

Plan Guide 2021

Take advantage of all your Prescription Drug plan has to offer.

STAFFORD COUNTY GOVERNMENT

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Number: 25324-O

Effective: January 1, 2021 through December 31, 2021



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Introducing the Plan

UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare® to offer prescription drug coverage for all eligible retirees. We believe you should get more than a good plan and that's why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money, so you can focus more on what matters most to you

In this book you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- What you can expect after your enrollment

How to enroll

You will be automatically enrolled in this plan unless you tell your former employer or plan sponsor that you are opting out of this coverage.

If you do not want this plan

Before deciding to opt-out, ask your former employer or plan sponsor what it means if you decline this coverage.

You can get 2021 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your plan materials.

¹Your former employer or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



Get a 3-Month Supply¹



Over 67,000 Pharmacies



OptumRx® Home Delivery

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Plan Information

Benefit Highlights

STAFFORD COUNTY GOVERNMENT 25324

Effective January 1, 2021 to December 31, 2021

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy or Network Pharmacy (31 to 90-day retail supply)
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$40 copay	\$80 copay
Coverage gap stage	After your total drug costs reach \$4,130, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$6,550 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your drug list (formulary). Please see your Additional Drug Coverage list for more information. Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Drug lists (formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year.

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UnitedHealthcare® MedicareRx for Groups (PDP)

Your former employer or plan sponsor has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan for your prescription drug coverage. This is a plan designed just for a former employer or plan sponsor, like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan. This plan is also known as a Medicare Part D plan.

Original Medicare Part A (hospital coverage) and Part B (doctor and outpatient care) help pay for some of the costs, but it doesn't cover prescription drugs. Medicare Part D plans help with prescription drug costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare®.



Make sure you are signed up for Medicare.

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled, check with Social Security. Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- If you are enrolled in Medicare Part B, you must continue to pay your Medicare Part B monthly premium to Social Security to keep your Medicare Part B coverage. If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage.

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

How your Group Medicare Part D plan works

Here are Medicare's rules about what types of coverage you can have either as an addition to or combined with a group-sponsored Medicare Part D prescription drug plan.

✓ One plan at a time

- You may be enrolled in only one Medicare Part D prescription drug plan at a time. This means you may have one Medicare Part D plan or one Medicare Advantage plan that includes prescription drug coverage, but not both.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from their group-sponsored coverage and you and your family may not have drug coverage through your plan sponsor or former employer.

✓ You must have employer group-sponsored coverage

Your group-sponsored Medicare Part D plan includes only drug coverage. It does not include medical care coverage.

- If you want a Medicare Advantage plan, it must come through a group like your former employer or plan sponsored Part D prescription drug plan.
- If you enroll in an individual medical plan, you may be disenrolled from this group-sponsored Part D prescription drug plan.



Remember: If you drop or are disenrolled from your group-sponsored retiree prescription drug coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

Here are some of the highlights of your new prescription drug plan:



Dedicated service

We're here for you. Our Customer Service team has been specially trained to know all the ins and outs of your plan.



Complete drug list

The plan's drug list (formulary) includes all of the drugs covered by Medicare Part D in brand or generic form. Your plan may include additional drug coverage beyond what Medicare allows.



Filling your prescriptions is convenient

There are more than 67,000 national chain, regional and independent local retail pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy¹ can help make sure you are getting the lowest cost available through your plan.

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

¹2020 Optum Internal Report Data



What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount Social Security determines you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.



What is a Medicare Part D Late Enrollment Penalty (LEP)?

Most people first become eligible for Medicare when they turn 65. This is your Initial Enrollment Period. If, at any time after you first become eligible for Part D, there's a period of at least 63 days in a row when you don't have Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

When you become a member, your former employer or plan sponsor will be asked to confirm that you have had continuous Part D coverage. If your former employer or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty.

Once you become a member, more information will be available in your Evidence of Coverage (EOC). Your Quick Start Guide will include details on how to access your EOC.



Call Social Security to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying and you can re-apply every year.

Toll-free call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.

How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check your plan's drug list to see if your drugs are covered.

- ✓ **Pharmacies available to you**
You can choose from over 67,000 national chain, regional and independent local retail pharmacies.
- ✓ **Drug costs and tiers**
Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.
- ✓ **The cost of your prescriptions**
What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

Questions? We're here to help.



www.UHCRetiree.com




Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

¹Refer to the Summary of Benefits or Benefit Highlights for more information.

The price you pay for a covered drug will depend on two factors:

1 The drug cost tier for your drug

Each covered drug is assigned to a tier. Generally, the lower the tier, the less you pay.

Tier	Cost	Description
Tier 1	 Low	All covered generic drugs.
Tier 2		Many common brand name drugs, called preferred brands.
Tier 3		Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
Tier 4 (Specialty)		High

2 Your Medicare drug payment stages

Annual deductible: If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage. If you don't have a deductible, your coverage begins in the initial coverage stage.

Initial Coverage	Coverage Gap	Catastrophic Coverage
In this drug payment stage: <ul style="list-style-type: none"> You pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest You stay in this stage until your total drug costs reach \$4,130 	Your plan provides additional coverage through the gap. <ul style="list-style-type: none"> You continue to pay the same copay or coinsurance as you did in the initial coverage stage You stay in this stage until your out-of-pocket costs reach \$6,550 	After your out-of-pocket costs reach \$6,550: <ul style="list-style-type: none"> You continue to pay the same copay or coinsurance as you did in the initial coverage stage You stay in this stage for the rest of the plan year

Total Drug Costs: The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2021. This does not include premiums.

Out-of-Pocket Costs: The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2021. This does not include premiums.

Ways to save on your prescription drugs

- ✓ **You may save on the medications you take regularly**
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.

- ✓ **Get a 3-month¹ supply at retail pharmacies**
In addition to OptumRx® home delivery, most retail pharmacies offer 3-month supplies for some prescription drugs.

Check your UnitedHealthcare pharmacy directory to see if a retail pharmacy offers 3-month supplies noted with a pill symbol. An online pharmacy directory is available at:
www.UHCRetiree.com

To request a printed directory, call Customer Service toll-free at:
1-877-558-4749, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week

- ✓ **Ask your doctor about trial supplies**
A trial supply allows you to fill a prescription for less than 30 days. This way you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month supply.

