

Simple

New benefits for State of Louisiana employees

What's inside

Consumer Driven - Health Savings Account (Choice Plus DefinitySM Plan)
Large national network
No referrals needed to see a specialist
Value-added benefits



You have a lot to consider when you sign up for a health plan.

- May I choose my own doctors?
- What coverage best meets my needs?
- How will my health plan help me understand my benefits and keep my costs low?

Let's walk through your benefits.

Your medical plan choices.

Plan name	State and national network	No referrals required	Out-of-network coverage	No primary doctor required	Tax-free savings account
CD-HSA	✓	✓	✓	✓	✓



Need more help?

To compare plan costs before you enroll, visit: www.myuhc.com/groups/laogb or call the toll-free pre-enrollment number

1-866-336-9374

What's new with the State's plans in Plan Year 2011:

No referrals. You never need a referral to see a specialist.

Your benefits at a glance. We're excited to offer these health benefits to you.

	CD-HSA	
	In-Network	Out-of-Network
Medical		
Deductible		
Employee	\$1,250	\$1,250
Employee + 1	\$2,500	\$2,500
Family	\$3,000	\$3,000
Out-of-pocket maximum		
Employee	\$2,000 + deductible	No Maximum
Employee + 1	\$4,000 + deductible	No Maximum
Family	\$6,000 + deductible (3 members), \$8,000 + deductible (4 members), \$8,900 + deductible (5 or more members)	No Maximum
Lifetime maximum benefit	Unlimited	Unlimited
Annual adult physical*	Member pays 0% of eligible expenses	Member pays 0% of eligible expenses subject to reasonable and customary
Well-child visits*	Member pays 0% of eligible expenses	Member pays 0% of eligible expenses subject to reasonable and customary
Mammogram*	Member pays 0% / deductible does not apply	Member pays 0% / deductible does not apply
PSA tests*	Member pays 0% deductible does not apply	Member pays 0% subject to reasonable and customary,, deductible does not apply
PCP visit	Member pays 20% of the contracted rate after deductible has been met	Member pays 30% of reasonable and customary after deductible has been met
Specialist visit	Member pays 20% of contracted rate after deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Urgent care visit	Member pays 20% of the contracted rate after the deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Emergency room	Member pays 20% of contracted rate after the deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Ambulance	Member pays 20% of contracted rate after the deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Outpatient surgery ¹	Member pays 20% of contracted rate after the deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Lab and X-ray	Member pays 20% of contracted rate after the deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Hospital stay ¹	Member pays 20% of contracted rate after the deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Mental health services ¹	Member pays 20% of contracted rate after the deductible has been met	Member pays 30% of reasonable and customary after the deductible has been met
Pharmacy	Retail (up to a 31-day supply) Generic \$10 co-payment after deductible has been met Preferred Brand \$25 co-payment after deductible has been met Non-Preferred Brand \$50 co-payment after deductible has been met Specialty \$50 co-payment after deductible has been met Mail Order (up to a 90-day supply) Generic \$10 co-payment after deductible has been met Preferred Brand \$25 co-payment after deductible has been met Non-Preferred Brand \$50 co-payment after deductible has been met Specialty \$50 co-payment after deductible has been met	Retail (up to a 31-day supply) Generic \$10 co-payment after deductible has been met Preferred Brand \$25 co-payment after deductible has been met Non-Preferred Brand \$50 co-payment after deductible has been met Specialty \$50 co-payment after deductible has been met Mail Order (up to a 90-day supply) Generic \$10 co-payment after deductible has been met Preferred Brand \$25 co-payment after deductible has been met Non-Preferred Brand \$50 co-payment after deductible has been met Specialty \$50 co-payment after deductible has been met
Maintenance Drugs Maintenance Drugs not subject to the deductible (see page 12 for list)	Retail (up to a 31-day supply) Generic \$10 co-payment Preferred Brand \$25 co-payment Non-Preferred Brand \$50 co-payment Specialty \$50 co-payment Mail Order (up to a 90-day supply) Generic \$10 co-payment Preferred Brand \$25 co-payment Non-Preferred Brand \$50 co-payment Specialty \$50 co-payment	Retail (up to a 31-day supply) Generic \$10 co-payment Preferred Brand \$25 co-payment Non-Preferred Brand \$50 co-payment Specialty \$50 co-payment Mail Order (up to a 90-day supply) Generic \$10 co-payment Preferred Brand \$25 co-payment Non-Preferred Brand \$50 co-payment Specialty \$50 co-payment

¹ Prior authorization is required for this service

* Age and/or time restrictions apply.

** Only certain Prescription Drugs are available through mail order; please visit www.myuhc.com or call Customer Care at the telephone number on your ID card for more information.

This information is a brief, general description of your coverage, and is not a contract and does not replace your Summary of Benefits. For a complete list of your coverage, including exclusions and limitations relating to your coverage, please read your Summary of Benefits. If descriptions, percentages, and dollar amounts conflict with official benefit coverage documents, the official benefits coverage documents prevail.

