



Plan Guide 2023

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

City of Seattle

UnitedHealthcare® Group Medicare Advantage (HMO)

Group Number: 801855



Effective: January 1, 2023 through December 31, 2023

**United
Healthcare**

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Introducing the Plan

UnitedHealthcare® Group Medicare Advantage plan

Dear Retiree,

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

Let us help you:

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

In this book, you will find:

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

How to enroll

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

You can get 2023 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your plan materials.

Questions? We're here to help.

 retiree.uhc.com



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

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Fitness Program



Health & Wellness Experience

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Plan Information

Benefit Highlights

City of Seattle 801855

Effective January 1, 2023 to December 31, 2023

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions.

Plan costs

| | In-network |
|--|---------------|
| Annual medical deductible | No deductible |
| Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care) | \$2,000 |

Medical benefits

Medical benefits covered by the plan and Original Medicare

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

Medical benefits

Medical benefits covered by the plan and Original Medicare

| | In-network |
|--|------------------------|
| Outpatient X-rays | \$0 copay |
| Therapeutic radiology services such as radiation treatment for cancer | \$25 copay |
| Ambulance | \$50 copay |
| Emergency care | \$50 copay (worldwide) |
| Urgently needed services | \$35 copay (worldwide) |

Additional benefits and programs not covered by Original Medicare

| | In-network |
|--|---|
| Routine physical | \$0 copay; 1 per plan year |
| Foot care - routine | \$20 copay, 6 visits per plan year |
| UnitedHealthcare Healthy at Home | \$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required. |
| Hearing - routine exam | \$0 copay, 1 exam per plan year |
| Hearing Aids UnitedHealthcare Hearing | Plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. |
| Vision - routine eye exam | \$20 copay, 1 exam every 12 months |
| Fitness program Renew Active® by UnitedHealthcare | \$0 copay for a standard gym membership at participating locations |
| Telephonic nurse services | Receive access to nurse consultations and additional clinical resources at no additional cost. |
| Personal Emergency Response System (PERS) Lifeline | \$0 copay for a personal emergency response system. |

Prescription drugs

| | Your cost | |
|-----------------------------------|---|---------------------------------------|
| Initial coverage stage | Network pharmacy (30-day retail supply) | Mail service pharmacy (90-day supply) |
| Tier 1: Preferred Generic | \$4 copay | \$8 copay |
| Tier 2: Preferred Brand | \$28 copay | \$74 copay |
| Tier 3: Non-preferred Drug | \$58 copay | \$164 copay |
| Tier 4: Specialty Tier | 33% coinsurance | 33% coinsurance |
| Coverage gap stage | After your total drug costs reach \$4,660, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs | |

Prescription drugs

| | Your cost |
|------------------------------------|---|
| Catastrophic coverage stage | After your total out-of-pocket costs reach \$7,400, you will pay the greater of \$4.15 copay for generic (including brand drugs treated as generic), \$10.35 copay for all other drugs, or 5% coinsurance |

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

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

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Plan Details

UnitedHealthcare® Group Medicare Advantage (HMO)

Your former employer or plan sponsor has chosen a UnitedHealthcare Group Medicare Advantage plan. The word “Group” means this is a plan designed just for a former employer or plan sponsor like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan. “Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



Make sure you know what parts of Medicare you have

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

- If you’re not sure if you are enrolled in Medicare Part B, check with Social Security
- Visit ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

Medicare Advantage Coverage:



Medicare Part A
Hospital



Medicare Part B
Doctor and Outpatient



Medicare Part D
Prescription Drugs



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

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

✓ One plan at a time

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



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

Questions? We're here to help.



retiree.uhc.com



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

How your medical coverage works

Your plan is a Health Maintenance Organization (HMO) plan

That means you must get care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and, in some cases, may refer you to a specialist.

| | In-network | Out-of-network |
|--|---|---|
| Will the doctor or hospital accept my plan? | Yes | No |
| Do I have to pay the full cost for all covered doctor or hospital services? | No, you will pay your standard copay or coinsurance for the services you get ¹ | Yes |
| What is my copay or coinsurance? | Copays and coinsurance vary by service ¹ | You must pay the full cost for services except in case of emergency |
| Do I need to choose a primary care provider (PCP)? | Yes | N/A |
| Do I need a referral to see a specialist? | Yes | N/A |
| Are emergency and urgently needed services covered? | Yes | Yes |
| Is there a limit on how much I can spend on medical services each year? | Yes | N/A |

View Your Plan Information Online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: retiree.uhc.com

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

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

How your prescription drug coverage works

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

Here are answers to common questions:

What pharmacies can I use?

You can choose from thousands of national chain, regional and independent local retail pharmacies.

What is a drug-cost tier?

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

What will I pay for my prescription drugs?

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

Can I have more than 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.




retiree.uhc.com



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

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

Ways to help 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 from Optum® Home Delivery through OptumRx. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
-  **Get a 3-month¹ supply at retail pharmacies**
In addition to Optum Home Delivery through OptumRx pharmacy, most retail pharmacies offer 3-month supplies for some prescription drugs.
-  **Ask your doctor about trial supplies**
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
-  **Explore lower-cost options**
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
-  **Have an annual medication review**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.
-  **Filling your prescriptions is convenient**
UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.²



The UnitedHealthcare Savings Promise

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

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

²Network size varies by market.



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 LEP is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

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

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



Call Social Security to see if you qualify for Extra Help

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

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

Questions? We're here to help.



retiree.uhc.com



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

Getting the health care coverage you may need

Your care begins with your doctor

- To get your full coverage through your plan, you will need to choose a primary care provider from our local network. Your doctor may already be in our network
- Your primary care provider will help refer you to specialists when needed
- With your UnitedHealthcare® Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life

Finding a doctor is easy

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

The UnitedHealthcare network of doctors

There is value in choosing a network doctor beyond having your benefits covered. UnitedHealthcare works closely with its network of doctors to help provide them support.

Take advantage of UnitedHealthcare's additional support and programs



Annual Physical and Wellness Visit¹

An Annual Wellness Visit with your doctor and many preventive services at \$0 copay is one of the best ways to start your year off and stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward* for completing and reporting your Annual Wellness Visit.



In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare® HouseCalls², you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

The visit takes up to an hour and is tailored to your needs. It includes health screenings and a chance to:

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

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



24/7 Nurse Support

Speak to a registered nurse 24/7 over the phone about your medical concerns at no additional cost to you.



Chronic Conditions Programs

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



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ and Teladoc® (medical visits only) 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 may be good for minor health concerns like:

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

Virtual Behavioral Health Visits

May be best for:

- Initial evaluation
- Behavioral Health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

Mental and Behavioral Health

Nothing is more important than your health, which includes your mental health. You have access to many resources that may help improve your emotional and mental health, including:

- Personalized virtual therapy programs with AbleTo
- Ongoing mental health support with Optum® Behavioral Health
- Health and wellness resources with Renew by UnitedHealthcare



Custom-Programmed Hearing Aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+³ UnitedHealthcare Hearing providers nationwide⁴ or delivered to your doorstep with direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.



UnitedHealthcare Fitness Program

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



And so much more to help you live a healthier life

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

Tools and resources to help put you in control



Go online for valuable plan information

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

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary 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 explore all Renew has to offer based on your interests and goals
- Sign up to get your Explanation of Benefits online



Live Healthier with Renew

Explore Renew by UnitedHealthcare,⁵ our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

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

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

²HouseCalls may not be available in all areas.

