

# Plan Guide 2021

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

**American Airlines, Inc.**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 15780, 15774

**Effective:** January 1, 2021 through December 31, 2021



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# Introducing the Plan

## UnitedHealthcare® Group Medicare Advantage (PPO)

Dear Retiree,

American Airlines has selected UnitedHealthcare® to offer medical and prescription drug coverage for Medicare-eligible retirees currently enrolled in American's Post-65 medical option. As a UnitedHealthcare® Medicare Advantage member, you'll have a team committed to understanding your needs and helping you get the care you need.

### 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 most to you
- Get access to the care you need when you need it

### In this book you will find:

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

### How to enroll

American is offering two options, the Standard Option and the Plus Option. You and your Medicare-eligible dependents will be enrolled automatically in a new UnitedHealthcare® Group Medicare Advantage (PPO) Standard Option for medical and prescription drug coverage effective January 1, 2021. If you would like to choose the Plus Option, you can do that during Annual Enrollment, from October 15 through November 6 (by 11:59 p.m. CT). Visit American's Benefits Service Center via [retirees.aa.com](http://retirees.aa.com). If you are unable to enroll online please call **1-888-860-6178**. Regular hours are Monday through Friday, 9 a.m. – 6 p.m. CT. Expanded hours during Annual Enrollment are Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 6 p.m. CT.

### If you do not want this coverage

To opt out of this coverage, visit American's Benefits Service Center via [retirees.aa.com](http://retirees.aa.com) between October 15 and November 6 (by 11:59 p.m. CT). If you are unable to opt out of coverage online please call **1-888-860-6178**.

### Questions? We're here to help.



[www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)



Call toll-free **1-866-225-8816**, TTY **711**,  
8 a.m. – 8 p.m. local time, 7 days a week

## Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness Experience

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# Plan Information

# Benefit Highlights

## American Airlines, Inc. Standard Option 15780

Effective January 1, 2021 to December 31, 2021

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

### Plan Costs

	In-Network	Out-of-Network
<b>Annual medical deductible</b>	Your plan has an annual combined in-network and out-of-network medical deductible of \$100 each plan year.	
<b>Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	

### Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
<b>Doctor's office visit</b>	Primary Care Provider: \$15 copay	Primary Care Provider: \$15 copay
	Virtual Doctor Visits: \$0 copay using Doctor on Demand and AmWell.  \$15 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	Virtual Doctor Visits: \$15 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialist: \$25 copay	Specialist: \$25 copay
<b>Preventive services</b>	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
<b>Inpatient hospital care</b>	\$200 copay per day: days 1-5 \$0 copay per day after that	\$200 copay per day: days 1-5 \$0 copay per day after that
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per additional day up to 100 days
	Our plan covers up to 100 days in a SNF per benefit period.	
<b>Outpatient surgery</b>	\$0 copay	\$0 copay

## Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
<b>Outpatient rehabilitation (physical, occupational, or speech/language therapy)</b>	20% coinsurance	20% coinsurance
<b>Mental health (outpatient and virtual)</b>	Group therapy: \$15 copay	Group therapy: \$15 copay
	Individual therapy: \$25 copay	Individual therapy: \$25 copay
	Virtual visits: \$25 copay	Virtual visits: \$25 copay
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	20% coinsurance	20% coinsurance
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$15 copay	\$15 copay
<b>Therapeutic radiology services (such as radiation treatment for cancer)</b>	20% coinsurance	20% coinsurance
<b>Ambulance</b>	\$175 copay	\$175 copay
<b>Emergency care</b>	\$100 copay (worldwide)	
<b>Urgently needed services</b>	\$35 copay (worldwide)	\$35 copay (worldwide)

## Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
<b>Routine physical</b>	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Acupuncture</b>	\$0 copay for each visit (unlimited visits per plan year)*	\$0 copay for each visit (unlimited visits per plan year)*
<b>Chiropractic care</b>	\$20 copay (Unlimited visits per plan year)*	\$20 copay (Unlimited visits per plan year)*
<b>Foot care - routine</b>	\$25 copay (Up to 6 visits per plan year)*	\$25 copay (Up to 6 visits per plan year)*
<b>Hearing - routine exam</b>	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
<b>Hearing aids</b>	Through UnitedHealthcare Hearing, the plan pays up to a \$2,500 allowance for hearing aid(s) every year. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
<b>Vision - routine eye exams</b>	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*

	In-Network	Out-of-Network
<b>Private duty nursing</b>	There is a \$5,000 limit per plan year for private duty nursing services.	
<b>Fitness program through RenewActive™</b>	<p>You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health &amp; Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
<b>NurseLine</b>	Receive access to nurse consultations and additional clinical resources at no additional cost.	

\*Benefits are combined in and out-of-network

## Prescription Drugs

	Your Cost	
<b>Annual prescription (Part D) deductible</b>	\$0 for Tier 1 and Tier 2; \$445 for Tier 3, Tier 4 and Tier 5.	
<b>Initial Coverage Stage</b>	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
<b>Tier 1: Preferred Generic</b>	\$0 copay from a Preferred retail pharmacy \$5 copay from a Standard retail pharmacy	\$0 copay
<b>Tier 2: Generic</b>	\$7 copay from a Preferred retail pharmacy \$15 copay from a Standard retail pharmacy	\$21 copay
<b>Tier 3: Preferred Brand</b>	\$40 copay from a Preferred retail pharmacy \$47 copay from a Standard retail pharmacy	\$120 copay
<b>Tier 4: Non-preferred Drug</b>	35% coinsurance from a Preferred retail pharmacy 40% coinsurance from a Standard retail pharmacy	35% coinsurance
<b>Tier 5: Specialty Tier</b>	25% coinsurance from a Preferred retail pharmacy 25% coinsurance from a Standard retail pharmacy	25% coinsurance
<b>Coverage gap stage</b>	After your total drug costs reach \$4,130, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs	



## Prescription Drugs

	Your Cost
<b>Catastrophic coverage stage</b>	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance

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.