Summary of exceptions and exclusions*

Procedures and services that are NOT covered under this Plan, include, but are not limited to:

- ▶ Abortion (elective, nontherapeutic)
- ▶ Administrative fees, interest, penalties, or sales tax
- ▶ Artificial organ implants, penile implants, transplantation of other than Homo sapiens (human) organs and any surgery and other treatment, services or supplies, related to such procedures, or to complications related to such procedures
- ▶ Charges for services rendered over the telephone from a Physician to a Covered Person
- ▶ Charges in excess of the UnitedHealthcare contracted amount for services, supplies, and treatment
- ▶ Convalescent, skilled nursing, sanitarium, custodial or rest care
- ▶ Cosmetic surgery (unless necessary for the immediate repair of a nonoccupational disease, accident or injury and then only on the specific part of the body directly affected)
- ▶ Diagnostic or treatment measures that are not recognized as generally accepted medical practice
- ▶ Foot care: Expenses incurred for shoes and related items similar to wedges, cookies and arch supports
- ▶ Genetic testing, except when determined to be Medically Necessary
- ▶ Hair plugs and/or transplants
- ▶ Hearing aids (including examination to determine necessity or fitting) Limited Benefits provided for Hearing aids for covered dependents under age 18. See plan document for full details
- ▶ Injuries sustained while in an aggressor role.
- ▶ Expenses incurred as a result of a covered persons commission or attempted commission of an illegal act
- ▶ Marriage counseling and/or family relations counseling, divorce counseling, parental counseling, job counseling and career counseling
- ▶ Maternity expenses incurred by any person other than the Employee or the Employee's legal spouse
- ▶ Personal convenience items, including admission and bedside kits, telephone, guest meals and beds, etc.

* Please refer to your Plan Document for a detailed list of exceptions and exclusions to the Plan, or contact your area customer service office for specific questions and information.

Summary of exceptions and exclusions

- ▶ Radial keratotomy laser surgery and any other procedures, services and supplies for the correction of refractive errors of the eyes
- ▶ Routine physical examinations or immunizations not listed under Eligible Expenses
- ▶ Services and supplies in connection with or related to gender dysphoria
- ▶ Services and supplies related to obesity, surgery for excess fat in any area of the body, resection of excess skin or fat following weight loss or pregnancy
- ▶ Services of a private-duty Registered Nurse (R.N.) or of a private-duty Licensed Practical Nurse (L.P.N.)
- ▶ Services rendered for remedial reading and recreational, visual, and behavioral modification therapy, biofeedback, Pain Rehabilitation Control and/or Therapy, and dietary or educational instruction for all illnesses, other than diabetes
- ▶ Sleep disorder testing unless performed at a facility accredited by the American Academy of Sleep Medicine. No benefits are provided for sleep studies conducted in a patient's home, nor for surgical treatment of sleep disorders, except following demonstrated failure of non-surgical treatment and only upon specific case-by-case approval by the Plan. Sleep studies conducted at sleep centers located within health care facilities accredited by the Joint Commission on Accreditation of Healthcare Organizations are covered.
- ▶ Speech therapy (except when prescribed to restore loss of speech resulting from accidental injuries or structural or neurologic disease)
- ▶ Treatment for Temporomandibular Joint Dysfunction (TMJ), except as listed in the Plan Document under Eligible Expenses
- ▶ Transportation of surgeons or family members in connection with organ transplants
- ▶ Treatment, services or medication prescribed without charge or obligation to pay Vitamins and minerals, appetite suppressants, Dietary supplements, nutritional or parenteral therapy, topical Minoxidil, Retin-A (past age 26), amphetamines (other than for Attention Deficit Disorder or Narcolepsy)
- ▶ Worker's Compensation (any expenses covered by a worker's compensation program)

Consumer Driven - HSA

Save for health care today and tomorrow – and save on taxes.

The CD-HSA is a high deductible health plan that allows you to open a health savings account (HSA), your own personal bank account for eligible health care expenses. You own your HSA. Your HSA saves taxes three ways. Plus, you get helpful tools and support to guide your decisions. To receive the maximum benefit, we recommend that you open a health savings account with OptumHealth Bank. If you choose to open an HSA with another bank, you will not be entitled to the company match.

When you enroll in the CD-HSA medical plan and open an HSA account with OptumHealth Bank the State of Louisiana will deposit \$100 into your HSA account. In addition, your state agency will match your HSA contributions dollar for dollar (up to \$400) when made through payroll deductions.

The plan is made up of two parts.

Medical plan

- ▶ You have network and non-network coverage with a plan year deductible and coinsurance. You are also protected from major expenses by an out-of-pocket limit.
- ▶ Up to 100% coverage for preventive care, subject to age and/or time restrictions.

