

Plan Guide 2021

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

NMRHCA

PLAN I - 13651

PLAN II - 13650

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13651, 13650

Effective: January 1, 2021 through December 31, 2021



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Introducing the Plans

UnitedHealthcare® Group Medicare Advantage (PPO) plans

Dear Retiree,

Your plan sponsor, NMRHCA, has selected UnitedHealthcare® for health care coverage for all eligible retirees. As a UnitedHealthcare® Medicare Advantage plan member, you'll have a team committed to understanding your needs, connecting you to care and helping you manage your health.

Let us help you:

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

In this book you will find:

- A description of these plans and how they work
- Information on benefits, programs and services — and how much they cost
- What you can expect after your enrollment

How to enroll

Your plan sponsor will provide additional information before you enroll in the plan.

Take advantage of healthy extras with UnitedHealthcare



Virtual Visits



HouseCalls



Gym Membership

Questions? We're here to help.



www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

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Plan Information

Benefit Highlights

NMRHCA PLAN I 13651

Effective January 1, 2021 to December 31, 2021

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

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	No deductible	
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,500 each plan year.	

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$5 copay	Primary Care Provider: \$5 copay
	Specialist: \$25 copay	Specialist: \$25 copay
	Virtual Doctor Visits: \$0 copay	Virtual Doctor Visits: \$0 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$250 copay per stay	\$250 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days	\$0 copay per day up to 100 days
Outpatient surgery	\$100 copay	\$100 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$10 copay	\$10 copay
Mental health (outpatient and virtual)	Group therapy: \$20 copay	Group therapy: \$20 copay
	Individual therapy: \$20 copay	Individual therapy: \$20 copay
	Virtual visits: \$20 copay	Virtual visits: \$20 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$25 copay	\$25 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$100 copay	\$100 copay
Emergency care	\$50 copay (worldwide)	
Urgently needed services	\$20 copay (worldwide)	\$20 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*
Acupuncture	\$15 copay for each visit (Up to 20 visits per plan year)*	\$15 copay for each visit (Up to 20 visits per plan year)*
Chiropractic care	\$20 copay (Up to 36 visits per plan year)*	\$20 copay (Up to 36 visits per plan year)*
Foot care - routine	\$25 copay (Up to 6 visits per plan year)*	\$25 copay (Up to 6 visits per plan year)*
Hearing - routine exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
Hearing aids	The plan pays up to a \$500 allowance for hearing aids every 3 years*.	The plan pays up to a \$500 allowance for hearing aids every 3 years*.
Vision - routine eye exams	\$25 copay (1 exam every 12 months)*	\$25 copay (1 exam every 12 months)*
Fitness program through SilverSneakers®	<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, visit SilverSneakers.com or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
NurseLine	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)

Prescription Drugs

	Your Cost	
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Preferred Brand	\$35 copay	\$70 copay
Tier 3: Non-preferred Drug	\$70 copay	\$140 copay
Tier 4: Specialty Tier	\$70 copay	\$140 copay
Coverage gap stage	After your total drug costs reach \$4,130, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

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.

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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Benefit Highlights

NMRHCA PLAN II 13650

Effective January 1, 2021 to December 31, 2021

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

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	No deductible	
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,800 each plan year.	

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$5 copay	Primary Care Provider: \$5 copay
	Specialist: \$25 copay	Specialist: \$25 copay
	Virtual Doctor Visits: \$0 copay	Virtual Doctor Visits: \$0 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$250 copay per stay	\$250 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days	\$0 copay per day up to 100 days
Outpatient surgery	\$100 copay	\$100 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$10 copay	\$10 copay
Mental health (outpatient and virtual)	Group therapy: \$20 copay	Group therapy: \$20 copay
	Individual therapy: \$20 copay	Individual therapy: \$20 copay
	Virtual visits: \$20 copay	Virtual visits: \$20 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$25 copay	\$25 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$100 copay	\$100 copay
Emergency care	\$50 copay (worldwide)	
Urgently needed services	\$20 copay (worldwide)	\$20 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*
Acupuncture	\$15 copay for each visit (Up to 20 visits per plan year)*	\$15 copay for each visit (Up to 20 visits per plan year)*
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Hearing - routine exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
Hearing aids	The plan pays up to a \$500 allowance for hearing aids every 3 years*.	The plan pays up to a \$500 allowance for hearing aids every 3 years*.
Vision - routine eye exams	\$25 copay (1 exam every 12 months)*	\$25 copay (1 exam every 12 months)*
Fitness program through SilverSneakers®	<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, visit SilverSneakers.com or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
NurseLine	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)

Prescription Drugs

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Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$35 copay	\$70 copay
Tier 4: Specialty Tier	\$35 copay	\$70 copay
Coverage gap stage	After your total drug costs reach \$4,130, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

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.

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 plan sponsor, NMRHCA, has chosen to offer two UnitedHealthcare® Group Medicare Advantage plans. The word “Group” means these plans are designed just for a plan sponsor, like yours. Only eligible retirees of NMRHCA can enroll in one of these plans.

“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 one of these plans.

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security. Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- You must continue paying your Medicare Part B premium to be eligible for coverage under these group sponsored plans. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

Medicare Advantage coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Medicare Part D
Prescription drugs

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

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

✓ One plan at a time

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

Questions? We're here to help.



www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

How your medical coverage works

Your plan options are Preferred Provider Organization (PPO) plans

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 spend on medical services each year?	Yes ²	Yes ²
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing when seeing health care providers who have not opted out of Medicare.	

