

UC Medicare Choice Plan Guide 2021

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

Group Number: 15896

Effective: January 1, 2021 through December 31, 2021



Table of Contents

Introduction..... 3

Plan Information

Plan Information..... 7
Summary of Benefits..... 17

Drug List

Drug List..... 34
Additional Drug Coverage..... 57

What's Next

Here's What You Can Expect Next..... 66
Statements of Understanding..... 67

Introducing the Plan

UC Medicare Choice

Dear University of California Retiree,

The University of California (UC) has selected UnitedHealthcare® to offer UC Medicare Choice, a UnitedHealthcare® Group Medicare Advantage (PPO) plan, for eligible retirees (and their Medicare-eligible family members) who reside in California. As a UC Medicare Choice member, you'll have a team committed to understanding your needs, connecting you to the care you need and helping you manage your health.

UC Medicare Choice delivers all the benefits of Original Medicare (Parts A and B), includes prescription drug coverage (Part D) and offers additional benefits and services.

Let us help you:

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

In this book you will find:

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

How to enroll

You should have received information from UC about enrolling into Medicare and how to access the required Medicare Assignment form. Complete and return the form with a copy of your Medicare ID card to the UC Retirement Administration Service Center (RASC). Taking action by the due date avoids delay in your enrollment into the UC Medicare Choice plan. If you have family members who are not Medicare-eligible, they will remain in UC Blue & Gold (HMO), which is the “partner plan” for UC Medicare Choice.

If you are eligible for premium-free Part A, UC requires you to enroll in the UC Medicare Choice plan. Please contact RASC at **1-800-888-8267**, 8:30 a.m. – 4:30 p.m. PT, Monday – Friday, with your questions.

Questions? We're here to help.



www.UHCRetiree.com/uc



Call toll-free **1-866-887-9533**, TTY **711**,
8 a.m. – 8 p.m. PT, 7 days a week

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness
Experience

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Plan Information

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Plan Details

UC Medicare Choice

The University of California (UC) has chosen to offer UC Medicare Choice, a UnitedHealthcare® Group Medicare Advantage (PPO) plan. The word “Group” means this is a plan designed just for UC. Only eligible UC retirees (and their Medicare-eligible family members) in California can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. Medicare Advantage 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 enrolled in both Medicare Part A and Medicare Part B to enroll in UC Medicare Choice.

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security. Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 8 a.m. – 5:30 p.m., Monday – Friday.
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

UC Medicare Choice coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Medicare Part D
Prescription drugs

+



Extra Programs
Beyond Original Medicare

How UC Medicare Choice works

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

✓ One plan at a time

- You must 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 the UC Medicare Choice plan. Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through UC.



Remember: If you drop or are disenrolled from your group-sponsored retiree coverage, you may experience a lapse in coverage.

Questions? We're here to help.



www.UHCRetiree.com/uc



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8 a.m. – 8 p.m. PT, 7 days a week

How your medical coverage works

UC Medicare Choice is a Medicare Advantage Preferred Provider Organization (PPO) plan

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

	In-Network	Out-of-Network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
What is my copay?	Copays vary by service. ²	Copays 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 for the services you get. ²	You will pay your standard copay 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/uc

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 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, independent local retail pharmacies and UC Medical Center pharmacies.

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

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

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

What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug cost tier your prescription falls in to.

- **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/uc



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8 a.m. – 8 p.m. PT, 7 days a week

Ways to save on your prescription drugs

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

- ✓ **Get a 3-month supply at retail pharmacies**
In addition to OptumRx® Home Delivery, most retail pharmacies, including UC Medical Center 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/uc

To request a printed directory, call Customer Service toll-free at:
1-866-887-9533, TTY **711**, 8 a.m. – 8 p.m. PT, 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 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.



What is IRMAA?

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



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

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

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

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



Call Social Security to see if you qualify for Extra Help

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

Toll-free call **1-800-772-1213**, TTY **1-800-325-0778**, between 8 a.m. – 5:30 p.m., Monday – Friday.

Questions? We're here to help.