UnitedHealthcare Medicare Advantage (PPO) pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, ID, KS, MN, MT, NE, OK, OR, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

# Benefit Highlights

## American Airlines, Inc. Plus Option 15774

Effective January 1, 2021 to December 31, 2021

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

### Plan Costs

	In-Network	Out-of-Network
<b>Annual medical deductible</b>	Your plan has an annual combined in-network and out-of-network medical deductible of \$100 each plan year.	
<b>Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	

### Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
<b>Doctor's office visit</b>	Primary Care Provider: \$15 copay	Primary Care Provider: \$15 copay
	Virtual Doctor Visits: \$0 copay using Doctor on Demand and AmWell.  \$15 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	Virtual Doctor Visits: \$15 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialist: \$25 copay	Specialist: \$25 copay
<b>Preventive services</b>	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
<b>Inpatient hospital care</b>	\$200 copay per day: days 1-5 \$0 copay per day after that	\$200 copay per day: days 1-5 \$0 copay per day after that
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per additional day up to 100 days
	Our plan covers up to 100 days in a SNF per benefit period.	
<b>Outpatient surgery</b>	\$0 copay	\$0 copay

## Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
<b>Outpatient rehabilitation (physical, occupational, or speech/language therapy)</b>	20% coinsurance	20% coinsurance
<b>Mental health (outpatient and virtual)</b>	Group therapy: \$15 copay	Group therapy: \$15 copay
	Individual therapy: \$25 copay	Individual therapy: \$25 copay
	Virtual visits: \$25 copay	Virtual visits: \$25 copay
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	20% coinsurance	20% coinsurance
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$15 copay	\$15 copay
<b>Therapeutic radiology services (such as radiation treatment for cancer)</b>	20% coinsurance	20% coinsurance
<b>Ambulance</b>	\$175 copay	\$175 copay
<b>Emergency care</b>	\$100 copay (worldwide)	
<b>Urgently needed services</b>	\$35 copay (worldwide)	\$35 copay (worldwide)

## Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
<b>Routine physical</b>	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Acupuncture</b>	\$0 copay for each visit (unlimited visits per plan year)*	\$0 copay for each visit (unlimited visits per plan year)*
<b>Chiropractic care</b>	\$20 copay (Unlimited visits per plan year)*	\$20 copay (Unlimited visits per plan year)*
<b>Foot care - routine</b>	\$25 copay (Up to 6 visits per plan year)*	\$25 copay (Up to 6 visits per plan year)*
<b>Hearing - routine exam</b>	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
<b>Hearing aids</b>	Through UnitedHealthcare Hearing, the plan pays up to a \$2,500 allowance for hearing aid(s) every year. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
<b>Vision - routine eye exams</b>	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*

	In-Network	Out-of-Network
<b>Private duty nursing</b>	There is a \$5,000 limit per plan year for private duty nursing services.	
<b>Fitness program through RenewActive™</b>	<p>You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health &amp; Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
<b>NurseLine</b>	Receive access to nurse consultations and additional clinical resources at no additional cost.	

\*Benefits are combined in and out-of-network

## Prescription Drugs

	Your Cost	
<b>Initial Coverage Stage</b>	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
<b>Tier 1: Preferred Generic</b>	\$7 copay	\$7 copay (up to 30-day) \$0 copay (up to 90-day)
<b>Tier 2: Preferred Brand</b>	\$40 copay	\$105 copay
<b>Tier 3: Non-preferred Drug</b>	40% coinsurance	40% coinsurance
<b>Tier 4: Specialty Tier</b>	33% coinsurance	33% coinsurance
<b>Coverage gap stage</b>	After your total drug costs reach \$4,130, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs	
<b>Catastrophic coverage stage</b>	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

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.

UnitedHealthcare Medicare Advantage (PPO) pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, ID, KS, MN, MT, NE, OK, OR, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

# Plan Details

## UnitedHealthcare® Group Medicare Advantage (PPO)

American Airlines has selected UnitedHealthcare® to offer the choice of a Standard or Plus Option to certain retirees under the American Airlines, Inc. Health and Life Plan for Retirees (“AA Retiree Medical Plan”). These are custom Group Medicare Advantage options designed exclusively for American’s Post-65 retirees who retired prior to November 1, 2012 and are currently enrolled in the AA Retiree Medical Plan.

“Medicare Advantage” is also known as Medicare Part C. These options have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) and Medicare Part D (prescription drug coverage) plus the benefits you currently have under the AA Retiree Medical Plan and 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 these options.

- If you’re not eligible for or enrolled in Medicare Parts A and B, call UnitedHealthcare toll-free at **1-866-225-8816**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week for assistance.
- If you’re not sure if you are enrolled in Medicare Part B, check with Social Security. Visit **[www.ssa.gov/locator](http://www.ssa.gov/locator)** or call **1-800-772-1213**, TTY **1-800-325-0778**, between 8 a.m. – 5:30 p.m. local time, Monday – Friday.
- It is important to note that this transition will not change how you pay your Medicare Part B premiums. You will continue to pay your Medicare Part B premium to Medicare as you do today.

You will no longer pay your Part D premium if you are currently enrolled in a Part D 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 medical coverage works

### Your plan is a Preferred Provider Organization (PPO) plan

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

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

### View your plan information online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: [www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)

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.

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

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

## How your prescription drug coverage works

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

### Here are answers to common questions:

- **What pharmacies can I use?**

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

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

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

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

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

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

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

### Questions? We're here to help.

 [www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)



Call toll-free **1-866-225-8816**, TTY **711**,  
8 a.m. – 8 p.m. local time, 7 days a week

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

## Ways to save on your prescription drugs

- ✓ **You may save on the medications you take regularly**  
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
  
- ✓ **Get a 3-month<sup>1</sup> supply at retail pharmacies**  
In addition to OptumRx® Home Delivery, most retail pharmacies offer 3-month supplies for some prescription drugs.  
  
Check your UnitedHealthcare pharmacy directory to see if a retail pharmacy offers 3-month supplies noted with a pill symbol. An online pharmacy directory is available at: [www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)  
  
To request a printed directory, call Customer Service toll-free at: **1-866-225-8816**, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week
  
- ✓ **Ask your doctor about trial supplies**  
A trial supply allows you to fill a prescription for less than 30 days. This way you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
  
- ✓ **Explore lower cost options**  
Each covered drug in your drug list is assigned to a drug cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
  
- ✓ **Have an annual medication review**  
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.



### The UnitedHealthcare Savings Promise

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

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



## How your Group Medicare Advantage options work

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

### ✓ 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.
- 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 option, you will be disenrolled from the plan.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.