Health Savings Account (HSA)

- ▶ Use it to pay or reimburse yourself for eligible medical and pharmacy expenses today or in the future.
- ▶ Reduces your taxes three ways:
 - deposits are free from income tax
 - you pay no tax on the interest you earn
 - withdrawals for eligible expenses are free from income tax
- ▶ Carries over from year to year and goes with you if you change jobs. You can even save it for retirement.

Here's how the plan works.

First, you put money in your HSA. The most you can contribute to your HSA tax free in 2011 is: \$3,050 (individual coverage): \$6,150 (family coverage includes the employer match).

You meet your annual deductible. You can use your HSA or you can pay out-of-pocket and let your HSA grow. Your preventive care is covered up to 100% whether or not you have met your deductible.

After that, you and the medical plan share expenses. You are protected by an out-of-pocket limit. If you reach that limit, all eligible covered In-Network expenses are covered 100% for the rest of the plan year.

You can choose to open an HSA with OptumHealth BankSM

OptumHealth Bank is the UnitedHealthcare health care bank of choice and is dedicated to health care banking.

- ▶ A debit card to use at your doctor's office, an ATM, or online
- ▶ 24-hour access to your account at myuhc.com
- ▶ Online tools to add up your tax savings and more

OptumHealthBankSM



Still have questions?

Get answers or sign up at optumhealthbank.com

Do you have a Pre-Existing Condition (PEC)?

Employees and dependents age 19 and over who apply for coverage are subject to a pre-existing condition limitation. If you have had coverage for 12 months or more under a State of Louisiana OGB health plan, this does not apply to you.

- ▶ Under the pre-existing condition limitation, no benefits are payable during the first 12 months of coverage in connection with any disease, illness, accident or injury diagnosed or treated during the six months immediately prior to the enrollment date. Pregnancy is not considered a pre-existing condition.
- ▶ You must complete an enrollment form within 30 days after acquiring each new dependent (by birth, adoption, marriage or otherwise). If you fail to do so, your dependent may be subject to the pre-existing condition limitation.
- ▶ You may be exempt from all or part of the pre-existing condition limitation if you were continuously covered under another health care plan within 63 days prior to the effective date of your coverage in this Plan.

Remember:

You must complete an enrollment form within 30 days after acquiring each new dependent (by birth, adoption, marriage or otherwise). If you fail to do so, your dependent may be subject to the pre-existing condition limitation.

Effective date of coverage

New hires and transfers:

The effective date of coverage for new hires and transfers whose employment begins on the first of the month will be the first day of the following month. If employment begins on the second day of the month or later, coverage is effective the first day of the second month following employment. An employee who transfers employment should complete a transfer form within 30 days.

Overdue applicants:

The effective date of coverage for overdue applicants whose forms are received prior to the fifteenth of the month will be the first day of the month following the date of receipt by the Office of Group Benefits of all required forms. The effective date of coverage for overdue applicants whose forms are received on or after the fifteenth of the month will be the first day of the second month following receipt.

Example:	If Employment Begins:	Coverage Begins:
	September 1	October 1
	September 2	November 1

Retirees may not obtain coverage as overdue applicants.

“Overdue applicants” are employees who apply for coverage more than 30 days after employment or dependents that are not added within 30 days of eligibility.

If you have coverage outside the Office of Group Benefits:

Special enrollment under HIPAA

Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you decline enrollment for yourself or your dependents (including your spouse) because of other coverage, you may in the future be able to enroll yourself and your dependents in this Plan under special enrollment, provided that you request enrollment within 30 days after your other coverage ends.

- ▶ To qualify for this “Special Enrollment” HIPAA requires the completion of a waiver of coverage at the time of initial eligibility.
- ▶ If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents under Special Enrollment, provided that you request enrollment within 30 days.
- ▶ The effective date of coverage for Special Enrollment is the first of the month following the date of receipt by the Office of Group Benefits of all required enrollment forms.
- ▶ The “Pre-existing condition” limitation applies to Special Enrollment provisions.



COBRA:

This is a name given to a federal law enacted in 1986 requiring that most group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation coverage”) at group rates in certain instances.

Portability of Prior Coverage – Credit Against PEC Period

When you and your dependents are enrolled, you are subject to a pre-existing condition limitation as explained on page 6.

If you previously had other health care coverage defined as “creditable coverage” under HIPAA, and that other coverage terminated within 63 days of the date of coverage under the an Office of Group Benefits plan, your prior health coverage will be credited against the 12 months pre-existing condition exclusion period under the plan.

Since July 1, 1996, you are entitled to a certificate that will show evidence of your prior health coverage for the previous two years.

Continuation of Coverage

Coverage for you and/or your dependents generally terminates on the last day of the month that you cease to meet the eligibility guidelines. According to COBRA laws, coverage may be continued beyond that date in the following instances:

- A. Leave of absence** – You may continue your coverage during that leave for a period up to, but not exceeding, one year if you have an approved leave of absence.
- B. Family and Medical Leave** – (FMLA) You may continue your coverage if you are on approved Family and Medical Leave as provided under federal law.
- C. Surviving family** – Surviving spouses and/or surviving dependent children of a deceased employee may continue coverage if certain criteria are met. Refer to Plan Document for details of your right to take your insurance coverage with you when you leave employment.