- ✓ **Explore lower cost options**
Each covered drug in your drug list is assigned to a drug cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.

- ✓ **Have an annual medication review**
Make an appointment to have an annual medication review with your doctor, to make sure you are only taking the drugs you need.



The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

¹Your former employer or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

Summary of Benefits 2021

Prescription Drug Plan

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Name (Plan Sponsor): STAFFORD COUNTY GOVERNMENT

Group Number: 25324

S5820-803-000

Look inside to take advantage of the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-877-558-4749**, TTY **711**

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



www.UHCRetiree.com



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Summary of Benefits

January 1, 2021 - December 31, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join UnitedHealthcare® MedicareRx for Groups (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below be a United States citizen or lawfully present in the United States and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

Use network pharmacies.

UnitedHealthcare® MedicareRx for Groups (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to www.UHCRetiree.com to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare® MedicareRx for Groups (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual Prescription Drug Deductible	This plan does not have a deductible.

Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at www.UHCRetiree.com or call Customer Service to have a hard copy sent to you.

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order or Retail Cost-Sharing
	One-month supply	Three-month supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$40 copay	\$80 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic Coverage	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$6,550 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Premium and/or copayments/coinsurance may change each plan year.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

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 member toll-free phone number listed in the front of this booklet.

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 member toll-free phone number listed in the front of this booklet.

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 la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: 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 nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

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

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre 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。本冊子の表紙に記載されているメンバー用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. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníl'ti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jíik'eh naaltsoos báha'dít'éhígíí béesh 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 xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2020. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Covered drugs are placed in tiers. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Preferred brand
 - Tier 3: Non-preferred drug
 - Tier 4: Specialty tier
- Each tier has a copay or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

PA
Prior authorization

The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered.

QL
Quantity limits

The plan only covers a certain amount of this drug for 1 copay. Limits help make sure the drug is used safely. If your doctor prescribes more than the limit, you or your doctor can ask the plan to cover the additional quantity.

ST
Step therapy

You may need to try lower-cost drugs that treat the same condition before the plan will cover your drug. If you have tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan for coverage.

B/D
Medicare Part B
or Part D

Depending on how this drug is used, it may be covered by Medicare Part B or Part D. Your doctor may need to give the plan more information about how this drug will be used to make sure it's covered correctly.

HRM
High-risk
medication

This drug is known as a high-risk medication (HRM) for patients 65 years and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066_200423_093000_M

LA Limited access	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
MME Morphine milligram equivalent	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
7D 7-Day limit	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A	Syringe),T4 - PA
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Actemra ACTPen (Subcutaneous Solution Auto-Injector),T4 - PA
Abilify Maintena (Intramuscular Prefilled Syringe),T4	Acyclovir (Oral Capsule),T1
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4	Acyclovir (Oral Tablet),T1
Abiraterone Acetate (Oral Tablet),T1 - PA	Adacel (Intramuscular Suspension),T2 - QL
Acamprosate Calcium (Oral Tablet Delayed Release),T1	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T1 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Advair HFA (Inhalation Aerosol),T2 - QL
Acetazolamide (Oral Tablet),T1	Aggrenox (Oral Capsule Extended Release 12 Hour),T3 - QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Actemra (Subcutaneous Solution Prefilled	Albendazole (Oral Tablet),T1 - QL
	Alcohol Prep Pads,T2
	Alendronate Sodium (10MG Oral Tablet, 35MG

Bold type = Brand name drug

Plain type = Generic drug

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Oral Tablet, 70MG Oral Tablet),T1	Androderm (Transdermal Patch 24 Hour),T2
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1	Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Allopurinol (Oral Tablet),T1	Apokyn (Subcutaneous Solution Cartridge),T4 - PA; LA; QL
Alosetron HCl (Oral Tablet),T1 - PA	Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL
Alphagan P (0.1% Ophthalmic Solution),T2	Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe),T4 - PA
Alphagan P (0.15% Ophthalmic Solution),T3	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - PA
Alprazolam (Oral Tablet Immediate Release),T1 - QL	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T3 - PA
Alex (Ophthalmic Suspension),T3	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA
Alyq (Oral Tablet),T1 - PA	Arcapta Neohaler (Inhalation Capsule),T3 - ST
Amantadine HCl (Oral Capsule),T1	Aripiprazole (Oral Tablet),T1 - QL
Amantadine HCl (Oral Syrup),T1	Aristada (Intramuscular Prefilled Syringe),T4
Amantadine HCl (Oral Tablet),T1	Aristada Initio (Intramuscular Prefilled Syringe),T4
Ambrisentan (Oral Tablet),T1 - PA; LA; QL	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Amiloride HCl (Oral Tablet),T1	Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiodarone HCl (Oral Tablet),T1	Asmanex (30 Metered Doses) (Inhalation
Amitiza (Oral Capsule),T2 - QL	
Amitriptyline HCl (Oral Tablet),T1 - HRM	
Amlodipine Besylate (Oral Tablet),T1	
Amlodipine-Benazepril (Oral Capsule),T1 - QL	
Ammonium Lactate (External Cream),T1	
Ammonium Lactate (External Lotion),T1	
Amoxicillin (Oral Capsule),T1	
Amoxicillin (Oral Tablet),T1	
Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T1 - QL	
Ampyra (Oral Tablet Extended Release 12 Hour),T4 - QL	
Anagrelide HCl (Oral Capsule),T1	
Anastrozole (Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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Aerosol Powder Breath Activated),T3 - ST; QL	BRIVIACT (Oral Tablet),T4 - PA; QL
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL	Baclofen (Oral Tablet),T1
Asmanex HFA (100MCG/ACT Inhalation Aerosol, 200MCG/ACT Inhalation Aerosol),T3 - ST; QL	Balsalazide Disodium (Oral Capsule),T1
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL	Baqsimi Two Pack (Nasal Powder),T2
Atazanavir Sulfate (Oral Capsule),T1 - QL	Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST
Atenolol (Oral Tablet),T1	Belsomra (Oral Tablet),T2 - QL
Atomoxetine HCl (Oral Capsule),T1	Benazepril HCl (Oral Tablet),T1 - QL
Atorvastatin Calcium (Oral Tablet),T1 - QL	Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Atovaquone-Proguanil HCl (Oral Tablet),T1	Benzotropine Mesylate (Oral Tablet),T1 - PA; HRM
Atripla (Oral Tablet),T4 - QL	Bepreve (Ophthalmic Solution),T3
Atrovent HFA (Inhalation Aerosol Solution),T3	Berinert (Intravenous Kit),T4 - PA; LA
Aubagio (Oral Tablet),T4 - LA; QL	Besivance (Ophthalmic Suspension),T3
Auryxia (Oral Tablet),T4 - PA	Betaseron (Subcutaneous Kit),T4
Austedo (Oral Tablet),T4 - PA; LA; QL	Bethanechol Chloride (Oral Tablet),T1
Avonex Pen (Intramuscular Auto-Injector Kit),T4	Betimol (Ophthalmic Solution),T3
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4	Bevespi Aerosphere (Inhalation Aerosol),T3 - ST
Azasite (Ophthalmic Solution),T3	BiDil (Oral Tablet),T2
Azathioprine (Oral Tablet),T1 - B/D,PA	Bicalutamide (Oral Tablet),T1
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1	Bisoprolol Fumarate (Oral Tablet),T1
Azelastine HCl (Ophthalmic Solution),T1	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azithromycin (Oral Packet),T1	Bosentan (Oral Tablet),T1 - PA; LA; QL
Azithromycin (Oral Tablet),T1	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Azopt (Ophthalmic Suspension),T2	Brilinta (Oral Tablet),T2 - QL
B	Brimonidine Tartrate (0.15% Ophthalmic Solution),T1
BRIVIACT (Oral Solution),T4 - PA; QL	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
	Budesonide (Inhalation Suspension),T1 - B/D,PA
	Budesonide (Oral Capsule Delayed Release