**Remember:** If you drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll.

### Questions? We're here to help.



[www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)



Call toll-free **1-866-225-8816**, TTY **711**,  
8 a.m. – 8 p.m. local time, 7 days a week



## What is IRMAA?

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



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

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

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

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



## Call Social Security to see if you qualify for Extra Help

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

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

## Questions? We're here to help.



[www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)



Call toll-free **1-866-225-8816**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week

# Getting the health care coverage you may need

## Your care begins with your doctor

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

## Finding a doctor is easy

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

### Why use a UnitedHealthcare network doctor?

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

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

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

## Filling your prescriptions is convenient

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

<sup>1</sup>2020 Internal Report Data

# Take advantage of UnitedHealthcare's additional support and programs



## **Annual Wellness Visit<sup>1</sup> and many preventive services at \$0 copay**

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



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

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

### **What to expect from a HouseCalls visit:**

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



## **NurseLine**

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



## **Special programs for people with chronic or complex health needs**

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

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

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



### **Virtual Visits**

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

### **Virtual Doctor Visits**

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

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

### **Virtual Behavioral Health Visits**

Virtual Behavioral Health Visits may be best for:

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



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

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in-person at any of our 5,500 UnitedHealthcare Hearing providers nationwide<sup>1</sup> or through home delivery — so you'll get the care you need to hear better and live life to the fullest.



### **And so much more to help you live a healthier life**

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

<sup>1</sup>Please refer to your Summary of Benefits for details regarding your benefit coverage.

# Tools and resources to help put you in control



## Go online for valuable plan information

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

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



## Renew Active™

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



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

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

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

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

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

# Summary of Benefits 2021

Medicare Advantage Plan  
with Prescription Drugs

## UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): American Airlines, Inc. Standard Option  
Group Number: 15780

H2001-837-000

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



Toll-free **1-866-225-8816**, TTY **711**

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



[www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)



# Summary of Benefits

## **January 1, 2021 - December 31, 2021**

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

### **About this plan.**

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

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

Our service area includes the 50 United States, the District of Columbia and all US territories.

### **About providers and network pharmacies.**

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to [www.UHCRetiree.com/American](http://www.UHCRetiree.com/American) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.



# UnitedHealthcare® Group Medicare Advantage (PPO)

## Premiums and Benefits

	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
<b>Annual Medical Deductible</b>	\$100 per year for some in-network and out-of-network services.	
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>	

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Benefits

		In-Network	Out-of-Network
<b>Inpatient Hospital<sup>1</sup></b>		\$200 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond	\$200 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
<b>Outpatient Hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay	\$0 copay
	Outpatient surgery	\$0 copay	\$0 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$15 copay	\$15 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell.  \$15 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$15 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialists <sup>1</sup>	\$25 copay	\$25 copay
<b>Preventive Care</b>	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening	

## Benefits

		In-Network	Out-of-Network
		<p>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</p> <p>Depression screening</p> <p>Diabetes screenings and monitoring</p> <p>Diabetes – Self-Management training</p> <p>Dialysis training</p> <p>Glaucoma screening</p> <p>Hepatitis C screening</p> <p>HIV screening</p> <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 flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>	
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$100 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	

## Benefits

		In-Network	Out-of-Network
<b>Urgently Needed Services</b>		<p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	<p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>1</sup>	20% coinsurance	20% coinsurance
	Lab services <sup>1</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$15 copay	\$15 copay
	Therapeutic Radiology <sup>1</sup>	20% coinsurance	20% coinsurance
	Outpatient x-rays <sup>1</sup>	\$15 copay	\$15 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$25 copay	\$25 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	<p>Through UnitedHealthcare Hearing, the plan pays up to a \$2,500 allowance for hearing aid(s) every year.</p> <p>Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.</p>	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.

**Benefits**

		In-Network	Out-of-Network
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$25 copay	\$25 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$200 copay per day: days 1-5 \$0 copay per day: days 6-190	\$200 copay per day: days 1-5 \$0 copay per day: days 6-190
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit <sup>1</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>1</sup>	\$25 copay	\$25 copay
	Virtual Behavioral Visits	\$25 copay	\$25 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per day: days 27-100	\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per day: days 27-100
		Our plan covers up to 100 days in a SNF per benefit period.	
<b>Physical Therapy and speech and language therapy visit<sup>1</sup></b>		20% coinsurance	20% coinsurance
<b>Ambulance<sup>2</sup></b>		\$175 copay	\$175 copay
<b>Routine Transportation</b>		Not covered	

## Benefits

		In-Network	Out-of-Network
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	20% coinsurance	20% coinsurance
	Other Part B drugs <sup>1</sup>	20% coinsurance	20% coinsurance

## Prescription Drugs

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

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

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	\$0 for Tier 1 and Tier 2; \$445 for Tier 3, Tier 4 and Tier 5.	
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>One-month supply</b>	<b>Three-month supply</b>
Tier 1: Preferred Generic	\$0 copay from a Preferred retail pharmacy \$5 copay from a Standard retail pharmacy	\$0 copay
Tier 2: Generic	\$7 copay from a Preferred retail pharmacy \$15 copay from a Standard retail pharmacy	\$21 copay
Tier 3: Preferred Brand	\$40 copay from a Preferred retail pharmacy \$47 copay from a Standard retail pharmacy	\$120 copay
Tier 4: Non-preferred Drug	35% coinsurance from a Preferred retail pharmacy 40% coinsurance from a Standard retail pharmacy	35% coinsurance
Tier 5: Specialty Tier	25% coinsurance from a Preferred retail pharmacy 25% coinsurance from a Standard retail pharmacy	25% coinsurance

<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,130, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.
<b>Stage 4: Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: <ul style="list-style-type: none"><li>□ 5% coinsurance, or</li><li>□ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li></ul>



## Additional Benefits

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

## Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	20% coinsurance	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	20% coinsurance	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance	20% coinsurance
	Wigs after Chemotherapy (for hair loss that is a result of Chemotherapy)	Up to a \$250 allowance for wigs/hairpieces (cranial prosthesis) per plan year.*	Up to a \$250 allowance for wigs/hairpieces (cranial prosthesis) per plan year.*
<b>Fitness program through RenewActive™</b>		<p>You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health &amp; Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$25 copay	\$25 copay
	Routine foot care	\$25 copay for each visit (Up to 6 visits per plan year)*	\$25 copay for each visit (Up to 6 visits per plan year)*

## Additional Benefits

		In-Network	Out-of-Network
<b>Home Health Care<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		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.	
<b>NurseLine</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.	
<b>Occupational Therapy Visit<sup>1</sup></b>		20% coinsurance	20% coinsurance
<b>Opioid Treatment Program Services<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>1</sup>	\$25 copay	\$25 copay
<b>Private duty nursing</b>		<p>We cover medically necessary nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. Covered services include nursing services of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) delivered to a covered individual who is confined in the home due to a medical condition.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>\$0 copay There is a \$5,000 limit per plan year for private duty nursing services. Once the plan has paid \$5,000 in a plan year, you are responsible to pay all charges for the remainder of the plan year.</p>	
<b>Renal Dialysis<sup>1</sup></b>		20% coinsurance	20% coinsurance

<sup>1</sup> 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.

