



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).

These additional covered drugs **are not part of the Part D plan¹ and do not apply to your Medicare Part D true out-of-pocket costs.**

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 your 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.

Because coverage for the prescription drugs in the bonus drug list is in addition to your Part D drug coverage, the appeals and grievance process is different. For information on the appeals and grievance process for prescription drugs in the bonus drug list, please contact Customer Service using the information on the first page 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 contact Customer Service using the information on the first page of this book.

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	
Cardiovascular agents		
Nitroglycerin CR Capsule	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Central nervous system agents - anxiolytics, sedatives, hypnotics		
Weight Loss		
Phentermine	1	Maximum of 1 per day
Dermatological agents - drugs to treat skin conditions		
Promiseb	3	
Sulfacetamide Sodium	1	
Dry Skin		
Urea 40% Cream	1	
Fungal Infections		
Alcortin A	3	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Irritable Bowel		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	
Irritable Bowel or Ulcers		
Donnatal	3	
Hemorrhoids		
Analpram-HC	3	
Hydrocortisone Acetate Suppository	1	
Hydrocortisone Rectal Cream 2.5%	1	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Cialis (10 mg, 20 mg)	3	Maximum of 6 tablets per 30 days
Edex	3	Maximum of 6 cartridges per 30 days
Levitra	3	Maximum of 6 tablets per 30 days
Viagra	3	Maximum of 6 tablets per 30 days
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Cyanocobalamin (Vitamin B12) Injection	1	
Folgard Rx	3	
Folic Acid (Rx only)	1	
Mephyton	3	
Nephrocaps	3	
NephPlex Rx	3	
Rena-Vite	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
Zinc Sulfate	1	
Potassium Supplement		
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Potassium Chloride (Oral Liquid, Powder Packet)	1	
Ophthalmic agents - drugs to treat eye conditions		
Atropine Sulfate Ophthalmic Solution	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Phenylephrine HCl Ophthalmic Solution	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		
Benzonatate	1	
Bromed DM Syrup	1	
Cheratussin AC	1	
Hydrocodone Polyst/Chlorphen CR Susp (generic for Tussionex)	1	
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

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¹For information on the appeals and grievance process for these drugs, please contact Customer Service using the information on the first page of this book.

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The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, co-payments, and restrictions may apply.

Benefits, formulary, pharmacy network, provider network, and/or co-payments/co-insurance may change from time to time during each plan year.

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