View your plan information online

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

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

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

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

How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check your 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 over 67,000 national chain, regional and independent local retail pharmacies.

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

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

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

What you pay will depend on the coverage plan sponsor has arranged and on what drug cost tier your prescription falls in to. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

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

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

Questions? We're here to help.

 www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

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

Ways to save on your prescription drugs

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

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

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

To request a printed directory, call Customer Service toll-free at: **1-866-622-8014**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week

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

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

- ✓ **Have an annual medication review**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.



The UnitedHealthcare Savings Promise

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

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



What is IRMAA?

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



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

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

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

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



Call Social Security to see if you qualify for Extra Help

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

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

Questions? We're here to help.



www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, 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 these plans, 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 these plans, you pay the same share of cost in and out-of-network as long as they participate in Medicare and accept the plan.
- With your 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 a specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

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

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

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

Filling your prescriptions is convenient

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

¹2020 Internal Report Data

Take advantage of UnitedHealthcare's additional support and programs



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

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



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

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

What to expect from a HouseCalls visit:

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



NurseLine

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



Special programs for people with chronic or complex health needs

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

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

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



Virtual Visits

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

Virtual Doctor Visits

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

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

Virtual Behavioral Health Visits

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 5,500 UnitedHealthcare Hearing providers nationwide¹ or through home delivery — 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.

¹Please refer to your Summary of Benefits for details regarding your benefit coverage.

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 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



Be active and have fun with a gym membership

SilverSneakers® is a fitness benefit included with your health plan at no additional cost. SilverSneakers includes:

- Memberships to thousands of locations¹ nationwide
- Group exercise classes² designed for all abilities
- Fun activities held outside the gym²



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

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.³ Renew, our member-only Health & Wellness Experience, includes:

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

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

¹Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

²Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

³Renew by UnitedHealthcare is not available in all plans. *Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

Summary of Benefits 2021

Medicare Advantage Plan
with Prescription Drugs

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): NMRHCA PLAN I
Group Number: 13651

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 **1-866-622-8014**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.uhcretiree.com/NMRHCA



Summary of Benefits

January 1, 2021 - December 31, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.uhcretiree.com/NMRHCA 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/NMRHCA 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 \$2,500 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 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 Hospital¹		\$250 copay per stay	\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$100 copay	\$100 copay
	Outpatient surgery	\$100 copay	\$100 copay
	Outpatient hospital services, including observation	\$100 copay	\$100 copay
Doctor Visits	Primary	\$5 copay	\$5 copay
	Specialists ¹	\$25 copay	\$25 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening Kidney disease education	

Benefits

		In-Network	Out-of-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>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%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$20 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	<p>\$20 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	\$25 copay	\$25 copay
	Lab services ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Diagnostic tests and procedures ¹	\$25 copay	\$25 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay	\$25 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aid(s) 3 years* .	The plan pays up to a \$500 allowance for hearing aid(s) every 3 years* .
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay	\$25 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$25 copay (1 exam every 12 months)*	\$25 copay (1 exam every 12 months)*
Mental Health	Inpatient visit ¹	\$250 copay per stay, up to 190 days	\$250 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay

Benefits

		In-Network	Out-of-Network
	Virtual Behavioral Visits	\$20 copay	\$20 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF.	
Physical Therapy and speech and language therapy visit¹		\$10 copay	\$10 copay
Ambulance²		\$100 copay	\$100 copay
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$0 copay

Prescription Drugs

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

Your plan sponsor has 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/NMRHCA or call Customer Service to have a hard copy sent to you.

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
	One-month supply	Three-month supply
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Preferred Brand	\$35 copay	\$70 copay
Tier 3: Non-preferred Drug	\$70 copay	\$140 copay
Tier 4: Specialty Tier	\$70 copay	\$140 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs. 	

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	\$15 copay	\$15 copay
	Routine acupuncture	\$15 copay (Up to 20 visits per plan year)*	\$15 copay (Up to 20 visits per plan year)*
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	\$20 copay	\$20 copay
	Routine chiropractic care	\$20 copay (Up to 36 visits per plan year)*	\$20 copay (Up to 36 visits per plan year)*
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	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	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay	\$0 copay
Fitness program through SilverSneakers®		<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, visit SilverSneakers.com or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$25 copay	\$25 copay
	Routine foot care	\$25 copay for each visit (Up to 6 visits per plan year)*	\$25 copay for each visit (Up to 6 visits per plan year)*
Home Health Care¹		\$0 copay	\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational Therapy Visit¹		\$10 copay	\$10 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
Renal Dialysis¹		\$0 copay	\$0 copay

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

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

*Benefits are combined in and out-of-network

Required Information

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

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

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

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

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

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

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

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

Summary of Benefits 2021

Medicare Advantage Plan
with Prescription Drugs

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): NMRHCA PLAN II
Group Number: 13650

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 **1-866-622-8014**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.uhcretiree.com/NMRHCA