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

\*Benefits are combined in and out-of-network

## Required Information

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

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

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

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

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

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

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

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

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

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

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

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

UnitedHealthcare Medicare Advantage (PPO) pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, ID, KS, MN, MT, NE, OK, OR, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

You must continue to pay your Medicare Part B premium.

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

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

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

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

purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

# Summary of Benefits 2021

Medicare Advantage Plan  
with Prescription Drugs

## UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): American Airlines, Inc. Plus Option  
Group Number: 15774

H2001-816-000

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



Toll-free **1-866-225-8816**, TTY **711**

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



[www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)



# Summary of Benefits

## January 1, 2021 - December 31, 2021

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

### **About this plan.**

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

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

Our service area includes the 50 United States, the District of Columbia and all US territories.

### **About providers and network pharmacies.**

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to [www.UHCRetiree.com/American](http://www.UHCRetiree.com/American) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.



# UnitedHealthcare® Group Medicare Advantage (PPO)

## Premiums and Benefits

	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
<b>Annual Medical Deductible</b>	\$100 per year for some in-network and out-of-network services.	
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>	

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Benefits

		In-Network	Out-of-Network
<b>Inpatient Hospital<sup>1</sup></b>		\$200 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond	\$200 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
<b>Outpatient Hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay	\$0 copay
	Outpatient surgery	\$0 copay	\$0 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$15 copay	\$15 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell.  \$15 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$15 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialists <sup>1</sup>	\$25 copay	\$25 copay
<b>Preventive Care</b>	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening	

## Benefits

		In-Network	Out-of-Network
		<p>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</p> <p>Depression screening</p> <p>Diabetes screenings and monitoring</p> <p>Diabetes – Self-Management training</p> <p>Dialysis training</p> <p>Glaucoma screening</p> <p>Hepatitis C screening</p> <p>HIV screening</p> <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 flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>	
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$100 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	

## Benefits

		In-Network	Out-of-Network
<b>Urgently Needed Services</b>		<p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	<p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>1</sup>	20% coinsurance	20% coinsurance
	Lab services <sup>1</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$15 copay	\$15 copay
	Therapeutic Radiology <sup>1</sup>	20% coinsurance	20% coinsurance
	Outpatient x-rays <sup>1</sup>	\$15 copay	\$15 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$25 copay	\$25 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	<p>Through UnitedHealthcare Hearing, the plan pays up to a \$2,500 allowance for hearing aid(s) every year.</p> <p>Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.</p>	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.

## Benefits

		In-Network	Out-of-Network
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$25 copay	\$25 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$200 copay per day: days 1-5 \$0 copay per day: days 6-190	\$200 copay per day: days 1-5 \$0 copay per day: days 6-190
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit <sup>1</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>1</sup>	\$25 copay	\$25 copay
	Virtual Behavioral Visits	\$25 copay	\$25 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per day: days 27-100	\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per day: days 27-100
		Our plan covers up to 100 days in a SNF per benefit period.	
<b>Physical Therapy and speech and language therapy visit<sup>1</sup></b>		20% coinsurance	20% coinsurance
<b>Ambulance<sup>2</sup></b>		\$175 copay	\$175 copay
<b>Routine Transportation</b>		Not covered	

## Benefits

		In-Network	Out-of-Network
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	20% coinsurance	20% coinsurance
	Other Part B drugs <sup>1</sup>	20% coinsurance	20% coinsurance

## Prescription Drugs

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

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

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	Since you have no deductible, this payment stage doesn't apply.	
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>30-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic	\$7 copay	\$7 copay (up to 30-day) \$0 copay 31 to 90-day
Tier 2: Preferred Brand	\$40 copay	\$105 copay
Tier 3: Non-preferred Drug	40% coinsurance	40% coinsurance
Tier 4: Specialty Tier	33% coinsurance	33% coinsurance
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,130, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
<b>Stage 4: Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> <li>□ 5% coinsurance, or</li> <li>□ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul>	

## Additional Benefits

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



## Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	20% coinsurance	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	20% coinsurance	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance	20% coinsurance
	Wigs after Chemotherapy (for hair loss that is a result of Chemotherapy)	Up to a \$250 allowance for wigs/hairpieces (cranial prosthesis) per plan year.*	Up to a \$250 allowance for wigs/hairpieces (cranial prosthesis) per plan year.*
<b>Fitness program through RenewActive™</b>		<p>You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health &amp; Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$25 copay	\$25 copay
	Routine foot care	\$25 copay for each visit (Up to 6 visits per plan year)*	\$25 copay for each visit (Up to 6 visits per plan year)*

## Additional Benefits

		In-Network	Out-of-Network
<b>Home Health Care<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		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.	
<b>NurseLine</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.	
<b>Occupational Therapy Visit<sup>1</sup></b>		20% coinsurance	20% coinsurance
<b>Opioid Treatment Program Services<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>1</sup>	\$25 copay	\$25 copay
<b>Private duty nursing</b>		<p>We cover medically necessary nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. Covered services include nursing services of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) delivered to a covered individual who is confined in the home due to a medical condition.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>\$0 copay There is a \$5,000 limit per plan year for private duty nursing services. Once the plan has paid \$5,000 in a plan year, you are responsible to pay all charges for the remainder of the plan year.</p>	
<b>Renal Dialysis<sup>1</sup></b>		20% coinsurance	20% coinsurance

<sup>1</sup> 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.

