Plan guide 2022

Take advantage of all your Medicare Advantage plan has to offer

Alexandria City Public Schools

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 12200

Effective: January 1, 2022 through December 31, 2022

United Healthcare

Table of contents

Introducing the plan

UnitedHealthcare® Group Medicare Advantage plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare to offer health care coverage for all eligible retirees. As a UnitedHealthcare Medicare Advantage Group plan member, you'll have a team committed to understanding your needs as a group retiree and helping you get the right care.

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
- Details on how to enroll
- What you can expect after your enrollment

Take advantage of healthy extras with UnitedHealthcare

HouseCalls

Gym membership

Health & Wellness Experience

How to enroll

1. Find the Enrollment Request Form in the "Enrollment" section of this book
2. Fill out the form completely — make sure you sign and date the form
3. Return your completed form in the enclosed envelope before your enrollment deadline

You can get 2022 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.

Questions? We're here to help.

www.UHCRetiree.com

Call toll-free **1-877-714-0178,** TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

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Plan information

Benefit highlights

Alexandria City Public Schools 12200
Effective January 1, 2022 to December 31, 2022
This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

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

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Doctor's office visit	$10 Primary care provider (PCP)	$10 Primary care provider (PCP)
	$0 Virtual doctor visits	$0 Virtual doctor visits
	$20 Specialist	$20 Specialist
Preventive services Medicare-covered	$0 copay	
Inpatient hospital care	$200 copay per stay	$200 copay per stay
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $50 copayper additional day up to 100 days	$0 copay per day: days 1-20 $50 copay per additional day up to 100 days
Outpatient surgery	$100 copay	$100 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	$25 copay	$25 copay
Mental health outpatient and virtual	$10 Group therapy	$10 Group therapy
	$20 Individual therapy	$20 Individual therapy
	$20 Virtual visits	$20 Virtual visits
Diagnostic radiology services such as MRIs, CT scans	$25 copay	$25 copay
Lab services	$0 copay	$0 copay

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Outpatient x-rays	$0 copay	$0 copay
Therapeutic radiology services such as radiation treatment for cancer	$25 copay	$25 copay
Ambulance	$50 copay	
Emergency care	$50 copay (worldwide)	
Urgently needed services	$35 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*
Foot care - routine	$20 copay, 6 visits per plan year*	$20 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home	$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.	
Hearing - routine exam	$0 copay, 1 exam per plan year*	$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a $500 allowance (combined for both ears) for hearing aids every 3 years.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision - routine eye exam	$20 copay, 1 exam every 12 months*	$20 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	$0 copay for a standard gym membership at participating locations	
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.	

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	$10 copay	$20 copay
Tier 2: Preferred Brand	$25 copay	$50 copay
Tier 3: Non-preferred Drug	$50 copay	$100 copay

Prescription Drugs

	Your Cost	
Tier 4: Specialty Tier	$50 copay	$100 copay
Coverage gap stage	After your total drug costs reach $4,430, 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 total out-of-pocket costs reach $7,050, you will pay the greater of $3.95 copay for generic (including brand drugs treated as generic), $9.85 copay for all other drugs, or 5% coinsurance	

Your plan sponsor offers additional prescription drug coverage. 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)

Your former employer or plan sponsor has chosen a UnitedHealthcare Group Medicare Advantage plan. The word "Group" means this is a plan designed just for a former employer or plan sponsor like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan.

"Medicare Advantage" is also known as Medicare Part C. These plans have 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).

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**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- 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 1 Medicare Advantage plan and 1 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 these plan(s).
- Any eligible family members may also be disenrolled from their group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through your former employer or plan sponsor.

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

Call toll-free **1-877-714-0178**, 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) plan

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	Yes
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 can 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 or been excluded or precluded from the Medicare Program	

View your plan information online

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

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.

[1]This 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.

[2]Refer 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 plan's drug list to see if your drugs are covered.

Here are answers to common questions:

What pharmacies can I use?
You can choose from thousands of 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 into. 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 1 prescription drug plan?
No. You can only have 1 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

Call toll-free **1-877-714-0178**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

[1]To 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-month[1] supply at retail pharmacies
In addition to OptumRx® Home Delivery, most retail pharmacies offer 3-month supplies for some prescription drugs.

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.

[1]Your 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 2 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 LEP 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 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.

Call toll-free **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

Questions? We're here to help.

www.UHCRetiree.com

Call toll-free **1-877-714-0178**, 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 the network as long as they participate in Medicare and have not been excluded or precluded from the Medicare Program
- With your UnitedHealthcare Group Medicare Advantage 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 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 UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. 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 thousands of national chain, regional and independent local retail pharmacies in our network.[1]

[1]2021 Internal Report Data

Take advantage of UnitedHealthcare's additional support and programs

Annual Wellness Visit[1] and many preventive services at $0 copay

An Annual Wellness Visit with your doctor is one of the best ways to start your year off and 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[2], 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.

Every visit includes tailored recommendations on health care screenings and a chance to:

- Review current medications
- Receive education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave a personalized checklist and send a summary to your regular doctor.

Telephonic Nurse Support[3]

Speak to a registered nurse 24/7 about your medical concerns 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.

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 — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ and Teladoc® 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

Virtual behavioral health visits

May be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

Hear the moments that matter most with custom-programmed hearing aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+ UnitedHealthcare Hearing providers nationwide[4] or delivered to your doorstep with Right2You direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.

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 help 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 member 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

UnitedHealthcare fitness program

Renew Active®[5] is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to the largest Medicare fitness network of gyms and fitness locations. This includes access to many premium gyms, on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit® Community for Renew Active and access to an online brain health program from AARP® Staying Sharp® (no Fitbit device is needed.)

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

Explore Renew by UnitedHealthcare,®[6] our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses, Rewards* and more—all at no additional cost

[1]A copay or coinsurance may apply if you receive services that are not part of the Annual Physical/Wellness Visit.

[2]HouseCalls may not be available in all areas.

[3]The Telephonic Nurse Support 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 provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

[4]Please refer to your Summary of Benefits for details regarding your benefit coverage.