“Portability” refers to your right to take your insurance coverage with you when you leave employment.

Remember:

To receive benefits under HIPAA, you must request enrollment within 30 days after your other coverage ends.

For a new dependent, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Pre-Admission Certification and Continued Stay Review

Pre-admission Certification (PAC) and Continued Stay Review (CSR) establish the medical necessity and length of inpatient hospital confinement. It is the provider's responsibility to obtain PAC for CD-HSA facilities. If the provider fails to do this, the Plan member cannot be billed for any amount not covered by this Plan.

It is the Plan Member's responsibility to assure that PAC is obtained at non-CD-HSA facilities. Benefits otherwise payable for services at non-CD-HSA facilities will be reduced by 25% on any confinement for which PAC was not obtained.

For childbirth, PAC is not required for routine vaginal deliveries when the stay is two days or less, or for Cesarean sections when the stay is four days or less. If the mother's stay exceeds or is expected to exceed two days, PAC is required within 24 hours after the delivery or on the date on which any complications arose, whichever is applicable. If the baby's stay exceeds that of the mother, PAC is required within 48 hours of the mother's discharge and a separate pre-certification number must be obtained for the baby.

- ▶ To meet pre-admission certification requirements and receive benefits:
- ▶ Pre-admission certification must be requested at least 72 hours prior to admission
- ▶ Pre-admission certification must be requested within two working days following an emergency admission

No benefits will be paid:

- ▶ For hospital charges incurred during any confinement for which PAC was requested, but was not certified as medically necessary by UnitedHealthcare's utilization review contractor
- ▶ For hospital charges incurred during any confinement for any days in excess of the number of days certified through PAC or CSR

To obtain pre-certification, call 1-866-336-9374



Remember:

- Pre-admission certification must be requested at least 72 hours prior to admission.
- Pre-admission certification must be requested within 2 working days following an emergency admission.

Outpatient procedures – some require pre-certification

Physicians and outpatient facilities are required to pre-certify certain outpatient procedures and the related diagnoses.

If the provider fails to do this, the Plan member cannot be billed for any amount not covered by UnitedHealthcare.

It is the plan member's responsibility to assure that outpatient pre-certification is requested on services performed by non-CD-HSA providers. Benefits otherwise payable for services rendered by a **non-CD-HSA** provider will be reduced by 25% for any procedure or therapy on which OPC was not obtained.

To obtain pre-certification, call 1-866-336-9374.

No benefits will be paid for the facility fee in connection with outpatient procedures, or the facility fee and therapist's fee in connection with outpatient therapies:

- ▶ Unless outpatient pre-certification is requested at least 72 hours prior to planned date of procedure or therapy.
- ▶ For charges incurred on any listed procedure for which OPC was requested but not certified as medically necessary by UnitedHealthcare's utilization review contractor.

Procedures that require pre-certification include:

- ▶ Speech Therapy
- ▶ Physical Therapy and Occupational Therapy – ONLY when performed in home setting
- ▶ Hyperbaric Oxygen Chamber Treatment
- ▶ Home Health Care
- ▶ Hospice Care
- ▶ MRI/Cat Scan/Sonogram
- ▶ Out-Patient Surgery
- ▶ Oral Surgery (removal of impacted teeth only)
- ▶ Dialysis
- ▶ Cardiac Rehab Therapy
- ▶ Durable Medical Equipment



Health discount program – unlock your health care savings.

Would you like to look better, feel better and save money?

Our health discount program helps you and your family save 10% to 50% on many health and wellness purchases not included in your standard health benefit plan.

Even if you already have medical, dental and vision coverage, as an enrolled health plan member, you can save even more money by using your health discount program for:

- ▶ **Dental care** — Cosmetic procedures such as teeth whitening
- ▶ **Vision care** — Laser eye surgery
- ▶ **Alternative care** — Acupuncture, chiropractic care, massage therapy and natural medicine
- ▶ **Health supplies** — Family, household, diabetic and medical supplies; beauty and skin care; vitamins and supplements
- ▶ **Long-term care** — Skilled nursing facilities, assisted living, respite programs and durable medical equipment
- ▶ **Hearing devices**

Visit myuhc.com for additional information.

Several ways myuhc.com can help.

Once you are a UnitedHealthcare member, you get a private, personal Web site – myuhc.com.

Log on to take advantage of benefits like these.

