

Plan Guide 2021

Take advantage of all your Medicare Advantage plan has to offer.

State of Washington Public Employees Benefits Board (PEBB) Program

UnitedHealthcare® PEBB Balance Group Medicare Advantage (PPO)

Group Number: 15993

Effective: January 1, 2021 through December 31, 2021



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Introducing the Plan

UnitedHealthcare® PEBB Balance Plan (PPO)

Dear Retiree or COBRA member,

The State of Washington Public Employees Benefits Board (PEBB) Program has selected UnitedHealthcare® as a new option for health care coverage for all Medicare-eligible retirees and COBRA members. As a UnitedHealthcare® Medicare Advantage plan member, you'll have a team committed to understanding your needs, connecting you to care and helping you manage your health.

Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money on health care so you can focus more on what matters to you
- Get access to care when you need it

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

Follow the instructions provided by the PEBB Program. They will forward your enrollment information to UnitedHealthcare.

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.

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Virtual Visits

Questions? We're here to help.



www.UHCRetiree.com/wapebb



Call toll-free **1-855-873-3268**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

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Plan Information

Benefit Highlights

State of Washington Public Employees Benefits Board (PEBB) Program 15993

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.

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	No deductible	
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 each plan year.	

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$15 copay	Primary Care Provider: \$15 copay
	Specialist: \$30 copay	Specialist: \$30 copay
	Virtual Doctor Visits: \$0 copay using Doctor on Demand and AmWell. \$15 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	Virtual Doctor Visits: \$15 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$500 copay per stay	\$500 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day	\$0 copay per day
	Our plan covers unlimited days in a SNF per benefit period.	
Outpatient surgery	\$250 copay	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$15 copay	\$15 copay
Mental health (outpatient and virtual)	Group therapy: \$15 copay	Group therapy: \$15 copay
	Individual therapy: \$30 copay	Individual therapy: \$30 copay
	Virtual visits: \$30 copay	Virtual visits: \$30 copay

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Diagnostic radiology services (such as MRIs, CT scans)	\$30 copay	\$30 copay
Lab services	\$15 copay	\$15 copay
Outpatient x-rays	\$15 copay	\$15 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$30 copay	\$30 copay
Ambulance	\$100 copay	\$100 copay
Emergency care	\$65 copay (worldwide)	
Urgently needed services	\$15 copay (worldwide)	\$15 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Routine Acupuncture and Chiropractic Services	\$15 copay (Up to 20 total visits per plan year for both chiropractic and acupuncture visits)*	\$15 copay (Up to 20 total visits per plan year for both chiropractic and acupuncture visits)*
Foot care - routine	\$30 copay (Up to 6 visits per plan year)*	\$30 copay (Up to 6 visits per plan year)*
FirstLine Essentials	\$0 copay; Members receive \$40 each quarter to use on approved over-the-counter products as shown in the catalog or website. Dollars will expire the last day of each quarter.	
Hearing - routine exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
Hearing aids	Through UnitedHealthcare Hearing, the plan pays up to a \$2,500 allowance for hearing aid(s) every 5 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision - routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Vision - eyewear	Plan pays up to \$300 combined allowance for eyewear and contact lenses every 2 years.*	Plan pays up to \$300 combined allowance for eyewear and contact lenses every 2 years.*

	In-Network	Out-of-Network
Fitness program through RenewActive™	<p>You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health & Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
Post-Discharge Meals	\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom's Meals. Restrictions apply.	
NurseLine	Receive access to nurse consultations and additional clinical resources at no additional cost.	
Quit For Life® Tobacco Cessation Program	\$0 copay; With the Quit for Life® Tobacco Cessation Program you will have 24/7 access to tools and resources to help you quit all types of tobacco use.	

* Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription (Part D) deductible	\$0 for Tier 1; \$100 for Tier 2, Tier 3 and Tier 4.	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	10% coinsurance, with a \$25 maximum	10% coinsurance, with a \$75 maximum
Tier 2: Preferred Brand	30% coinsurance, with a \$47 maximum	30% coinsurance, with a \$141 maximum
Tier 3: Non-preferred Drug	50% coinsurance	50% coinsurance
Tier 4: Specialty Tier	50% coinsurance, with a \$100 maximum	50% coinsurance, with a \$100 maximum (limited to a 30-day supply)
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	
Pharmacy Out-of-Pocket Maximum	When your total Out-of-Pocket costs (what you pay) reach \$2,000 you will not pay any copay or coinsurance	

Prescription Drugs

Your Cost

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

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. Benefits, premium and/or copayments/coinsurance may change each plan year. The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

The State of Washington Public Employees Benefits Board (PEBB) Program has chosen two UnitedHealthcare® Group Medicare Advantage plans. The PEBB Balance and PEBB Complete plans are available to Medicare-eligible PEBB retirees and COBRA members.

“Medicare Advantage” is also known as Medicare Part C — it includes all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B). These plans also include prescription drug benefits of Medicare Part D.