³Network size varies by market.

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

⁵Renew by UnitedHealthcare is not available in all plans.

*Reward offerings will vary by member and terms of participation apply. Rewards are not available in all plans.

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Summary of Benefits 2023

UnitedHealthcare® Group Medicare Advantage (HMO)

Group Name (Plan Sponsor): City of Seattle

Group Number: 801855

H3805-806-000

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



Toll-free **1-877-714-0178**, TTY **711**

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



retiree.uhc.com

United Healthcare

Y0066_SB_H3805_806_000_2023_M

Summary of Benefits

January 1, 2023 - December 31, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at retiree.uhc.com or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

UnitedHealthcare® Group Medicare Advantage (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

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

Our service area includes these counties in **Washington**:

Clark, Cowlitz, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Thurston, Whatcom and Yakima.

Our service area includes this ZIP code in Island county: 98282

Use network providers and pharmacies

UnitedHealthcare® Group Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to retiree.uhc.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

UnitedHealthcare® Group Medicare Advantage (HMO)

Premiums and Benefits

| | In-network |
|---|---|
| Monthly Plan Premium | Contact your group plan benefit administrator to determine your actual premium amount, if applicable. |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | \$2,000 annually for Medicare-covered services. |
| | <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 plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p> |

UnitedHealthcare® Group Medicare Advantage (HMO)

Benefits

| | | In-network |
|---|---|--|
| Inpatient Hospital Care¹ | | \$200 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 |
| | Outpatient surgery | \$100 copay |
| | Outpatient hospital services, including observation | \$100 copay |
| Doctor Visits | Primary Care Provider | \$10 copay |
| | Virtual Doctor Visits | \$0 copay |
| | Specialists ¹ | \$20 copay |
| Preventive Services | Medicare-covered | \$0 copay |
| | | Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening |

Benefits

| | | In-network |
|---|--|---|
| | | <p>Kidney disease education</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> |
| | | <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p> |
| | Routine physical | \$0 copay; 1 per plan year |
| Emergency Care | | <p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> |
| Urgently Needed Services | | <p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p> |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI, CT scan) ¹ | \$25 copay |
| | Lab services ¹ | \$0 copay |
| | Diagnostic tests and procedures ¹ | \$0 copay |

Benefits

| | | In-network |
|---|--|--|
| | Therapeutic radiology ¹ | \$25 copay |
| | Outpatient X-rays ¹ | \$0 copay |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ¹ | \$20 copay |
| | Routine hearing exam | \$0 copay, 1 exam per plan year |
| | Hearing Aids UnitedHealthcare Hearing | Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ¹ | \$20 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$20 copay, 1 exam every 12 months |
| Mental Health | Inpatient visit ¹ | \$200 copay per stay, up to 190 days |
| | | Our plan covers 190 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ¹ | \$10 copay |
| | Outpatient individual therapy visit ¹ | \$20 copay |
| | Virtual Behavioral Visits | \$20 copay |
| Skilled Nursing Facility (SNF)¹ | \$0 copay per day: days 1-20 \$50 copay per day: days 21-100 | |
| | Our plan covers up to 100 days in a SNF per benefit period. | |

Benefits

| | | In-network |
|---|---------------------------------|-----------------|
| Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹ | | \$25 copay |
| Ambulance² | | \$50 copay |
| Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | Chemotherapy drugs ¹ | 20% coinsurance |
| | Other Part B drugs ¹ | 20% coinsurance |

Prescription Drugs

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

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

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

| | | |
|--|--|--------------------------------|
| Stage 1: Annual Prescription (Part D) Deductible | Since you have no deductible, this payment stage doesn't apply. | |
| Stage 2: Initial Coverage (After you pay your deductible, if applicable) | Retail Cost-Sharing | Mail Order Cost-Sharing |
| | 30-day supply | 90-day supply |
| Tier 1: Preferred Generic | \$4 copay | \$8 copay |
| Tier 2: Preferred Brand | \$28 copay | \$74 copay |
| Tier 3: Non-preferred Drug | \$58 copay | \$164 copay |
| Tier 4: Specialty Tier | 33% coinsurance | 33% coinsurance |
| Stage 3: Coverage Gap Stage | After your total drug costs reach \$4,660, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs. | |
| Stage 4: Catastrophic Coverage | After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. | |

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Additional Benefits

| | | In-network |
|---|---|-----------------|
| Acupuncture Services | Medicare-covered acupuncture (for chronic low back pain) | 20% coinsurance |
| Chiropractic Services | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹ | 50% coinsurance |
| Diabetes Management | Diabetes monitoring supplies ¹ | \$0 copay |
| | Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹ | \$0 copay |
| | Diabetes self-management training | \$0 copay |
| | Therapeutic shoes or inserts ¹ | 20% coinsurance |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹ | 20% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ¹ | 20% coinsurance |

Additional Benefits

| | | In-network |
|---|---------------------------------------|---|
| Fitness program Renew Active® by UnitedHealthcare | | <p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from our nationwide network, online classes, brain games and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p> |
| Foot Care (podiatry services) | Foot exams and treatment ¹ | \$20 copay |
| | Routine foot care | \$20 copay, 6 visits per plan year |
| UnitedHealthcare Healthy at Home | | <p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals from Mom's Meals when referred by a UnitedHealthcare Engagement Specialist. * For questions regarding home-delivered meals call 1-866-204-6111, TTY 711 <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by a UnitedHealthcare Engagement Specialist. * Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or visit Modivcare.com/BookNow <input type="checkbox"/> 6 hours of in-home personal care services through CareLinx—a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. Call or go online to receive non-medical in-home care services. 1-844-383-0411 or visit Carelinx.com/UHC-retiree-post-discharge <p>*Call Customer Service to request a referral for each discharge.</p> |
| Home Health Care¹ | | \$0 copay |

Additional Benefits

| | | In-network |
|---|--|--|
| Hospice | | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. |
| Personal Emergency Response System (PERS) Lifeline | | \$0 copay for a personal emergency response system. Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or lifeline.com/uhcgroup |
| Telephonic Nurse Services | | Receive access to nurse consultations and additional clinical resources at no additional cost. |
| Opioid Treatment Program Services¹ | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ¹ | \$10 copay |
| | Outpatient individual therapy visit ¹ | \$20 copay |
| Renal Dialysis¹ | | 20% coinsurance |

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

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

Required Information

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

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

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

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

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

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

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 tsww 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 kenyam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí díí naaltsoos bidáahgi t'áá jíik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodiilnih.

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.