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Particles),T1	Calcitriol (External Ointment),T1
Bumetanide (Oral Tablet),T1	Calcitriol (Oral Capsule),T1 - B/D,PA
Buprenorphine (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 20MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly),T1 - 7D; DL; QL	Calcium Acetate (Phosphate Binder) (Oral Capsule),T1
Buprenorphine (7.5MCG/HR Transdermal Patch Weekly),T2 - 7D; DL; QL	Calcium Acetate (Phosphate Binder) (Oral Tablet),T1
Buprenorphine HCl (Tablet Sublingual),T1 - QL	Captopril (Oral Tablet),T1 - QL
Bupropion HCl (Oral Tablet Immediate Release),T1	Carafate (Oral Suspension),T3
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3	Carafate (Oral Tablet),T3
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1	Carbaglu (Oral Tablet),T4 - LA
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1	Carbamazepine (Oral Tablet Immediate Release),T1
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
Buspiron HCl (Oral Tablet),T1	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1
Butrans (Transdermal Patch Weekly),T2 - 7D; DL; QL	Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T1
Bydureon (Subcutaneous Pen-Injector),T3 - QL	Carbidopa-Levodopa-Entacapone (Oral Tablet),T1
Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL	Carvedilol (Oral Tablet),T1
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Cayston (Inhalation Solution Reconstituted),T4 - PA; LA
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Cefuroxime Axetil (Oral Tablet),T1
Bystolic (Oral Tablet),T2 - QL	Celecoxib (Oral Capsule),T1 - QL
C	Cephalexin (Oral Capsule),T1
Cabergoline (Oral Tablet),T1	Cephalexin (Oral Tablet),T1
	Chantix (Oral Tablet),T2
	Chantix Continuing Month Pak (Oral Tablet),T2
	Chantix Starting Month Pak (Oral Tablet),T2
	Chlorhexidine Gluconate (Mouth Solution),T1
	Chlorthalidone (Oral Tablet),T1
	Cholestyramine (Oral Packet),T1

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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Cholestyramine Light (Oral Powder),T1	Colesevelam HCl (Oral Tablet),T1
Cilostazol (Oral Tablet),T1	Combigan (Ophthalmic Solution),T2
Cimetidine (Oral Tablet),T1	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Cimetidine HCl (Oral Solution),T1	Comtan (Oral Tablet),T3
Cimzia (Subcutaneous Kit),T4 - PA	Copaxone (Subcutaneous Solution Prefilled Syringe),T4
Cimzia Prefilled (Subcutaneous Kit),T4 - PA	Corlanor (Oral Solution),T3 - PA; QL
Cinacalcet HCl (30MG Oral Tablet, 90MG Oral Tablet),T1 - B/D,PA; QL	Corlanor (Oral Tablet),T3 - PA; QL
Cinryze (Intravenous Solution Reconstituted),T4 - PA; LA	Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA
Ciprodex (Otic Suspension),T3	Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T4 - PA; LA
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	Cosopt PF (Ophthalmic Solution),T3
Citalopram Hydrobromide (Oral Tablet),T1	Coumadin (Oral Tablet),T2
Clarithromycin (Oral Tablet Immediate Release),T1	Creon (Oral Capsule Delayed Release Particles),T2
Clenpiq (Oral Solution),T2	Crestor (Oral Tablet),T3 - QL
Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM	Crixivan (Oral Capsule),T2 - QL
Clonazepam (Oral Tablet),T1 - QL	Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA
Clonazepam ODT (0.5MG Oral Tablet Dispersible),T1 - QL	Cromolyn Sodium (Oral Concentrate),T1
Clonidine (Transdermal Patch Weekly),T1	Cyclophosphamide (Oral Capsule),T1 - B/D,PA
Clonidine HCl (Oral Tablet Immediate Release),T1	Cyproheptadine HCl (Oral Tablet),T1 - PA; HRM
Clodogrel Bisulfate (75MG Oral Tablet),T1 - QL	D
Clozapine (Oral Tablet),T1	DARAPRIM (Oral Tablet),T4
Clozapine ODT (Oral Tablet Dispersible),T1	Dapsone (5% External Gel),T1
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2	Dapsone (Oral Tablet),T1
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1 - PA
Colcrys (Oral Tablet),T3 - PA	Delzicol (Oral Capsule Delayed Release),T3
	Depen Titratabs (Oral Tablet),T4
	Desmopressin Acetate (Oral Tablet),T1

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Desvenlafaxine Succinate ER (50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1

