

Bonus Drug List

UnitedHealthcare® Group Medicare Advantage plans

Good news about additional drug coverage.

Your Plan Sponsor has elected to offer a bonus drug list. This list gives you additional coverage on some prescription drugs that are normally excluded from coverage on the Plan's Medicare Part D formulary.

Additional covered drugs do not count toward Medicare Part D out-of-pocket costs.

The drugs listed below include their cost-sharing tiers. Although you pay the same copayment amounts for these tiers as listed in your Summary of Benefits, the copayments you pay for these additional 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 other prescription drug payments; they do not help you to progress through the Part D prescription drug stages. That is, they do not help you move toward the Catastrophic Level Threshold¹ (or into or out of the coverage gap – if applicable). Also, if you receive extra help from Medicare in paying for your drugs, you will not receive this extra help for these particular prescription drugs.

For specific copayment amounts, please see the Summary of Benefits.

For more information call Customer Service at **1-800-457-8506**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week.

B=Brand /G=Generic	Tier Notes	
GENITOURINARY AGENTS – DRUGS TO TREAT BLADDER , GENITAL AND KIDNEY CONDITIONS		
Erectile Dysfunction Drugs		
Levitra 2.5, 5, 10, 20 mg Tablet	B 2	Limit 12 tablets per 31 days
Cialis 2.5, 5, 10, 20 mg Tablet	B 3	Limit 12 tablets per 31 days
Viagra 25, 50, 100 mg Tablet	B 3	Limit 12 tablets per 31 days
NERVOUS SYSTEM AGENTS – DRUGS TO TREAT NERVE CONDITIONS		
Sleep Aids		
Restoril 7.5 mg Capsule	B 2	
Estazolam 1, 2 mg Tablet	G 1	
Temazepam 15, 30 mg Capsule	G 1	
Triazolam 0.125, 0.25 mg Tablet	G 1	

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B=Brand /G=Generic	Tier Notes
Seizure Control Drugs	
Phenobarbital 20mg/5mL Elixir	G 1
Phenobarbital 15, 16.2, 30, 32.4, 60, 64.8, 97.2, 100 mg Tablet	G 1
Clonazepam 0.5, 1, 2 mg Tablet	G 1
Clonazepam 0.125, 0.25, 0.5, 1, 2 mg Orally Disintegrating Tablet	G 1
Anxiety Drugs	
Alprazolam 0.25, 0.5, 1, 2 mg Tablet	G 1
Alprazolam ER 0.5, 1, 2, 3 mg Tablet	G 1
Lorazepam 0.5, 1, 2 mg Tablet	G 1
Oxazepam 10, 15, 30 mg Capsule	G 1
NUTRITIONAL SUPPLEMENTS – DRUGS TO TREAT VITAMIN, MINERAL AND BODY FLUID DEFICIENCIES	
Vitamins	
Cyanocobalamin 1000 mcg/mL Injection	G 1
B-Complex with Vitamin C Tablet	G 1
Multiple Vitamin Injection	G 1
Folic Acid 5 mg/mL Injection	G 1
Folic Acid 1 mg Tablet	G 1
Folic Acid 400, 800 mcg Tablet	G 1
Phytonadione 2 mg/mL Injection	G 1
Mephyton 5 mg Tablet	B 2

Trademarks for the brand name drugs listed above are owned by third parties with whom UnitedHealthcare has no affiliation.

Note: The presence of a drug on the Formulary does not guarantee that a Plan member will be prescribed that drug by his or her doctor or medical provider for a particular medical condition.

Please keep this document with your other Plan materials.

Questions?



Call Customer Service toll-free:

1-800-457-8506, TTY 711

8 a.m. – 8 p.m. local time, 7 days a week

A UnitedHealthcare® Medicare Solution

¹Catastrophic Level Threshold for 2012 is \$4,700. Upon reaching this threshold, the Plan will pay most of the cost for your Part D drugs.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.