[5]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 and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March 2021. 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. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

[6]Renew by UnitedHealthcare is not available in all plans. Resources may vary.

*Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

Summary of benefits 2022

Medicare Advantage plan with prescription drugs

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): Alexandria City Public Schools
Group Number: 12200

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 **1-877-714-0178**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.UHCRetiree.com

United Healthcare

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Summary of benefits

January 1, 2022 - December 31, 2022

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

About this plan

UnitedHealthcare® 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® 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 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® 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.	
	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 plan year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care[1]		$200 copay per stay	$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	$100 copay	$100 copay
	Outpatient surgery	$100 copay	$100 copay
	Outpatient hospital services, including observation	$100 copay	$100 copay
Doctor Visits	Primary Care Provider	$10 copay	$10 copay
	Virtual Doctor Visits	$0 copay	$0 copay
	Specialists[1]	$20 copay	$20 copay
Preventive Services	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) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening	

Benefits

		In-Network	Out-of-Network
		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 those for the flu, Hepatitis B, pneumonia, or COVID-19 "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		$50 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the "Inpatient Hospital" section of this booklet for other costs.	
Urgently Needed Services		$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the "Inpatient Hospital" section of this booklet for other costs.	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$25 copay	$25 copay
	Lab services[1]	$0 copay	$0 copay

Benefits

		In-Network	Out-of-Network
	Diagnostic tests and procedures[1]	$50 copay	$50 copay
	Therapeutic Radiology[1]	$25 copay	$25 copay
	Outpatient x-rays[1]	$0 copay	$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues[1]	$20 copay	$20 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 $500 allowance (combined for both ears) for hearing aid(s) every 3 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 Services	Exam to diagnose and treat diseases and conditions of the eye[1]	$20 copay	$20 copay
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$20 copay, 1 exam every 12 months*	$20 copay, 1 exam every 12 months*
Mental Health	Inpatient visit[1]	$200 copay per stay, up to 190 days	$200 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.	

Benefits

		In-Network	Out-of-Network
	Outpatient group therapy visit[1]	$10 copay	$10 copay
	Outpatient individual therapy visit[1]	$20 copay	$20 copay
	Virtual Behavioral Visits	$20 copay	$20 copay
Skilled Nursing Facility (SNF)[1]		$0 copay per day: days 1-20 $50 copay per day: days 21-100	$0 copay per day: days 1-20 $50 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient rehabilitation (physical, occupational, or speech/language therapy)[1]		$25 copay	$25 copay
Ambulance[2]		$50 copay	
Medicare Part B Drugs	Chemotherapy drugs[1]	20% coinsurance	20% coinsurance
	Other Part B drugs[1]	20% coinsurance	20% coinsurance

Prescription Drugs

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

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

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

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

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail Cost-Sharing**	**Mail Order Cost-Sharing**
	30-day supply	**90-day supply**
Tier 1: Preferred Generic	$10 copay	$20 copay
Tier 2: Preferred Brand	$25 copay	$50 copay
Tier 3: Non-preferred Drug	$50 copay	$100 copay
Tier 4: Specialty Tier	$50 copay	$100 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach $4,430, 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 yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,050, you pay the greater of: □ 5% coinsurance, or □ $3.95 copay for generic (including brand drugs treated as generic) and a $9.85 copay for all other drugs.	

Additional Benefits

		In-Network	Out-of-Network
Acupuncture Services	Medicare-covered acupuncture (for chronic low back pain)	$20 copay	$20 copay
Chiropractic Services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$20 copay	$20 copay
Diabetes Management	Diabetes monitoring supplies[1]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	$0 copay

Additional Benefits

		In-Network	Out-of-Network
	Diabetes self-management training	$0 copay	$0 copay
	Therapeutic shoes or inserts[1]	20% coinsurance	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	20% coinsurance	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[1]	20% coinsurance	20% coinsurance
Fitness program Renew Active® by UnitedHealthcare		You have access to Renew Active at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind and includes: • Free gym membership from our nationwide network, including many premium gyms • On-demand digital workout videos and live streaming classes • Social activities • Online Fitbit® Community • AARP® Staying Sharp® To learn more about Renew Active today visit UHCRenewActive.com. Once you become a member you will need a confirmation code. Sign in to your plan website, go to Health & Wellness and look for Renew Active or call the number on the back of your UnitedHealthcare member ID card to obtain your code.	
Foot Care (podiatry services)	Foot exams and treatment[1]	$20 copay	$20 copay
	Routine foot care	$20 copay, 6 visits per plan year*	$20 copay, 6 visits per plan year*

Additional Benefits

		In-Network	Out-of-Network
UnitedHealthcare Healthy at Home		$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge: • 28 home-delivered meals from Mom's Meals when referred by an advocate.* To order meals, call 1-866-204-6111, 7 a.m. – 6 p.m. CT, Monday – Friday. • 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by an advocate.* Schedule your ride at www.modivcare.com/BookNow or call 1-833-219-1182, TTY 1-844-488-9724, 8 a.m. – 5 p.m. Local Time, Monday – Friday. • 6 hours of in-home personal care services through CareLinx — a professional caregiver can help with preparing meals, light housekeeping, medication reminders, and more. To use this benefit, visit www.carelinx.com/UHC-retiree-post-discharge or call 1-844-383-0411, 8 a.m. – 7 p.m. CT Monday – Friday and 10 a.m. – 6 p.m. CT Saturday and Sunday. No referral required. *Call Customer Service to request an advocate referral for each discharge.	
Home Health Care[1]		$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.	
Telephonic Nurse Services		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Opioid Treatment Program Services[1]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[1]	$10 copay	$10 copay
	Outpatient individual therapy visit[1]	$20 copay	$20 copay
Renal Dialysis[1]		20% coinsurance	20% coinsurance

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-800-457-8506 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-800-457-8506, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

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 Telephonic Nurse Services 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 and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. 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. Access to gym and fitness location network may vary by location and plan.

