care, or out-of-area dialysis, it will be covered wherever I need it.

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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:

Medication	Has Limits (circle)
_____	Yes* / No
_____	Yes* / No

*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.

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AARP | MedicareComplete
insured through UnitedHealthcare

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.

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

RxBIN: 610097

Rx PCN: 9999

RxGRP: COS

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

Call them toll-free at 1-800-555-5757, 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.

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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.

TEAR HERE

YOU ARE HERE

Here's what you can expect next.

Enrollment Submitted

Verification Letter
We received your application.

Welcome Call
We'll answer any questions you may have.

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 Physical and Wellness Visit.** Make sure to schedule your appointments 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 UnitedHealthcare®.

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

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Questions? We're here to help.

A UnitedHealthcare® Medicare Solution

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 the plan depends on the plan's contract renewal with Medicare.

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