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

\*Benefits are combined in and out-of-network

## Required Information

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

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

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

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

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

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

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

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

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

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

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

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

UnitedHealthcare Medicare Advantage (PPO) pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, ID, KS, MN, MT, NE, OK, OR, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

You must continue to pay your Medicare Part B premium.

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

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

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

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

purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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

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

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto: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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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# Drug List

# Drug List

## American Airlines, Inc. Standard Option

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

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Covered drugs are placed in tiers. Each tier has a different cost
  - Tier 1: Preferred generic
  - Tier 2: Generic
  - Tier 3: Preferred brand
  - Tier 4: Non-preferred drug
  - Tier 5: 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

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**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.

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**QL**  
**Quantity limits**

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

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**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.

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**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.

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T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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<b>HRM High-risk medication</b>	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.
<b>LA Limited access</b>	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
<b>MME Morphine milligram equivalent</b>	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.
<b>7D 7-day limit</b>	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.
<b>DL Dispensing limit</b>	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T4 - QL	Tablet),T2 - 7D; MME; DL; QL
<b>Abilify Maintena (Intramuscular Prefilled Syringe),T5</b>	Acetazolamide (Oral Tablet),T3
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5</b>	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T3
Abiraterone Acetate (Oral Tablet),T5 - PA	<b>Actemra (Subcutaneous Solution Prefilled Syringe),T5 - PA</b>
Acamprosate Calcium (Oral Tablet Delayed Release),T4	<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector),T5 - PA</b>
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral	Acyclovir (Oral Capsule),T2
	Acyclovir (Oral Tablet),T2
	<b>Adacel (Intramuscular Suspension),T3 - QL</b>
	<b>Advair Diskus (Inhalation Aerosol Powder</b>

**Bold type = Brand name drug**

Plain type = Generic drug

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<b>Breath Activated),T3 - QL</b>	Anagrelide HCl (Oral Capsule),T3
<b>Advair HFA (Inhalation Aerosol),T3 - QL</b>	Anastrozole (Oral Tablet),T2
<b>Aimovig (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>	<b>Androderm (Transdermal Patch 24 Hour),T3</b>
Albendazole (Oral Tablet),T5 - QL	<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL</b>
Alcohol Prep Pads,T3	<b>Apokyn (Subcutaneous Solution Cartridge),T5 - PA; LA; QL</b>
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1	<b>Apriso (Oral Capsule Extended Release 24 Hour),T3 - QL</b>
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2	<b>Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe),T5 - PA</b>
Allopurinol (Oral Tablet),T1	<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T5 - PA</b>
Alosetron HCl (Oral Tablet),T5 - PA	<b>Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA</b>
<b>Alphagan P (0.1% Ophthalmic Solution),T3</b>	<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4 - PA</b>
Alprazolam (Oral Tablet Immediate Release),T2 - QL	Aripiprazole (Oral Tablet),T2 - QL
Alyq (Oral Tablet),T4 - PA	<b>Aristada (Intramuscular Prefilled Syringe),T5</b>
Amantadine HCl (Oral Capsule),T3	<b>Aristada Initio (Intramuscular Prefilled Syringe),T5</b>
Amantadine HCl (Oral Syrup),T2	<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL</b>
Amantadine HCl (Oral Tablet),T3	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T4 - QL
Ambrisentan (Oral Tablet),T5 - PA; LA; QL	Atazanavir Sulfate (Oral Capsule),T4 - QL
Amiloride HCl (Oral Tablet),T2	
Amiodarone HCl (200MG Oral Tablet),T2	
<b>Amitiza (Oral Capsule),T3 - QL</b>	
Amitriptyline HCl (Oral Tablet),T4 - HRM	
Amlodipine Besylate (Oral Tablet),T1	
Amlodipine-Benazepril (Oral Capsule),T2 - QL	
Ammonium Lactate (External Cream),T2	
Ammonium Lactate (External Lotion),T2	
Amoxicillin (Oral Capsule),T2	
Amoxicillin (Oral Tablet Immediate Release),T2	
Amphetamine-Dextroamphetamine (Oral Tablet),T3 - QL	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T3 - QL	

T1 = Tier 1

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Atenolol (Oral Tablet),T1
Atomoxetine HCl (Oral Capsule),T4
Atorvastatin Calcium (Oral Tablet),T1 - QL
Atovaquone-Proguanil HCl (Oral Tablet),T3
<b>Atripla (Oral Tablet),T5 - QL</b>
<b>Atrovent HFA (Inhalation Aerosol Solution),T4</b>
<b>Aubagio (Oral Tablet),T5 - LA; QL</b>
<b>Auryxia (Oral Tablet),T5 - PA</b>
<b>Austedo (Oral Tablet),T5 - PA; LA; QL</b>
<b>Avonex Pen (Intramuscular Auto-Injector Kit),T5</b>
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5</b>
Azathioprine (Oral Tablet),T2 - B/D,PA
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3
Azelastine HCl (Ophthalmic Solution),T2
Azithromycin (Oral Tablet),T2
<b>Azopt (Ophthalmic Suspension),T3</b>
<b>B</b>
<b>BRIVIACT (Oral Solution),T5 - PA; QL</b>
<b>BRIVIACT (Oral Tablet),T5 - PA; QL</b>
Baclofen (Oral Tablet),T2
Balsalazide Disodium (Oral Capsule),T4
<b>Baqsimi Two Pack (Nasal Powder),T3</b>
<b>Belsomra (Oral Tablet),T3 - QL</b>
Benazepril HCl (Oral Tablet),T1 - QL
Benazepril-Hydrochlorothiazide (Oral Tablet),T3 - QL
Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM
<b>Bepreve (Ophthalmic Solution),T4</b>
<b>Berinert (Intravenous Kit),T5 - PA; LA</b>
<b>Besivance (Ophthalmic Suspension),T4</b>

**Bold type = Brand name drug**

<b>Betaseron (Subcutaneous Kit),T5</b>
Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet),T3
Bethanechol Chloride (50MG Oral Tablet),T4
<b>Betimol (Ophthalmic Solution),T4</b>
Bicalutamide (Oral Tablet),T2
Bisoprolol Fumarate (Oral Tablet),T2
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Bosentan (Oral Tablet),T5 - PA; LA; QL
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL</b>
<b>Brilinta (Oral Tablet),T3 - QL</b>
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution),T4</b>
Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
Budesonide (Inhalation Suspension),T4 - B/D,PA
Budesonide (Oral Capsule Delayed Release Particles),T4
Bumetanide (Oral Tablet),T3
Buprenorphine (Transdermal Patch Weekly),T3 - 7D; DL; QL
Buprenorphine HCl (Tablet Sublingual),T2 - QL
Bupropion HCl (Oral Tablet Immediate Release),T2
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Buspironone HCl (Oral Tablet),T2