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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 LƯU 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 है, आपको भाषा सहायता सेबाएं, नि:शुल्क 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: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. 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 jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka 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, 2021. 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 or over a certain number of days. 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
Abacavir Sulfate-Lamivudine (Oral Tablet),T3 - QL
Abilify Maintena (Intramuscular Prefilled Syringe),T4
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4
Abiraterone Acetate (250MG Oral Tablet),T3 - PA
Acamprosate Calcium (Oral Tablet Delayed Release),T3
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL
Acetazolamide (Oral Tablet),T2
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T2
Acthar (Injection Gel),T4 - PA
Acyclovir (Oral Capsule),T1
Acyclovir (Oral Tablet),T1
Adacel (Intramuscular Suspension),T2 - QL
Advair Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Advair HFA (Inhalation Aerosol),T2 - QL
Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Albendazole (Oral Tablet),T3 - QL
Alcohol Prep Pads,T2
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
Allopurinol (Oral Tablet),T1
Alosetron HCl (Oral Tablet),T4 - PA

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.

Alphagan P (0.1% Ophthalmic Solution),T2

Alphagan P (0.15% Ophthalmic Solution),T3

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Alrex (Ophthalmic Suspension),T3

Alyq (Oral Tablet),T3 - PA

Amantadine HCl (Oral Capsule),T2

Amantadine HCl (Oral Syrup),T1

Amantadine HCl (Oral Tablet),T2

Ambrisentan (Oral Tablet),T4 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T3

Amiodarone HCl (200MG Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T3 - 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),T2 - QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T2 - QL

Ampyra (Oral Tablet Extended Release 12 Hour),T4 - ST; QL

Anagrelide HCl (Oral Capsule),T2

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T2

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL

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

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA

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

Aranesp (Albumin Free) (200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - PA

Aripiprazole (Oral Tablet),T1 - QL

Aristada (Intramuscular Prefilled Syringe),T4

Aristada Initio (Intramuscular Prefilled Syringe),T4

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Asmanex HFA (Inhalation Aerosol),T3 - ST; QL

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),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.

Atazanavir Sulfate (Oral Capsule),T3 - QL
Atenolol (Oral Tablet),T1
Atomoxetine HCl (Oral Capsule),T3
Atorvastatin Calcium (Oral Tablet),T1 - QL
Atovaquone-Proguanil HCl (Oral Tablet),T3
Atrovent HFA (Inhalation Aerosol Solution),T3
Aubagio (Oral Tablet),T4 - QL
Auryxia (Oral Tablet),T4 - PA
Austedo (Oral Tablet),T4 - PA; QL
Avonex Pen (Intramuscular Auto-Injector Kit),T4
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4
Azasite (Ophthalmic Solution),T3
Azathioprine (Oral Tablet),T1 - B/D,PA
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2
Azelastine HCl (Ophthalmic Solution),T1
Azithromycin (Oral Packet),T1
Azithromycin (Oral Tablet),T1

B

BRIVIACT (Oral Solution),T4 - PA
BRIVIACT (Oral Tablet),T4 - PA
Baclofen (Oral Tablet),T1
Balsalazide Disodium (Oral Capsule),T3
Baqsimi One Pack (Nasal Powder),T2
Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST
Belsomra (Oral Tablet),T2 - QL
Benazepril HCl (Oral Tablet),T1 - QL
Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL
Benztropine Mesylate (Oral Tablet),T2 - PA; HRM
Bepreve (Ophthalmic Solution),T3
Berinert (Intravenous Kit),T4 - PA
Besivance (Ophthalmic Suspension),T3
Betaseron (Subcutaneous Kit),T4
Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet),T2
Bethanechol Chloride (50MG Oral Tablet),T3
Betimol (Ophthalmic Solution),T3
Bevespi Aerosphere (Inhalation Aerosol),T3 - ST
Bexarotene (Oral Capsule),T4 - PA
BiDil (Oral Tablet),T2
Bicalutamide (Oral Tablet),T1
Bisoprolol Fumarate (Oral Tablet),T1
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Bosentan (Oral Tablet),T4 - PA; QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Breztri Aerosphere (Inhalation Aerosol),T2 - QL
Brilinta (Oral Tablet),T2 - QL
Brimonidine Tartrate (0.15% Ophthalmic Solution),T3
Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
Budesonide (Inhalation Suspension),T3 - B/D,PA
Budesonide (Oral Capsule Delayed Release Particles),T3
Bumetanide (Oral Tablet),T2
Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL
Buprenorphine HCl (Tablet Sublingual),T1 - QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T3 - QL

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.

Bupropion HCl (Oral Tablet Immediate Release),T1

Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3

Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1

Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1

Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1

Buspirone HCl (Oral Tablet),T1

Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly),T3 - 7D; DL; QL

Butrans (20MCG/HR Transdermal Patch Weekly),T4 - 7D; DL; QL

Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL

Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL

Bystolic (Oral Tablet),T2 - QL

C

Cabergoline (Oral Tablet),T2

Calcitriol (External Ointment),T3

Calcitriol (Oral Capsule),T1 - B/D,PA

Calcium Acetate (667MG Oral Tablet),T2

Calcium Acetate (Phosphate Binder) (Oral Capsule),T2

Captopril (100MG Oral Tablet),T3 - QL

Captopril (12.5MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2 - QL

Carbaglu (Oral Tablet),T4

Carbamazepine (Oral Tablet Immediate Release),T2

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2

Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T3

Carbidopa-Levodopa-Entacapone (Oral Tablet),T3

Carvedilol (Oral Tablet),T1

Cefuroxime Axetil (Oral Tablet),T1

Celecoxib (Oral Capsule),T2 - QL

Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1

Cephalexin (750MG Oral Capsule),T3

Cephalexin (Oral Tablet),T2

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),T3

Cholestyramine Light (Oral Packet),T3

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T2

Cimetidine HCl (300MG/5ML Oral Solution),T2

Cinacalcet HCl (30MG Oral Tablet),T3 - B/D,PA; QL

Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T4 - B/D,PA; 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.