Make sure you know what parts of Medicare you have

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 in Medicare Part B, check with Social Security. Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 8 a.m. – 5:30 p.m. Monday – Friday.
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

Medicare Advantage coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Medicare Part D
Prescription drugs

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

✓ One plan at a time

- You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time.
- 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 Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor or former employer.



Remember: If you drop or are disenrolled from your group-sponsored retiree 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/wapebb



Call toll-free **1-855-873-3268**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

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How your medical coverage works

Your plan is a Preferred Provider Organization (PPO)

You have access to our nationwide coverage. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

	In-Network	Out-of-Network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
What is my copay or coinsurance?	Copays and coinsurance vary by service. ²	Copays and coinsurance vary by service. ²
Do I need to choose a primary care provider (PCP)?	No, but recommended.	No, but recommended.
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
Are emergency and urgently needed services covered?	Yes, copays and coinsurance vary by service. ²	Yes, copays and coinsurance vary by service. ²
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard copay or coinsurance for the services you get. ²	You will pay your standard copay or coinsurance for the services you get. ²
Is there a limit on how much I spend on medical services each year?	Yes ²	Yes ²
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing when seeing health care providers who have not opted out of Medicare.	

View your plan information online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: www.UHCRetiree.com/wapebb

You'll be able to view plan documents, find a provider, locate a pharmacy and access lifestyle and learning articles, recipes, educational videos and more.

¹This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

²Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

How your prescription drug coverage works

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

Here are answers to common questions:

- **What pharmacies can I use?**

You can choose from over 67,000 national chain, regional and independent local retail pharmacies.

- **What is a drug cost tier?**

Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.

- **What will I pay for my prescription drugs?**

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 in to. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

- **Can I have more than one prescription drug plan?**

No. You can only have one Medicare plan that includes prescription drug coverage at a time. If you enroll in another Medicare Part D prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you will be disenrolled from this plan.

Questions? We're here to help.





www.UHCRetiree.com/wapebb






Call toll-free **1-855-873-3268**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

¹To learn more about your coverage, please refer to your Benefit Highlights or your Summary of Benefits.

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/wapebb

 To request a printed directory, call Customer Service toll-free at:
1-855-873-3268, 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's 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
 Take some time during your Annual Wellness Visit 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.



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)?

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare 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 Medicare Part D or creditable 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 8 a.m. – 5:30 p.m., Monday – Friday.

Questions? We're here to help.



www.UHCRetiree.com/wapebb



Call toll-free **1-855-873-3268**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week

Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network.
- Even though it's not required it's important to have a primary care provider.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network as long as they participate in Medicare and accept the plan.
- With your PEBB Balance or PEBB Complete Plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

Finding a doctor is easy

If you need help finding a doctor or a specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

A network doctor or health care provider is one who contracts with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

An out-of-network provider does not have a contract with us. With the PEBB Balance or PEBB Complete Plan you can see any out-of-network provider that participates in Medicare and accepts the plan. You pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

If a provider refuses to directly bill us, they may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.

Filling your prescriptions is convenient

UnitedHealthcare has over 67,000 national chain, regional and independent local retail pharmacies in our network.¹

¹2020 Internal Report Data

Take advantage of UnitedHealthcare's additional support and programs



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward for completing your Annual Wellness Visit through Renew Rewards.



Enjoy a preventive care visit in the privacy of your own home

With UnitedHealthcare® HouseCalls, you get a yearly in-home visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.

What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education.
- You can talk about health concerns and ask questions that you haven't had time to ask before.
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health.
- HouseCalls may not be available in all areas.



NurseLine

Receive access to nurse consultations and additional clinical resources at no additional cost to you.



Special programs for people with chronic or complex health needs

UnitedHealthcare offers special programs to help members who are living with a chronic disease, like diabetes or heart disease. You get personal attention and your doctors get up-to-date information to help them make decisions.

¹A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone you can download the Doctor on Demand or AmWell apps.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes



And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

Tools and resources to put you in control



Go online for valuable plan information

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Search for pharmacies
- Look up drugs and how much they cost under your plan
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



Renew Active™

Renew Active is our fitness program for body and mind that's designed for you and your goals at no additional cost. With Renew Active, you'll receive a free gym membership with access to an extensive network of gyms and fitness locations, an online brain health program and access to the Fitbit® Community for Renew Active members, including access to thousands of workout videos. Renew Active can help you stay fit, focused and ready for what's next.



Go beyond the plan benefits to help you live your best life

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.¹ Renew, our member-only Health & Wellness Experience, includes:

- Inspiring lifestyle tips, coloring pages, recipe library, streaming music
- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards

As a UnitedHealthcare member you can explore all that Renew has to offer by logging in to your member website.

¹Renew by UnitedHealthcare is not available in all plans.

Summary of Benefits 2021

Medicare Advantage Plan
with Prescription Drugs

UnitedHealthcare PEBB Balance Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): State of Washington Public Employees Benefits Board
(PEBB) Program

Group Number: 15993

H2001-816-000

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



Toll-free 1-855-873-3268, TTY 711

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



www.UHCRetiree.com/wapebb



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/wapebb 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 PEBB Balance Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, 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.