Summary of Benefits

January 1, 2021 - December 31, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.uhcretiree.com/NMRHCA 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/NMRHCA 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 \$2,800 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 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 Hospital¹		\$250 copay per stay	\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$100 copay	\$100 copay
	Outpatient surgery	\$100 copay	\$100 copay
	Outpatient hospital services, including observation	\$100 copay	\$100 copay
Doctor Visits	Primary	\$5 copay	\$5 copay
	Specialists ¹	\$25 copay	\$25 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening Kidney disease education	

Benefits

		In-Network	Out-of-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>	
		<p>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%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$20 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	<p>\$20 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	\$25 copay	\$25 copay
	Lab services ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Diagnostic tests and procedures ¹	\$25 copay	\$25 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay	\$25 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aid(s) 3 years*.	The plan pays up to a \$500 allowance for hearing aid(s) every 3 years*.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay	\$25 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$25 copay (1 exam every 12 months)*	\$25 copay (1 exam every 12 months)*
Mental Health	Inpatient visit ¹	\$250 copay per stay, up to 190 days	\$250 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay

Benefits

		In-Network	Out-of-Network
	Virtual Behavioral Visits	\$20 copay	\$20 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF.	
Physical Therapy and speech and language therapy visit¹		\$10 copay	\$10 copay
Ambulance²		\$100 copay	\$100 copay
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$0 copay

Prescription Drugs

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

Your plan sponsor has 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.uhretiree.com/NMRHCA or call Customer Service to have a hard copy sent to you.

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
	One-month supply	Three-month supply
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$35 copay	\$70 copay
Tier 4: Specialty Tier	\$35 copay	\$70 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs. 	

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	\$15 copay	\$15 copay
	Routine acupuncture	\$15 copay (Up to 20 visits per plan year)*	\$15 copay (Up to 20 visits per plan year)*
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	\$20 copay	\$20 copay
	Routine chiropractic care	\$20 copay (Up to 36 visits per plan year)*	\$20 copay (Up to 36 visits per plan year)*
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	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	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay	\$0 copay
Fitness program through SilverSneakers®		<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, visit SilverSneakers.com or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$25 copay	\$25 copay
	Routine foot care	\$25 copay for each visit (Up to 6 visits per plan year)*	\$25 copay for each visit (Up to 6 visits per plan year)*
Home Health Care¹		\$0 copay	\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational Therapy Visit¹		\$10 copay	\$10 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
Renal Dialysis¹		\$0 copay	\$0 copay

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

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*Benefits are combined in and out-of-network

Required Information

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

You must continue to pay your Medicare Part B premium.

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

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

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

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

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

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

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

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

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

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

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

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

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

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

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

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

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

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

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

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

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

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

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníl'ti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jíik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

Drug List

Drug List

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

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066_200423_093000_M

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

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

Bold type = Brand name drug

Plain type = Generic drug

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

Oral Tablet, 70MG Oral Tablet),T1	Anastrozole (Oral Tablet),T1
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1	Androderm (Transdermal Patch 24 Hour),T2
Allopurinol (Oral Tablet),T1	Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Alosetron HCl (Oral Tablet),T4 - PA	Apokyn (Subcutaneous Solution Cartridge),T4 - PA; LA; QL
Alphagan P (0.1% Ophthalmic Solution),T2	Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL
Alphagan P (0.15% Ophthalmic Solution),T3	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
Alprazolam (Oral Tablet Immediate Release),T1 - QL	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - PA
Alex (Ophthalmic Suspension),T3	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
Alyq (Oral Tablet),T3 - PA	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA
Amantadine HCl (Oral Capsule),T2	Arcapta Neohaler (Inhalation Capsule),T3 - ST
Amantadine HCl (Oral Syrup),T1	Aripiprazole (Oral Tablet),T1 - QL
Amantadine HCl (Oral Tablet),T2	Aristada (Intramuscular Prefilled Syringe),T4
Ambrisentan (Oral Tablet),T4 - PA; LA; QL	Aristada Initio (Intramuscular Prefilled Syringe),T4
Amiloride HCl (Oral Tablet),T1	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T3	Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiodarone HCl (200MG Oral Tablet),T1	
Amitiza (Oral Capsule),T2 - QL	
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 - QL	
Anagrelide HCl (Oral Capsule),T2	

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.

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 (100MCG/ACT Inhalation Aerosol, 200MCG/ACT Inhalation Aerosol),T3 - ST; QL

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3 - QL

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),T2

Atripla (Oral Tablet),T4 - QL

Atrovent HFA (Inhalation Aerosol Solution),T3

Aubagio (Oral Tablet),T4 - LA; QL

Auryxia (Oral Tablet),T4 - PA

Austedo (Oral Tablet),T4 - PA; LA; 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

Azoft (Ophthalmic Suspension),T2

B

BRIVIACT (Oral Solution),T4 - PA; QL

BRIVIACT (Oral Tablet),T4 - PA; QL

Baclofen (Oral Tablet),T1

Balsalazide Disodium (Oral Capsule),T3

Baqsimi Two 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

Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM

Bepreve (Ophthalmic Solution),T3

Berinert (Intravenous Kit),T4 - PA; LA

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

BiDil (Oral Tablet),T2

Bicalutamide (Oral Tablet),T1

Bisoprolol Fumarate (Oral Tablet),T1

Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL

Bosentan (Oral Tablet),T4 - PA; LA; QL

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

Brilinta (Oral Tablet),T2 - QL

Brimonidine Tartrate (0.15% Ophthalmic Solution),T3

Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

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.