Cinryze (Intravenous Solution Reconstituted),T4 - PA

Ciprodex (Otic Suspension),T3

Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T2

Clenpiq (Oral Solution),T2

Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM

Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1 - QL

Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T2 - QL

Clonidine (0.1MG/24HR Transdermal Patch Weekly),T2

Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T3

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2

Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T3

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T2

Colcrys (Oral Tablet),T3 - PA

Colesevelam HCl (Oral Tablet),T3

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Inhalation Aerosol Solution),T2 - QL

Copaxone (Subcutaneous Solution Prefilled Syringe),T4

Corlanor (Oral Solution),T3 - PA; QL

Corlanor (Oral Tablet),T3 - PA; QL

Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Cosopt PF (Ophthalmic Solution),T3

Creon (Oral Capsule Delayed Release Particles),T2

Cromolyn Sodium (Inhalation Nebulization Solution),T4 - B/D,PA

Cromolyn Sodium (Oral Concentrate),T2

Cyclophosphamide (Oral Capsule),T2 - B/D,PA

Cyproheptadine HCl (Oral Tablet),T3 - PA; HRM

D

DARAPRIM (Oral Tablet),T4

Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T2 - QL

Dapsone (5% External Gel),T3

Dapsone (Oral Tablet),T2

Deferasirox (Oral Tablet Soluble) (Generic Exjade),T4 - PA

Delzicol (Oral Capsule Delayed Release),T3 - ST

Depen Titratabs (Oral Tablet),T4

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Desmopressin Acetate (Oral Tablet),T2

Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2

Dexamethasone (Oral Tablet),T1

Dextrose-NaCl (5-0.2% Intravenous Solution),T2

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

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

Diazepam Intensol (5MG/ML Oral Concentrate),T2 - QL

Diclofenac Potassium (Oral Tablet),T2

Diclofenac Sodium (1% External Gel),T2 - QL

Diclofenac Sodium (Oral Tablet Delayed Release),T1

Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Dificid (Oral Suspension Reconstituted),T4

Dificid (Oral Tablet),T4

Digoxin (125MCG Oral Tablet),T3 - HRM; QL

Digoxin (250MCG Oral Tablet),T3 - PA; HRM

Dihydroergotamine Mesylate (Nasal Solution),T4 - PA; QL

Diltiazem HCl (Oral Tablet Immediate Release),T1

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2

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

Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1

Dipentum (Oral Capsule),T4

Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM

Disulfiram (Oral Tablet),T2

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL

Donepezil HCl (23MG Oral Tablet),T2 - QL

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

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2

Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T3

Doxycycline Hyclate (Oral Capsule),T2

Dronabinol (Oral Capsule),T3 - PA

Dulera (Inhalation Aerosol),T3 - QL

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

Dutasteride (Oral Capsule),T2

Dymista (Nasal Suspension),T3

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E
Edarbi (Oral Tablet),T3 - QL
Edarbyclor (Oral Tablet),T3 - QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T4 - QL
Elidel (External Cream),T3 - ST; QL
Eliquis (Oral Tablet),T2 - QL
Eliquis Starter Pack (Oral Tablet),T2 - QL
Elmiron (Oral Capsule),T4
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL
Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T4 - QL
Enalapril Maleate (Oral Tablet),T1 - QL
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Enbrel (Subcutaneous Solution Reconstituted),T4 - PA; QL
Enbrel (Subcutaneous Solution),T4 - PA; QL
Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Entacapone (Oral Tablet),T3
Entecavir (Oral Tablet),T3
Entresto (Oral Tablet),T2 - QL
Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA
Epclusa (Oral Tablet),T4 - PA; QL
EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL
Epiduo (External Gel),T3 - ST
Epiduo Forte (External Gel),T3 - ST
Epinephrine (Injection Solution Auto-Injector),T2 - QL
Eplerenone (25MG Oral Tablet),T2
Eplerenone (50MG Oral Tablet),T3
Equetro (Oral Capsule Extended Release 12 Hour),T3
Ergotamine-Caffeine (Oral Tablet),T2
Erleada (Oral Tablet),T4 - PA
Ertapenem Sodium (Injection Solution Reconstituted),T3
Escitalopram Oxalate (Oral Tablet),T1
Estradiol (Oral Tablet),T3 - PA; HRM
Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL
Estradiol (Vaginal Cream),T2
Ethosuximide (Oral Capsule),T2
Ethosuximide (Oral Solution),T2
Eucrisa (External Ointment),T3 - PA; QL
Extavia (Subcutaneous Kit),T4
Ezetimibe (Oral Tablet),T1
Ezetimibe-Simvastatin (Oral Tablet),T2 - QL
F
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
Farxiga (Oral Tablet),T2 - QL
Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA

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Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1

Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL

Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T2 - 7D; MME; DL; QL

Finacea (External Foam),T3 - QL

Finacea (External Gel),T3 - QL

Finasteride (5MG Oral Tablet) (Generic Proscar),T1

Flac (Otic Oil),T2

Flarex (Ophthalmic Suspension),T3

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

Fluocinolone Acetonide (External Cream),T2

Fluocinolone Acetonide (External Ointment),T2

Fluocinolone Acetonide (Otic Oil),T2

Fluphenazine HCl (Oral Tablet),T3

Fluticasone Propionate (External Cream),T2

Fluticasone Propionate (External Lotion),T3

Fluticasone Propionate (External Ointment),T2

Fluticasone Propionate (Nasal Suspension),T1

Forteo (Subcutaneous Solution Pen-Injector),T4 - PA

Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4

Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL

Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T4 - QL

Fycompa (2MG Oral Tablet),T3 - QL

Fycompa (Oral Suspension),T4 - QL

G

Gabapentin (Oral Capsule),T1

Gabapentin (Oral Tablet),T1

Gammagard (2.5GM/25ML Injection Solution),T4 - PA

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA

Gemfibrozil (Oral Tablet),T1

Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA

Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA

Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA

Gentamicin Sulfate (Ophthalmic Solution),T1

Gilenya (0.5MG Oral Capsule),T4 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4

Glatopa (Subcutaneous Solution Prefilled Syringe),T4

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Glipizide (Oral Tablet Immediate Release),T1 - QL

Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL

Glucagon (Injection Kit) (Lilly),T2

Glyxambi (Oral Tablet),T2 - QL

Gocovri (Oral Capsule Extended Release 24 Hour),T4 - PA

Guanidine HCl (125MG Oral Tablet),T3

Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2

Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2

H

Haegarda (Subcutaneous Solution Reconstituted),T4 - PA

Haloperidol (Oral Tablet),T1

Harvoni (90-400MG Oral Tablet),T4 - PA; QL

Harvoni (Oral Packet),T4 - PA; QL

Humalog (Subcutaneous Solution Cartridge),T2

Humalog (Subcutaneous Solution),T2

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog Mix 50/50 (Subcutaneous Suspension),T2

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humalog Mix 75/25 (Subcutaneous Suspension),T2

Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL

Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL

Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL

Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL

Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL

Humulin 70/30 (Subcutaneous Suspension),T2

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin N (Subcutaneous Suspension),T2

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin R (Injection Solution),T2

Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2

Hydralazine HCl (Oral Tablet),T1

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL

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

Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL

Hydroxyurea (Oral Capsule),T1

Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM

I

Ibandronate Sodium (Oral Tablet),T2

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1

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Ilevro (Ophthalmic Suspension),T2

Imatinib Mesylate (Oral Tablet),T3 - PA; QL

Imiquimod (3.75% External Cream),T4 - PA

Imiquimod (5% External Cream),T2 - QL

Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA

Imvexxy Starter Pack (Vaginal Insert),T2 - PA

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Ingrezza (40MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL

Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL

Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2

Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Syringes, Needles,T2

Intrarosa (Vaginal Insert),T3 - PA; QL

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

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4

Inveltys (Ophthalmic Suspension),T3

Invokamet (Oral Tablet Immediate Release),T3 - ST; QL

Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL

Invokana (Oral Tablet),T3 - ST; QL

Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA

Ipratropium Bromide (Nasal Solution),T2

Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Isentress (Oral Tablet),T4 - QL

Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1

Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T4

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1

Isturisa (Oral Tablet),T4 - PA

Ivermectin (Oral Tablet),T1

J

Janumet (Oral Tablet Immediate Release),T2 - QL

Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Januvia (Oral Tablet),T2 - QL

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Jardiance (Oral Tablet),T2 - QL

Jentadueto (Oral Tablet Immediate Release),T2 - QL

Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Jublia (External Solution),T3

K

Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA

Kalydeco (Oral Tablet),T4 - PA

Kazano (Oral Tablet),T3 - ST; QL

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T2

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 - ST; QL

Korlym (Oral Tablet),T4 - PA

Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL

L

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

Lactulose (Oral Packet),T3

Lamivudine (100MG Oral Tablet),T2

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL

Lamotrigine (Oral Tablet Immediate Release),T1

Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

Lastacaft (Ophthalmic Solution),T2

Latanoprost (Ophthalmic Solution),T1

Latuda (Oral Tablet),T4 - QL

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

Leflunomide (Oral Tablet),T2

Letrozole (Oral Tablet),T1

Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2

Leucovorin Calcium (25MG Oral Tablet),T3

Leucovorin Calcium (5MG 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),T2

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),T2 - QL

Lidocaine (5% External Patch),T3 - PA; QL

Lidocaine HCl (4% External Solution),T3

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

Lidocaine-Prilocaine (External Cream),T2

Lindane (External Shampoo),T3

Linzess (Oral Capsule),T2 - QL

Liothyronine Sodium (Oral Tablet),T1

Lisinopril (Oral Tablet),T1 - QL

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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

Lovastatin (Oral Tablet),T1 - QL

Lumigan (Ophthalmic Solution),T2

Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA

Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA

Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA

Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA

Luzu (External Cream),T3 - QL

Lysodren (Oral Tablet),T4

Lyumjev (Injection Solution),T2

Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2

M

Mavyret (Oral Tablet),T4 - PA; QL

Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL

Mayzent Starter Pack (Oral Tablet Therapy Pack),T4 - QL

Meclizine HCl (12.5MG Oral Tablet),T1 - HRM

Medroxyprogesterone Acetate (Intramuscular Suspension),T1

Medroxyprogesterone Acetate (Oral Tablet),T1

Meloxicam (Oral Tablet),T1

Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL

Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL

Mercaptopurine (Oral Tablet),T2

Meropenem (1GM Intravenous Solution Reconstituted),T3

Meropenem (500MG Intravenous Solution Reconstituted),T2

Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL

Metformin HCl (Oral Tablet Immediate Release),T1 - QL

Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL

Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL

Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL

Methazolamide (Oral Tablet),T3

Methimazole (Oral Tablet),T1

Methotrexate (Oral Tablet),T1

Methyldopa (Oral Tablet),T3 - PA; HRM

Methylphenidate HCl (Oral Tablet Chewable),T3 - QL

Methylphenidate HCl (Oral Tablet Immediate

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

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Release) (Generic Ritalin),T2 - QL

Methylprednisolone (Oral Tablet Therapy Pack),T1

Methylprednisolone (Oral Tablet),T1

Metoclopramide HCl (Oral Tablet),T1

Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1

Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1

Metrogel (External Gel),T3

Metronidazole (0.75% External Cream),T2

Metronidazole (0.75% External Gel, 1% External Gel),T3

Metronidazole (0.75% External Lotion),T3

Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1

Metronidazole (375MG Oral Capsule),T3

Migergot (Rectal Suppository),T4

Minocycline HCl (Oral Capsule),T1

Minocycline HCl (Oral Tablet Immediate Release),T3

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1

Mirtazapine ODT (Oral Tablet Dispersible),T2

Mirvaso (External Gel),T3

Misoprostol (Oral Tablet),T2

Mitigare (Oral Capsule),T2

Modafinil (Oral Tablet),T2 - PA; QL

Mometasone Furoate (Nasal Suspension),T3

Montelukast Sodium (Oral Packet),T2 - QL

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),T3 - 7D; MME; DL; QL

Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL

Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL

Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 7D; MME; DL; QL

Motegrity (Oral Tablet),T3 - QL

Movantik (Oral Tablet),T2 - QL

Moxeza (Ophthalmic Solution),T3

Multaq (Oral Tablet),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Nadolol (Oral Tablet),T2