Plain type = Generic drug

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<b>Butrans (Transdermal Patch Weekly),T3 - 7D; DL; QL</b>	Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2
<b>Bydureon (Subcutaneous Pen-Injector),T4 - QL</b>	Cephalexin (750MG Oral Capsule),T4
<b>Bydureon BCise (Subcutaneous Auto-Injector),T4 - QL</b>	Cephalexin (Oral Tablet),T3
<b>Bystolic (Oral Tablet),T3 - QL</b>	<b>Chantix (Oral Tablet),T3</b>
<b>C</b>	<b>Chantix Continuing Month Pak (Oral Tablet),T3</b>
Cabergoline (Oral Tablet),T3	<b>Chantix Starting Month Pak (Oral Tablet),T3</b>
<b>Calcitriol (External Ointment),T4</b>	Chlorhexidine Gluconate (Mouth Solution),T2
Calcitriol (Oral Capsule),T2 - B/D,PA	Chlorthalidone (Oral Tablet),T2
Calcium Acetate (Phosphate Binder) (Oral Capsule),T3	Cholestyramine (Oral Packet),T4
Calcium Acetate (Phosphate Binder) (Oral Tablet),T3	Cholestyramine Light (Oral Powder),T4
Captopril (100MG Oral Tablet, 50MG Oral Tablet),T4 - QL	Cilostazol (Oral Tablet),T2
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet),T3 - QL	Cinacalcet HCl (30MG Oral Tablet),T4 - B/D,PA; QL
<b>Carbaglu (Oral Tablet),T5 - LA</b>	Cinacalcet HCl (90MG Oral Tablet),T5 - B/D,PA; QL
Carbamazepine (Oral Tablet Immediate Release),T3	<b>Cinryze (Intravenous Solution Reconstituted),T5 - PA; LA</b>
Carbidopa-Levodopa (Oral Tablet Immediate Release),T2	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T3	Citalopram Hydrobromide (Oral Tablet),T1
Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T4	Clarithromycin (Oral Tablet Immediate Release),T3
Carbidopa-Levodopa-Entacapone (Oral Tablet),T4	<b>Clenpiq (Oral Solution),T3</b>
Carvedilol (Oral Tablet),T1	<b>Climara Pro (Transdermal Patch Weekly),T4 - PA; HRM</b>
<b>Cayston (Inhalation Solution Reconstituted),T5 - PA; LA</b>	Clonazepam (Oral Tablet Immediate Release),T2 - QL
Cefuroxime Axetil (Oral Tablet),T2	Clonazepam ODT (0.5MG Oral Tablet Dispersible),T3 - QL
Celecoxib (Oral Capsule),T3 - QL	Clonidine (0.1MG/24HR Transdermal Patch Weekly),T3

T1 = Tier 1

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Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T4

Clonidine HCl (Oral Tablet Immediate Release),T2

Clopidogrel Bisulfate (75MG Oral Tablet),T2 - QL

Clozapine (Oral Tablet Immediate Release),T3

Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T4

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

**Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3**

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3

Colesevelam HCl (Oral Tablet),T4

**Combigan (Ophthalmic Solution),T3**

**Combivent Respimat (Inhalation Aerosol Solution),T3 - QL**

**Corlanor (Oral Solution),T4 - PA; QL**

**Corlanor (Oral Tablet),T4 - PA; QL**

**Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA**

**Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5 - PA; LA**

**Coumadin (Oral Tablet),T4**

**Creon (Oral Capsule Delayed Release Particles),T3**

**Crixivan (Oral Capsule),T3 - QL**

Cromolyn Sodium (Inhalation Nebulization Solution),T5 - B/D,PA

Cromolyn Sodium (Oral Concentrate),T3

Cyclophosphamide (Oral Capsule),T3 - B/D,PA

Cyproheptadine HCl (Oral Tablet),T4 - PA; HRM

**Bold type = Brand name drug**

**D**

**DARAPRIM (Oral Tablet),T5**

Dapsone (Oral Tablet),T3

Deferasirox (Oral Tablet Soluble) (Generic Exjade),T5 - PA

**Depen Titratabs (Oral Tablet),T5**

Desmopressin Acetate (Oral Tablet),T3

Desvenlafaxine Succinate ER (50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3