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Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network.
- Even though it's not required it's important to have a primary care provider.
- Unlike most PPO plans, with UC Medicare Choice, you pay the same share of cost in and out-of-network as long as your providers participate in Medicare and accept the plan*.
- With your UC Medicare Choice 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 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. 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, including UC Medical Center pharmacies.¹

*Outpatient licensed behavioral health providers do not need to participate in Medicare.

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 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.

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

Tools and resources to put you in control



Go online for valuable plan information

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

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



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*, a health and wellness resource by UnitedHealthcare, can be your guide.³ *Renew*, the UC Medicare Choice 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

Group Name: UC Medicare Choice
Group Number: 15896

H2001-847-000

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 **1-866-887-9533**, TTY **711**
8 a.m. - 8 p.m. PT, 7 days a week



www.UHCRetiree.com/uc



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/uc 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 UC Medicare Choice.

The University of California (UC) has selected UnitedHealthcare® to offer UC Medicare Choice, a UnitedHealthcare® Group Medicare Advantage (PPO) which 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 the University of California (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/uc 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.

[#]Outpatient licensed behavioral health providers do not need to participate in Medicare.

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator or go to ucal.us/oe to determine your actual premium amount, if applicable.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>	

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	\$0 copay	\$0 copay
Doctor Visits	Primary Care Provider	\$20 copay	\$20 copay
	Specialists ¹	\$20 copay	\$20 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell. \$20 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$20 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training	

Benefits

		In-Network	Out-of-Network
		<p>Glaucoma screening Hepatitis C screening HIV screening Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)</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>\$65 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>	

Benefits

		In-Network	Out-of-Network
<p>Urgently Needed Services Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Covered services include urgently needed services obtained at a retail walk-in clinic or an urgent care center. Worldwide coverage for urgently needed services when medical services are needed right away because of an illness, injury, or condition that you did not expect or anticipate, and you can't wait until you are back in our plan's service area to obtain services. There is no additional cost share if you get multiple services in a visit.</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>	<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>Diagnostic Tests, Lab and Radiology Services, and X-Rays</p>	Diagnostic radiology services (e.g. MRI) ¹	\$0 copay	\$0 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay	\$0 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay
<p>Hearing Services</p>	Exam to diagnose and treat hearing and balance issues ¹	\$20 copay	\$20 copay
	Routine hearing exam	\$20 copay (1 exam per plan year)*	\$20 copay (1 exam per plan year)*
	Hearing Aids	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years*.	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years*.

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$20 copay	\$20 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$20 copay (1 exam every 12 months)*	\$20 copay (1 exam every 12 months)*
Mental Health	Inpatient visit (including inpatient substance abuse services) ¹	\$250 copay per stay	\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
	Virtual Behavioral Visits	\$20 copay	\$20 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day	\$0 copay per day
		Our plan covers unlimited days in a SNF per benefit period.	
Physical Therapy and speech and language therapy visit¹		\$20 copay	\$20 copay
Ambulance²		\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
Post-Discharge Routine Transportation		<p>\$0 copay; Post-Discharge Routine Transportation coverage for unlimited rides up to 30 days upon referral from a UnitedHealthcare Clinical Advocate, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through LogistiCare to plan approved, medically related appointments (locations). Restrictions apply. Contact LogistiCare for additional details and to schedule your trips: (833) 219-1182, TTY: 844-488-9724, 8:00 a.m.- 5:00 p.m. Monday - Friday Local Time or by visiting www.logisticare.com/BookNow</p>	
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.

The University of California 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/uc or call Customer Service to have a hard copy sent to you.

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

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

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage	Retail Cost-Sharing^{†**}	Mail Order or Retail Cost-Sharing^{†**}
	One-month supply	Three-month supply
Tier 1: Preferred Generic	\$5 copay	\$10 copay
Tier 2: Preferred Brand	\$25 copay	\$50 copay
Tier 3: Non-preferred Drug	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$25 copay	\$50 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. Your cost is the same as it was in the Initial Coverage Stage.	
Stage 4: Catastrophic Coverage	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$6,550 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	

†Please see the Additional Drug Coverage for the plan's \$0 copay drugs.