Naftifine HCl (2% 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),T2

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

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

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Naproxen (Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

Nayzilam (Nasal Solution),T3 - PA; QL

Neomycin-Polymyxin-HC (Ophthalmic Suspension),T3

Neomycin-Polymyxin-HC (Otic Suspension),T2

Nesina (Oral Tablet),T3 - ST; QL

Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA

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),T2

Nicotrol (Inhalation Inhaler),T3

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin),T2 - HRM

Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM

Nitroglycerin (Tablet Sublingual),T1

Nivestym (Injection Solution Prefilled Syringe),T4 - ST

Nivestym (Injection Solution),T4 - ST

Nizatidine (Oral Capsule),T2

Norethindrone Acetate (5MG Oral Tablet),T1

Nortriptyline HCl (Oral Capsule),T1 - PA; HRM

NovoLog (Subcutaneous Solution),T3 - PA

NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA

NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA

NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA

NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA

Novolin 70/30 (Subcutaneous Suspension),T3 - PA

Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA

Novolin N (Subcutaneous Suspension),T3 - PA

Novolin R (Injection Solution),T3 - PA

Nubeqa (Oral Tablet),T4 - PA

Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL

Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL

Nuedexta (Oral Capsule),T4 - PA; QL

Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA

Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA

Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA

Nystatin (External Cream),T1

Nystatin (External Ointment),T1

Nystatin (External Powder),T1 - QL

O

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T2

Olanzapine (Oral Tablet),T1 - QL

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Olmesartan Medoxomil (Oral Tablet),T1 - QL

Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL

Olmesartan-Amlodipine-HCTZ (Oral Tablet),T3 - QL

Olopatadine HCl (Ophthalmic Solution),T2

Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T2

Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1

Ondansetron HCl (Oral Tablet),T1 - B/D,PA

Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA

Onglyza (Oral Tablet),T3 - ST; QL

Opsumit (Oral Tablet),T4 - PA

Orenitram (0.125MG Oral Tablet Extended Release),T3 - 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

Orilissa (Oral Tablet),T4 - PA; QL

Oseltamivir Phosphate (Oral Capsule),T2

Oseni (Oral Tablet),T3 - ST; QL

Osphena (Oral Tablet),T2 - PA; QL

Oxcarbazepine (Oral Tablet),T2

Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2

Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Oxycodone HCl (5MG Oral Capsule),T2 - 7D; MME; DL; QL

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL

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

Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T2 - QL

P

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

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),T2

Perseris (Subcutaneous Prefilled Syringe),T4

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Pilocarpine HCl (Oral Tablet),T3

Pimecrolimus (External Cream),T3 - ST; QL

Pioglitazone HCl (Oral Tablet),T1 - QL

Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL

Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL

Pomalyst (Oral Capsule),T4 - PA

Potassium Chloride CR (Oral Tablet Extended Release),T1

Potassium Chloride ER (Oral Capsule Extended Release),T1

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Potassium Citrate ER (Oral Tablet Extended Release),T3

Pradaxa (Oral Capsule),T3 - ST; QL

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

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

Prednisolone Acetate (Ophthalmic Suspension),T2

Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1

Prednisone (5MG/5ML Oral Solution),T3

Premarin (Vaginal Cream),T2

Prenatal (27-1MG Oral Tablet),T1

Prezista (Oral Suspension),T4 - QL

Privigen (20GM/200ML Intravenous Solution),T4 - PA

ProAir HFA (Inhalation Aerosol Solution),T2

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2

Proctosol HC (2.5% External Cream),T1

Progesterone (Oral Capsule),T2

Prolastin-C (Intravenous Solution Reconstituted),T4 - PA

Prolensa (Ophthalmic Solution),T3

Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL

Promethazine HCl (Oral Tablet),T3 - PA; HRM

Propranolol HCl (Oral Tablet),T1

Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2

Propylthiouracil (Oral Tablet),T1

Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST

Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T2

Q

QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL

Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL

Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T2 - QL

Quinapril HCl (Oral Tablet),T1 - QL

Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

R

Raloxifene HCl (Oral Tablet),T2

Ramipril (Oral Capsule),T1 - QL

Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T2

Rasagiline Mesylate (Oral Tablet),T3

Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA

Rayaldee (Oral Capsule Extended Release),T4 - QL

Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST

Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST

Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T4 - ST

Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4 - ST

Regranex (External Gel),T4 - PA

Relistor (Oral Tablet),T4 - PA

Relistor (Subcutaneous Solution),T4 - PA

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

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

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

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

Retacrit (Injection Solution),T3 - PA

Rexulti (Oral Tablet),T4 - QL

Reyataz (Oral Packet),T4 - QL

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T3

Rifabutin (Oral Capsule),T3

Rifampin (Oral Capsule),T2

Riluzole (Oral Tablet),T2

Rimantadine HCl (Oral Tablet),T3

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

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

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

Risperidone (Oral Tablet),T1

Ritonavir (Oral Tablet),T2 - QL

Rivastigmine Tartrate (Oral Capsule),T2

Rizatriptan Benzoate (Oral Tablet),T2 - QL

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL

Rocklatan (Ophthalmic Solution),T2 - ST

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Rybelsus (Oral Tablet),T2 - QL

Rytary (Oral Capsule Extended Release),T3 - ST

S

SPS (Oral Suspension),T2

Sancuso (Transdermal Patch),T4 - QL

Santyl (External Ointment),T3

Saphris (10MG Tablet Sublingual),T4

Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3

Savella (Oral Tablet),T2

Savella Titration Pack (Oral Tablet),T2

Scopolamine (Transdermal Patch 72 Hour),T2 - PA; HRM

Selegiline HCl (Oral Capsule),T2

Selegiline HCl (Oral Tablet),T2

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

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T4

Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T2

Sevelamer HCl (800MG Oral Tablet),T3

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

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA

Silodosin (Oral Capsule),T2 - QL

Silver Sulfadiazine (External Cream),T1

Simbrinza (Ophthalmic Suspension),T2

Simvastatin (Oral Tablet),T1 - QL

Skyrizi (150 MG Dose) (Subcutaneous

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Prefilled Syringe Kit),T4 - PA; QL