- ▶ See the details of your coverage
- ▶ View your current claims
- ▶ See your whole family's claims history in one view
- ▶ Find a doctor in your area
- ▶ Learn more about a health condition
- ▶ Find out how much a treatment might cost ahead of time
- ▶ Read up on common symptoms and what they might mean
- ▶ Take a personal health quiz
- ▶ Use tools, quizzes and calculators on everything from aging to world travel
- ▶ Look up pharmacy payment, pricing and coverage information as well as a list of lower cost alternatives
- ▶ Link to your OptumHealth Bank HSA



myuhc.com

Take the guesswork out of your doctor search

UnitedHealth Premium[®] is a free, easy-to-use resource that helps you find doctors who are designated for providing quality and efficient care. To find a premium-designated doctor in your area, just look for the stars on myuhc.com.



How to find a doctor before you are a member

Wondering if your doctor is in our network? Are you looking for a different doctor? Click “Find a Physician & Facility” on welcometouhc.com/louisiana.

1. Visit welcometouhc.com/louisiana
2. Click on “Find a Physician or Facility”
3. Choose “Search for a Physician”
4. Select: UnitedHealthcare Choice Plus

You can also narrow your search by geography, gender and languages spoken. It's one of the many helpful tools included with your plan.

Your guide to health care terms

Health insurance has its own language. We want to make it easy for you to understand. Here are some basic definitions:

Authorization The approval of care, such as hospitalization, from a health insurance company.

Coinsurance This basically means you and your health plan share expenses. Each of you pay part of the total.

Contracted Rates The schedule of maximum allowable charges for professional or hospital services adopted and promulgated by UnitedHealthcare.

Copayment The amount you pay at the time of service, such as when you go see your doctor.

Deductible The amount you pay out of your own pocket before your insurance pays.

Health Savings Account A trust or custodial account that eligible individuals can establish with a bank, insurance company, or other IRS-approved trustee, to pay for certain medical expenses with a member's pretax or taxable contributions and/or the employer's nontaxable contributions to the HSA.

High Deductible Health Plan A health plan that pays for covered services only after the member meets a minimum deductible (except that preventive care is usually not subject to the deductible) and pays the full cost of covered services once the annual out-of-pocket maximum is met.

Network A list of doctors, hospitals and other health care professionals with whom UnitedHealthcare has negotiated the best prices.

Out-of-network or non-network Doctors, hospitals, and other health care professionals with whom UnitedHealthcare has **not** negotiated the best prices.

Out-of-pocket maximum The most you would have to pay in a single year out of your own pocket. Your copayments count toward your out-of-pocket maximum.

Referral When your primary care physician refers you to a specialist for specific treatment. You are not required to get a referral as a UnitedHealthcare member with the State of Louisiana.

Health care programs and tools that can meet the needs of diverse communities



To support our diverse membership, we focus our efforts on the specific health and lifestyle risk factors affecting each population and offer individual resources to support our ethnic members.

www.uhgenerations.com

A Web site providing education and resources that address the health issues that are relevant to our African American members. It's designed to raise awareness of common health concerns and provide new tools to help members enhance their quality of life.

www.uhclatino.com

Provides valuable educational resources that focus on the common health issues facing our Hispanic members. It provides bilingual information to address specific health conditions and offers tools that increase awareness and help promote a healthy lifestyle.

www.uhcasian.com

Focused on helping our Asian members access culturally sensitive care and bilingual support resources in multiple Asian languages. We address specific health issues and offer in-language materials on health products, tools, and services.

Forteo
Fortical
Fosamax
Fosinopril
Fosinopril/
Hydrochlorothiazide
Furosemide

G

Gemfibrozil
Geodon
Glimepiride
Glipizide
Glipizide XL
Glipizide/Metformin
Glucophage
Glucophage XR
Glucotrol
Glucotrol XL
Glucovance
Glumetza
Glyburide
Glyburide/Metformin
Glycron
Glynase
Glyset
Guanabenz
Guanfacine
Gynodiol

H

Haldol
Haloperidol
Humalog
Humulin
Hydralazine
Hydralazine/HCTZ
Hydrochlorothiazide
Hytrin
Hyzaar

I

Indapamide
Inderal
Inderal LA
Inderide
InnoPran XL
Inspra
Insulin Syringes
Invega
Ipratropium
Ipratropium/Albuterol
Isoproterenol
Isoptin SR
Isradipine

J

Jantoven
Janumet
Januvia

K

Kerlone

L

Labetalol
Lantus
Lantus Solostar
Lasix
Lescol
Lescol XL
Levalbuterol Solution
Levatol
Levemir
Lipitor
Lipofen
Lisinopril
Lisinopril/
Hydrochlorothiazide
Livalo
LoCHOLEST
LoCHOLEST Light
Lofibra
Loniten
Lopid
Lopressor
Lopressor HCT
Lotensin
Lotensin HCT
Lotrel
Lovastatin
Lovaza
Loxapine
Lufyllin

M

Mavik
Maxair
Maxzide
Menest
Menostar
Metaglip
Metaproterenol
Metaproterenol Solution
Metformin
Metformin SR
Methyldopa
Methyldopa/
Hydrochlorothiazide
Metolazone