** Includes UC Medical Center pharmacies

Pharmacy Out-of-Pocket Maximum

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

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	\$20 copay	\$20 copay
	Routine acupuncture	\$20 copay (Up to 24 visits per plan year)*	\$20 copay (Up to 24 visits per plan year)*
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay	\$20 copay
	Routine chiropractic care	\$20 copay (Up to 24 visits per plan year)*	\$20 copay (Up to 24 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>

Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	\$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>	
Podiatry Services (Foot care)	Foot exams and treatment ¹	\$20 copay	\$20 copay
	Routine foot care	\$20 copay for each visit (Up to 12 visits per plan year)*	\$20 copay for each visit (Up to 12 visits per plan year)*
Home Health Care¹		\$0 copay	\$0 copay
Hospice		<p>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.</p>	

Additional Benefits

		In-Network	Out-of-Network
Post-Discharge Meals		<p>\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom's Meals. Restrictions apply. Contact Mom's Meals for additional details if you have been referred into the program. 1-855-428-6667 Hours of Operation: Monday - Friday from 7am to 6pm Central Time Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.</p>	
NurseLine		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational Therapy Visit¹		\$20 copay	\$20 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
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.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते 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 Part D prescription drugs filed with CMS 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 amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066_200423_093000_M

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

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

Bold type = Brand name drug

Plain type = Generic drug

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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

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.

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

T1 = Tier 1

T2 = Tier 2

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

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

Dexilant (Oral Capsule Delayed Release),T3 - QL

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

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

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

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

Diclofenac Potassium (Oral Tablet),T1

Diclofenac Sodium (1% Transdermal Gel),T1

Diclofenac Sodium (Oral Tablet Delayed Release),T1

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

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Dificid (Oral Tablet),T4

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

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

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

Diltiazem HCl (Oral Tablet Immediate Release),T1

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

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

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

24 Hour),T1

Dipentum (Oral Capsule),T4

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

Disulfiram (Oral Tablet),T1

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

Donepezil HCl (Oral Tablet),T1 - QL

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

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Oral Tablet),T1

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

Doxycycline Hyclate (Oral Capsule),T1

Dronabinol (Oral Capsule),T1 - PA

Duavee (Oral Tablet),T3 - PA; HRM

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

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

Durezol (Ophthalmic Emulsion),T3

Dutasteride (Oral Capsule),T1

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Hour),T4 - PA	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Guanidine HCl (Oral Tablet),T3	Humulin N (Subcutaneous Suspension),T2
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2
H	Humulin R (Injection Solution),T2
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA; LA	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2
Haloperidol (Oral Tablet),T1	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Harvoni (90-400MG Oral Tablet),T4 - PA; QL	Hydralazine HCl (Oral Tablet),T1
Humalog (Subcutaneous Solution Cartridge),T2	Hydrochlorothiazide (Oral Capsule),T1
Humalog (Subcutaneous Solution),T2	Hydrochlorothiazide (Oral Tablet),T1
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydrocodone-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog Mix 50/50 (Subcutaneous Suspension),T2	Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxyurea (Oral Capsule),T1
Humalog Mix 75/25 (Subcutaneous Suspension),T2	Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxyzine HCl (Oral Tablet),T1 - PA; HRM
Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA	Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent),T4 - PA; 7D; MME; DL; QL
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA	Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent),T3 - PA; 7D; MME; DL; QL
Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA	I
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA	Ibandronate Sodium (Oral Tablet),T1
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA	Ibu (800MG Oral Tablet),T1
Humulin 70/30 (Subcutaneous Suspension),T2	Ibuprofen (400MG Oral Tablet, 600MG Oral

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

T1 = Tier 1

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

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

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

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.

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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

Bold type = Brand name drug

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

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

T1 = Tier 1

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

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

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

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

Retacrit (Injection Solution),T3 - PA

Revlimid (Oral Capsule),T4 - PA; LA

Rexulti (Oral Tablet),T4 - QL

Reyataz (Oral Capsule),T4 - QL

Reyataz (Oral Packet),T4 - QL

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T1

Rifabutin (Oral Capsule),T1

Rifampin (Oral Capsule),T1

Riluzole (Oral Tablet),T1

Rimantadine HCl (Oral Tablet),T1

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

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

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

Risperidone (Oral Tablet),T1

Ritonavir (Oral Tablet),T1 - QL

Rivastigmine Tartrate (Oral Capsule),T1

Rizatriptan Benzoate (Oral Tablet),T1 - QL

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

Rocklatan (Ophthalmic Solution),T2 - ST

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Roweepra (1000MG Oral Tablet Immediate Release),T1