About providers and network pharmacies.

UnitedHealthcare PEBB Balance Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. If you use pharmacies that are not in our network, 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/wapebb to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare PEBB Balance Group Medicare Advantage (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 each plan year.	
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>	

UnitedHealthcare PEBB Balance Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$500 copay per stay	\$500 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$250 copay	\$250 copay
	Outpatient surgery	\$250 copay	\$250 copay
	Outpatient hospital services, including observation	\$250 copay	\$250 copay
Doctor Visits	Primary Care Provider	\$15 copay	\$15 copay
	Specialists ¹	\$30 copay	\$30 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell. \$15 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$15 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)	

Benefits

		In-Network	Out-of-Network
		Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		\$65 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.	

Benefits

		In-Network	Out-of-Network
Urgently Needed Services		<p>\$15 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	<p>\$15 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	\$30 copay	\$30 copay
	Lab services ¹	\$15 copay	\$15 copay
	Diagnostic tests and procedures ¹	\$15 copay	\$15 copay
	Therapeutic Radiology ¹	\$30 copay	\$30 copay
	Outpatient x-rays ¹	\$15 copay	\$15 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$30 copay	\$30 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	Through UnitedHealthcare Hearing, the plan pays up to a \$2,500 allowance for hearing aid(s) every 5 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$30 copay	\$30 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
	Eye wear	Plan pays up to \$300 combined allowance for eyewear and contact lenses every 2 years.*	Plan pays up to \$300 combined allowance for eyewear and contact lenses every 2 years.*
Mental Health	Inpatient visit ¹	\$500 copay per stay	\$500 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$15 copay	\$15 copay
	Outpatient individual therapy visit ¹	\$30 copay	\$30 copay
	Virtual Behavioral Visits	\$30 copay	\$30 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day	\$0 copay per day
		Our plan covers unlimited days in a SNF per benefit period.	
Physical Therapy and speech and language therapy visit¹		\$15 copay	\$15 copay
Ambulance²		\$100 copay	\$100 copay
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Other Part B drugs ¹	\$0 copay	\$0 copay

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 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	\$0 for Tier 1; \$100 for Tier 2, Tier 3 and Tier 4.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	One-month supply	Three-month supply
Tier 1: Preferred Generic	10% coinsurance, with a \$25 copay maximum	10% coinsurance, with a \$75 copay maximum
Tier 2: Preferred Brand	30% coinsurance, with a \$47 copay maximum	30% coinsurance, with a \$141 copay maximum
Tier 3: Non-preferred Drug	50% coinsurance	50% coinsurance
Tier 4: Specialty Tier	50% coinsurance, with a \$100 copay maximum	50% coinsurance, with a \$100 copay maximum (limited to a 30-day supply)
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.	

Pharmacy Out-of-Pocket Maximum

When your **total** Out-of-Pocket costs (what you pay) reach \$2,000 you will not pay any copay or coinsurance.

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	\$20 copay	\$20 copay
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay	\$20 copay
Routine Acupuncture and Chiropractic Services	Routine Acupuncture and Chiropractic Care	\$15 copay (Up to 20 total visits per plan year for both chiropractic and acupuncture visits)*	\$15 copay (Up to 20 total visits per plan year for both chiropractic and acupuncture visits)*
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>

Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	\$20 copay	\$20 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$20 copay	\$20 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$20 copay	\$20 copay
	Wigs after Chemotherapy (for hair loss that is a result of Chemotherapy)	Up to a \$100 allowance for wigs/hairpieces (cranial prosthesis) per plan year.*	Up to a \$100 allowance for wigs/hairpieces (cranial prosthesis) per plan year.*
Fitness program through RenewActive™		<p>You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health & Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$30 copay	\$30 copay
	Routine foot care	\$30 copay for each visit (Up to 6 visits per plan year)*	\$30 copay for each visit (Up to 6 visits per plan year)*

Additional Benefits

		In-Network	Out-of-Network
FirstLine Essentials		\$0 copay; Members receive \$40 each quarter to use on approved over-the-counter products as shown in the catalog or website. Dollars will expire the last day of each quarter. To access your benefit please call 1-800-933-2914, 7 a.m. – 7 p.m. CT, Monday – Friday & 7 a.m. – 4 p.m. CT Saturday, visit www.ShopFirstLineBenefits.com or refer to the program materials.	
Home Health Care¹		\$0 copay	\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Post-Discharge Meals		\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom's Meals. Restrictions apply. Contact Mom's Meals for additional details if you have been referred into the program. 1-855-428-6667 Hours of Operation: Monday - Friday from 7am to 6pm Central Time Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.	
NurseLine		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational Therapy Visit¹		\$15 copay	\$15 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$15 copay	\$15 copay
	Outpatient individual therapy visit ¹	\$30 copay	\$30 copay

Additional Benefits

	In-Network	Out-of-Network
Quit For Life® Tobacco Cessation Program	\$0 copay; With the Quit for Life® Tobacco Cessation Program you will have 24/7 access to tools and resources to help you quit all types of tobacco use. To access the benefit please call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day 7 days a week, or visit www.quitnow.net	
Renal Dialysis¹	\$0 copay	\$0 copay

¹ Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

² Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation. Emergency Ambulance does not require authorization.