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Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

| | |
|--|--|
| 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 the pharmacy when appropriate. |
| DL Dispensing limit | Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription. |

| A | |
|---|--|
| | Acyclovir (Oral Capsule),T1 |
| Abacavir Sulfate-Lamivudine (Oral Tablet),T3 - QL | Acyclovir (Oral Tablet),T1 |
| Abilify Maintena (Intramuscular Prefilled Syringe),T4 | Adacel (Intramuscular Suspension),T2 - QL |
| Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4 | Advair Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL |
| Abiraterone Acetate (250MG Oral Tablet),T3 - PA | Advair HFA (Inhalation Aerosol),T2 - QL |
| Acamprosate Calcium (Oral Tablet Delayed Release),T3 | Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL |
| Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL | Albendazole (Oral Tablet),T3 - QL |
| Acetazolamide (Oral Tablet),T2 | Alcohol Prep Pads,T2 |
| Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T2 | Alecensa (Oral Capsule),T4 - PA |
| Actimmune (Subcutaneous Solution),T4 | Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1 |
| | Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1 |
| | Allopurinol (Oral Tablet),T1 |

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.

| | |
|--|---|
| Alphagan P (0.1% Ophthalmic Solution),T2 | 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, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA |
| Alphagan P (0.15% Ophthalmic Solution),T3 | Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/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),T3 - PA |
| Alrex (Ophthalmic Suspension),T3 | Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution),T3 - PA |
| Amantadine HCl (Oral Capsule),T2 | Aripiprazole (Oral Tablet),T1 - QL |
| Amantadine HCl (Oral Solution),T1 | Aristada (Intramuscular Prefilled Syringe),T4 |
| Amantadine HCl (Oral Tablet),T2 | Aristada Initio (Intramuscular Prefilled Syringe),T4 |
| Ambrisentan (Oral Tablet),T4 - PA; 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 (100MG Oral Tablet, 400MG Oral Tablet),T3 | Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL |
| Amiodarone HCl (200MG Oral Tablet),T1 | Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL |
| Amitriptyline HCl (Oral Tablet),T3 - HRM | Asmanex HFA (Inhalation Aerosol),T3 - ST; QL |
| Amlodipine Besylate (Oral Tablet),T1 | Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3 - QL |
| Amlodipine-Benazepril (Oral Capsule),T1 - QL | Atazanavir Sulfate (Oral Capsule),T3 - QL |
| Ammonium Lactate (External Cream),T1 | Atenolol (Oral Tablet),T1 |
| Ammonium Lactate (External Lotion),T1 | Atomoxetine HCl (Oral Capsule),T3 |
| Amoxicillin (Oral Capsule),T1 | Atorvastatin Calcium (Oral Tablet),T1 - QL |
| Amoxicillin (Oral Tablet Immediate Release),T1 | |
| Amphetamine-Dextroamphetamine (Oral Tablet),T2 - QL | |
| Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T2 - QL | |
| Ampyra (Oral Tablet Extended Release 12 Hour),T4 - ST; QL | |
| Anagrelide HCl (Oral Capsule),T2 | |
| Anastrozole (Oral Tablet),T1 | |
| Androderm (Transdermal Patch 24 Hour),T2 | |
| Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL | |
| Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL | |
| Aranesp (Albumin Free) (100MCG/0.5ML | |

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.

| | |
|--|--|
| Atovaquone-Proguanil HCl (Oral Tablet),T3 | Bethanechol Chloride (Oral Tablet),T2 |
| Atrovent HFA (Inhalation Aerosol Solution),T3 | Betimol (Ophthalmic Solution),T3 |
| Aubagio (Oral Tablet),T4 - QL | Bevespi Aerosphere (Inhalation Aerosol),T3 - ST |
| Auryxia (Oral Tablet),T4 - PA | Bexarotene (Oral Capsule),T4 - PA |
| Austedo (Oral Tablet),T4 - PA; QL | Bicalutamide (Oral Tablet),T1 |
| Avonex Pen (Intramuscular Auto-Injector Kit),T4 | Bisoprolol Fumarate (Oral Tablet),T1 |
| Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4 | Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL |
| Azasite (Ophthalmic Solution),T3 | Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL |
| Azathioprine (50MG Oral Tablet),T1 - B/D,PA | Breztri Aerosphere (Inhalation Aerosol),T2 - QL |
| Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2 | Brilinta (Oral Tablet),T2 - QL |
| Azelastine HCl (Ophthalmic Solution),T1 | Brimonidine Tartrate (0.15% Ophthalmic Solution),T3 |
| Azithromycin (Oral Packet),T1 | Brimonidine Tartrate (0.2% Ophthalmic Solution),T1 |
| Azithromycin (Oral Tablet),T1 | Budesonide (Inhalation Suspension),T3 - B/D,PA |
| B | Budesonide (Oral Capsule Delayed Release Particles),T2 |
| BRIVIACT (Oral Solution),T4 - PA | Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL |
| BRIVIACT (Oral Tablet),T4 - PA | Buprenorphine HCl (Tablet Sublingual),T1 - QL |
| Baclofen (Oral Tablet),T1 | Buprenorphine HCl-Naloxone HCl (Sublingual Film),T3 - QL |
| Balsalazide Disodium (Oral Capsule),T3 | Bupropion HCl (Oral Tablet Immediate Release),T1 |
| Baqsimi One Pack (Nasal Powder),T2 | Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3 |
| Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST | Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1 |
| Belsomra (Oral Tablet),T2 - QL | Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1 |
| Benazepril HCl (Oral Tablet),T1 - QL | Bupropion HCl XL (150MG Oral Tablet Extended |
| Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL | |
| Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM | |
| Bepreve (Ophthalmic Solution),T3 | |
| Berinert (Intravenous Kit),T4 - PA | |
| Besivance (Ophthalmic Suspension),T3 | |
| Betaseron (Subcutaneous Kit),T4 | |

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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

| | |
|--|---|
| Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1 | Cephalexin (Oral Tablet),T2 |
| Buspirone HCl (Oral Tablet),T1 | Chemet (Oral Capsule),T4 |
| Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL | Chlorhexidine Gluconate (Mouth Solution),T1 |
| Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL | Chlorthalidone (Oral Tablet),T1 |
| Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL | Chlorzoxazone (500MG Oral Tablet),T3 - PA; HRM |
| Bystolic (Oral Tablet),T3 - QL | Cholestyramine (Oral Packet),T3 |
| C | Cholestyramine Light (Oral Packet),T3 |
| Cabergoline (Oral Tablet),T2 | Cilostazol (Oral Tablet),T1 |
| Calcitriol (Oral Capsule),T1 - B/D,PA | Cimetidine (Oral Tablet),T2 |
| Calcium Acetate (667MG Oral Tablet),T2 | Cimetidine HCl (Oral Solution),T2 |
| Calcium Acetate (Phosphate Binder) (Oral Capsule),T2 | Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1 |
| Calquence (Oral Capsule),T4 - PA; QL | Ciprofloxacin-Dexamethasone (Otic Suspension),T3 |
| Carbamazepine (Oral Tablet Immediate Release),T1 | Citalopram Hydrobromide (Oral Tablet),T1 |
| Carbidopa (Oral Tablet),T3 | Clarithromycin (Oral Tablet Immediate Release),T2 |
| Carbidopa-Levodopa (Oral Tablet Immediate Release),T1 | Clenpiq (Oral Solution),T2 |
| Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2 | Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM |
| Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T3 | Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1 - QL |
| Carbidopa-Levodopa-Entacapone (Oral Tablet),T3 | Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T2 - QL |
| Carvedilol (Oral Tablet),T1 | Clonidine (0.1MG/24HR Transdermal Patch Weekly),T2 |
| Cefdinir (Oral Capsule),T1 | Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T3 |
| Celecoxib (Oral Capsule),T2 - QL | Clonidine HCl (Oral Tablet Immediate |
| Celontin (Oral Capsule),T3 | |
| Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1 | |
| Cephalexin (750MG Oral Capsule),T3 | |