Dexilant (Oral Capsule Delayed Release),T3 - QL

Dextrose-NaCl (5-0.2% Intravenous Solution),T1

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL

Diazepam (5MG/5ML Oral Solution),T1

Diazepam Intensol (5MG/ML Oral Concentrate),T1 - QL

Diclofenac Potassium (Oral Tablet),T1

Diclofenac Sodium (1% Transdermal Gel),T1

Diclofenac Sodium (Oral Tablet Delayed Release),T1

Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Dificid (Oral Tablet),T4

Digoxin (125MCG Oral Tablet),T1 - HRM; QL

Digoxin (250MCG Oral Tablet),T1 - PA; HRM

Dihydroergotamine Mesylate (Nasal Solution),T1 - PA; QL

Diltiazem HCl (Oral Tablet Immediate Release),T1

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1

Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1

Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release

24 Hour),T1

Dipentum (Oral Capsule),T4

Diphenoxylate-Atropine (Oral Tablet),T1 - PA; HRM

Disulfiram (Oral Tablet),T1

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed Release),T1

Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1

Donepezil HCl (Oral Tablet),T1 - QL

Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T1

Doxycycline Hyclate (Oral Capsule),T1

Dronabinol (Oral Capsule),T1 - PA

Duavee (Oral Tablet),T3 - PA; HRM

Dulera (100-5MCG/ACT Inhalation Aerosol, 200-5MCG/ACT Inhalation Aerosol),T3 - QL

Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL

Durezol (Ophthalmic Emulsion),T3

Dutasteride (Oral Capsule),T1

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Edarbyclor (Oral Tablet),T3 - QL	Epinephrine (Injection Solution Auto-Injector),T1 - QL
Elidel (External Cream),T3 - ST; QL	Eplerenone (Oral Tablet),T1
Eliquis (Oral Tablet),T2 - QL	Epzicom (Oral Tablet),T4 - QL
Eliquis Starter Pack (Oral Tablet),T2 - QL	Equetro (Oral Capsule Extended Release 12 Hour),T3
Elmiron (Oral Capsule),T4	Ergotamine-Caffeine (Oral Tablet),T1
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Erleada (Oral Tablet),T4 - PA
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Ertapenem Sodium (Injection Solution Reconstituted),T1
Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL	Escitalopram Oxalate (Oral Tablet),T1
Enalapril Maleate (Oral Tablet),T1 - QL	Estradiol (Oral Tablet),T1 - PA; HRM
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL
Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA	Estradiol (Transdermal Patch Weekly),T1 - PA; HRM; QL
Enbrel (Subcutaneous Solution Reconstituted),T4 - PA	Estradiol (Vaginal Cream),T1
Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA	Eszopiclone (Oral Tablet),T1 - PA; HRM; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA	Ethosuximide (Oral Capsule),T1
Entacapone (Oral Tablet),T1	Ethosuximide (Oral Solution),T1
Entecavir (Oral Tablet),T1	Eucrisa (External Ointment),T3 - PA; QL
Entresto (Oral Tablet),T2 - QL	Extavia (Subcutaneous Kit),T4
Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA	Ezetimibe (Oral Tablet),T1
Epclusa (Oral Tablet),T4 - PA; QL	Ezetimibe-Simvastatin (10-80MG Oral Tablet),T1 - QL
EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL	F
EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
Epiduo (External Gel),T3	Farxiga (Oral Tablet),T2 - QL
Epiduo Forte (External Gel),T3 - ST	Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA
	Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA; LA
	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral

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Tablet),T1	Furosemide (Oral Tablet),T1
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T1 - 7D; MME; DL; QL	Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL
Finacea (External Foam),T3	Fycompa (Oral Suspension),T4 - QL
Finacea (External Gel),T3	Fycompa (Oral Tablet),T4 - QL
Finasteride (5MG Oral Tablet) (Generic Proscar),T1	G
Flac (Otic Oil),T1	Gabapentin (Oral Capsule),T1
Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2	Gabapentin (Oral Tablet),T1
Flovent HFA (Inhalation Aerosol),T2 - QL	Gammagard (2.5GM/25ML Injection Solution),T4 - PA
Fluconazole (Oral Tablet),T1	Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA
Fluocinolone Acetonide (External Cream),T1	Gemfibrozil (Oral Tablet),T1
Fluocinolone Acetonide (External Ointment),T1	Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA
Fluocinolone Acetonide (Otic Oil),T1	Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA
Fluphenazine HCl (Oral Tablet),T1	Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA
Fluticasone Propionate (External Cream),T1	Gentamicin Sulfate (Ophthalmic Solution),T1
Fluticasone Propionate (External Lotion),T1	Gilenya (0.5MG Oral Capsule),T4 - QL
Fluticasone Propionate (External Ointment),T1	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1
Fluticasone Propionate (Nasal Suspension),T1	Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe),T1
Forteo (Subcutaneous Solution Pen-Injector),T4 - PA	Glimepiride (Oral Tablet),T1 - QL
Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4	Glipizide (Oral Tablet Immediate Release),T1 - QL
Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL
	GlucaGen HypoKit (Injection Solution Reconstituted),T3
	Glucagon (Injection Kit) (Lilly),T2
	Glyxambi (Oral Tablet),T2 - QL
	Gocovri (Oral Capsule Extended Release 24

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Hour),T4 - PA
Guanidine HCl (Oral Tablet),T3
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2
H
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA; LA
Haloperidol (Oral Tablet),T1
Harvoni (90-400MG Oral Tablet),T4 - PA; QL
Humalog (Subcutaneous Solution Cartridge),T2
Humalog (Subcutaneous Solution),T2
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2
Humalog Mix 50/50 (Subcutaneous Suspension),T2
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Humalog Mix 75/25 (Subcutaneous Suspension),T2
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA
Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA
Humulin 70/30 (Subcutaneous Suspension),T2

Bold type = Brand name drug

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Humulin N (Subcutaneous Suspension),T2
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2
Humulin R (Injection Solution),T2
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Hydralazine HCl (Oral Tablet),T1
Hydrochlorothiazide (Oral Capsule),T1
Hydrochlorothiazide (Oral Tablet),T1
Hydrocodone-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL
Hydroxyurea (Oral Capsule),T1
Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM
Hydroxyzine HCl (Oral Tablet),T1 - PA; HRM
Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent),T4 - PA; 7D; MME; DL; QL
Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent),T3 - PA; 7D; MME; DL; QL
I
Ibandronate Sodium (Oral Tablet),T1
Ibu (800MG Oral Tablet),T1
Ibuprofen (400MG Oral Tablet, 600MG Oral

Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Tablet, 800MG Oral Tablet),T1	Invokamet (Oral Tablet Immediate Release),T3 - ST; QL
Ilevro (Ophthalmic Suspension),T2	Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Imatinib Mesylate (Oral Tablet),T1 - PA; QL	Invokana (Oral Tablet),T3 - ST; QL
Imiquimod (5% External Cream),T1 - QL	Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA
Imiquimod Pump (3.75% External Cream),T4 - PA	Ipratropium Bromide (Nasal Solution),T1
Invexxy Maintenance Pack (Vaginal Insert),T2 - PA	Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA
Invexxy Starter Pack (Vaginal Insert),T2 - PA	Irbesartan (Oral Tablet),T1 - QL
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL	Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL	Isentress (Oral Tablet),T4 - QL
Ingrezza (Oral Capsule),T4 - PA; QL	Isoniazid (Oral Tablet),T1
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2	Isosorbide Dinitrate (Oral Tablet Immediate Release),T1
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2	Isosorbide Mononitrate (Oral Tablet Immediate Release),T1
Insulin Syringes, Needles,T2	Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1
Intelligence (100MG Oral Tablet, 200MG Oral Tablet),T4 - QL	Ivermectin (Oral Tablet),T1
Intrarosa (Vaginal Insert),T3 - PA; QL	J
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4	Janumet (Oral Tablet Immediate Release),T2 - QL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3	Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4	Januvia (Oral Tablet),T2 - QL
Inveltys (Ophthalmic Suspension),T3 - ST	Jardiance (Oral Tablet),T2 - QL
	Jentadueto (Oral Tablet Immediate Release),T2 - QL
	Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL
	Jublia (External Solution),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

K	
Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA; LA	Leucovorin Calcium (Oral Tablet),T1
Kalydeco (Oral Tablet),T4 - PA; LA	Leukeran (Oral Tablet),T4
Kazano (Oral Tablet),T3 - ST; QL	Levemir (Subcutaneous Solution),T2
Ketoconazole (External Cream),T1 - QL	Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2
Ketorolac Tromethamine (Ophthalmic Solution),T1	Levetiracetam (Oral Tablet Immediate Release),T1
Ketorolac Tromethamine (Oral Tablet),T1 - PA; HRM	Levocarnitine (Oral Tablet),T1
Klor-Con 10 (Oral Tablet Extended Release),T1	Levocetirizine Dihydrochloride (Oral Tablet),T1
Klor-Con 8 (Oral Tablet Extended Release),T1	Levofloxacin (Oral Tablet),T1
Klor-Con M10 (Oral Tablet Extended Release),T1	Levothyroxine Sodium (Oral Tablet),T1
Klor-Con M20 (Oral Tablet Extended Release),T1	Lialda (Oral Tablet Delayed Release),T4 - ST; QL
Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - QL	Lidocaine (5% External Ointment),T1 - QL
Korlym (Oral Tablet),T4 - PA; LA	Lidocaine (5% External Patch),T1 - PA; QL
L	Lidocaine HCl (4% External Solution),T1
Lactulose (10GM/15ML Oral Solution),T1	Lidocaine HCl (External Gel),T1
Lactulose (Oral Packet),T1	Lidocaine Viscous (2% Mouth/Throat Solution),T1
Lamivudine (100MG Oral Tablet),T1	Lidocaine-Prilocaine (External Cream),T1
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL	Lindane (External Shampoo),T1
Lamotrigine (Oral Tablet Immediate Release),T1	Linzess (Oral Capsule),T2 - QL
Lantus (Subcutaneous Solution),T2	Liothyronine Sodium (Oral Tablet),T1
Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2	Lisinopril (Oral Tablet),T1 - QL
Lastacaft (Ophthalmic Solution),T2	Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Latanoprost (Ophthalmic Solution),T1	Lithium Carbonate (Oral Capsule),T1
Latuda (Oral Tablet),T4 - QL	Lithium Carbonate ER (Oral Tablet Extended Release),T1
Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL	Livalo (Oral Tablet),T2 - QL
Leflunomide (Oral Tablet),T1	Lokelma (Oral Packet),T3 - QL
Letrozole (Oral Tablet),T1	Lonhala Magnair (Inhalation Solution),T4 - QL
	Loperamide HCl (Oral Capsule),T1
	Lorazepam (Oral Tablet),T1 - QL

