



Additional DRUG COVERAGE

Bonus Drug List

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

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

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

Coverage for the prescription drugs in the bonus drug list is in addition to your Medicare Part D drug coverage. Unlike your Medicare Part D drug coverage, you are unable to file an appeal or grievance for drugs in the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

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

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. For a complete list, please call Customer Service using the information on the cover of this book.

\$1,000 out-of-pocket maximum applies to mail order prescriptions only. Mail order out-of-pocket maximum does not apply to erectile dysfunction drugs, female sexual dysfunction drugs and Tier 3 non-preferred brand drugs.

Drug	Tier	Quantity Limits
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Choline & Magnesium Salicylates	1	
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anesthetics - drugs for numbing		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Lidocaine Cream 3%	1	
Central nervous system agents - anxiolytics, sedatives, hypnotics		
Weight Loss		
Phentermine	1	Maximum of 1 per day
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Scalp		
Sulfacetamide Sodium	1	
Sulfacetamide Sodium w/Sulfur	1	
Dry Skin		
Urea 40% Cream	1	
Fungal Infections		
Alcortin A	3	Mail order maximum out-of-pocket does not apply
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Irritable Bowel		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	Mail order maximum out-of-pocket does not apply
Irritable Bowel or Ulcers		
Donnatal	3	Mail order maximum out-of-pocket does not apply
Hemorrhoids		
Analpram-HC	3	Mail order maximum out-of-pocket does not apply
Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Pramoxine/Hydrocortisone	1	

Genitourinary agents - drugs to treat bladder, genital and kidney conditions

Erectile Dysfunction

Cialis (10 mg, 20 mg)	Covered at 50% of cost	Maximum of 6 tablets per 30 days. Mail order maximum out-of-pocket does not apply
Edex	Covered at 50% of cost	Maximum of 6 cartridges per 30 days. Mail order maximum out-of-pocket does not apply
Levitra	Covered at 50% of cost	Maximum of 6 tablets per 30 days. Mail order maximum out-of-pocket does not apply
Viagra	Covered at 50% of cost	Maximum of 6 tablets per 30 days. Mail order maximum out-of-pocket does not apply

Sexual Desire Disorder

Addyi	Covered at 50% of cost	Mail order maximum out-of-pocket does not apply
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Urinary Tract Infection

Urogesic Blue	3	Mail order maximum out-of-pocket does not apply
Ustell	1	

Hormonal agents - hormone replacement/modifying drugs

Menopausal Symptoms

Osphena	Covered at 50% of cost	Mail order maximum out-of-pocket does not apply
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Thyroid Supplement

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Armour Thyroid	3	Mail order maximum out-of-pocket does not apply
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Cyanocobalamin Injection (Vitamin B12)	1	
Folgard Rx	3	Mail order maximum out-of-pocket does not apply
Folic Acid 1mg (Rx only)	1	
Galzin	3	Mail order maximum out-of-pocket does not apply
Mephyton	3	Mail order maximum out-of-pocket does not apply
Nephrocaps	3	Mail order maximum out-of-pocket does not apply
NephPlex Rx	3	Mail order maximum out-of-pocket does not apply
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
Potassium Supplement		
K-Phos Tab	3	Mail order maximum out-of-pocket does not apply
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Otic agents - drugs to treat ear conditions		
Ear Pain		
Antipyrine/Benzocaine Otic Solution	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	
Hydrocodone Polyst/Chlorphen CR Susp (generic for Tussionex)	1	
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

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

Benefits and/or co-payments/co-insurance may change each plan/benefit year.

The formulary may change any time. You will receive notice when necessary.

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.