* Benefits are combined in and out-of-network

Required Information

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

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

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.

Benefits, 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, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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 yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí díí naaltsoos bidáahgi t'áá jiik'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

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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

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

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 Immediate Release),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

T3 = Tier 3

T4 = Tier 4

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

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
Buspirone 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

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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
Clopidogrel 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	24 Hour),T1
Dexilant (Oral Capsule Delayed Release),T3 - QL	Dipentum (Oral Capsule),T4
Dextrose-NaCl (5-0.2% Intravenous Solution),T1	Diphenoxylate-Atropine (Oral Tablet),T1 - PA; HRM
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL	Disulfiram (Oral Tablet),T1
Diazepam (5MG/5ML Oral Solution),T1	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1
Diazepam Intensol (5MG/ML Oral Concentrate),T1 - QL	Divalproex Sodium (Oral Tablet Delayed Release),T1
Diclofenac Potassium (Oral Tablet),T1	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Diclofenac Sodium (1% Transdermal Gel),T1	Donepezil HCl (Oral Tablet),T1 - QL
Diclofenac Sodium (Oral Tablet Delayed Release),T1	Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1
Dicyclomine HCl (Oral Capsule),T1 - HRM	Doxazosin Mesylate (Oral Tablet),T1
Dicyclomine HCl (Oral Tablet),T1 - HRM	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T1
Dificid (Oral Tablet),T4	Doxycycline Hyclate (Oral Capsule),T1
Digoxin (125MCG Oral Tablet),T1 - HRM; QL	Dronabinol (Oral Capsule),T1 - PA
Digoxin (250MCG Oral Tablet),T1 - PA; HRM	Dulera (100-5MCG/ACT Inhalation Aerosol, 200-5MCG/ACT Inhalation Aerosol),T3 - QL
Dihydroergotamine Mesylate (Nasal Solution),T1 - PA; QL	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL
Diltiazem HCl (Oral Tablet Immediate Release),T1	Durezol (Ophthalmic Emulsion),T3
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1	Dutasteride (Oral Capsule),T1
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1	Dymista (Nasal Suspension),T3
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	E
	Edarbi (Oral Tablet),T3 - QL
	Edarbyclor (Oral Tablet),T3 - 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.

Elidel (External Cream),T3 - ST; QL	- QL
Eliquis (Oral Tablet),T2 - QL	Eplerenone (Oral Tablet),T1
Eliquis Starter Pack (Oral Tablet),T2 - QL	Epzicom (Oral Tablet),T4 - QL
Elmiron (Oral Capsule),T4	Equetro (Oral Capsule Extended Release 12 Hour),T3
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Ergotamine-Caffeine (Oral Tablet),T1
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Erleada (Oral Tablet),T4 - PA
Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL	Ertapenem Sodium (Injection Solution Reconstituted),T1
Enalapril Maleate (Oral Tablet),T1 - QL	Escitalopram Oxalate (Oral Tablet),T1
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Estradiol (Oral Tablet),T1 - PA; HRM
Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA	Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL
Enbrel (Subcutaneous Solution Reconstituted),T4 - PA	Estradiol (Vaginal Cream),T1
Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA	Ethosuximide (Oral Capsule),T1
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA	Ethosuximide (Oral Solution),T1
Entacapone (Oral Tablet),T1	Eucrisa (External Ointment),T3 - PA; QL
Entecavir (Oral Tablet),T1	Extavia (Subcutaneous Kit),T4
Entresto (Oral Tablet),T2 - QL	Ezetimibe (Oral Tablet),T1
Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA	Ezetimibe-Simvastatin (10-80MG Oral Tablet),T1 - QL
Epclusa (Oral Tablet),T4 - PA; QL	F
EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL	Farxiga (Oral Tablet),T2 - QL
Epiduo (External Gel),T3	Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA
Epiduo Forte (External Gel),T3 - ST	Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA; LA
Epinephrine (Injection Solution Auto-Injector),T1	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour,

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

T1 = Tier 1

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H	Suspension Pen-Injector),T2
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA; LA	Humulin R (Injection Solution),T2
Haloperidol (Oral Tablet),T1	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2
Harvoni (90-400MG Oral Tablet),T4 - PA; QL	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Humalog (Subcutaneous Solution Cartridge),T2	Hydralazine HCl (Oral Tablet),T1
Humalog (Subcutaneous Solution),T2	Hydrochlorothiazide (Oral Capsule),T1
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydrochlorothiazide (Oral Tablet),T1
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL
Humalog Mix 50/50 (Subcutaneous Suspension),T2	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL
Humalog Mix 75/25 (Subcutaneous Suspension),T2	Hydroxyurea (Oral Capsule),T1
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM
Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA	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
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA	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
Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA	
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA	I
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA	Ibandronate Sodium (Oral Tablet),T1
Humulin 70/30 (Subcutaneous Suspension),T2	Ibu (800MG Oral Tablet),T1
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humulin N (Subcutaneous Suspension),T2	Ilevro (Ophthalmic Suspension),T2
Humulin N KwikPen (Subcutaneous	Imatinib Mesylate (Oral Tablet),T1 - PA; QL
	Imiquimod (5% External Cream),T1 - QL