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

| | |
|--|---|
| Release),T1 | 12 Hour),T2 - QL |
| Clopidogrel Bisulfate (75MG Oral Tablet),T1 | Daliresp (Oral Tablet),T3 - PA |
| Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2 | Dapsone (Oral Tablet),T2 |
| Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T3 | DayVigo (Oral Tablet),T2 - QL |
| Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2 | Deferasirox (Oral Tablet Soluble) (Generic Exjade),T4 - PA |
| Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T2 | Deferiprone (500MG Oral Tablet),T4 - PA |
| Colesevelam HCl (Oral Tablet),T3 | Delzicol (Oral Capsule Delayed Release),T3 - ST |
| Combigan (Ophthalmic Solution),T2 | Depen Titratabs (Oral Tablet),T4 |
| Combivent Respimat (Inhalation Aerosol Solution),T2 - QL | Desmopressin Acetate (Oral Tablet),T2 |
| Copaxone (Subcutaneous Solution Prefilled Syringe),T4 | Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2 |
| Corlanor (Oral Solution),T3 - PA; QL | Dexamethasone (Oral Tablet),T1 |
| Corlanor (Oral Tablet),T3 - PA; QL | Dextrose-NaCl (5-0.2% Intravenous Solution),T2 |
| Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL | Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL |
| Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL | Diazepam (5MG/5ML Oral Solution),T1 |
| Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL | Diazepam Intensol (Oral Concentrate),T2 - QL |
| Cosopt PF (Ophthalmic Solution),T3 | Diazoxide (Oral Suspension),T3 |
| Creon (Oral Capsule Delayed Release Particles),T2 | Diclofenac Potassium (50MG Oral Tablet),T2 |
| Cromolyn Sodium (Inhalation Nebulization Solution),T3 - B/D,PA | Diclofenac Sodium (1% External Gel),T2 |
| Cyclophosphamide (Oral Capsule),T2 - B/D,PA | Diclofenac Sodium (Oral Tablet Delayed Release),T1 |
| D | Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2 |
| DARAPRIM (Oral Tablet),T4 | Dicyclomine HCl (Oral Capsule),T1 - HRM |
| Dalfampridine ER (Oral Tablet Extended Release | Dicyclomine HCl (Oral Tablet),T1 - HRM |
| | Dificid (Oral Suspension Reconstituted),T4 |
| | Dificid (Oral Tablet),T4 |
| | Digoxin (125MCG Oral Tablet),T3 - HRM; QL |
| | Digoxin (250MCG Oral Tablet),T3 - PA; HRM |
| | Dihydroergotamine Mesylate (Nasal Solution),T4 |

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.

| | |
|---|--|
| - PA; QL | Doxycycline Hyclate (150MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3 |
| Diltiazem HCl (Oral Tablet Immediate Release),T1 | Doxycycline Hyclate (Oral Capsule),T2 |
| Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2 | Dronabinol (Oral Capsule),T3 - PA |
| Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1 | Dulera (Inhalation Aerosol),T3 - PA; QL |
| 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 | Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL |
| Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T4 - QL | Dupixent (Subcutaneous Solution Pen-Injector),T4 - PA |
| Dipentum (Oral Capsule),T4 | Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA |
| Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM | Dutasteride (Oral Capsule),T2 |
| Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2 | Dymista (Nasal Suspension),T3 |
| Divalproex Sodium (Oral Tablet Delayed Release),T1 | E |
| Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1 | Edarbi (Oral Tablet),T3 - QL |
| Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL | Edarbyclor (Oral Tablet),T3 - QL |
| Donepezil HCl (23MG Oral Tablet),T2 - QL | Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T4 - QL |
| Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL | Elidel (External Cream),T3 - ST; QL |
| Dorzolamide HCl (Ophthalmic Solution),T1 | Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL |
| Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1 | Elmiron (Oral Capsule),T4 |
| Doxazosin Mesylate (Oral Tablet),T1 | Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL |
| Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2 | Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL |
| | Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL |
| | Emtricitabine-Tenofovir Disoproxil Fumarate (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet),T4 - QL |
| | Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet),T3 - QL |

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| | |
|---|---|
| Enalapril Maleate (Oral Tablet),T1 - QL | Esbriet (Oral Capsule),T4 - PA; QL |
| Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL | Esbriet (Oral Tablet),T4 - PA; QL |
| Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL | Escitalopram Oxalate (Oral Tablet),T1 |
| Enbrel (Subcutaneous Solution Reconstituted),T4 - PA; QL | esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T2 - QL |
| Enbrel (Subcutaneous Solution),T4 - PA; QL | Estradiol (Oral Tablet),T3 - PA; HRM |
| Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL | Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL |
| Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL | Estradiol (Vaginal Cream),T1 |
| Entacapone (Oral Tablet),T3 | Ethambutol HCl (400MG Oral Tablet),T2 |
| Entecavir (Oral Tablet),T3 | Ethosuximide (Oral Capsule),T2 |
| Entresto (Oral Tablet),T2 - QL | Ethosuximide (Oral Solution),T2 |
| Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA | Etravirine (200MG Oral Tablet),T4 - QL |
| Epclusa (Oral Packet),T4 - PA; QL | Eucrisa (External Ointment),T3 - PA; QL |
| Epclusa (Oral Tablet),T4 - PA; QL | Extavia (Subcutaneous Kit),T4 |
| EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL | Ezetimibe (Oral Tablet),T1 |
| EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL | Ezetimibe-Simvastatin (Oral Tablet),T2 - QL |
| Epiduo (External Gel),T3 - ST | F |
| Epiduo Forte (External Gel),T3 - ST | Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1 |
| Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T2 - QL | Farxiga (Oral Tablet),T2 - QL |
| Eplerenone (Oral Tablet),T2 | Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA |
| Ergotamine-Caffeine (Oral Tablet),T2 | Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA |
| Erivedge (Oral Capsule),T4 - PA | Fenofibrate (145MG Oral Tablet),T2 |
| Erleada (Oral Tablet),T4 - PA | Fenofibrate (160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1 |
| Ertapenem Sodium (Injection Solution Reconstituted),T3 | Finacea (External Foam),T3 - QL |
| Erythromycin (Ophthalmic Ointment),T1 | Finacea (External Gel),T3 - QL |
| | Finasteride (5MG Oral Tablet) (Generic Proscar),T1 |
| | Flarex (Ophthalmic Suspension),T3 |
| | Flector (External Patch),T3 - PA; QL |

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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| | |
|---|--|
| FloLipid (Oral Suspension),T3 - QL | Gilenya (0.5MG Oral Capsule),T4 - QL |
| Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2 | Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4 |
| Flovent HFA (Inhalation Aerosol),T2 - QL | Glatopa (Subcutaneous Solution Prefilled Syringe),T4 |
| Fluconazole (Oral Tablet),T1 | Glipizide (Oral Tablet Immediate Release),T1 - QL |
| Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1 | Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL |
| Fluphenazine HCl (Oral Tablet),T3 | Glucagon (Injection Kit) (Lilly),T2 |
| Fluticasone Propionate (Nasal Suspension),T1 | Glycopyrrolate (Oral Solution) (Generic Cuvposa),T3 - PA |
| Forteo (Subcutaneous Solution Pen-Injector),T4 - PA | Glyxambi (Oral Tablet),T2 - QL |
| Fragmin (Subcutaneous Solution Prefilled Syringe),T4 | Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2 |
| Fragmin (Subcutaneous Solution),T4 | Gvoke Kit (Subcutaneous Solution),T2 |
| Furosemide (Oral Tablet),T1 | Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2 |
| Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL | |
| | H |
| G | Haegarda (Subcutaneous Solution Reconstituted),T4 - PA |
| Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1 | Haloperidol (Oral Tablet),T1 |
| Gabapentin (Oral Capsule),T1 | Harvoni (90-400MG Oral Tablet),T4 - PA; QL |
| Gammagard (2.5GM/25ML Injection Solution),T4 - PA | Harvoni (Oral Packet),T4 - PA; QL |
| Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA | Humalog (Injection Solution),T2 |
| Gemfibrozil (Oral Tablet),T1 | Humalog (Subcutaneous Solution Cartridge),T2 |
| Genotropin (12MG Subcutaneous Cartridge),T4 - PA | Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2 |
| Genotropin (5MG Subcutaneous Cartridge),T3 - PA | Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2 |
| Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T4 - PA | Humalog Mix 50/50 (Subcutaneous Suspension),T2 |
| Gentamicin Sulfate (40MG/ML Injection Solution),T1 | Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2 |