Bold type = Brand name drug

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This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Lorazepam Intensol (Oral Concentrate),T1 - QL	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL
Losartan Potassium (Oral Tablet),T1 - QL	Metformin HCl (Oral Tablet Immediate Release),T1 - QL
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL
Lotemax (Ophthalmic Gel),T3	Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL
Lotemax (Ophthalmic Ointment),T3	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lotemax (Ophthalmic Suspension),T3	Methazolamide (Oral Tablet),T1
Lotemax SM (Ophthalmic Gel),T3	Methimazole (Oral Tablet),T1
Lovastatin (Oral Tablet),T1 - QL	Methotrexate (Oral Tablet),T1
Lumigan (Ophthalmic Solution),T2	Methscopolamine Bromide (Oral Tablet),T1
Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA	Methyldopa (Oral Tablet),T1 - PA; HRM
Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA	Methylphenidate HCl (Oral Tablet Chewable),T1 - QL
Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL
Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA	Metoclopramide HCl (Oral Tablet),T1
Luzu (External Cream),T3 - QL	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Lysodren (Oral Tablet),T4	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
M	Metronidazole (External Cream),T1
Mavyret (Oral Tablet),T4 - PA; QL	Metronidazole (External Gel),T1
Mayzent (Oral Tablet),T4 - LA; QL	Metronidazole (External Lotion),T1
Meclizine HCl (Oral Tablet),T1 - HRM	Metronidazole (Oral Capsule),T1
Medroxyprogesterone Acetate (Intramuscular Suspension),T1	Metronidazole (Oral Tablet),T1
Medroxyprogesterone Acetate (Oral Tablet),T1	Migergot (Rectal Suppository),T4
Meloxicam (Oral Tablet),T1	Minocycline HCl (Oral Capsule),T1
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL	Minocycline HCl (Oral Tablet Immediate Release),T1
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL	Minoxidil (Oral Tablet),T1
Mercaptopurine (Oral Tablet),T1	
Meropenem (Intravenous Solution Reconstituted),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Mirtazapine (Oral Tablet),T1	Naloxone HCl (Injection Solution Prefilled Syringe),T1
Mirtazapine ODT (Oral Tablet Dispersible),T1	Naltrexone HCl (Oral Tablet),T1
Mirvaso (External Gel),T3	Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL
Misoprostol (Oral Tablet),T1	Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL
Modafinil (Oral Tablet),T1 - PA; QL	Naproxen (Oral Tablet Immediate Release),T1
Mometasone Furoate (Nasal Suspension),T1	Narcan (Nasal Liquid),T2
Montelukast Sodium (Oral Packet),T1 - QL	Nayzilam (Nasal Solution),T3 - QL
Montelukast Sodium (Oral Tablet),T1 - QL	Neomycin-Polymyxin-HC (Ophthalmic Suspension),T1
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T1 - 7D; MME; DL; QL	Neomycin-Polymyxin-HC (Otic Suspension),T1
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL	Nesina (Oral Tablet),T3 - ST; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL	Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA
Movantik (Oral Tablet),T3 - PA; QL	Neupogen (Injection Solution Prefilled Syringe),T4 - ST
MoviPrep (Oral Solution Reconstituted),T3	Neupogen (Injection Solution),T4 - ST
Moxeza (Ophthalmic Solution),T3	Neupro (Transdermal Patch 24 Hour),T3
Multaq (Oral Tablet),T2	Nevanac (Ophthalmic Suspension),T3
Myrbetriq (Oral Tablet Extended Release 24 Hour),T2	Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2
N	Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL
Nadolol (Oral Tablet),T1	Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T1
Naftin (External Cream),T3	Nicotrol (Inhalation Inhaler),T3
Naftin (External Gel),T3	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM
Naloxone HCl (0.4MG/ML Injection Solution),T1	Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM
Naloxone HCl (Injection Solution Cartridge),T1	Nitroglycerin (Tablet Sublingual),T1

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Nitrostat (Tablet Sublingual),T3	Solution),T4 - PA
Nivestym (Injection Solution Prefilled Syringe),T4 - ST	Nystatin (External Cream),T1
Nivestym (Injection Solution),T4 - ST	Nystatin (External Ointment),T1
Nizatidine (Oral Capsule),T1	Nystatin (External Powder),T1 - QL
Norethindrone Acetate (5MG Oral Tablet),T1	O
Nortriptyline HCl (Oral Capsule),T1 - PA; HRM	Ofloxacin (Ophthalmic Solution),T1
NovoLog (Subcutaneous Solution),T3 - PA	Ofloxacin (Otic Solution),T1
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA	Olanzapine (Oral Tablet),T1 - QL
NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA	Olmesartan Medoxomil (Oral Tablet),T1 - QL
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL
NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T1 - QL
Novolin 70/30 (Subcutaneous Suspension),T3 - PA	Olopatadine HCl (Ophthalmic Solution),T1
Novolin N (Subcutaneous Suspension),T3 - PA	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1
Novolin R (Injection Solution),T3 - PA	Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL
Nubeqa (Oral Tablet),T4 - PA; LA	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1
Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; LA; QL	Ondansetron HCl (Oral Tablet),T1 - B/D,PA
Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA; QL	Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA
Nucala (Subcutaneous Solution Reconstituted),T4 - PA; LA; QL	Onglyza (Oral Tablet),T3 - QL
Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL	Opsumit (Oral Tablet),T4 - PA; LA
Nuedexta (Oral Capsule),T3 - PA; QL	Orencia (Subcutaneous Solution Prefilled Syringe),T4 - PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution),T4 - PA	Orencia ClickJect (Subcutaneous Solution Auto-Injector),T4 - PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution),T4 - PA	Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA; LA
Nutropin AQ NuSpin 5 (Subcutaneous	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Oral Tablet Extended Release),T4 - PA; LA	QL
Orilissa (Oral Tablet),T4 - PA; QL	Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL
Oseltamivir Phosphate (Oral Capsule),T1	Permethrin (External Cream),T1
Oseni (Oral Tablet),T3 - ST; QL	Perseris (Subcutaneous Prefilled Syringe),T4
Osphepa (Oral Tablet),T2 - PA; QL	Phenytoin Sodium Extended (Oral Capsule),T1
Oxcarbazepine (Oral Tablet),T1	Phoslyra (Oral Solution),T2
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent),T3 - PA; 7D; MME; DL; QL	Picato (External Gel),T2 - QL
OxyContin (30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent),T4 - PA; 7D; MME; DL; QL	Pilocarpine HCl (Oral Tablet),T1
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1	Pimecrolimus (External Cream),T1 - ST; QL
Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL	Pioglitazone HCl (Oral Tablet),T1 - QL
Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Plegridy (Subcutaneous Solution Pen-Injector),T4
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	Plegridy (Subcutaneous Solution Prefilled Syringe),T4
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL	Plegridy Starter Pack (Subcutaneous Solution Pen-Injector),T4
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL	Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe),T4
P	Pomalyst (Oral Capsule),T4 - PA
Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL	Potassium Chloride CR (Oral Tablet Extended Release),T1
Pazeo (Ophthalmic Solution),T2	Potassium Chloride ER (Oral Capsule Extended Release),T1
Penicillin V Potassium (Oral Tablet),T1	Potassium Citrate ER (Oral Tablet Extended Release),T1
Pentasa (Oral Capsule Extended Release),T3 -	Pradaxa (Oral Capsule),T3 - ST; QL
	Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; LA; QL
	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1
	Pravastatin Sodium (Oral Tablet),T1 - QL
	Prazosin HCl (Oral Capsule),T1
	Prednisolone Acetate (Ophthalmic Suspension),T1

