

# \$0 Select Care Generics

UPMC *for Life* members have a \$0 copay for select care generic Part D prescription drugs. These drugs can be filled for 30-day or 90-day supplies for a \$0 copay. The following is a complete list.

As a UPMC *for Life* member, use your member ID card to take advantage of this benefit.

Blood Pressure Medications	Blood Pressure Medications	Diabetes Medications
BENAZEPRIL HCL 10 MG TABLET	ENALAPRIL-HCTZ 10-25 MG TABLET	GLIMEPIRIDE 1 MG TABLET
BENAZEPRIL HCL 20 MG TABLET	ENALAPRIL-HCTZ 5-12.5 MG TAB	GLIMEPIRIDE 2 MG TABLET
BENAZEPRIL HCL 40 MG TABLET	LISINOPRIL 10 MG TABLET	GLIMEPIRIDE 4 MG TABLET
BENAZEPRIL HCL 5 MG TABLET	LISINOPRIL 2.5 MG TABLET	GLIPIZIDE 10 MG TABLET
BENAZEPRIL-HCTZ 10-12.5 MG TAB	LISINOPRIL 20 MG TABLET	GLIPIZIDE 5 MG TABLET
BENAZEPRIL-HCTZ 20-12.5 MG TAB	LISINOPRIL 30 MG TABLET	GLIPIZIDE ER 10 MG TABLET
BENAZEPRIL-HCTZ 20-25 MG TAB	LISINOPRIL 40 MG TABLET	GLIPIZIDE ER 2.5 MG TABLET
BENAZEPRIL-HCTZ 5-6.25 MG TAB	LISINOPRIL 5 MG TABLET	GLIPIZIDE ER 5 MG TABLET
CAPTOPRIL 12.5 MG TABLET	LISINOPRIL-HCTZ 10-12.5 MG TAB	METFORMIN HCL 1,000 MG TABLET
CAPTOPRIL 25 MG TABLET	LISINOPRIL-HCTZ 20-12.5 MG TAB	METFORMIN HCL 500 MG TABLET
CAPTOPRIL 50 MG TABLET	LISINOPRIL-HCTZ 20-25 MG TAB	METFORMIN HCL 850 MG TABLET
CAPTOPRIL 100 MG TABLET	QUINAPRIL 10 MG TABLET	METFORMIN HCL ER 500 MG TABLET
CAPTOPRIL-HCTZ 25-15 MG TABLET	QUINAPRIL 20 MG TABLET	METFORMIN HCL ER 750 MG TABLET
CAPTOPRIL-HCTZ 25-25 MG TABLET	QUINAPRIL 40 MG TABLET	METFORMIN ER 1000 MG TABLET
CAPTOPRIL-HCTZ 50-15 MG TABLET	QUINAPRIL 5 MG TABLET	
CAPTOPRIL-HCTZ 50-25 MG TABLET	QUINAPRIL-HCTZ 10-12.5 MG TAB	
ENALAPRIL MALEATE 10 MG TAB	QUINAPRIL-HCTZ 20-12.5 MG TAB	
ENALAPRIL MALEATE 2.5 MG TAB	QUINAPRIL-HCTZ 20-25 MG TAB	
ENALAPRIL MALEATE 20 MG TAB		
ENALAPRIL MALEATE 5 MG TABLET		

To view UPMC *for Life*'s complete prescription drug list, visit [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare). If you have questions, call us at 1-877-381-3765 from 8 a.m. to 8 p.m., seven days a week.\* TTY users should call 1-800-361-2629.

\*Our hours of operation change twice a year. You can call us October 1 through February 14, from 8 a.m. to 8 p.m., seven days a week. From February 15 through September 30, you can call us from 8 a.m. to 8 p.m., Monday through Friday, and from 8 a.m. to 3 p.m., Saturday.

\$0 select care generic drugs do not apply to the Coverage Gap. After your total yearly drug costs reach \$2,960, you will pay 65% of the costs for generic drugs. This is not applicable to employer group-sponsored plans that offer prescription drug coverage for generic drugs through the Coverage Gap.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year.

UPMC *for Life* has a contract with Medicare to provide HMO and PPO plans. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan, Inc., UPMC Health Benefits, Inc., and UPMC Health Network, Inc.