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Imiquimod Pump (3.75% External Cream),T4 - PA	Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA
Invexxy Maintenance Pack (Vaginal Insert),T2 - PA	Ipratropium Bromide (Nasal Solution),T1
Invexxy Starter Pack (Vaginal Insert),T2 - PA	Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL	Irbesartan (Oral Tablet),T1 - QL
Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL	Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Ingrezza (Oral Capsule),T4 - PA; QL	Isentress (Oral Tablet),T4 - QL
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2	Isoniazid (Oral Tablet),T1
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2	Isosorbide Dinitrate (Oral Tablet Immediate Release),T1
Insulin Syringes, Needles,T2	Isosorbide Mononitrate (Oral Tablet Immediate Release),T1
Intelence (100MG Oral Tablet, 200MG Oral Tablet),T4 - QL	Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1
Intrarosa (Vaginal Insert),T3 - PA; QL	Ivermectin (Oral Tablet),T1
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	J
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3	Janumet (Oral Tablet Immediate Release),T2 - QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4	Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Inveltys (Ophthalmic Suspension),T3 - ST	Januvia (Oral Tablet),T2 - QL
Invokamet (Oral Tablet Immediate Release),T3 - ST; QL	Jardiance (Oral Tablet),T2 - QL
Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL	Jentadueto (Oral Tablet Immediate Release),T2 - QL
Invokana (Oral Tablet),T3 - ST; QL	Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL
	Jublia (External Solution),T3
	K
	Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA; LA
	Kalydeco (Oral Tablet),T4 - PA; LA
	Kazano (Oral Tablet),T3 - ST; QL
	Ketoconazole (External Cream),T1 - QL

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Ketorolac Tromethamine (Ophthalmic Solution),T1

Klor-Con 10 (Oral Tablet Extended Release),T1

Klor-Con 8 (Oral Tablet Extended Release),T1

Klor-Con M10 (Oral Tablet Extended Release),T1

Klor-Con M20 (Oral Tablet Extended Release),T1

Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - QL

Korlym (Oral Tablet),T4 - PA; LA

L

Lactulose (10GM/15ML Oral Solution),T1

Lactulose (Oral Packet),T1

Lamivudine (100MG Oral Tablet),T1

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL

Lamotrigine (Oral Tablet Immediate Release),T1

Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

Lastacraft (Ophthalmic Solution),T2

Latanoprost (Ophthalmic Solution),T1

Latuda (Oral Tablet),T4 - QL

Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL

Leflunomide (Oral Tablet),T1

Letrozole (Oral Tablet),T1

Leucovorin Calcium (Oral Tablet),T1

Leukeran (Oral Tablet),T4

Levemir (Subcutaneous Solution),T2

Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2

Levetiracetam (Oral Tablet Immediate Release),T1

Levocarnitine (Oral Tablet),T1

Levocetirizine Dihydrochloride (Oral Tablet),T1

Levofloxacin (Oral Tablet),T1

Levothyroxine Sodium (Oral Tablet),T1

Lialda (Oral Tablet Delayed Release),T4 - ST; QL

Lidocaine (5% External Ointment),T1 - QL

Lidocaine (5% External Patch),T1 - PA; QL

Lidocaine HCl (4% External Solution),T1

Lidocaine HCl (External Gel),T1

Lidocaine Viscous (2% Mouth/Throat Solution),T1

Lidocaine-Prilocaine (External Cream),T1

Lindane (External Shampoo),T1

Linzess (Oral Capsule),T2 - QL

Liothyronine Sodium (Oral Tablet),T1

Lisinopril (Oral Tablet),T1 - QL

Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Lithium Carbonate (Oral Capsule),T1