Budesonide (Inhalation Suspension),T3 - B/D,PA	Capsule),T2
Budesonide (Oral Capsule Delayed Release Particles),T3	Calcium Acetate (Phosphate Binder) (Oral Tablet),T2
Bumetanide (Oral Tablet),T2	Captopril (100MG Oral Tablet, 50MG Oral Tablet),T3 - QL
Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL	Captopril (12.5MG Oral Tablet, 25MG Oral Tablet),T2 - QL
Buprenorphine HCl (Tablet Sublingual),T1 - QL	Carafate (Oral Suspension),T3
Bupropion HCl (Oral Tablet Immediate Release),T1	Carafate (Oral Tablet),T3
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3	Carbaglu (Oral Tablet),T4 - LA
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1	Carbamazepine (Oral Tablet Immediate Release),T2
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2
Buspirone HCl (Oral Tablet),T1	Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T3
Butrans (Transdermal Patch Weekly),T2 - 7D; DL; QL	Carbidopa-Levodopa-Entacapone (Oral Tablet),T3
Bydureon (Subcutaneous Pen-Injector),T3 - QL	Carvedilol (Oral Tablet),T1
Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL	Cayston (Inhalation Solution Reconstituted),T4 - PA; LA
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Cefuroxime Axetil (Oral Tablet),T1
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Celecoxib (Oral Capsule),T2 - QL
Bystolic (Oral Tablet),T2 - QL	Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1
C	Cephalexin (750MG Oral Capsule),T3
Cabergoline (Oral Tablet),T2	Cephalexin (Oral Tablet),T2
Calcitriol (External Ointment),T3	Chantix (Oral Tablet),T2
Calcitriol (Oral Capsule),T1 - B/D,PA	Chantix Continuing Month Pak (Oral Tablet),T2
Calcium Acetate (Phosphate Binder) (Oral	Chantix Starting Month Pak (Oral Tablet),T2
	Chlorhexidine Gluconate (Mouth Solution),T1
	Chlorthalidone (Oral Tablet),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Cholestyramine (Oral Packet),T3	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2
Cholestyramine Light (Oral Powder),T3	Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T3
Cilostazol (Oral Tablet),T1	Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T2
Cimetidine (Oral Tablet),T2	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2
Cimetidine HCl (Oral Solution),T2	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T2
Cimzia (Subcutaneous Kit),T4 - PA	Colcrys (Oral Tablet),T3 - PA
Cimzia Prefilled (Subcutaneous Kit),T4 - PA	Colesevelam HCl (Oral Tablet),T3
Cinacalcet HCl (30MG Oral Tablet),T3 - B/D,PA; QL	Combigan (Ophthalmic Solution),T2
Cinacalcet HCl (90MG Oral Tablet),T4 - B/D,PA; QL	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Cinryze (Intravenous Solution Reconstituted),T4 - PA; LA	Comtan (Oral Tablet),T3
Ciprodex (Otic Suspension),T3	Copaxone (Subcutaneous Solution Prefilled Syringe),T4
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	Corlanor (Oral Solution),T3 - PA; QL
Citalopram Hydrobromide (Oral Tablet),T1	Corlanor (Oral Tablet),T3 - PA; QL
Clarithromycin (Oral Tablet Immediate Release),T2	Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA
Clenpiq (Oral Solution),T2	Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T4 - PA; LA
Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM	Cosopt PF (Ophthalmic Solution),T3
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1 - QL	Coumadin (Oral Tablet),T2
Clonazepam ODT (0.5MG Oral Tablet Dispersible),T2 - QL	Creon (Oral Capsule Delayed Release Particles),T2
Clonidine (0.1MG/24HR Transdermal Patch Weekly),T2	Crestor (Oral Tablet),T3 - QL
Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T3	Crixivan (Oral Capsule),T2 - QL
Clonidine HCl (Oral Tablet Immediate Release),T1	Cromolyn Sodium (Inhalation Nebulization Solution),T4 - B/D,PA
Clopidogrel Bisulfate (75MG Oral Tablet),T1 - QL	Cromolyn Sodium (Oral Concentrate),T2

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.

Cyclophosphamide (Oral Capsule),T2 - B/D,PA
 Cyproheptadine HCl (Oral Tablet),T3 - PA; HRM

D

DARAPRIM (Oral Tablet),T4

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

Desmopressin Acetate (Oral Tablet),T2

Desvenlafaxine Succinate ER (50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2

Dexilant (Oral Capsule Delayed Release),T3 - QL

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% Transdermal Gel),T2

Diclofenac Sodium (Oral Tablet Delayed Release),T1

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

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Dificid (Oral Tablet),T4

Digoxin (125MCG Oral Tablet),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

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.