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| | |
|---|---|
| Humalog Mix 75/25 (Subcutaneous Suspension),T2 | Icatibant Acetate (Subcutaneous Solution),T4 - PA; QL |
| Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2 | Ilevro (Ophthalmic Suspension),T2 |
| Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL | Imatinib Mesylate (Oral Tablet),T3 - PA |
| Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL | Imbruvica (Oral Capsule),T4 - PA; QL |
| Humulin 70/30 (Subcutaneous Suspension),T2 | Imbruvica (Oral Tablet),T4 - PA; QL |
| Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2 | Imiquimod (5% External Cream),T1 - QL |
| Humulin N (Subcutaneous Suspension),T2 | Imiquimod Pump (3.75% External Cream),T4 - PA |
| Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2 | Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA |
| Humulin R (Injection Solution),T2 | Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL |
| Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2 | Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL |
| Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2 | Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL |
| Hydralazine HCl (Oral Tablet),T1 | Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2 |
| Hydrochlorothiazide (Oral Capsule),T1 | Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2 |
| Hydrochlorothiazide (Oral Tablet),T1 | Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2 |
| Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL | Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2 |
| Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL | Insulin Syringes, Needles,T2 |
| Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL | Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4 |
| Hydroxyurea (Oral Capsule),T1 | Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension |
| Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM | |
| I | |
| Ibandronate Sodium (Oral Tablet),T2 | |
| Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1 | |

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T2 = Tier 2

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|---|---|
| Prefilled Syringe),T4 | J |
| Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3 | Janumet (Oral Tablet Immediate Release),T2 - QL |
| Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4 | Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL |
| Inveltys (Ophthalmic Suspension),T3 | Januvia (Oral Tablet),T2 - QL |
| Invokamet (Oral Tablet Immediate Release),T3 - ST; QL | Jardiance (Oral Tablet),T2 - QL |
| Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL | Jentadueto (Oral Tablet Immediate Release),T2 - QL |
| Invokana (Oral Tablet),T3 - ST; QL | Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL |
| Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA | Jublia (External Solution),T3 |
| Ipratropium Bromide (Nasal Solution),T2 | K |
| Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA | Ketoconazole (External Cream),T1 - QL |
| Irbesartan (Oral Tablet),T1 - QL | Ketorolac Tromethamine (Ophthalmic Solution),T2 |
| Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL | Kevzara (Subcutaneous Solution Auto-Injector),T4 - PA; QL |
| Isentress (Oral Tablet),T4 - QL | Kevzara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL |
| Isoniazid (Oral Tablet),T1 | Klisyri (External Ointment),T4 - PA; QL |
| Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 | Klor-Con 10 (Oral Tablet Extended Release),T1 |
| Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T4 | Klor-Con 8 (Oral Tablet Extended Release),T1 |
| Isosorbide Mononitrate (Oral Tablet Immediate Release),T1 | Klor-Con M10 (Oral Tablet Extended Release),T1 |
| Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1 | Klor-Con M20 (Oral Tablet Extended Release),T1 |
| Isturisa (Oral Tablet),T4 - PA | Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL |
| Ivermectin (Oral Tablet),T1 - PA | Korlym (Oral Tablet),T4 - PA |
| | Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL |
| | L |
| | Lacosamide (Oral Tablet),T3 - QL |

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| Lactulose (10GM/15ML Oral Solution),T1 | Lidocaine HCl (4% External Solution),T3 |
| Lactulose (Oral Packet),T3 | Lidocaine-Prilocaine (External Cream),T1 |
| Lamivudine (100MG Oral Tablet),T2 | Linzess (Oral Capsule),T2 - QL |
| Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL | Liothyronine Sodium (Oral Tablet),T1 |
| Lamotrigine (Oral Tablet Immediate Release),T1 | Lisinopril (Oral Tablet),T1 - QL |
| Lantus (Subcutaneous Solution),T2 | Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL |
| Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2 | Lithium Carbonate (Oral Capsule),T1 |
| Latanoprost (Ophthalmic Solution),T1 | Lithium Carbonate ER (Oral Tablet Extended Release),T1 |
| Latuda (Oral Tablet),T4 - QL | Livalo (Oral Tablet),T2 - QL |
| Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL | Lokelma (Oral Packet),T3 - QL |
| Leflunomide (Oral Tablet),T2 | Lonhala Magnair (Inhalation Solution),T4 - QL |
| Letrozole (Oral Tablet),T1 | Loperamide HCl (Oral Capsule),T1 |
| Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2 | Lorazepam (Oral Tablet),T1 - QL |
| Leucovorin Calcium (25MG Oral Tablet),T3 | Lorazepam Intensol (Oral Concentrate),T1 - QL |
| Leucovorin Calcium (5MG Oral Tablet),T1 | Losartan Potassium (Oral Tablet),T1 - QL |
| Leukeran (Oral Tablet),T4 | Losartan Potassium-HCTZ (Oral Tablet),T1 - QL |
| Levemir (Subcutaneous Solution),T2 | Lotemax (Ophthalmic Gel),T3 |
| Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2 | Lotemax (Ophthalmic Ointment),T3 |
| Levetiracetam (Oral Tablet Immediate Release),T1 | Lotemax (Ophthalmic Suspension),T3 |
| Levobunolol HCl (Ophthalmic Solution),T1 | Lotemax SM (Ophthalmic Gel),T3 |
| Levocarnitine (Oral Tablet),T2 | Lovastatin (Oral Tablet),T1 - QL |
| Levocetirizine Dihydrochloride (Oral Tablet),T1 | Lumigan (Ophthalmic Solution),T2 |
| Levofloxacin (Oral Tablet),T1 | Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA |
| Levothyroxine Sodium (Oral Tablet),T1 | Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA |
| Lialda (Oral Tablet Delayed Release),T4 - ST; QL | Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA |
| Licart (External Patch 24 Hour),T3 - PA; QL | Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA |
| Lidocaine (5% External Ointment),T2 - QL | Luzu (External Cream),T3 - QL |
| Lidocaine (5% External Patch),T3 - PA; QL | Lysodren (Oral Tablet),T4 |