**Dextrose-NaCl (5-0.2% Intravenous Solution),T3**

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2 - QL

Diazepam (5MG/5ML Oral Solution),T2

Diazepam Intensol (5MG/ML Oral Concentrate),T3 - QL

Diclofenac Potassium (Oral Tablet),T3

Diclofenac Sodium (1% Transdermal Gel),T3

Diclofenac Sodium (Oral Tablet Delayed Release),T2

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

Dicyclomine HCl (Oral Capsule),T2 - HRM

Dicyclomine HCl (Oral Tablet),T2 - HRM

**Dificid (Oral Tablet),T5**

Digoxin (125MCG Oral Tablet),T4 - HRM; QL

Digoxin (250MCG Oral Tablet),T4 - PA; HRM

Dihydroergotamine Mesylate (Nasal Solution),T5 - PA; QL

Diltiazem HCl (Oral Tablet Immediate Release),T2

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T3

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

Plain type = Generic drug

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Capsule Extended Release 24 Hour),T2	<b>E</b>
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),T2	<b>Edarbi (Oral Tablet),T4 - QL</b>
<b>Dipentum (Oral Capsule),T5</b>	<b>Edarbyclor (Oral Tablet),T4 - QL</b>
Diphenoxylate-Atropine (Oral Tablet),T4 - PA; HRM	<b>Eliquis (Oral Tablet),T3 - QL</b>
Disulfiram (Oral Tablet),T3	<b>Eliquis Starter Pack (Oral Tablet),T3 - QL</b>
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T3	<b>Elmiron (Oral Capsule),T5</b>
Divalproex Sodium (Oral Tablet Delayed Release),T2	<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2	<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T2 - QL	<b>Emgality (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>
Donepezil HCl ODT (Oral Tablet Dispersible),T2 - QL	Enalapril Maleate (Oral Tablet),T1 - QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2	Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Doxazosin Mesylate (Oral Tablet),T2	<b>Enbrel (Subcutaneous Solution Prefilled Syringe),T5 - PA</b>
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3	<b>Enbrel (Subcutaneous Solution Reconstituted),T5 - PA</b>
Doxycycline Hyclate (Oral Capsule),T3	<b>Enbrel Mini (Subcutaneous Solution Cartridge),T5 - PA</b>
Dronabinol (Oral Capsule),T4 - PA	<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5 - PA</b>
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2 - QL	Entacapone (Oral Tablet),T4
Dutasteride (Oral Capsule),T3	Entecavir (Oral Tablet),T4
<b>Dymista (Nasal Suspension),T4</b>	<b>Entresto (Oral Tablet),T3 - QL</b>
	<b>Envarsus XR (Oral Tablet Extended Release 24 Hour),T4 - B/D,PA</b>
	<b>Epclusa (Oral Tablet),T5 - PA; QL</b>
	Epinephrine (Injection Solution Auto-Injector),T3 - QL
	Eplerenone (25MG Oral Tablet),T3
	Eplerenone (50MG Oral Tablet),T4
	Ergotamine-Caffeine (Oral Tablet),T3

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

T5 = Tier 5



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

**Erleada (Oral Tablet),T5 - PA**

Ertapenem Sodium (Injection Solution Reconstituted),T4

Escitalopram Oxalate (Oral Tablet),T2

Estradiol (Oral Tablet),T3 - PA; HRM

Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL

Estradiol (Vaginal Cream),T4

Ethosuximide (Oral Capsule),T3

Ethosuximide (Oral Solution),T3

Ezetimibe (Oral Tablet),T2

Ezetimibe-Simvastatin (10-80MG Oral Tablet),T4 - QL

**F**

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T3

**Farxiga (Oral Tablet),T3 - QL**

**Fasenra (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA**

**Fasenra Pen (Subcutaneous Solution Auto-Injector),T5 - PA; LA**

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T3

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T2

Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T4 - 7D; MME; DL; QL

Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL

**Finacea (External Foam),T4**

Finasteride (5MG Oral Tablet) (Generic Proscar),T2

Flac (Otic Oil),T4

**Bold type = Brand name drug**

**Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3**

**Flovent HFA (Inhalation Aerosol),T3 - QL**

Fluconazole (Oral Tablet),T2

Fluocinolone Acetonide (External Cream),T3

Fluocinolone Acetonide (External Ointment),T3

Fluocinolone Acetonide (Otic Oil),T3

Fluphenazine HCl (Oral Tablet),T4

Fluticasone Propionate (External Cream),T3

Fluticasone Propionate (External Ointment),T3

Fluticasone Propionate (Nasal Suspension),T2

**Forteo (Subcutaneous Solution Pen-Injector),T5 - PA**

Furosemide (Oral Tablet),T1

**Fuzeon (Subcutaneous Solution Reconstituted),T5 - QL**

**Fycompa (Oral Suspension),T5 - QL**

**Fycompa (Oral Tablet),T5 - QL**

**G**

Gabapentin (Oral Capsule),T2

Gabapentin (Oral Tablet),T2

**Gammagard (2.5GM/25ML Injection Solution),T5 - PA**

**Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5 - PA**

Gemfibrozil (Oral Tablet),T2

**Genotropin (Subcutaneous Solution Reconstituted),T5 - PA**

**Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5 - PA**

Gentamicin Sulfate (Ophthalmic Solution),T2

**Gilenya (0.5MG Oral Capsule),T5 - QL**

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5

Plain type = Generic drug

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

Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe),T5	<b>Prefilled Syringe Kit),T5 - PA</b>
Glimepiride (Oral Tablet),T1 - QL	<b>Humira Pen (Subcutaneous Pen-Injector Kit),T5 - PA</b>
Glipizide (Oral Tablet Immediate Release),T1 - QL	<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5 - PA</b>
Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL	<b>Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5 - PA</b>
<b>GlucaGen HypoKit (Injection Solution Reconstituted),T4</b>	<b>Humulin 70/30 (Subcutaneous Suspension),T3</b>
<b>Glucagon (Injection Kit) (Lilly),T3</b>	<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3</b>
<b>Glyxambi (Oral Tablet),T3 - QL</b>	<b>Humulin N (Subcutaneous Suspension),T3</b>
<b>Guanidine HCl (Oral Tablet),T4</b>	<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3</b>
<b>Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3</b>	<b>Humulin R (Injection Solution),T3</b>
<b>H</b>	<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3</b>
<b>Haegarda (Subcutaneous Solution Reconstituted),T5 - PA; LA</b>	<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3</b>
Haloperidol (Oral Tablet),T2	Hydralazine HCl (Oral Tablet),T2
<b>Humalog (Subcutaneous Solution Cartridge),T3</b>	Hydrochlorothiazide (Oral Capsule),T1
<b>Humalog (Subcutaneous Solution),T3</b>	Hydrochlorothiazide (Oral Tablet),T1
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3</b>	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3 - 7D; MME; DL; QL
<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3</b>	Hydromorphone HCl (Oral Tablet Immediate Release),T2 - 7D; MME; DL; QL
<b>Humalog Mix 50/50 (Subcutaneous Suspension),T3</b>	Hydroxychloroquine Sulfate (Oral Tablet),T2 - QL
<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3</b>	Hydroxyurea (Oral Capsule),T2
<b>Humalog Mix 75/25 (Subcutaneous Suspension),T3</b>	Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3</b>	<b>I</b>
<b>Humira (Subcutaneous Prefilled Syringe Kit),T5 - PA</b>	Ibandronate Sodium (Oral Tablet),T2
<b>Humira Pediatric Crohns Start (Subcutaneous</b>	Ibu (800MG Oral Tablet),T2
	Ibuprofen (Oral Tablet),T2
	<b>Ilevro (Ophthalmic Suspension),T3</b>

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Imatinib Mesylate (Oral Tablet),T5 - PA; QL