Lithium Carbonate ER (Oral Tablet Extended Release),T1

Livalo (Oral Tablet),T2 - QL

Lokelma (Oral Packet),T3 - QL

Lonhala Magnair (Inhalation Solution),T4 - QL

Loperamide HCl (Oral Capsule),T1

Lorazepam (Oral Tablet),T1 - QL

Lorazepam Intensol (Oral Concentrate),T1 - QL

Losartan Potassium (Oral Tablet),T1 - QL

Losartan Potassium-HCTZ (Oral Tablet),T1 - QL

Lotemax (Ophthalmic Gel),T3

Lotemax (Ophthalmic Ointment),T3

Lotemax (Ophthalmic Suspension),T3

Lotemax SM (Ophthalmic Gel),T3

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Lovastatin (Oral Tablet),T1 - QL	7D; MME; DL; QL
Lumigan (Ophthalmic Solution),T2	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA	Methazolamide (Oral Tablet),T1
Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA	Methimazole (Oral Tablet),T1
Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA	Methotrexate (Oral Tablet),T1
Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA	Methscopolamine Bromide (Oral Tablet),T1
Luzu (External Cream),T3 - QL	Methyldopa (Oral Tablet),T1 - PA; HRM
Lysodren (Oral Tablet),T4	Methylphenidate HCl (Oral Tablet Chewable),T1 - QL
M	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL
Mavyret (Oral Tablet),T4 - PA; QL	Metoclopramide HCl (Oral Tablet),T1
Mayzent (Oral Tablet),T4 - LA; QL	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Meclizine HCl (12.5MG Oral Tablet),T1 - HRM	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Medroxyprogesterone Acetate (Intramuscular Suspension),T1	Metronidazole (External Cream),T1
Medroxyprogesterone Acetate (Oral Tablet),T1	Metronidazole (External Gel),T1
Meloxicam (Oral Tablet),T1	Metronidazole (External Lotion),T1
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL	Metronidazole (Oral Capsule),T1
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL	Metronidazole (Oral Tablet),T1
Mercaptopurine (Oral Tablet),T1	Migergot (Rectal Suppository),T4
Meropenem (Intravenous Solution Reconstituted),T1	Minocycline HCl (Oral Capsule),T1
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL	Minocycline HCl (Oral Tablet Immediate Release),T1
Metformin HCl (Oral Tablet Immediate Release),T1 - QL	Minoxidil (Oral Tablet),T1
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL	Mirtazapine (Oral Tablet),T1
Methadone HCl (10MG/5ML Oral Solution),T1 -	Mirtazapine ODT (Oral Tablet Dispersible),T1
	Mirvaso (External Gel),T3
	Misoprostol (Oral Tablet),T1
	Modafinil (Oral Tablet),T1 - PA; QL
	Mometasone Furoate (Nasal Suspension),T1
	Montelukast Sodium (Oral Packet),T1 - QL

T1 = Tier 1

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T3 = Tier 3

T4 = Tier 4

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Montelukast Sodium (Oral Tablet),T1 - QL

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

Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL

Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL

Movantik (Oral Tablet),T3 - PA; QL

MoviPrep (Oral Solution Reconstituted),T3

Moxeza (Ophthalmic Solution),T3

Multaq (Oral Tablet),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Nadolol (Oral Tablet),T1

Naftin (External Cream),T3

Naftin (External Gel),T3

Naloxone HCl (0.4MG/ML Injection Solution),T1

Naloxone HCl (Injection Solution Cartridge),T1

Naloxone HCl (Injection Solution Prefilled Syringe),T1

Naltrexone HCl (Oral Tablet),T1

Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL

Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL

Naproxen (Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

Nayzilam (Nasal Solution),T3 - QL

Neomycin-Polymyxin-HC (Ophthalmic Suspension),T1

Neomycin-Polymyxin-HC (Otic Suspension),T1

Nesina (Oral Tablet),T3 - ST; QL

Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA

Neupogen (Injection Solution Prefilled Syringe),T4 - ST

Neupogen (Injection Solution),T4 - ST

Neupro (Transdermal Patch 24 Hour),T3

Nevanac (Ophthalmic Suspension),T3

Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2

Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL

Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T1

Nicotrol (Inhalation Inhaler),T3

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM

Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM

Nitroglycerin (Tablet Sublingual),T1

Nitrostat (Tablet Sublingual),T3

Nivestym (Injection Solution Prefilled Syringe),T4 - ST

Nivestym (Injection Solution),T4 - ST

Nizatidine (Oral Capsule),T1

Norethindrone Acetate (5MG Oral Tablet),T1

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

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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

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

Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1

Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL

Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

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

Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL

Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL

P

Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL

Pazeo (Ophthalmic Solution),T2

Penicillin V Potassium (Oral Tablet),T1

Pentasa (Oral Capsule Extended Release),T3 - QL

Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL

Permethrin (External Cream),T1

Perseris (Subcutaneous Prefilled Syringe),T4

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Picato (External Gel),T2 - QL

Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - ST; QL

Pioglitazone HCl (Oral Tablet),T1 - QL

Plegridy (Subcutaneous Solution Pen-Injector),T4

Plegridy (Subcutaneous Solution Prefilled Syringe),T4

Plegridy Starter Pack (Subcutaneous Solution Pen-Injector),T4

Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe),T4

Pomalyst (Oral Capsule),T4 - PA

Potassium Chloride CR (Oral Tablet Extended Release),T1

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T1

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

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

Prednisone (Oral Tablet),T1

Premarin (Vaginal Cream),T2

Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T4 - QL

Prezista (75MG Oral Tablet),T3 - QL

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Prezista (Oral Suspension),T4 - QL	Quinapril HCl (Oral Tablet),T1 - QL
Privigen (20GM/200ML Intravenous Solution),T4 - PA	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
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 Powder Breath Activated),T3 - ST	Relistor (Subcutaneous Solution),T4 - PA
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1	Renagel (Oral Tablet),T4
Q	Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL
QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL	Repatha Pushtronex System (Subcutaneous Solution Cartridge),T2 - PA; QL
Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL	Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour),T1 - QL	Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL
	Retacrit (Injection Solution),T3 - PA
	Revlimid (Oral Capsule),T4 - PA; LA