Rybelsus (Oral Tablet),T2 - QL

Rytary (Oral Capsule Extended Release),T3 - ST

S

Sancuso (Transdermal Patch),T4 - QL

Santyl (External Ointment),T3

Saphris (Tablet Sublingual),T4

Savella (Oral Tablet),T2

Savella Titration Pack (Oral Tablet),T2

Seebri Neohaler (Inhalation Capsule),T3 - ST

Selegiline HCl (Oral Capsule),T1

Selegiline HCl (Oral Tablet),T1

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

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

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T1

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

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

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

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

Silodosin (Oral Capsule),T1 - QL

Silver Sulfadiazine (External Cream),T1

Drug List

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.

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Xiidra (Ophthalmic Solution),T3 - QL	Zenpep (Oral Capsule Delayed Release Particles),T2
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Zepatier (Oral Tablet),T4 - PA; QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Zioptan (Ophthalmic Solution),T3
Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA	Zirgan (Ophthalmic Gel),T3
Xolair (Subcutaneous Solution Reconstituted),T4 - PA; LA	Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - PA; HRM; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL	Zonisamide (Oral Capsule),T1
Xtandi (Oral Capsule),T4 - PA; LA	Zontivity (Oral Tablet),T3 - PA
Y	Zostavax (Subcutaneous Suspension Reconstituted),T3 - PA; QL
Yupelri (Inhalation Solution),T4 - B/D,PA; QL	Zubsolv (1.4-0.36MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual),T3 - QL
Z	Zubsolv (11.4-2.9MG Tablet Sublingual),T4 - QL
Zafirlukast (Oral Tablet),T1	Zylet (Ophthalmic Suspension),T3
Zaleplon (Oral Capsule),T1 - HRM; QL	
Zarxio (Injection Solution Prefilled Syringe),T4	

Bold type = Brand name drug

Plain type = Generic drug

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Additional Drug Coverage

Additional prescription drug coverage

UC Medicare Choice includes extra coverage for certain drugs and supplies as shown below.

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

Lower-cost Medicare prescription drugs and supplies

UC Medicare Choice covers some of your Medicare prescription drugs and supplies at a \$0 copay.¹

Birth Control	
All oral contraceptives (generic only)	Atenolol 25mg Tablet
Annovera (vaginal ring)	Atenolol 50mg Tablet
Kyleena (intrauterine device)	Atenolol/Chlorthalidone 100-25mg Tablet
Medroxyprogesterone 150mg/mL injection	Atenolol/Chlorthalidone 50-25mg Tablet
Mirena (intrauterine device)	Benazepril 10mg Tablet
Nexplanon (contraceptive implant)	Benazepril 20mg Tablet
EluRyng (vaginal ring)	Benazepril 40mg Tablet
Skyla (intrauterine device)	Benazepril 5mg Tablet
Xulane (patch)	Bisoprolol/Hydrochlorothiazide 10-6.25mg Tablet
Emergency Birth Control	
Ella	Bisoprolol/Hydrochlorothiazide 2.5-6.25mg Tablet
Diabetic supplies	
Alcohol swabs	Bisoprolol/Hydrochlorothiazide 5-6.25mg Tablet
Gauze pads	Chlorthalidone 25mg Tablet
InPen	Chlorthalidone 50mg Tablet
Insulin pen needles	Citalopram 10mg Tablet
Insulin syringes	Citalopram 20mg Tablet
Omnipod	Citalopram 40mg Tablet
V-Go	Enalapril 10mg Tablet
Select Generic Medications	
Alendronate 10mg Tablet	Enalapril 2.5mg Tablet
Alendronate 35mg Tablet	Enalapril 20mg Tablet
Alendronate 5mg Tablet	Enalapril 5mg Tablet
Alendronate 70mg Tablet	Enalapril/Hydrochlorothiazide 10-25mg Tablet
Atenolol 100mg Tablet	Enalapril/Hydrochlorothiazide 5-12.5mg Tablet
	Escitalopram 10mg Tablet
	Escitalopram 20mg Tablet
	Escitalopram 5mg Tablet
	Fosinopril 10mg Tablet