Immediate Release, 75MG Oral Tablet Immediate Release),T3	Cartridge),T4 - PA
Doxycycline Hyclate (Oral Capsule),T2	Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA
Dronabinol (Oral Capsule),T3 - PA	Entacapone (Oral Tablet),T3
Dulera (100-5MCG/ACT Inhalation Aerosol, 200-5MCG/ACT Inhalation Aerosol),T3 - QL	Entecavir (Oral Tablet),T3
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL	Entresto (Oral Tablet),T2 - QL
Durezol (Ophthalmic Emulsion),T3	Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA
Dutasteride (Oral Capsule),T2	Epclusa (Oral Tablet),T4 - PA; QL
Dymista (Nasal Suspension),T3	EpiPen 2-Pak (Injection Solution Auto- Injector),T3 - QL
E	EpiPen Jr 2-Pak (Injection Solution Auto- Injector),T3 - QL
Edarbi (Oral Tablet),T3 - QL	Epiduo (External Gel),T3 - ST
Edarbyclor (Oral Tablet),T3 - QL	Epiduo Forte (External Gel),T3 - ST
Elidel (External Cream),T3 - ST; QL	Epinephrine (Injection Solution Auto-Injector),T2 - QL
Eliquis (Oral Tablet),T2 - QL	Eplerenone (25MG Oral Tablet),T2
Eliquis Starter Pack (Oral Tablet),T2 - QL	Eplerenone (50MG Oral Tablet),T3
Elmiron (Oral Capsule),T4	Epzicom (Oral Tablet),T4 - QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Equetro (Oral Capsule Extended Release 12 Hour),T3
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Ergotamine-Caffeine (Oral Tablet),T2
Emgality (Subcutaneous Solution Auto- Injector),T3 - PA; QL	Erleada (Oral Tablet),T4 - PA
Enalapril Maleate (Oral Tablet),T1 - QL	Ertapenem Sodium (Injection Solution Reconstituted),T3
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Escitalopram Oxalate (Oral Tablet),T1
Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA	Estradiol (Oral Tablet),T3 - PA; HRM
Enbrel (Subcutaneous Solution Reconstituted),T4 - PA	Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL
Enbrel Mini (Subcutaneous Solution	Estradiol (Vaginal Cream),T3
	Ethosuximide (Oral Capsule),T2
	Ethosuximide (Oral Solution),T2
	Eucrisa (External Ointment),T3 - PA; QL

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Extavia (Subcutaneous Kit),T4

Ezetimibe (Oral Tablet),T1

Ezetimibe-Simvastatin (10-80MG Oral Tablet),T3 - QL

F

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1

Farxiga (Oral Tablet),T2 - QL

Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA

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

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

Finacea (External Gel),T3

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

Flac (Otic Oil),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, 18000UNIT/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 (Oral Suspension),T4 - QL

Fycompa (Oral Tablet),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

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Gentamicin Sulfate (Ophthalmic Solution),T1	Suspension Pen-Injector),T2
Gilenya (0.5MG Oral Capsule),T4 - QL	Humalog Mix 75/25 (Subcutaneous Suspension),T2
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe),T4	Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA
Glimepiride (Oral Tablet),T1 - QL	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA
Glipizide (Oral Tablet Immediate Release),T1 - QL	Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA
Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA
GlucaGen HypoKit (Injection Solution Reconstituted),T3	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA
Glucagon (Injection Kit) (Lilly),T2	Humulin 70/30 (Subcutaneous Suspension),T2
Glyxambi (Oral Tablet),T2 - QL	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Gocovri (Oral Capsule Extended Release 24 Hour),T4 - PA	Humulin N (Subcutaneous Suspension),T2
Guanidine HCl (Oral Tablet),T3	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2	Humulin R (Injection Solution),T2
H	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA; LA	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Haloperidol (Oral Tablet),T1	Hydralazine HCl (Oral Tablet),T1
Harvoni (90-400MG Oral Tablet),T4 - PA; QL	Hydrochlorothiazide (Oral Capsule),T1
Humalog (Subcutaneous Solution Cartridge),T2	Hydrochlorothiazide (Oral Tablet),T1
Humalog (Subcutaneous Solution),T2	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL
Humalog Mix 50/50 (Subcutaneous Suspension),T2	
Humalog Mix 50/50 KwikPen (Subcutaneous	

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Hydroxyurea (Oral Capsule),T1

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

Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent),T4 - PA; 7D; MME; DL; QL

Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent),T3 - PA; 7D; MME; DL; QL

I

Ibandronate Sodium (Oral Tablet),T2

Ibu (800MG Oral Tablet),T1

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

Ilevro (Ophthalmic Suspension),T2

Imatinib Mesylate (Oral Tablet),T4 - PA; QL

Imiquimod (5% External Cream),T2 - QL

Imiquimod Pump (3.75% External Cream),T4 - PA

Invexxy Maintenance Pack (Vaginal Insert),T2 - PA

Invexxy Starter Pack (Vaginal Insert),T2 - PA

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

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

Ingrezza (Oral Capsule),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 Syringes, Needles,T2

Intelligence (100MG Oral Tablet, 200MG Oral Tablet),T4 - QL

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 - ST

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

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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