Metoprolol
Metoprolol/
Hydrochlorothiazide
Mevacor
Miacalcin
Micardis
Micardis HCT
Micronase
Midamor
Minipress
Minoxidil
Moban
Moexipril
Moexipril/
Hydrochlorothiazide
Monopril
Monopril HCT
Monopril/
Hydrochlorothiazide

N

Nadolol
Nadolol/
Bendroflumethiazide
Nateglinide
Navane
Niacin Extended-Release
Niacor
Niaspan
Nicardipine
Nifediac CC
Nifedical XL
Nifedipine
Nifedipine ER
Nimodipine
Nimotop
Nisoldipine
Norvasc
Novolin
NovoLog (all)

O

Ogen
Onglyza
Orinase
Ortho-Est

P

Perforomist
Perindopril
Perphenazine
Persantine
Pindolol
Plavix
Plendil

Prandimet
Prandin
Pravachol
Pravastatin
Prazosin
Precose
Prefest
Premarin
Premphase
Prempro
Prenatal Multivitamins
with Iron and Folic
Prevalite
Prinivil
Prinzide
Pro-Air HFA
Procardia XL
Prochlorperazine
Propranolol
Propranolol ER
Propranolol/
Hydrochlorothiazide
Proventil
Proventil HFA
Pulmicort

Q

Questran
Questran Light
Quibron
Quinapril
Quinapril/
Hydrochlorothiazide
Quinaretic
QVAR

R

Ramipril
Reserpine
Riomet
Rispedal
Rispedal M-Tab
Risperidone

S

Saphris
Sectral
Serevent Diskus and
Inhaler
Seroquel
Seroquel XR
Simcor
Simvastatin
Soltamox
Sotalol

Sotalol AF
 Spiriva
 Spironolactone
 Spironolactone/HCTZ
 Starlix
 Stelazine
 Stuartnatal,
 Natalins, Nestabs FA
 Sular
 Symbicort
 Symbyax
 Symlin

V

Vagifem
 Valturna
 Vaseretic
 Vasotec
 Ventolin
 Ventolin HFA
 Verapamil
 Verapamil ER
 Verapamil SR
 Verelan
 Verelan PM
 Victoza
 Visken
 Vivelle
 Vivelle-Dot
 Vytorin

T

Tamoxifen
 Tarka
 Taztia XT
 Tekturna
 Teleturna HCT

W

Warfarin
 WelChol

Tenex
 Tenoretic
 Tenormin
 Terazosin
 Terbutaline

X

Xopenex HFA
 Xopenex HFA
 Xopenex Solution

Teveten
 Teveten HCT
 Theo-24
 Theochron
 Theophylline
 Theophylline/Guaifenesin

Z

Zaroxolyn
 Zebeta
 Zestoretic
 Zestril
 Zetia
 Ziac
 Zocor
 Zylflo CR
 Zyprexa

Thioridazine
 Thiothixene
 Tiazac
 Ticlid
 Ticlopidine
 Timolol
 Tolazamide
 Tolbutamide
 Toprol XL
 Torsemide
 Trandate
 Trandolapril
 Triamterene/HCTZ
 Tricor
 Trifluoperazine
 Triglide
 TriLipix
 Twynsta

U

Uniphyl
 Uniretic
 Univasc

Listing by Therapeutic Category

ANTIHYPERTENSIVES

(Blood Pressure)

Adrenergic Antagonists

Cardura
Catapres
Catapres-TTS
Clonidine
Doxazosin
Guanabenz
Guanfacine
Hytrin
Methyldopa
Minipress
Prazosin
Reserpine
Tenex
Terazosin

Angiotensin Converting Enzyme Inhibitors

Accupril
Aceon
Altace
Benazepril
Capoten
Captopril
Enalapril
Fosinopril
Lisinopril
Lotensin
Mavik
Moexipril
Monopril
Perindopril
Prinivil
Quinapril
Ramipril
Trandolapril
Univasc
Vasotec
Zestril

Renin Inhibitor

Tekturna

Angiotensin II Receptor Blockers

Atacand
Avapro
Benicar
Cozaar
Diovan

Micardis
Teveten

Vasodilators

BiDil
Hydralazine
Minoxidil

Diuretics

Aldactide
Aldactone
Amiloride
Bumetanide
Chlorothiazide
Chlorthalidone
Demadex
Diuril
Dyazide
Dyrenium
Edecrin
Furosemide
Hydrochlorothiazide
Indapamide
Inspra
Lasix
Maxzide
Metolazone
Midamor
Spironolactone
Spironolactone/HCTZ
Torsemide
Triamterene/HCTZ
Zaroxolyn

Calcium Channel Blockers

Adalat CC
Afedtab CR
Amlodipine
Calan
Calan SR
Cardene
Cardene SR
Cardizem CD
Cardizem LA
Cardizem SR
Cartia XT
Covera-HS
Dilacor XR
Dilt-CD
Dilt-XR
Diltia XT
Diltiazem
Diltiazem ER
Diltiazem SR

