



# Additional drug coverage

## Bonus Drug List

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

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

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amounts you pay for these additional prescription drugs **does 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 on 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 a Medicare appeal or grievance for drugs on 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 on 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. If you have questions about drug coverage, 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
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Choline & Magnesium Salicylates	1	
Salsalate	1	
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	

**Bold type = Brand name drug** Plain type = Generic drug

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

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

#### Sexual Desire Disorder

<b>Addyi</b>	Covered at 50% of cost	Mail order maximum out-of-pocket does not apply
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#### Urinary Tract Infection

<b>Urogesic Blue</b>	3	Mail order maximum out-of-pocket does not apply
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### Hormonal agents - hormone replacement/modifying drugs

#### Menopausal Symptoms

<b>Osphena</b>	Covered at 50% of cost	Mail order maximum out-of-pocket does not apply
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#### Thyroid Supplement

<b>Armour Thyroid</b>	3	Mail order maximum out-of-pocket does not apply
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**Bold type = Brand name drug** Plain type = Generic drug

Drug	Tier	Quantity Limits
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
Cyanocobalamin Injection (Vitamin B12)	1	
<b>Folgard Rx</b>	3	Mail order maximum out-of-pocket does not apply
Folic Acid 1mg (Rx only)	1	
<b>Galzin</b>	3	Mail order maximum out-of-pocket does not apply
<b>Mephyton</b>	3	Mail order maximum out-of-pocket does not apply
<b>Nephrocaps</b>	3	Mail order maximum out-of-pocket does not apply
<b>NephPlex Rx</b>	3	Mail order maximum out-of-pocket does not apply
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	Mail order maximum out-of-pocket does not apply
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	
Hydrocodone Polyst/Chlorphen ER Susp (generic for Tussionex)	1	

**Bold type = Brand name drug** Plain type = Generic drug

Drug	Tier	Quantity Limits
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

**Bold type = Brand name drug** Plain type = Generic drug

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

Benefits and/or copayments/coinsurance may change each plan/benefit year.

The drug list may change at 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.

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