Sodium Polystyrene Sulfonate (Oral Powder),T2

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

Solifenacin Succinate (Oral Tablet),T2 - QL

Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL

Sotalol HCl (Oral Tablet),T1

Sotalol HCl AF (Oral Tablet),T2

Spiriva HandiHaler (Inhalation Capsule),T2 - QL

Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL

Spironolactone (Oral Tablet),T1

Sprycel (Oral Tablet),T4 - PA

Stiolto Respimat (Inhalation Aerosol Solution),T2

Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST

Suboxone (Sublingual Film),T3 - QL

Sucralfate (Oral Suspension),T3

Sucralfate (Oral Tablet),T1

Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate Release),T1

Sumatriptan Succinate (Oral Tablet),T1 - QL

Sunosi (Oral Tablet),T3 - PA; QL

Suprep Bowel Prep Kit (Oral Solution),T2

Symbicort (Inhalation Aerosol),T2 - QL

SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA

SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA

Symproic (Oral Tablet),T3 - PA; QL

Synjardy (Oral Tablet Immediate Release),T2 - QL

Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Synthroid (Oral Tablet),T2

T

TOBI Podhaler (Inhalation Capsule),T4 - PA; QL

Tadalafil (PAH) (20MG Oral Tablet),T3 - PA

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1

Targretin (External Gel),T4 - PA; QL

Tasigna (Oral Capsule),T4 - PA

Tecfidera (Oral Capsule Delayed Release),T4 - QL

Tecfidera Starter Pack (Oral),T4 - QL

Telmisartan (Oral Tablet),T1 - QL

Telmisartan-HCTZ (Oral Tablet),T2 - QL

Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2 - HRM; QL

Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL

Terazosin HCl (Oral Capsule),T1

Terbinafine HCl (Oral Tablet),T1

Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA

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),T3

Testosterone Cypionate (Intramuscular Solution),T1

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Theophylline (Oral Solution),T3

Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T3

Theophylline ER (Oral Tablet Extended Release 24 Hour),T1

Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T1

Timolol Maleate (0.5% (DAILY) Ophthalmic Solution) (Generic Istalol),T3

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2

Timoptic Ocudose (Ophthalmic Solution),T3

Tivicay (25MG Oral Tablet),T3 - QL

Tivicay (50MG Oral Tablet),T4 - QL

Tizanidine HCl (Oral Tablet),T1

Tobramycin (Ophthalmic Solution),T1

Tobramycin-Dexamethasone (Ophthalmic Suspension),T2

Topiramate (Oral Capsule Sprinkle Immediate Release),T3

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T4

Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2

Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL

Tracleer (Oral Tablet Soluble),T4 - PA; QL

Tracleer (Oral Tablet),T4 - PA; QL

Tradjenta (Oral Tablet),T2 - QL

Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL

Tranexamic Acid (Oral Tablet),T2

Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1

Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL

Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Tresiba (Subcutaneous Solution),T2

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2

Tretinoin (External Cream),T3 - PA

Tretinoin (External Gel),T3 - PA

Tretinoin (Oral Capsule),T4

Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T1

Triamcinolone Acetonide (External Cream),T1

Triamterene-HCTZ (Oral Capsule),T1

Triamterene-HCTZ (Oral Tablet),T1

Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM

Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM

Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Trintellix (Oral Tablet),T3

Trulance (Oral Tablet),T3

Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL

Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA

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U
Uceris (Rectal Foam),T3
Uptravi (Oral Tablet Therapy Pack),T4 - PA; QL
Uptravi (Oral Tablet),T4 - PA; QL
Ursodiol (Oral Capsule),T2
Ursodiol (Oral Tablet),T3
V
Valacyclovir HCl (Oral Tablet),T2 - QL
Valganciclovir HCl (Oral Tablet),T2 - QL
Valproic Acid (Oral Capsule),T2
Valproic Acid (Oral Solution),T1
Valsartan (Oral Tablet),T1 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Vascepa (Oral Capsule),T3
Velphoro (Oral Tablet Chewable),T4
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL
Veltassa (8.4GM Oral Packet),T3 - QL
Ventolin HFA (Inhalation Aerosol Solution),T3 - ST
Verapamil HCl (Oral Tablet Immediate Release),T1
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3
Verapamil HCl ER (Oral Tablet Extended Release),T1
Versacloz (Oral Suspension),T4
Viberzi (Oral Tablet),T4 - PA; QL
Victoza (Subcutaneous Solution Pen-Injector),T2 - QL
Viibryd (Oral Tablet),T3
Viibryd Starter Pack (Oral Kit),T3
Vimpat (Oral Solution),T3 - QL
Vimpat (Oral Tablet),T3 - QL
Vosevi (Oral Tablet),T4 - PA; QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - QL
Vyvanse (Oral Capsule),T3
Vyvanse (Oral Tablet Chewable),T3
Vyzulta (Ophthalmic Solution),T3
W
Warfarin Sodium (Oral Tablet),T1
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL
X
Xarelto (Oral Tablet),T2 - QL
Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T3 - PA; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - PA; QL
Xcopri (200MG Oral Tablet),T4 - PA; QL
Xcopri (250MG Daily Dose) (50 & 200MG Oral Tablet Therapy Pack),T4 - PA; QL
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack),T4 - PA; QL
Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - PA; QL
Xenleta (Oral Tablet),T4 - PA; 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.