DynaCirc
DynaCirc CR
Felodipine
Isoptin SR
Isradipine
Nicardipine
Nifediac CC
Nifedical XL
Nifedipine
Nifedipine ER
Nimodipine
Nimotop
Nislodipine
Norvasc
Plendil
Procardia XL
Sular
Taztia XT
Tiazac
Verapamil
Verapamil ER
Verapamil SR
Verelan
Verelan PM

Beta Blockers

Acebutolol
Atenolol
Betapace
Betapace AF
Betaxolol
Bisoprolol
Bystolic
Cartrol
Carvedilol
Coreg
Coreg CR
Corgard
Inderal
Inderal LA
InnoPran XL
Kerlone
Labetalol
Levatol
Lopressor
Metoprolol
Nadolol
Pindolol
Propranolol
Propranolol ER
Sectral
Sotalol
Sotalol AF
Tenormin

Timolol
Toprol XL
Trandate
Visken
Zebeta

Combination Antihypertensives

Accuretic
Amiloride/HCTZ
Amlodipine/Benazepril
Atacand HCT
Atenolol/Chlorthalidone
Avalide
Azor
Benazepril/
Hydrochlorothiazide
Benicar HCT
Bisoprolol/
Hydrochlorothiazide
Caduet
Capozide
Captopril/
Hydrochlorothiazide
Clorpres
Corzide
Diovan HCT
Enalapril/Felodipine
Enalapril/
Hydrochlorothiazide
Exforge
Exforge HCT
Fosinopril/
Hydrochlorothiazide
Hydralazine/HCTZ
Hyzaar
Inderide
Lisinopril/
Hydrochlorothiazide
Lopressor HCT
Lotensin HCT
Lotrel
Methyldopa/
Hydrochlorothiazide
Metoprolol/
Hydrochlorothiazide
Micardis HCT
Moexipril/
Hydrochlorothiazide
Monopril HCT
Nadolol/
Bendroflumethiazide
Propranolol/
Hydrochlorothiazide

Prinzide
Quinapril/
Hydrochlorothiazide
Quinaretic
Skelid
Tarka
Tekturna HCT
Tenoretic
Teveten HCT
Twynsta
Uniretic
Valturna
Vaseretic
Zestoretic
Ziac

ANTI-INFLAMMATORY AND ACUTE MEDICATIONS

*(Chronic Obstructive
Pulmonary Disease –
COPD)*

Inhaled Beta-agonists

AccuNeb
Albuterol
Albuterol Solution
Alupent
Brovana
Foradil
Isoproterenol
Levalbuterol Solution
Maxair
Metaproterenol Solution
Perforomist
Pro-Air HFA
Proventil HFA
Serevent Diskus and
Inhaler
Ventolin HFA
Xopenex HFA
Xopenex Solution

Inhaled Corticosteroids

AeroBid
Alvesco
Asmanex Twisthaler
Azmecort
Budesonide Solution
Flovent Diskus & HFA
Pulmicort
QVAR

Misc. Pulmonary Agents

Advair Diskus & HFA
Atrovent HFA
Combivent

DuoNeb
Ipratropium
Ipratropium/Albuterol
Spiriva
Symbicort

ASTHMA CONTROLLER AND RESCUE MEDICATIONS

*(Heart Attack and
Heart Disease Prevention)*

Inhaled Beta-agonists

AccuNeb
Albuterol Solution
Alupent
Brovana
Foradil
Levalbuterol Solution
Maxair
Perforomist
Pro-Air HFA
Proventil HFA
Serevent Diskus and
Inhaler
Ventolin HFA
Xopenex HFA
Xopenex Solution

Inhaled Corticosteroids

AeroBid
Alvesco
Asmanex Twisthaler
Azmecort
Budesonide Solution
Flovent Diskus & HFA
Pulmicort
QVAR

Misc. Pulmonary Agents

Accolate
Advair Diskus & HFA
Cromolyn
DuoNeb
Singulair
Symbicort
Zyflo CR

Oral Beta-agonists

Albuterol
Alupent
Brethine
Metaproterenol
Proventil
Terbutaline
Ventolin

Xanthines

Difil G
Dilex G
Dyphylline
Elixophyllin
Lufyllin
Quibron
Theo-24
Theochron
Theophylline
Theophylline/Guaifenesin
Uniphyl

LIPID/CHOLESTEROL LOWERING AGENTS

*(Heart Attack and
Heart Disease Prevention)*

Bile Acid Sequestrants

Cholestyramine
Cholestyramine Light
Colestid
Colestipol
LoCHOLEST
LoCHOLEST Light
Prevalite
Questran
Questran Light
WelChol

Niacin Products

Niacin Extended Release
Niacor
Niaspan
Simcor

Combination Products

Advicor
Vytorin

Fibric Acid Derivatives

Antara
Fenofibrate
Fenoglide
Fibricor
Gemfibrozil
Lipofen
Lofibra
Lopid
Tricor
Triglide
TriLipix