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Rexulti (Oral Tablet),T4 - QL	S
Reyataz (Oral Capsule),T4 - QL	Sancuso (Transdermal Patch),T4 - QL
Reyataz (Oral Packet),T4 - QL	Santyl (External Ointment),T3
Rhopressa (Ophthalmic Solution),T2 - ST	Saphris (Tablet Sublingual),T4
Ribavirin (Oral Tablet),T1	Savella (Oral Tablet),T2
Rifabutin (Oral Capsule),T1	Savella Titration Pack (Oral Tablet),T2
Rifampin (Oral Capsule),T1	Seebri Neohaler (Inhalation Capsule),T3 - ST
Riluzole (Oral Tablet),T1	Selegiline HCl (Oral Capsule),T1
Rimantadine HCl (Oral Tablet),T1	Selegiline HCl (Oral Tablet),T1
Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL	Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T4 - QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3	Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4	Sertraline HCl (Oral Tablet),T1
Risperidone (Oral Tablet),T1	Sevelamer Carbonate (Oral Packet),T1
Ritonavir (Oral Tablet),T1 - QL	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T1
Rivastigmine Tartrate (Oral Capsule),T1	Sevelamer HCl (800MG Oral Tablet) (Generic Renegel),T1
Rizatriptan Benzoate (Oral Tablet),T1 - QL	Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA
Rocklatan (Ophthalmic Solution),T2 - ST	Silodosin (Oral Capsule),T1 - QL
Ropinirole HCl (Oral Tablet Immediate Release),T1	Silver Sulfadiazine (External Cream),T1
Rosuvastatin Calcium (Oral Tablet),T1 - QL	Simbrinza (Ophthalmic Suspension),T2
Roweepra (1000MG Oral Tablet Immediate Release),T1	Simponi (Subcutaneous Solution Auto-Injector),T4 - PA
Rybelsus (Oral Tablet),T2 - QL	Simponi (Subcutaneous Solution Prefilled Syringe),T4 - PA
Rytary (Oral Capsule Extended Release),T3 - ST	Simvastatin (Oral Tablet),T1 - QL
	Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA
	Sodium Polystyrene Sulfonate (Oral Powder),T1

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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	Targretin (External Gel),T4 - PA; QL
Sucralfate (Oral Tablet),T1	Targretin (Oral Capsule),T4 - PA
Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1	Tasigna (Oral Capsule),T4 - PA
Sulfasalazine (Oral Tablet Delayed Release),T1	Tecfidera (Oral Capsule Delayed Release),T4 - LA; QL
Sulfasalazine (Oral Tablet Immediate Release),T1	Tecfidera Starter Pack (Oral),T4 - LA
Sumatriptan Succinate (Oral Tablet),T1 - QL	Telmisartan (Oral Tablet),T1 - QL
Sunosi (Oral Tablet),T3 - PA; QL	Telmisartan-HCTZ (Oral Tablet),T1 - QL
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted),T3	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL
	Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

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

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Injector),T4 - PA	Verapamil HCl ER (Oral Tablet Extended Release),T1
U	Versacloz (Oral Suspension),T4
Uceris (Rectal Foam),T3	Viberzi (Oral Tablet),T4 - PA; QL
Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA	Victoza (Subcutaneous Solution Pen-Injector),T2 - QL
Uptravi (Oral Tablet Therapy Pack),T4 - PA; LA	Viibryd (Oral Tablet),T3
Uptravi (Oral Tablet),T4 - PA; LA; QL	Viibryd Starter Pack (Oral Kit),T3
Ursodiol (Oral Capsule),T1	Vimpat (Oral Solution),T3 - QL
Ursodiol (Oral Tablet),T1	Vimpat (Oral Tablet),T3 - QL
Utibron Neohaler (Inhalation Capsule),T3 - ST	Vosevi (Oral Tablet),T4 - PA; QL
V	Vyvanse (Oral Capsule),T3
Valacyclovir HCl (Oral Tablet),T1 - QL	Vyvanse (Oral Tablet Chewable),T3
Valganciclovir HCl (Oral Tablet),T1 - QL	Vyzulta (Ophthalmic Solution),T3
Valproic Acid (Oral Capsule),T1	W
Valproic Acid (Oral Solution),T1	Warfarin Sodium (Oral Tablet),T1
Valsartan (Oral Tablet),T1 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	X
Vascepa (Oral Capsule),T3	Xarelto (Oral Tablet),T2 - QL
Velphoro (Oral Tablet Chewable),T4	Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL
Veltassa (Oral Packet),T4 - QL	Xifaxan (550MG Oral Tablet),T4 - PA
Ventolin HFA (Inhalation Aerosol Solution),T3 - ST	Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xiidra (Ophthalmic Solution),T3 - QL
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	Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL
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	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

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.