Fosinopril 20mg Tablet

Fosinopril 40mg Tablet

Glipizide 10mg Tablet

Glipizide 5mg Tablet

Glipizide ER & XL 10mg Tablet

Glipizide ER & XL 2.5mg Tablet

Glipizide ER & XL 5mg Tablet

Hydrochlorothiazide 12.5mg Capsule & Tablet

Hydrochlorothiazide 25mg Tablet

Hydrochlorothiazide 50mg Tablet

Lisinopril 10mg Tablet

Lisinopril 2.5mg Tablet

Lisinopril 20mg Tablet

Lisinopril 30mg Tablet

Lisinopril 40mg Tablet

Lisinopril 5mg Tablet

Lisinopril/Hydrochlorothiazide 10-12.5mg Tablet

Lisinopril/Hydrochlorothiazide 20-12.5mg Tablet

Lisinopril/Hydrochlorothiazide 20-25mg Tablet

Losartan 100mg Tablet

Losartan 25mg Tablet

Losartan 50mg Tablet

Losartan/Hydrochlorothiazide 100-12.5mg Tablet

Losartan/Hydrochlorothiazide 100-25mg Tablet

Losartan/Hydrochlorothiazide 50-12.5mg Tablet

Lovastatin 10mg Tablet

Lovastatin 20mg Tablet

Lovastatin 40mg Tablet

Metformin 1000mg Tablet

Metformin 500mg ER Tablet (generic Glucophage XR)

Metformin 500mg Tablet

Metformin 750mg ER Tablet (generic Glucophage XR)

Metformin 850mg Tablet

Metoprolol Succinate 100mg ER Tablet

Metoprolol Succinate 25mg ER Tablet

Metoprolol Succinate 50mg ER Tablet

Metoprolol Tartrate 100mg Tablet

Metoprolol Tartrate 25mg Tablet

Metoprolol Tartrate 50mg Tablet

Pravastatin 10mg Tablet

Pravastatin 20mg Tablet

Pravastatin 40mg Tablet

Pravastatin 80mg Tablet

Quinapril 10mg Tablet

Quinapril 20mg Tablet

Quinapril 40mg Tablet

Quinapril 5mg Tablet

Ramipril 1.25mg Capsule

Ramipril 10mg Capsule

Ramipril 2.5mg Capsule

Ramipril 5mg Capsule

Rosuvastatin 10mg Tablet

Rosuvastatin 20mg Tablet

Rosuvastatin 40mg Tablet

Rosuvastatin 5mg Tablet

Sertraline 100mg Tablet

Sertraline 25mg Tablet

Sertraline 50mg Tablet

Simvastatin 10mg Tablet

Simvastatin 20mg Tablet

Simvastatin 40mg Tablet

Simvastatin 5mg Tablet

Valsartan 160mg Tablet

Valsartan 320mg Tablet

Valsartan 40mg Tablet

Valsartan 80mg Tablet

Vaccines

All vaccines

Lower-cost non-Medicare prescription drugs and supplies

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

Your plan covers these prescription drugs at a \$0 copay.

Drug Name
Cholera vaccine
Oral typhoid vaccine

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

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

Bonus Drug List

Your plan sponsor, University of California, offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the UC Medicare Choice plan's drug list (formulary).

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

Although you pay the same copay for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. However, these costs will apply to your annual drug out-of-pocket maximum.

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

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

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

QL - Quantity limits

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

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

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

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

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What's Next

Here's What You Can Expect Next as a New Member

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. Should your member ID card be misplaced or lost, a temporary member ID card can also be printed online or viewed using the digital app.

Health Assessment In the first 90 days after your plan's effective date, we will reach out to you. Medicare requires us to reach out to you 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 the UC Medicare Choice 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 of 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/uc

 Call toll-free **1-866-887-9533**, TTY **711**,
8 a.m. – 8 p.m. PT, 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.

NOTES

A series of horizontal lines for writing notes, starting from the top of the page below the 'NOTES' header and extending down to the bottom.



1-866-887-9533, TTY 711
8 a.m. - 8 p.m. PT, 7 days a week



www.UHCRetiree.com/uc