Statins

Altoprev
Crestor
Lescol

Lescol XL
Lipitor
Livalo
Lovastatin
Mevacor
Pravachol
Pravastatin
Simvastatin
Zocor

Other

Lovaza
Zetia

DIABETES THERAPY

Non-Insulin Hypoglycemic Agents

Acarbose
Acetohexamide
Actoplus Met
Actos
Amaryl
Avandamet
Avandaryl
Avandia
Byetta
Chlorpropamide
Diabeta
Diabinese
Duetact
Fortamet
Glimepiride
Glipizide
Glipizide XL
Glipizide/Metformin
Glucophage
Glucophage XR
Glucotrol
Glucotrol XL
Glucovance
Glumetza
Glyburide
Glyburide/Metformin
Glycron
Glynase
Glyset
Janumet
Januvia
Metaglip
Metformin
Metformin SR
Micronase
Nateglinide
Onglyza
Orinase
Prandin

Prandimet
Precose
Riomet
Starlix
Symlin
Tolazamide
Tolbutamide
Victoza

Insulin Syringes

All insulin syringes
(when covered under
the pharmacy benefit)

Insulins

Apidra
Humalog
Humulin
Lantus
Lantus Solostar
Levemir
Novolin
NovoLog (all)

ANTIPSYCHOTIC DRUGS

Abilify
Campo
Chlorpromazine
Clozapine
Clozaril
Equetro
Fanapt
FazaClo
Fluphenazine
Geodon
Haldol
Haloperidol
Invega
Loxapine
Moban
Navane
Perphenazine
Prochlorperazine
Risperdal
Risperdal M-Tab
Risperidone
Saphris
Seroquel
Seroquel XR

Stelazine
Symbyax
Thioridazine
Thiothixene
Trifluoperazine
Zyprexa

OSTEOPOROSIS THERAPY

(Healthy Bones)

Bisphosphonates

Actonel
Alendronate
Boniva
Didronel
Etidronate
Fosamax
Fosamax Plus D
Skelid

Estrogens

Alora
Cenestin
Climara
Divigel
Elestrin Gel
Enjuvia
Estrace
Estraderm
Estradiol
Estradiol Transdermal
System
Estrasorb
Estring
Estrogel
Estropipate
Evamist
Femring
Femtrace
Gynodiol
Menest
Menostar
Ogen
Ortho-est
Premarin
Vagifem
Vivelle
Vivelle-Dot

Estrogen/Progestin Combinations

Activella
Angeliq
Climara PRO
Combipatch
Estradiol/Norethindrone
Femhrt
Prefest
Premphase
Prempro

Other

Calcitonin-Salmon
Evista
Forteo
Fortical
Miacalcin

ANTI-ESTROGEN

*(Breast Cancer
Prevention)*

Arimidex
Aromasin
Fareston
Femara
Soltamox
Tamoxifen

ANTI-COAGULANT

*(Heart Attack
and Stroke Prevention)*

Coumadin
Jantoven
Warfarin

ANTI-PLATELET

(Stroke Prevention)

Aggrenox
Clopidogrel
Dipyridamole
Effient
Persantine
Plavix
Ticlid
Ticlopidine

VITAMINS AND HEMATINICS

Pediatric Vitamins with Fluoride

(for example; Florvite,
Poly-Vi-Flor, Tri-A-Vite F,
Tri-Vi-Flor, Florvite, Vi-
Daylin/F ADC, Soluvite-f)
Generic Products
Brand Name Products

Prenatal Multivitamins with Iron and Folic Acid

(for example; Prenate,
Materna,
Stuartnatal, Natalins,
Nestabs FA)
Generic Products
Brand Name Products

This list is intended as a reference and may not be all-inclusive. Medications from all PDL tiers are represented. Brand or generic availability may not be current due to changes in the market.



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc., or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Louisiana, Inc. For informational purposes only. UnitedHealthcare does not diagnose problems or recommend specific treatment. The information provided in this document is not a substitute for your physician's care. Services and medical technologies referenced herein may not be covered under your plan or be available in all states or for all groups. The DefinitySM Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "Definity HSA" refers generally to the Definity HSASM product, which includes a HDHP, although at times "Definity HSA" may refer only and specifically to the Definity Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP. Health savings accounts are offered by OptumHealth Bank and are subject to eligibility. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state regulations are subject to change. Please check your health benefit plan materials to determine whether your employer will make supplemental contributions to your HSA. The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care. For a complete description of the UnitedHealth Premium[®] Designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see myuhc.com[®]. Source4Women content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor's care. Lists of potential treatment options and/or symptoms may not be all-inclusive. *Healthy Mind, Healthy Body* contains general health information and is not a substitute for professional health care. You should consult an appropriate health care professional for your specific needs. Some treatments mentioned in this newsletter may not be covered by your health plan. Please refer to your benefit plan documents for information about coverage. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

M47388 3/11 © 2011 United HealthCare Services, Inc.