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

Jardiance (Oral Tablet),T2 - QL

Jentaduetto (Oral Tablet Immediate Release),T2 - QL

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

Jublia (External Solution),T3

K

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

Kalydeco (Oral Tablet),T4 - PA; LA

Kazano (Oral Tablet),T3 - ST; QL

Ketoconazole (External Cream),T1 - QL

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 - QL

Korlym (Oral Tablet),T4 - PA; LA

Bold type = Brand name drug

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

Lastacraft (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),T3 - QL

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

Plain type = Generic drug

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Lidocaine HCl (4% External Solution),T2	Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA
Lidocaine HCl (External Gel),T1	Luzu (External Cream),T3 - QL
Lidocaine Viscous (2% Mouth/Throat Solution),T1	Lysodren (Oral Tablet),T4
Lidocaine-Prilocaine (External Cream),T2	M
Lindane (External Shampoo),T3	Mavyret (Oral Tablet),T4 - PA; QL
Linzess (Oral Capsule),T2 - QL	Mayzent (Oral Tablet),T4 - LA; QL
Liothyronine Sodium (Oral Tablet),T1	Meclizine HCl (12.5MG Oral Tablet),T1 - HRM
Lisinopril (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lithium Carbonate (Oral Capsule),T1	Meloxicam (Oral Tablet),T1
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Livalo (Oral Tablet),T2 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL
Lokelma (Oral Packet),T3 - QL	Mercaptopurine (Oral Tablet),T2
Lonhala Magnair (Inhalation Solution),T4 - QL	Meropenem (1GM Intravenous Solution Reconstituted),T3
Loperamide HCl (Oral Capsule),T1	Meropenem (500MG Intravenous Solution Reconstituted),T2
Lorazepam (Oral Tablet),T1 - QL	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL
Lorazepam Intensol (Oral Concentrate),T1 - QL	Metformin HCl (Oral Tablet Immediate Release),T1 - QL
Losartan Potassium (Oral Tablet),T1 - QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL
Lotemax (Ophthalmic Gel),T3	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lotemax (Ophthalmic Ointment),T3	Methazolamide (Oral Tablet),T3
Lotemax (Ophthalmic Suspension),T3	Methimazole (Oral Tablet),T1
Lotemax SM (Ophthalmic Gel),T3	Methotrexate (Oral Tablet),T1
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	

T1 = Tier 1

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Methscopolamine Bromide (Oral Tablet),T3

Methyldopa (Oral Tablet),T3 - PA; HRM

Methylphenidate HCl (Oral Tablet Chewable),T3 - QL

Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T2 - QL

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

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

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) (Generic Kadian),T4 - 7D; MME; DL; QL

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

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

Movantik (Oral Tablet),T3 - PA; QL

MoviPrep (Oral Solution Reconstituted),T3

Moxeza (Ophthalmic Solution),T3

Multaq (Oral Tablet),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Nadolol (Oral Tablet),T2

Naftin (External Cream),T3

Naftin (External Gel),T3

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

Naloxone HCl (Injection Solution Cartridge),T1

Naloxone HCl (Injection Solution Prefilled Syringe),T1

Naltrexone HCl (Oral Tablet),T2

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

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Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL	Syringe),T4 - ST
Naproxen (Oral Tablet Immediate Release),T1	Nivestym (Injection Solution),T4 - ST
Narcan (Nasal Liquid),T2	Nizatidine (Oral Capsule),T2
Nayzilam (Nasal Solution),T3 - QL	Norethindrone Acetate (5MG Oral Tablet),T1
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T3	Nortriptyline HCl (Oral Capsule),T1 - PA; HRM
Neomycin-Polymyxin-HC (Otic Suspension),T2	NovoLog (Subcutaneous Solution),T3 - PA
Nesina (Oral Tablet),T3 - ST; QL	NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA
Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA	NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA
Neupogen (Injection Solution Prefilled Syringe),T4 - ST	NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA
Neupogen (Injection Solution),T4 - ST	NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA
Neupro (Transdermal Patch 24 Hour),T3	Novolin 70/30 (Subcutaneous Suspension),T3 - PA
Nevanac (Ophthalmic Suspension),T3	Novolin N (Subcutaneous Suspension),T3 - PA
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2	Novolin R (Injection Solution),T3 - PA
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL	Nubeqa (Oral Tablet),T4 - PA; LA
Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release),T3	Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; LA; QL
Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release),T1	Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA; QL
Nicotrol (Inhalation Inhaler),T3	Nucala (Subcutaneous Solution Reconstituted),T4 - PA; LA; QL
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T2 - HRM	Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL
Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM	Nuedexta (Oral Capsule),T3 - PA; QL
Nitroglycerin (Tablet Sublingual),T1	Nutropin AQ NuSpin 10 (Subcutaneous Solution),T4 - PA
Nitrostat (Tablet Sublingual),T3	Nutropin AQ NuSpin 20 (Subcutaneous Solution),T4 - PA
Nivestym (Injection Solution Prefilled	Nutropin AQ NuSpin 5 (Subcutaneous Solution),T4 - PA
	Nystatin (External Cream),T1

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T4 = Tier 4

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Nystatin (External Ointment),T1

Nystatin (External Powder),T1 - QL

O

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T2

Olanzapine (Oral Tablet),T1 - QL

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 - QL

Opsumit (Oral Tablet),T4 - PA; LA

Orencia (Subcutaneous Solution Prefilled Syringe),T4 - PA

Orencia ClickJect (Subcutaneous Solution Auto-Injector),T4 - PA

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

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA; LA

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

OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent),T3 - PA; 7D; MME; DL; QL

OxyContin (30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent),T4 - PA; 7D; MME; DL; QL

Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),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 (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL

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

P

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

Pazeo (Ophthalmic Solution),T2

Penicillin V Potassium (Oral Tablet),T1

Bold type = Brand name drug

Plain type = Generic drug

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Pentasa (Oral Capsule Extended Release),T3 - QL	Suspension),T2
Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL	Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1
Permethrin (External Cream),T2	Prednisone (5MG/5ML Oral Solution),T3
Perseris (Subcutaneous Prefilled Syringe),T4	Premarin (Vaginal Cream),T2
Phenytoin Sodium Extended (Oral Capsule),T1	Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T4 - QL
Phoslyra (Oral Solution),T2	Prezista (75MG Oral Tablet),T3 - QL
Picato (External Gel),T2 - QL	Prezista (Oral Suspension),T4 - QL
Pilocarpine HCl (Oral Tablet),T3	Privigen (20GM/200ML Intravenous Solution),T4 - PA
Pimecrolimus (External Cream),T3 - ST; QL	ProAir HFA (Inhalation Aerosol Solution),T2
Pioglitazone HCl (Oral Tablet),T1 - QL	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2
Plegridy (Subcutaneous Solution Pen-Injector),T4	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA
Plegridy (Subcutaneous Solution Prefilled Syringe),T4	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector),T4	Proctosol HC (External Cream),T1
Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe),T4	Progesterone Micronized (Oral Capsule),T2
Pomalyst (Oral Capsule),T4 - PA	Prolastin-C (Intravenous Solution Reconstituted),T4 - PA; LA
Potassium Chloride CR (Oral Tablet Extended Release),T1	Prolensa (Ophthalmic Solution),T3
Potassium Chloride ER (Oral Capsule Extended Release),T1	Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL
Potassium Citrate ER (Oral Tablet Extended Release),T3	Promethazine HCl (12.5MG Oral Tablet),T3 - PA; HRM
Pradaxa (Oral Capsule),T3 - ST; QL	Propranolol HCl (Oral Tablet),T1
Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; LA; QL	Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1	Propylthiouracil (Oral Tablet),T1
Pravastatin Sodium (Oral Tablet),T1 - QL	Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST
Prazosin HCl (Oral Capsule),T1	
Prednisolone Acetate (Ophthalmic	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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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 (150MG 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

Royaldee (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

Renagel (Oral Tablet),T4

Repatha (Subcutaneous Solution Prefilled

Syringe),T2 - PA; QL

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

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

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

Retacrit (Injection Solution),T3 - PA

Revlimid (Oral Capsule),T4 - PA; LA

Rexulti (Oral Tablet),T4 - QL

Reyataz (Oral Capsule),T4 - QL

Reyataz (Oral Packet),T4 - QL

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T2

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

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Ropinirole HCl (Oral Tablet Immediate Release),T1
Rosuvastatin Calcium (Oral Tablet),T1 - QL
Roweepra (1000MG Oral Tablet Immediate Release),T1
Rybelsus (Oral Tablet),T2 - QL
Rytary (Oral Capsule Extended Release),T3 - ST
S
Sancuso (Transdermal Patch),T4 - QL
Santyl (External Ointment),T3
Saphris (Tablet Sublingual),T4
Savella (Oral Tablet),T2
Savella Titration Pack (Oral Tablet),T2
Seebri Neohaler (Inhalation Capsule),T3 - ST
Selegiline HCl (Oral Capsule),T2
Selegiline HCl (Oral Tablet),T2
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T4 - QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Sertraline HCl (Oral Tablet),T1
Sevelamer Carbonate (Oral Packet),T4
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T3
Sevelamer HCl (800MG Oral Tablet) (Generic Renagel),T3
Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA
Silodosin (Oral Capsule),T3 - QL
Silver Sulfadiazine (External Cream),T1
Simbrinza (Ophthalmic Suspension),T2

Simponi (Subcutaneous Solution Auto-Injector),T4 - PA
Simponi (Subcutaneous Solution Prefilled Syringe),T4 - PA
Simvastatin (Oral Tablet),T1 - QL
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA
Sodium Polystyrene Sulfonate (Oral Powder),T2
Sodium Polystyrene Sulfonate (Oral Suspension),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 (120MG Oral Tablet),T1
Sovaldi (400MG Oral Tablet),T4 - PA; QL
Spiriva HandiHaler (Inhalation Capsule),T2 - QL
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL
Spirolactone (Oral Tablet),T1
Sprycel (Oral Tablet),T4 - PA
Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA
Stelara (Subcutaneous Solution),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

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.