T1 = Tier 1

T2 = Tier 2

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| Lyumjev (Injection Solution),T2 | Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL |
| Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2 | Methamphetamine HCl (Oral Tablet),T4 - PA; QL |
| M | Methimazole (Oral Tablet),T1 |
| Malathion (External Lotion),T3 | Methotrexate Sodium (Oral Tablet),T1 |
| Maraviroc (Oral Tablet),T4 - QL | Methylphenidate HCl (Oral Tablet Chewable),T3 - QL |
| Mavyret (Oral Packet),T4 - PA; QL | Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T2 - QL |
| Mavyret (Oral Tablet),T4 - PA; QL | Methylprednisolone (Oral Tablet),T1 |
| Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL | Metoclopramide HCl (Oral Tablet),T1 |
| Meclizine HCl (12.5MG Oral Tablet),T1 - HRM | Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1 |
| Medroxyprogesterone Acetate (Intramuscular Suspension),T1 | Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 |
| Medroxyprogesterone Acetate (Oral Tablet),T1 | Metrogel (External Gel),T3 |
| Meloxicam (Oral Tablet),T1 | Metronidazole (0.75% External Cream),T2 |
| Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL | Metronidazole (0.75% External Gel, 1% External Gel),T3 |
| Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL | Metronidazole (0.75% External Lotion),T3 |
| Mercaptopurine (Oral Tablet),T2 | Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1 |
| Meropenem (1GM Intravenous Solution Reconstituted),T3 | Metronidazole (375MG Oral Capsule),T3 |
| Meropenem (500MG Intravenous Solution Reconstituted),T2 | Midodrine HCl (Oral Tablet),T2 |
| Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL | Minocycline HCl (Oral Capsule),T1 |
| Mesnex (Oral Tablet),T3 | Minocycline HCl (Oral Tablet Immediate Release),T3 |
| Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1 - QL | Minoxidil (Oral Tablet),T1 |
| Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL | Mirtazapine (Oral Tablet),T1 |
| Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL | Mirtazapine ODT (Oral Tablet Dispersible),T2 |
| | Mirvaso (External Gel),T3 |
| | Misoprostol (Oral Tablet),T2 |
| | Mitigare (Oral Capsule),T2 |
| | Modafinil (Oral Tablet),T2 - PA; QL |

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

| | |
|--|---|
| Mometasone Furoate (Nasal Suspension),T3 | Nayzilam (Nasal Solution),T3 - PA; QL |
| Montelukast Sodium (Oral Packet),T2 - QL | Neomycin Sulfate (Oral Tablet),T1 |
| Montelukast Sodium (Oral Tablet),T1 - QL | Neomycin-Polymyxin-HC (Otic Suspension),T2 |
| Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL | Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA |
| Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL | Neupro (Transdermal Patch 24 Hour),T3 |
| Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian),T3 - 7D; MME; DL; QL | Nevanac (Ophthalmic Suspension),T3 |
| Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 7D; MME; DL; QL | Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2 |
| Motegrity (Oral Tablet),T3 - QL | Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL |
| Movantik (Oral Tablet),T2 - QL | Nexletol (Oral Tablet),T3 - PA; QL |
| MoviPrep (Oral Solution Reconstituted),T3 | Nexlizet (Oral Tablet),T3 - PA; QL |
| Multaq (Oral Tablet),T2 | Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1 |
| Myrbetriq (Oral Tablet Extended Release 24 Hour),T2 | Nimodipine (Oral Capsule),T3 |
| N | Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T2 - HRM |
| Naftin (External Gel),T3 | Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM |
| Naloxone HCl (0.4MG/ML Injection Solution),T1 | Nitroglycerin (Tablet Sublingual),T1 |
| Naloxone HCl (Injection Solution Cartridge),T1 | Nivestym (Injection Solution Prefilled Syringe),T4 - ST |
| Naloxone HCl (Injection Solution Prefilled Syringe),T1 | Nivestym (Injection Solution),T4 - ST |
| Naltrexone HCl (Oral Tablet),T2 | Nizatidine (Oral Capsule),T2 |
| Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL | Norethindrone Acetate (5MG Oral Tablet),T1 |
| Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL | Nortriptyline HCl (Oral Capsule),T1 - PA; HRM |
| Naproxen (Oral Tablet Immediate Release),T1 | NovoLog (Injection Solution),T3 - PA |
| Narcan (Nasal Liquid),T2 | NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA |
| | NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA |
| | NovoLog Mix 70/30 FlexPen (Subcutaneous |

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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|---|--|
| Suspension Pen-Injector),T3 - PA | Nystatin (External Ointment),T1 |
| NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA | Nystatin (External Powder),T1 - QL |
| Novolin 70/30 (Subcutaneous Suspension),T3 - PA | O |
| Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA | Odomzo (Oral Capsule),T4 - PA |
| Novolin N (Subcutaneous Suspension),T3 - PA | Ofev (Oral Capsule),T4 - PA; QL |
| Novolin R (Injection Solution),T3 - PA | Ofloxacin (Ophthalmic Solution),T1 |
| Nubeqa (Oral Tablet),T4 - PA | Ofloxacin (Otic Solution),T2 |
| Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL | Olanzapine (Oral Tablet),T1 - QL |
| Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL | Olopatadine HCl (Ophthalmic Solution),T2 |
| Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL | Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T2 |
| Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour),T4 - PA; 7D; MME; DL; QL | Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL |
| Nucynta ER (50MG Oral Tablet Extended Release 12 Hour),T3 - PA; 7D; MME; DL; QL | Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1 |
| Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL | Ondansetron HCl (Oral Tablet),T1 - B/D,PA |
| Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA | Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA |
| Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA | Onglyza (Oral Tablet),T3 - ST; QL |
| Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA | Opsumit (Oral Tablet),T4 - PA |
| Nuzyra (Intravenous Solution Reconstituted),T4 - PA | Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA |
| Nuzyra (Oral Tablet),T4 - PA; QL | Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA |
| Nystatin (External Cream),T1 | Orgovyx (Oral Tablet),T4 - PA |
| | Orilissa (Oral Tablet),T4 - PA; QL |
| | Osetamivir Phosphate (Oral Capsule),T2 |
| | Osphena (Oral Tablet),T2 - PA; QL |
| | Oxandrolone (10MG Oral Tablet),T3 - PA |
| | Oxandrolone (2.5MG Oral Tablet),T2 - PA |
| | Oxcarbazepine (Oral Tablet),T2 |

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

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

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

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

Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T2 - QL

Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T2 - QL

P

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

Pegasys (Subcutaneous Solution),T4 - PA

Penicillin V Potassium (Oral Tablet),T1

Pentasa (250MG Oral Capsule Extended Release),T3 - QL

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

Permethrin (External Cream),T2

Perseris (Subcutaneous Prefilled Syringe),T4

Phenelzine Sulfate (Oral Tablet),T2

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Pilocarpine HCl (Oral Tablet),T2

Pimecrolimus (External Cream),T3 - ST; QL

Pioglitazone HCl (Oral Tablet),T1 - QL

Plegridy (Subcutaneous Solution Pen-

Injector),T4 - QL

Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL

Pomalyst (Oral Capsule),T4 - PA

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Chloride ER (Oral Tablet Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T3