Xifaxan (550MG Oral Tablet),T4 - PA

Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Xiidra (Ophthalmic Solution),T3 - QL

Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL

Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL

Xtandi (Oral Capsule),T4 - PA

Xyosted (Subcutaneous Solution Auto-Injector),T3 - PA

Xyrem (Oral Solution),T4 - PA; QL

Y

Yupelri (Inhalation Solution),T4 - B/D,PA; QL

Z

Zafirlukast (Oral Tablet),T2

Zaleplon (Oral Capsule),T2 - HRM; QL

Zarxio (Injection Solution Prefilled Syringe),T4

Zelapar ODT (Oral Tablet Dispersible),T4

Zenpep (Oral Capsule Delayed Release Particles),T2

Zeposia (Oral Capsule),T4 - QL

Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack),T4 - QL

Zeposia Starter Kit (Oral Capsule Therapy Pack),T4 - QL

Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA

Zioptan (Ophthalmic Solution),T3

Zirgan (Ophthalmic Gel),T3

Zolpidem Tartrate (Oral Tablet Immediate Release),T3 - PA; HRM; QL

Zonisamide (Oral Capsule),T1

Zontivity (Oral Tablet),T3 - PA

Zubsolv (Tablet Sublingual),T3 - QL

Zylet (Ophthalmic Suspension),T3

Bold type = Brand name drug

Plain type = Generic drug

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Additional drug coverage

Bonus drug list

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

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

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently from payments made for other prescription drugs.

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

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage Rules or Limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

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

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

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

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

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
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 Skin		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Itching or Pain		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Perianal Cream 3%-0.5%	1	
Irritable Bowel or Ulcers		
Hyoscyamine Sulfate	1	
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Urinary Tract Infection		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate Cap 118 mg	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	
NP Thyroid	1	
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) 1000 mcg	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 Tab	1	
Reno 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, we will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare member ID card. **Please note, your member ID card will be attached to the front cover of your guide.**
Website access	After you receive your 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.

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

We're here for you

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

- ✔ **Your group number found on the front of this book**
- ✔ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✔ **Names and addresses for your 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

Call toll-free **1-877-714-0178,** TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

How to enroll

You can enroll by phone, mail or fax. Simply choose the way that is easiest for you and follow the Enrollment Request Form checkpoints below.

By phone

Call toll-free **1-877-714-0178**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone.

By mail

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770

By fax

Fill out the Enrollment Request Form and fax it to:

888-950-1170

Incomplete information may delay your enrollment.

Enrollment Request Form checkpoints

- ✔ Print your name exactly as it appears on your red, white and blue Medicare card
- ✔ Make sure your permanent address is complete and accurate
- ✔ Sign and date your name where indicated
- ✔ Provide the name of your primary care provider (PCP)
- ✔ Confirm the plan sponsor and group numbers are correct
- ✔ Include the date you expect your proposed coverage to begin

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United Healthcare

2022 Enrollment request form

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1. Plan information

Plan sponsor

Alexandria City Public Schools

Group number	GPS employer ID
12200	16497

GPS branch number

001

Effective date requested:

(i.e., your proposed effective date, or on what day your coverage should begin)

Plan sponsor use ONLY: Please date stamp this document to indicate when you received the completed and signed form.

To enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan, please provide the following:

2. Information about you (Please type or print in black or blue ink.)

Last name	First name	Middle initial

Birth date	Sex: ☐ Male ☐ Female

Home phone number	Mobile phone number	Medicare number
( ) –	( ) –	

Permanent residence street address **(P.O. Box is not allowed)**

City	County	State	ZIP code

Mailing address **(Only if it's different from above. You can give a P.O. Box)**

City	State	ZIP code

Email address (optional)

What's next

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Last name First name Medicare number

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to our plan? ☐ Yes ☐ No

If **"yes"**, what is it?

Name of other insurance

Member number	Group number
Rx Bin	Rx PCN (optional)

Your answer to the following questions will not keep you from being enrolled in this plan:

3. A few questions to help us manage your plan

1. Would you prefer plan information in another language or an accessible format? ☐ Yes ☐ No

If **"yes"**, please select from the following:

☐ Spanish ☐ Braille ☐ Other _____

If you don't see the language or format you want, please call us toll-free at **1-877-714-0178**, (TTY **711**) during 8 a.m. - 8 p.m. local time, 7 days a week.

2. Do you or your spouse work? ☐ Yes ☐ No

If **"no"**, what was your retirement date?

3. Do you have any health insurance other than Medicare, such as private insurance, Worker's Compensation, VA benefits or other employer coverage? ☐ Yes ☐ No

If **"yes"**, please provide the following:

Name of the health insurance

Member number

4. Please give us the name of your primary care provider (PCP), clinic or health center.

Provider or PCP full name

Provider/PCP number

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

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Last name First name Medicare number

5. Do you live in a nursing home or long-term care facility? ☐ Yes ☐ No

If **"yes"**, please give us information on the long-term care facility:

Name

Address

City	State	ZIP code

Date you moved there

TEAR HERE

4. ATTENTION – please sign and date

I understand that my signature on this enrollment request form means that I have read and understood the contents of this enrollment request form, including the Statements of Understanding, and that the information provided by me is accurate and complete. If my plan includes outpatient prescription drug benefits, I understand that my signature on this enrollment request form means that I will be automatically enrolled in my plan's outpatient prescription drug benefits which includes Part D and supplemental prescription drug coverage. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

This enrollment request form must be signed, dated and received prior to your desired effective date. Upon receipt, the plan will process the form according to Medicare guidelines.

Signature of applicant/member/authorized representative **Today's date**

TEAR HERE

5. Authorized representative information

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare member ID card, I can call Customer Service at the number on my UnitedHealthcare member ID card to update my authorization information on file.

Signature **Today's date**

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Last name First name Medicare number

6. If someone assisted you in completing this form, please have that person complete the information below

Signature (of individual who assisted in completing this form) **Today's date**

☐ Plan representative, check here if you signed above and assisted in completing this form.

Relationship to applicant

Sales representative/broker, please provide your signature and complete the information below:

Licensed sales representative/broker signature **Today's date**

Licensed sales representative/broker name (please print)

Agent/broker number

Referring broker number

7. For office use only

Agent name

Agent number

NIPR number

Effective date

Group number

PBP number

☐ SEP ☐ Employer Group SEP ☐ ICEP/IEP ☐ AEP (type) _____

TEAR HERE

TEAR HERE

What's next

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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 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 enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- 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.

✔ **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.

✔ **For members of the Group Medicare Advantage plan.**
I understand that when my coverage begins, I must get all of my medical and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

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

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