

Using your pharmacy benefits

Optum Rx® is your plan's pharmacy services manager and is committed to helping you find cost-effective ways to get your medications.

Set up your online account

Once registered on **myuhc.com®,** access the pharmacy section to:

- Manage your home delivery medications
- Set up email or text message[1] reminders
- Check your home delivery status

Use the UnitedHealthcare app

Manage your prescription benefit and home delivery orders with the UnitedHealthcare® app on your smartphone or tablet.

Use a network pharmacy

Be sure to fill your prescriptions at a network pharmacy, otherwise they may not be covered or you may pay more.[2] Finding a network pharmacy is easy:

- Log in to **myuhc.com**
- Or use the UnitedHealthcare app
- Or call the number on your health plan ID card

United Healthcare

Home delivery from Optum

Consider using Optum® Home Delivery to help manage the medications you take regularly. Home delivery is reliable and offers the following advantages:



Cost savings

You may pay less for your medication with a 3-month supply.



Convenience

Get free standard shipping.



24/7 access and reminders

Speak to a pharmacist any time, any day. Set up medication reminders.

You may be able to refill your home delivery prescriptions automatically through the Automatic Refill program.

If you need your medication right away, ask your doctor for a 1-month prescription to fill at a local pharmacy and a 3-month prescription you can use to set up home delivery.

How to choose home delivery

By going online:

Visit **myuhc.com,** register and follow the simple step-by-step instructions.

By phone:

Call the member phone number on the back of your plan ID card. It's helpful to have your plan ID card and medication bottle available.

By ePrescribe:

Your doctor can send an electronic prescription to OptumRx. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe.*

*This update does not apply to providers in Alaska, Guam, Puerto Rico or the U.S. Virgin Islands.

Making medication decisions

Use the UnitedHealthcare prescription drug list (PDL)

The PDL is a list of your plan's covered medications. The medications are organized into cost tiers. Choosing medications in lower tiers may save you money.

Cost tier	Includes	Helpful tips
$ **Tier 1 — Lowest cost**	Lower-cost medications. Some brand-name medications.	In most cases, Tier 1 medications have the lowest cost. Consider generic options which may also help you save.
$$ **Tier 2 — Mid-range cost**	Mix of brand-name and generic medications.	Tier 2 drugs may cost less than Tier 3 drugs.[3]
$$$ **Tier 3 — Highest cost**	Highest-cost brand-name medications and some generic medications.	Many Tier 3 medications have lower-cost options in Tiers 1 or 2. Ask your doctor if they could work for you.[3]

*Some Connecticut plans have a 4th tier that includes higher cost brand-name and generic medications, as well as non-preferred brand-name and specialty medications.

Save money

In most cases, generic medications have a lower copay than brand-name medications. Ask your doctor if there is a generic alternative for you.

Compare prices

Search for lower-cost alternatives. Just log in to **myuhc.com**. Or use the UnitedHealthcare app.





Tips

Know your plan

Your plan may require one or more of the following for your prescription to be covered:

Prior authorization: approval to get a medication.

Step therapy (First Start for NJ plans only): trying one medication before another.

Quantity limits: only a certain amount of the medication is allowed for coverage.

Log on to **myuhc.com** to see if you could save. Or use the UnitedHealthcare app.

Talk to your doctor

When you talk with your doctor, use the UnitedHealthcare app to confirm coverage and costs. You can also talk about what you need to do to get your medication.

Optum Specialty Pharmacy

At Optum® Specialty Pharmacy, we offer the resources, programs and clinical support you need to manage your specialty medications with confidence.

Your plan may also include

Your plan **may include** the cost-saving medication home delivery program below. With each of these programs, you are allowed a limited number of refills at your current pharmacy. Then you must take action.

Mail Service Saver

Switch to Optum Home Delivery or you may pay more.

Mail Service Saver Plus

Switch to Optum Home Delivery or you will pay the full price for your medication.

Nondiscrimination notice and access to communication services

UnitedHealthcare® does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: **UHC_Civil_Rights@uhc.com**

Mail: **Civil Rights Coordinator.**
UnitedHealthcare Civil Rights Grievance.
P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, **TTY 711,** Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free **1-800-368-1019, 800-537-7697 (TDD)**

Mail: **U.S. Dept. of Health and Human Services.**
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card **TTY 711,** Monday through Friday, 8 a.m. to 8 p.m.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish),** hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 **(Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese),** quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어**(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog),** may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian).** Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole),** ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French),** des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish),** udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese),** contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian),** sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong),** muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ**(Khmer)**សេវាជំនួយភាសាឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano),** ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali),** adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

Questions? Visit **myuhc.com** to learn more.

United Healthcare

[1] Optum Rx provides this service at no cost. Standard message and data rates charged by your carrier may apply.

[2] In New York, prescriptions filled at an out-of-network pharmacy may not be covered. In New Jersey, you many need to pay more for prescriptions filled at an out-of-network pharmacy.

[3] For New Jersey plans, generic drugs will not exceed $25 for a 30-day supply, preferred drugs will not exceed $50 for a 30-day supply, and non-preferred drugs will not exceed $75 for a 30-day supply.

Optum Home Delivery is a service of OptumRx.

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 a UnitedHealthcare company. Optum Rx, Inc. is an affiliate of UnitedHealthcare Insurance Company.

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