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

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

Prednisolone Acetate (Ophthalmic Suspension),T2

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

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

Premarin (Vaginal Cream),T2

Prenatal (27-1MG Oral Tablet),T1

Primidone (Oral Tablet),T1

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

ProAir HFA (Inhalation Aerosol Solution),T2

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2

Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA

Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA

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| | |
|---|--|
| Proctosol HC (External Cream),T1 | Rasagiline Mesylate (Oral Tablet),T3 |
| Progesterone (Oral Capsule),T2 | Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA |
| Prolastin-C (Intravenous Solution Reconstituted),T4 - PA | Rayaldee (Oral Capsule Extended Release),T4 - QL |
| Prolensa (Ophthalmic Solution),T3 | Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST |
| Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL | Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST |
| Propranolol HCl (Oral Tablet),T1 | Regranex (External Gel),T4 - PA |
| Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2 | Relistor (Oral Tablet),T4 - PA |
| Propylthiouracil (Oral Tablet),T1 | Relistor (Subcutaneous Solution),T4 - PA |
| Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST | Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL |
| Pulmozyme (Inhalation Solution),T4 - B/D,PA; QL | Repatha Pushtrex System (Subcutaneous Solution Cartridge),T2 - PA; QL |
| Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T2 | Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL |
| Pyridostigmine Bromide (Oral Solution),T4 | Restasis MultiDose (Ophthalmic Emulsion),T2 - QL |
| Pyridostigmine Bromide ER (Oral Tablet Extended Release),T3 | Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL |
| Q | Retacrit (Injection Solution),T3 - PA |
| QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL | Rexulti (Oral Tablet),T4 - QL |
| Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL | Reyvow (Oral Tablet),T3 - PA; QL |
| Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T2 - QL | Rhopressa (Ophthalmic Solution),T2 - ST |
| Quinapril HCl (Oral Tablet),T1 - QL | Ribavirin (Oral Tablet),T2 |
| Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL | Rifabutin (Oral Capsule),T3 |
| R | Riluzole (Oral Tablet),T2 |
| Raloxifene HCl (Oral Tablet),T2 | Rimantadine HCl (Oral Tablet),T3 |
| Ramipril (Oral Capsule),T1 - QL | Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL |
| Ranolazine ER (Oral Tablet Extended Release 12 Hour),T2 | Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted |

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| | |
|---|--|
| ER),T3 | Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T2 |
| Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4 | Sevelamer HCl (Oral Tablet),T3 |
| Risperidone (Oral Tablet),T1 | Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL |
| Ritonavir (Oral Tablet),T2 - QL | Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA |
| Rivastigmine (Transdermal Patch 24 Hour),T3 - ST; QL | Silver Sulfadiazine (External Cream),T1 |
| Rivastigmine Tartrate (Oral Capsule),T2 | Simbrinza (Ophthalmic Suspension),T2 |
| Rizatriptan Benzoate (Oral Tablet),T2 - QL | Simvastatin (Oral Tablet),T1 - QL |
| Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL | Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL |
| Rocklatan (Ophthalmic Solution),T2 - ST | Skyrizi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL |
| Ropinirole HCl (Oral Tablet Immediate Release),T1 | Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL |
| Rosuvastatin Calcium (Oral Tablet),T1 - QL | Sodium Polystyrene Sulfonate (Oral Powder),T2 |
| Rybelsus (Oral Tablet),T2 - QL | Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL |
| Rytary (Oral Capsule Extended Release),T3 - ST | Solifenacin Succinate (Oral Tablet),T2 - QL |
| S | Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL |
| SPS (Oral Suspension),T2 | Soolantra (External Cream),T3 - QL |
| Sancuso (Transdermal Patch),T4 - QL | Sotalol HCl (Oral Tablet),T1 |
| Santyl (External Ointment),T3 | Sotalol HCl AF (Oral Tablet),T2 |
| Saphris (10MG Tablet Sublingual),T4 | Spiriva HandiHaler (Inhalation Capsule),T2 - QL |
| Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3 | Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL |
| Savella (Oral Tablet),T2 | Spironolactone (Oral Tablet),T1 |
| Selegiline HCl (Oral Capsule),T2 | Sprycel (Oral Tablet),T4 - PA |
| Selegiline HCl (Oral Tablet),T2 | Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL |
| Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL | Stelara (Subcutaneous Solution),T4 - PA; QL |
| Sertraline HCl (Oral Tablet),T1 | Stiolto Respimat (Inhalation Aerosol Solution),T2 |
| Sevelamer Carbonate (Oral Packet),T4 | |

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|--|---|
| Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST | Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T3 - PA |
| Suboxone (Sublingual Film),T3 - QL | Tamoxifen Citrate (Oral Tablet),T1 |
| Sucralfate (Oral Suspension),T3 | Tamsulosin HCl (Oral Capsule),T1 |
| Sucralfate (Oral Tablet),T1 | Tasigna (Oral Capsule),T4 - PA |
| Sulfadiazine (Oral Tablet),T3 | Tecfidera (Oral Capsule Delayed Release),T4 - QL |
| Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1 | Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2 - HRM; QL |
| Sulfasalazine (Oral Tablet Delayed Release),T1 | Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL |
| Sulfasalazine (Oral Tablet Immediate Release),T1 | Terazosin HCl (Oral Capsule),T1 |
| Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL | Terbinafine HCl (Oral Tablet),T1 |
| Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector),T3 - QL | Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA |
| Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T2 - 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),T3 |
| Sunosi (Oral Tablet),T3 - PA; QL | Testosterone Cypionate (Intramuscular Solution),T1 |
| Suprep Bowel Prep Kit (Oral Solution),T2 | Tetrabenazine (12.5MG Oral Tablet),T3 - PA |
| Sutab (Oral Tablet),T3 | Tetrabenazine (25MG Oral Tablet),T4 - PA |
| Symbicort (Inhalation Aerosol),T2 - QL | Theophylline (Oral Solution),T3 |
| Symproic (Oral Tablet),T3 - PA; QL | Theophylline ER (Oral Tablet Extended Release 12 Hour),T3 |
| Synjardy (Oral Tablet Immediate Release),T2 - QL | Theophylline ER (Oral Tablet Extended Release 24 Hour),T1 |
| Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL | Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T3 |
| Synribo (Subcutaneous Solution Reconstituted),T4 - PA | Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1 |
| Synthroid (Oral Tablet),T2 | Timolol Maleate (Oral Tablet),T2 |
| T | Timolol Maleate Ophthalmic Gel Forming |
| TOBI Podhaler (Inhalation Capsule),T4 - PA; QL | |
| Tabrecta (Oral Tablet),T4 - PA; QL | |

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|---|---|
| (Ophthalmic Solution) (Generic Timoptic-XE),T2 | Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL |
| Timoptic Ocudose (Ophthalmic Solution),T3 | Tresiba (Subcutaneous Solution),T2 |
| Tivicay (25MG Oral Tablet),T3 - QL | Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2 |
| Tivicay (50MG Oral Tablet),T4 - QL | Tretinoin (External Cream),T3 - PA |
| Tizanidine HCl (Oral Tablet),T1 | Tretinoin (External Gel),T3 - PA |
| TobraDex ST (Ophthalmic Suspension),T3 | Tretinoin (Oral Capsule),T4 |
| Tobramycin (300MG/5ML Inhalation Nebulization Solution),T4 - B/D,PA; QL | Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1 |
| Tobramycin-Dexamethasone (Ophthalmic Suspension),T2 | Triamcinolone Acetonide (External Cream),T1 |
| Topiramate (Oral Capsule Sprinkle Immediate Release),T3 | Triamterene-HCTZ (Oral Capsule),T1 |
| Topiramate (Oral Tablet),T1 | Triamterene-HCTZ (Oral Tablet),T1 |
| Toremifene Citrate (Oral Tablet),T4 | Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM |
| Torsemide (Oral Tablet),T1 | Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM |
| Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2 | Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL |
| Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2 | Trintellix (Oral Tablet),T3 |
| Tracleer (Oral Tablet Soluble),T4 - PA; QL | Trulance (Oral Tablet),T3 |
| Tracleer (Oral Tablet),T4 - PA; QL | Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL |
| Tradjenta (Oral Tablet),T2 - QL | Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA |
| Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL | U |
| Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL | Ubrelvy (Oral Tablet),T4 - PA; QL |
| Tranexamic Acid (Oral Tablet),T2 | Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA |
| Tranylcypromine Sulfate (Oral Tablet),T3 | Ursodiol (300MG Oral Capsule),T2 |
| Travoprost (BAK Free) (Ophthalmic Solution),T3 | Ursodiol (Oral Tablet),T3 |
| Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1 | V |
| Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL | Valacyclovir HCl (Oral Tablet),T2 - QL |
| Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL | Valganciclovir HCl (Oral Tablet),T2 - QL |
| | Valsartan (Oral Tablet),T1 - QL |