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL	Zirgan (Ophthalmic Gel),T3
Xtandi (Oral Capsule),T4 - PA; LA	Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - PA; HRM; QL
Y	Zonisamide (Oral Capsule),T1
Yupelri (Inhalation Solution),T4 - B/D,PA; QL	Zontivity (Oral Tablet),T3 - PA
Z	Zostavax (Subcutaneous Suspension Reconstituted),T3 - PA; QL
Zafirlukast (Oral Tablet),T1	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
Zaleplon (Oral Capsule),T1 - HRM; QL	Zubsolv (11.4-2.9MG Tablet Sublingual),T4 - QL
Zarxio (Injection Solution Prefilled Syringe),T4	Zylet (Ophthalmic Suspension),T3
Zenpep (Oral Capsule Delayed Release Particles),T2	
Zepatier (Oral Tablet),T4 - PA; QL	
Zioptan (Ophthalmic Solution),T3	

Bold type = Brand name drug

Plain type = Generic drug

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Additional Drug Coverage

Additional prescription drug coverage

Your plan includes extra coverage for certain drugs as shown below. These drugs are either not generally covered under Medicare Part D or are covered at a different cost level than the one shown on your plan's drug list (formulary).

This is not a complete list of prescription drugs covered by our plan. For a complete list, please call Customer Service using the information on the cover of this book.

Preventive drugs and supplies

Your plan covers some preventive drugs and supplies at a lower drug copay than in your drug list (formulary).

Lower-cost Medicare prescription drugs and supplies

Your plan covers some of your Medicare prescription drugs at a \$0 copay. The copay will apply even if you have not yet met your annual prescription (Part D) deductible.

These drugs are part of your Medicare prescription drug coverage.¹

Birth Control

All oral contraceptives (generic only)
Annovera (vaginal ring)
Kyleena (intrauterine device)
Medroxyprogesterone 150mg/mL injection
Mirena (intrauterine device)
Nexplanon (contraceptive implant)
EluRyng (vaginal ring)
Skyla (intrauterine device)
Xulane (patch)

Emergency Birth Control

Ella

Bowel Prep Products

GaviLyte-C
GaviLyte-G
GaviLyte-N
PEG-3350/Electrolytes

PEG-3350/NaCl/Na Bicarbonate/KCl

TriLyte

Breast Cancer Preventive Medications

Raloxifene 60mg Tablet
Tamoxifen 10mg & 20mg Tablet

Statins for High Cholesterol

Atorvastatin 10mg, 20mg, 40mg & 80mg Tablet
Lovastatin 10mg, 20mg & 40mg Tablet
Simvastatin 5mg, 10mg, 20mg & 40mg Tablet

Tobacco Cessation Medications

Bupropion 150mg Tablet SR
Chantix 0.5mg & 1mg Tablet
Nicotrol Inhaler
Nicotrol Nasal Spray

Vaccines

Shingles vaccine

Lower-cost non-Medicare prescription drugs

These prescription drugs are covered in addition to the drugs in the plan’s drug list (formulary).²

Your plan covers these prescription drugs at a \$0 copay. The copay will apply even if you have not yet met your annual prescription (Part D) deductible.

Vitamins
Folic Acid 1mg Tablet

Lower-cost Medicare preferred insulin prescription drugs

Your plan covers some of your Medicare preferred insulin prescription drugs at a reduced copay. The reduced copay will apply even if you have not yet met your annual prescription (Part D) deductible. See your Evidence of Coverage and Summary of Benefits for information about your coinsurance for these drugs.

The amount you pay for these additional preferred insulin drugs **does apply to your Medicare Part D out-of-pocket costs.**

Drug Name
Humalog
Humulin
Insulin Lispro (brand equivalent Humalog)
Lantus
Levemir
Toujeo
Tresiba

¹Information about the appeals and grievance process for these prescription drugs can be found in your Evidence of Coverage.

²This non-Medicare drug coverage is in addition to your Medicare drug coverage. Unlike your Medicare drug coverage, you cannot file a Medicare appeal or grievance for non-Medicare drug coverage. If you have questions, please call Customer Service using the information on the cover of this book.

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 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**. However, these costs will apply to your annual drug out-of-pocket maximum.

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.

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	
Anorexiants - 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	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		

Bold type = Brand name drug Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Folic Acid 1 mg (Rx only)	1	

Bold type = Brand name drug Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
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

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.

Health Assessment

In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call and ask you to complete a short health survey. You can also go to the website below and take the survey online.

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**
- ✓ **Names and addresses for doctors, clinics and the name and address of your pharmacy**
- ✓ **If you're calling about drug coverage, please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.



www.UHCRetiree.com/wapebb



Call toll-free **1-855-873-3268**, 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:

- ✓ **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and/or Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are 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.

- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

- ✓ **I can only have one Medicare Advantage or Prescription Drug plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

- ✓ **If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.**

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive 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 services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

- ✓ **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.

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1-855-873-3268, TTY 711

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