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Prednisone (5MG/5ML Oral Solution),T1	Powder Breath Activated),T3 - ST
Prednisone (Oral Tablet),T1	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1
Premarin (Oral Tablet),T3 - PA; HRM; QL	
Premarin (Vaginal Cream),T2	Q
Premphase (Oral Tablet),T3 - PA; HRM; QL	QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL
Prempro (Oral Tablet),T3 - PA; HRM; QL	Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T4 - QL	Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Prezista (75MG Oral Tablet),T3 - QL	Quinapril HCl (Oral Tablet),T1 - QL
Prezista (Oral Suspension),T4 - QL	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Privigen (20GM/200ML Intravenous Solution),T4 - PA	
ProAir HFA (Inhalation Aerosol Solution),T2	R
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2	Raloxifene HCl (Oral Tablet),T1
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA	Ramipril (Oral Capsule),T1 - QL
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA	Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T1
Proctosol HC (External Cream),T1	Rasagiline Mesylate (Oral Tablet),T1
Progesterone Micronized (Oral Capsule),T1	Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA
Prolastin-C (Intravenous Solution Reconstituted),T4 - PA; LA	Rayaldee (Oral Capsule Extended Release),T4 - QL
Prolensa (Ophthalmic Solution),T3	Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST
Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL	Rebif Rebidoso (Subcutaneous Solution Auto-Injector),T4 - ST
Promethazine HCl (12.5MG Oral Tablet),T1 - PA; HRM	Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector),T4 - ST
Propranolol HCl (Oral Tablet),T1	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4 - ST
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T1	Regranex (External Gel),T4 - PA
Propylthiouracil (Oral Tablet),T1	Relistor (Oral Tablet),T4 - PA
Pulmicort Flexhaler (Inhalation Aerosol	Relistor (Subcutaneous Solution),T4 - PA
	Renagel (Oral Tablet),T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL

Repatha Pushtronex System (Subcutaneous Solution Cartridge),T2 - PA; QL

Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL

Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL

Retacrit (Injection Solution),T3 - PA

Revlimid (Oral Capsule),T4 - PA; LA

Rexulti (Oral Tablet),T4 - QL

Reyataz (Oral Capsule),T4 - QL

Reyataz (Oral Packet),T4 - QL

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T1

Rifabutin (Oral Capsule),T1

Rifampin (Oral Capsule),T1

Riluzole (Oral Tablet),T1

Rimantadine HCl (Oral Tablet),T1

Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4

Risperidone (Oral Tablet),T1

Ritonavir (Oral Tablet),T1 - QL

Rivastigmine Tartrate (Oral Capsule),T1

Rizatriptan Benzoate (Oral Tablet),T1 - QL

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL

Rocklatan (Ophthalmic Solution),T2 - ST

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Roweepra (1000MG Oral Tablet Immediate Release),T1

Rybelsus (Oral Tablet),T2 - QL

Rytary (Oral Capsule Extended Release),T3 - ST

S

Sancuso (Transdermal Patch),T4 - QL

Santyl (External Ointment),T3

Saphris (Tablet Sublingual),T4

Savella (Oral Tablet),T2

Savella Titration Pack (Oral Tablet),T2

Seebri Neohaler (Inhalation Capsule),T3 - ST

Selegiline HCl (Oral Capsule),T1

Selegiline HCl (Oral Tablet),T1

Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T4 - QL

Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T1

Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T1

Sevelamer HCl (800MG Oral Tablet) (Generic Renagel),T1

Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA

Silodosin (Oral Capsule),T1 - QL

Silver Sulfadiazine (External Cream),T1

Drug List

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Simbrinza (Ophthalmic Suspension),T2	Oral Tablet),T1
Simponi (Subcutaneous Solution Auto-Injector),T4 - PA	Sulfasalazine (Oral Tablet Delayed Release),T1
Simponi (Subcutaneous Solution Prefilled Syringe),T4 - PA	Sulfasalazine (Oral Tablet Immediate Release),T1
Simvastatin (Oral Tablet),T1 - QL	Sumatriptan Succinate (Oral Tablet),T1 - QL
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA	Sunosi (Oral Tablet),T3 - PA; QL
Sodium Polystyrene Sulfonate (Oral Powder),T1	Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted),T3
Sodium Polystyrene Sulfonate (Oral Suspension),T1	Suprax (500MG/5ML Oral Suspension Reconstituted),T3
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	Suprax (Oral Capsule),T2
Solifenacin Succinate (Oral Tablet),T1 - QL	Suprax (Oral Tablet Chewable),T2
Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL	Suprep Bowel Prep Kit (Oral Solution),T2
Sotalol HCl (Oral Tablet),T1	Symbicort (Inhalation Aerosol),T2 - QL
Sotalol HCl AF (120MG Oral Tablet),T1	Symjepi (Injection Solution Prefilled Syringe),T3 - QL
Sovaldi (400MG Oral Tablet),T4 - PA; QL	SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Synjardy (Oral Tablet Immediate Release),T2 - QL
Spironolactone (Oral Tablet),T1	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Sprycel (Oral Tablet),T4 - PA	Synthroid (Oral Tablet),T2
Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA	T
Stelara (Subcutaneous Solution),T4 - PA	TOBI Podhaler (Inhalation Capsule),T4 - PA; QL
Stiolto Respimat (Inhalation Aerosol Solution),T2	Tadalafil (PAH) (20MG Oral Tablet),T1 - PA
Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST	Tamoxifen Citrate (Oral Tablet),T1
Suboxone (Sublingual Film),T3 - QL	Tamsulosin HCl (Oral Capsule),T1
Sucralfate (Oral Suspension),T1	Targetin (External Gel),T4 - PA; QL
Sucralfate (Oral Tablet),T1	Targetin (Oral Capsule),T4 - PA
Sulfamethoxazole-Trimethoprim (800-160MG	Tasigna (Oral Capsule),T4 - PA

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Tecfidera (Oral Capsule Delayed Release),T4 - LA; QL	Topiramate (Oral Capsule Sprinkle Immediate Release),T1
Tecfidera Starter Pack (Oral),T4 - LA	Topiramate (Oral Tablet),T1
Telmisartan (Oral Tablet),T1 - QL	Toremifene Citrate (Oral Tablet),T1
Telmisartan-HCTZ (Oral Tablet),T1 - QL	Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL	Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2
Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Terazosin HCl (Oral Capsule),T1	Tracleer (Oral Tablet Soluble),T4 - PA; LA; QL
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1	Tracleer (Oral Tablet),T4 - PA; LA; QL
Testosterone Cypionate (Intramuscular Solution),T1	Tradjenta (Oral Tablet),T2 - QL
Theophylline (Oral Solution),T1	Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T1	Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Theophylline ER (Oral Tablet Extended Release 24 Hour),T1	Tranexamic Acid (Oral Tablet),T1
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1	Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T3 - PA; HRM
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Timoptic Ocudose (Ophthalmic Solution),T3	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T4 - QL	Tresiba (Subcutaneous Solution),T2
Tizanidine HCl (Oral Tablet),T1	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
TobraDex ST (Ophthalmic Suspension),T3	Tretinoin (External Cream),T1 - PA
Tobramycin (Ophthalmic Solution),T1	Tretinoin (External Gel),T1 - PA
Tobramycin-Dexamethasone (Ophthalmic Suspension),T1	Tretinoin (Oral Capsule),T1
	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T1
	Triamcinolone Acetonide (External Cream),T1
	Triamterene-HCTZ (Oral Capsule),T1