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Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Varenicline Tartrate (Oral Tablet),T3

Vascepa (Oral Capsule),T3

Velphoro (Oral Tablet Chewable),T4

Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL

Veltassa (8.4GM Oral Packet),T3 - QL

Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1

Ventolin HFA (Inhalation Aerosol Solution),T3 - ST

Verapamil HCl (Oral Tablet Immediate Release),T1

Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3

Verapamil HCl ER (Oral Tablet Extended Release),T1

Versacloz (Oral Suspension),T4

Viberzi (Oral Tablet),T4 - PA; QL

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

Viibryd (Oral Tablet),T3

Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T4 - QL

Vimpat (50MG Oral Tablet),T3 - QL

Vimpat (Oral Solution),T4 - QL

Vitrakvi (Oral Capsule),T4 - PA; QL

Vosevi (Oral Tablet),T4 - PA; QL

Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL

Vyvanse (Oral Capsule),T3

Vyvanse (Oral Tablet Chewable),T3

Vyzulta (Ophthalmic Solution),T3

W

Warfarin Sodium (Oral Tablet),T1

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL

X

Xarelto (Oral Tablet),T2 - QL

Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - PA; QL

Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - PA; QL

Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - PA; QL

Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T4 - PA; QL

Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T4 - PA; QL

Xeljanz (Oral Solution),T4 - PA; QL

Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL

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

Xenleta (Oral Tablet),T4 - PA; QL

Xifaxan (Oral Tablet),T4 - PA

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

Xiidra (Ophthalmic Solution),T3 - QL

Xofluzza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T2 - QL

Xofluzza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T2 - QL

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3 - 7D; MME; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

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

Xtandi (Oral Capsule),T4 - PA

Xtandi (Oral Tablet),T4 - PA

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

Xyrem (Oral Solution),T4 - PA; QL

Y

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

Z

Zafirlukast (Oral Tablet),T2

Zaleplon (Oral Capsule),T2 - HRM; QL

Zarxio (Injection Solution Prefilled Syringe),T4

Zelapar ODT (Oral Tablet Dispersible),T4

Zenpep (Oral Capsule Delayed Release Particles),T2

Zeposia (Oral Capsule),T4 - PA; QL

Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA

Zioptan (Ophthalmic Solution),T3

Zirgan (Ophthalmic Gel),T3

Zolinza (Oral Capsule),T4 - PA

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

Zonisamide (Oral Capsule),T1

Zubsolv (Tablet Sublingual),T3 - QL

Zylet (Ophthalmic Suspension),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Additional Drug Coverage

Bonus drug list

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

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

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

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

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

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

QL - Quantity limits

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

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 |
|---|-----------|-------------------------------------|
| Genitourinary agents - drugs to treat bladder, genital and kidney conditions | | |
| Erectile Dysfunction | | |
| Tadalafil | 1 | QL (maximum of 6 tablets per month) |
| Vardenafil tablets | 1 | QL (maximum of 6 tablets per month) |
| Vardenafil orally-disintegrating tablets | 1 | QL (maximum of 6 tablets per month) |
| Stendra | 3 | QL (maximum of 6 tablets per month) |
| Sildenafil (25 mg, 50 mg, 100 mg) | 1 | QL (maximum of 6 tablets per month) |
| Nutritional supplements - drugs to treat vitamin & mineral deficiencies | | |
| Vitamins and Minerals | | |
| Cyanocobalamin Injection (Vitamin B12) 1000 mcg | 1 | |
| Folic Acid 1mg (Rx only) | 1 | |
| Phytonadione | 1 | |
| Infuvite Adult Injection | 3 | |

Bold type = Brand name drug Plain type = Generic drug

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

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

The Drug List may change at any time. You will receive notice when necessary.

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

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What's Next

Here's What You Can Expect Next

UnitedHealthcare will process your enrollment

| | |
|--|--|
| Quick Start Guide and UnitedHealthcare member ID card | We will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare member ID card. Please note, your member ID card will be attached to the front cover of your guide. |
| Website access | After you receive your member ID card, you can register online at the website listed below to get access to plan information. |
| Health assessment | In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call and ask you to complete a short health survey. You can also go to the website below and take the survey online. |

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

We're here for you

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

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



retiree.uhc.com



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

How to Enroll

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



By phone

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



By mail

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



By fax

Fill out the Enrollment Request Form and fax it to:
888-950-1170

Incomplete information may delay your enrollment.

Enrollment Request Form checkpoints

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

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2023 Enrollment Request Form

1. Plan information

Plan sponsor

City of Seattle

Group number

801855

GPS employer ID

2172

GPS branch number

001

Effective date requested:

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

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

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

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

Last name

First name

Middle initial

Birth date

Sex: Male Female

Home phone number

() —

Mobile phone number

() —

Medicare number

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

City

County

State

ZIP code

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

City

State

ZIP code

Email address (Optional)

TEAR HERE

TEAR HERE

What's Next

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Last name First name Medicare number

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

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

If yes, please list your other coverage and your identification (ID) number for this coverage

Name of other insurance

Member number

Group number

Rx Bin

Rx PCN (Optional)

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

3. A few questions to help us manage your plan

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

If yes, please select from the following:

Spanish Braille Other

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

2. Do you or your spouse work? Yes No

If no, what was your retirement date?

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

If yes, please provide the following:

Name of the health insurance

Member number

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

Provider or PCP full name

Provider/PCP number

Grid of 12 boxes for entering provider/PCP number

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

Are you now seeing or have you recently seen this provider?

Yes No

TEAR HERE

TEAR HERE

What's Next

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 Last name First name Medicare number

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

If “yes”, please give us information on the nursing home, long-term care facility, or senior community:

Name _____

Address _____

City _____

State _____

ZIP code _____

Date you moved there _____

4. ATTENTION – please sign and date

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

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

Signature of applicant/member/authorized representative

Today’s date

5. Authorized representative information

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

Signature

Today’s date

TEAR HERE

TEAR HERE

What's Next

This page intentionally left blank.

Last name First name Medicare number

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

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

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

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

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

Licensed sales representative/broker name (please print)

Agent/broker number Referring broker number

7. For office use only

Agent name

Agent number NIPR number

Effective date Group number PBP number

SEP Employer group SEP ICEP/IEP AEP (Type) _____

TEAR HERE

TEAR HERE

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 1-800-555-5757 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-800-555-5757 (TTY: 711).

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Statements of Understanding

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

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

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

- ✓ **This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area.**

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

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

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

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

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

- ✓ **For members of the Medicare Advantage plan.**

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

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



retiree.uhc.com

**United
Healthcare**