Sulfasalazine (Oral Tablet Delayed Release),T1	LA; QL
Sulfasalazine (Oral Tablet Immediate Release),T1	Tecfidera Starter Pack (Oral),T4 - LA
Sumatriptan Succinate (Oral Tablet),T1 - QL	Telmisartan (Oral Tablet),T1 - QL
Sunosi (Oral Tablet),T3 - PA; QL	Telmisartan-HCTZ (Oral Tablet),T3 - QL
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted),T3	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2 - HRM; QL
Suprax (500MG/5ML Oral Suspension Reconstituted),T3	Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL
Suprax (Oral Capsule),T2	Terazosin HCl (Oral Capsule),T1
Suprax (Oral Tablet Chewable),T2	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
Suprep Bowel Prep Kit (Oral Solution),T2	Testosterone Cypionate (Intramuscular Solution),T1
Symbicort (Inhalation Aerosol),T2 - QL	Theophylline (Oral Solution),T3
Symjepi (Injection Solution Prefilled Syringe),T3 - QL	Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T3
SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA	Theophylline ER (Oral Tablet Extended Release 24 Hour),T1
SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA	Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T1
Synjardy (Oral Tablet Immediate Release),T2 - QL	Timolol Maleate (0.5% (DAILY) Ophthalmic Solution),T3
Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2
Synthroid (Oral Tablet),T2	Timoptic Ocudose (Ophthalmic Solution),T3
T	Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T4 - QL
TOBI Podhaler (Inhalation Capsule),T4 - PA; QL	Tizanidine HCl (Oral Tablet),T1
Tadalafil (PAH) (20MG Oral Tablet),T3 - PA	TobraDex ST (Ophthalmic Suspension),T3
Tamoxifen Citrate (Oral Tablet),T1	Tobramycin (Ophthalmic Solution),T1
Tamsulosin HCl (Oral Capsule),T1	
Targretin (External Gel),T4 - PA; QL	
Targretin (Oral Capsule),T4 - PA	
Tasigna (Oral Capsule),T4 - PA	
Tecfidera (Oral Capsule Delayed Release),T4 -	

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Tobramycin-Dexamethasone (Ophthalmic Suspension),T2	Triamcinolone Acetonide (External Cream),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T2	Triamterene-HCTZ (Oral Capsule),T1
Topiramate (Oral Tablet),T1	Triamterene-HCTZ (Oral Tablet),T1
Toremifene Citrate (Oral Tablet),T4	Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trintellix (Oral Tablet),T3
Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL	Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL
Tracleer (Oral Tablet Soluble),T4 - PA; LA; QL	Truvada (Oral Tablet),T4 - QL
Tracleer (Oral Tablet),T4 - PA; LA; QL	Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA
Tradjenta (Oral Tablet),T2 - QL	U
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Uceris (Rectal Foam),T3
Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL	Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA
Tranexamic Acid (Oral Tablet),T2	Uptravi (Oral Tablet Therapy Pack),T4 - PA; LA
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T3 - PA; HRM	Uptravi (Oral Tablet),T4 - PA; LA; QL
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1	Ursodiol (Oral Capsule),T2
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL	Ursodiol (Oral Tablet),T3
Tresiba (Subcutaneous Solution),T2	Utibron Neohaler (Inhalation Capsule),T3 - ST
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2	V
Tretinoin (External Cream),T3 - PA	Valacyclovir HCl (Oral Tablet),T2 - QL
Tretinoin (External Gel),T3 - PA	Valganciclovir HCl (Oral Tablet),T2 - QL
Tretinoin (Oral Capsule),T4	Valproic Acid (Oral Capsule),T2
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T1	Valproic Acid (Oral Solution),T1
	Valsartan (Oral Tablet),T1 - QL
	Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
	Vascepa (Oral Capsule),T3
	Velphoro (Oral Tablet Chewable),T4
	Veltassa (Oral Packet),T4 - QL
	Ventolin HFA (Inhalation Aerosol Solution),T3 -

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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ST	Xifaxan (550MG Oral Tablet),T4 - PA
Verapamil HCl (Oral Tablet Immediate Release),T1	Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3	Xiidra (Ophthalmic Solution),T3 - QL
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T2	Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Versacloz (Oral Suspension),T4	Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA
Viberzi (Oral Tablet),T4 - PA; QL	Xolair (Subcutaneous Solution Reconstituted),T4 - PA; LA
Victoza (Subcutaneous Solution Pen-Injector),T2 - QL	Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL
Viibryd (Oral Tablet),T3	Xtandi (Oral Capsule),T4 - PA; LA
Viibryd Starter Pack (Oral Kit),T3	Y
Vimpat (Oral Solution),T3 - QL	Yupelri (Inhalation Solution),T4 - B/D,PA; QL
Vimpat (Oral Tablet),T3 - QL	Z
Vosevi (Oral Tablet),T4 - PA; QL	Zafirlukast (Oral Tablet),T2
Vyvance (Oral Capsule),T3	Zaleplon (Oral Capsule),T2 - HRM; QL
Vyvance (Oral Tablet Chewable),T3	Zarxio (Injection Solution Prefilled Syringe),T4
Vyzulta (Ophthalmic Solution),T3	Zenpep (Oral Capsule Delayed Release Particles),T2
W	Zepatier (Oral Tablet),T4 - PA; QL
Warfarin Sodium (Oral Tablet),T1	Zioptan (Ophthalmic Solution),T3
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL	Zirgan (Ophthalmic Gel),T3
X	Zolpidem Tartrate (Oral Tablet Immediate Release),T3 - PA; HRM; QL
Xarelto (Oral Tablet),T2 - QL	Zonisamide (Oral Capsule),T1
Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL	Zontivity (Oral Tablet),T3 - PA
	Zostavax (Subcutaneous Suspension Reconstituted),T3 - PA; QL
	Zubsolv (1.4-0.36MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet

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<hr/> Sublingual),T3 - QL <hr/>	<hr/> QL <hr/>
Zubsolv (11.4-2.9MG Tablet Sublingual),T4 -	Zylet (Ophthalmic Suspension),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment

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

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

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

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 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/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Statements of Understanding

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

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

I need to keep my Medicare Part A and/or Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

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

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

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

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

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

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.

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

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

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

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



1-866-622-8014, TTY 711

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



www.uhcretiree.com/NMRHCA



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