Bold type = Brand name drug

Plain type = Generic drug

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Triamterene-HCTZ (Oral Tablet),T1
Trihexyphenidyl HCl (Oral Solution),T1 - PA; HRM
Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM
Trintellix (Oral Tablet),T3
Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL
Truvada (Oral Tablet),T4 - QL
Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA
U
Uceris (Rectal Foam),T3
Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA
Uptravi (Oral Tablet Therapy Pack),T4 - PA; LA
Uptravi (Oral Tablet),T4 - PA; LA; QL
Ursodiol (Oral Capsule),T1
Ursodiol (Oral Tablet),T1
Utibron Neohaler (Inhalation Capsule),T3 - ST
V
Valacyclovir HCl (Oral Tablet),T1 - QL
Valganciclovir HCl (Oral Tablet),T1 - QL
Valproic Acid (Oral Capsule),T1
Valproic Acid (Oral Solution),T1
Valsartan (Oral Tablet),T1 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Vascepa (Oral Capsule),T3
Velphoro (Oral Tablet Chewable),T4
Veltassa (Oral Packet),T4 - QL
Ventolin HFA (Inhalation Aerosol Solution),T3 - ST
Verapamil HCl (Oral Tablet Immediate Release),T1

Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T1
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T1
Verapamil HCl ER (Oral Tablet Extended Release),T1
Versacloz (Oral Suspension),T4
Viberzi (Oral Tablet),T4 - PA; QL
Victoza (Subcutaneous Solution Pen-Injector),T2 - QL
Viibryd (Oral Tablet),T3
Viibryd Starter Pack (Oral Kit),T3
Vimpat (Oral Solution),T3 - QL
Vimpat (Oral Tablet),T3 - QL
Vosevi (Oral Tablet),T4 - PA; QL
Vyvanse (Oral Capsule),T3
Vyvanse (Oral Tablet Chewable),T3
Vyzulta (Ophthalmic Solution),T3
W
Warfarin Sodium (Oral Tablet),T1
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL
X
Xarelto (Oral Tablet),T2 - QL
Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL
Xifaxan (550MG Oral Tablet),T4 - PA
Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Xiidra (Ophthalmic Solution),T3 - QL
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA
Xolair (Subcutaneous Solution Reconstituted),T4 - PA; LA
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL
Xtandi (Oral Capsule),T4 - PA; LA
Y
Yupelri (Inhalation Solution),T4 - B/D,PA; QL
Z
Zafirlukast (Oral Tablet),T1
Zaleplon (Oral Capsule),T1 - HRM; QL
Zarxio (Injection Solution Prefilled Syringe),T4

Zenpep (Oral Capsule Delayed Release Particles),T2
Zepatier (Oral Tablet),T4 - PA; QL
Zioptan (Ophthalmic Solution),T3
Zirgan (Ophthalmic Gel),T3
Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - PA; HRM; QL
Zonisamide (Oral Capsule),T1
Zontivity (Oral Tablet),T3 - PA
Zostavax (Subcutaneous Suspension Reconstituted),T3 - PA; QL
Zubsolv (1.4-0.36MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual),T3 - QL
Zubsolv (11.4-2.9MG Tablet Sublingual),T4 - QL
Zylet (Ophthalmic Suspension),T3

Bold type = Brand name drug

Plain type = Generic drug

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Additional Drug Coverage

Bonus Drug List

Your employer group or plan sponsor offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan's drug list (formulary).

The drug tier for each prescription drug is shown on the list.

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does 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.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on 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. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage Rules or Limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

QL - Quantity limits

The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-Day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.

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DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a one-month supply per prescription.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anorexiant - drugs to promote weight loss		
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Scalp		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur in Urea Emulsion 10-5%	1	
Dry Skin		
Urea 50% Cream	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Acetate	1	
Irritable Bowel or Ulcers		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	

Bold type = Brand name drug Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Urinary Tract Infection		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate	1	
Methenamine/Hyoscamine/Methylene Blue/Sodium Phosphate	1	
Urinary Tract Spasm and Pain		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos Tab	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
Vitamins and Minerals		
Cyanocobalamin Injection (Vitamin B12)	1	

Bold type = Brand name drug Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione	1	
Renal Cap	1	
Vitamin D 50,000 unit (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

BDL: U

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits and/or copayments/coinsurance may change each plan/benefit year.

The drug list may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number on the cover.

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment

Quick Start Guide and UnitedHealthcare Member ID Card Once you're enrolled, you will get a Quick Start Guide and a UnitedHealthcare member ID card in the mail to help you start using your new plan.

Website Access After you receive your UnitedHealthcare member ID card, you can register online at the website listed below to get access to plan information.

Start using your plan on your effective date. Remember to use your UnitedHealthcare member ID card.

We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about a group-sponsored plan. In addition, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Name and address of your pharmacy**
- ✓ **Please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Statements of Understanding

By enrolling in this plan, I agree to the following:

- ✓ **UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A and/or Part B, and I must continue to pay my Medicare Part B premium if I have one, and if not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **UnitedHealthcare MedicareRx for Groups (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only be in one Prescription Drug Plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- If I have prescription drug coverage or if I get it from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

- ✓ **I may have to pay a late enrollment penalty for Medicare's prescription drug coverage.**

This applies if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare, or if I leave this plan and don't have or get other prescription drug coverage. If I have a late enrollment penalty, I will get a letter making me aware of the penalty and what the next steps are.

- ✓ **I will receive information on how to get an Evidence of Coverage (EOC).**

- The EOC will have more information about the drug coverage offered by the plan, as well as the terms and conditions.
- I have the right to appeal plan decisions about payment or services if I disagree.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.



1-877-558-4749, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



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