Imiquimod (5% External Cream),T3 - QL

**Imiquimod Pump (3.75% External Cream),T5 - PA**

**Invexxy Maintenance Pack (Vaginal Insert),T3 - PA**

**Invexxy Starter Pack (Vaginal Insert),T3 - PA**

**Ingrezza (Oral Capsule Therapy Pack),T5 - PA; QL**

**Ingrezza (Oral Capsule),T5 - PA; QL**

Insulin Syringes, Needles,T3

**Intelence (100MG Oral Tablet, 200MG Oral Tablet),T5 - QL**

**Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5**

**Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4**

**Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5**

Ipratropium Bromide (Inhalation Solution),T2 - B/D,PA

Ipratropium Bromide (Nasal Solution),T3

Ipratropium-Albuterol (Inhalation Solution),T2 - B/D,PA

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T2 - QL

**Isentress (Oral Tablet),T5 - QL**

Isoniazid (Oral Tablet),T2

Isosorbide Dinitrate (10MG Oral Tablet

Immediate Release, 20MG Oral Tablet

Immediate Release, 30MG Oral Tablet

Immediate Release, 5MG Oral Tablet

Immediate Release),T2

Isosorbide Mononitrate (Oral Tablet Immediate Release),T2

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2

Ivermectin (Oral Tablet),T2

## J

**Janumet (Oral Tablet Immediate Release),T3 - QL**

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

**Januvia (Oral Tablet),T3 - QL**

**Jardiance (Oral Tablet),T3 - QL**

**Jentadueto (Oral Tablet Immediate Release),T3 - QL**

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

**Jublia (External Solution),T4**

## K

**Kalydeco (50MG Oral Packet, 75MG Oral Packet),T5 - PA; LA**

**Kalydeco (Oral Tablet),T5 - PA; LA**

Ketoconazole (External Cream),T2 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T3

**Klor-Con 10 (Oral Tablet Extended Release),T2**

**Klor-Con 8 (Oral Tablet Extended Release),T2**

Klor-Con M10 (Oral Tablet Extended Release),T2

Klor-Con M20 (Oral Tablet Extended Release),T2

**Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T4 - QL**

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Plain type = Generic drug

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<b>Korlym (Oral Tablet),T5 - PA; LA</b>	Lidocaine-Prilocaine (External Cream),T3
<b>L</b>	<b>Linzess (Oral Capsule),T3 - QL</b>
Lactulose (10GM/15ML Oral Solution),T2	Liothyronine Sodium (Oral Tablet),T2
Lamivudine (100MG Oral Tablet),T3	Lisinopril (Oral Tablet),T1 - QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3 - QL	Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Lamotrigine (Oral Tablet Immediate Release),T2	Lithium Carbonate (Oral Capsule),T2
<b>Lantus (Subcutaneous Solution),T3</b>	Lithium Carbonate ER (Oral Tablet Extended Release),T2
<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3</b>	<b>Livalo (Oral Tablet),T3 - QL</b>
<b>Lastacraft (Ophthalmic Solution),T3</b>	<b>Lokelma (Oral Packet),T4 - QL</b>
Latanoprost (Ophthalmic Solution),T1	<b>Lonhala Magnair (Inhalation Solution),T5 - QL</b>
<b>Latuda (Oral Tablet),T5 - QL</b>	Loperamide HCl (Oral Capsule),T2
Leflunomide (Oral Tablet),T3	Lorazepam (Oral Tablet),T2 - QL
Letrozole (Oral Tablet),T2	Lorazepam Intensol (Oral Concentrate),T2 - QL
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T3	Losartan Potassium (Oral Tablet),T1 - QL
Leucovorin Calcium (25MG Oral Tablet),T4	Losartan Potassium-HCTZ (Oral Tablet),T1 - QL
Leucovorin Calcium (5MG Oral Tablet),T2	<b>Lotemax (Ophthalmic Gel),T4</b>
<b>Leukeran (Oral Tablet),T5</b>	<b>Lotemax (Ophthalmic Ointment),T4</b>
<b>Levemir (Subcutaneous Solution),T3</b>	<b>Lotemax (Ophthalmic Suspension),T4</b>
<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3</b>	<b>Lotemax SM (Ophthalmic Gel),T4</b>
Levetiracetam (Oral Tablet Immediate Release),T2	Lovastatin (Oral Tablet),T1 - QL
<b>Levocarnitine (Oral Tablet),T3</b>	<b>Lumigan (Ophthalmic Solution),T3</b>
Levocetirizine Dihydrochloride (Oral Tablet),T2	<b>Lupron Depot (1-Month) (Intramuscular Kit),T5 - PA</b>
Levofloxacin (Oral Tablet),T2	<b>Lupron Depot (3-Month) (Intramuscular Kit),T5 - PA</b>
Levothyroxine Sodium (Oral Tablet),T1	<b>Lupron Depot (4-Month) (Intramuscular Kit),T5 - PA</b>
Lidocaine (5% External Patch),T4 - PA; QL	<b>Lupron Depot (6-Month) (Intramuscular Kit),T5 - PA</b>
Lidocaine HCl (4% External Solution),T3	<b>Lysodren (Oral Tablet),T5</b>
Lidocaine HCl (External Gel),T2	<b>M</b>
Lidocaine Viscous (2% Mouth/Throat Solution),T2	<b>Mavyret (Oral Tablet),T5 - PA; QL</b>

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<b>Mayzent (Oral Tablet),T5 - LA; QL</b>	Release 24 Hour),T2
Meclizine HCl (12.5MG Oral Tablet),T2 - HRM	<b>Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1</b>
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4	Metronidazole (0.75% External Cream),T3
Medroxyprogesterone Acetate (Oral Tablet),T2	Metronidazole (0.75% External Gel, 1% External Gel),T4
Meloxicam (Oral Tablet),T1	Metronidazole (0.75% External Lotion),T4
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2 - PA; QL	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T4 - PA; QL	Migergot (Rectal Suppository),T5
Mercaptopurine (Oral Tablet),T3	Minocycline HCl (Oral Capsule),T2
Meropenem (1GM Intravenous Solution Reconstituted),T4	Minocycline HCl (Oral Tablet Immediate Release),T4
Meropenem (500MG Intravenous Solution Reconstituted),T3	Minoxidil (Oral Tablet),T2
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T4 - QL	Mirtazapine (Oral Tablet),T2
Metformin HCl (Oral Tablet Immediate Release),T1 - QL	Mirtazapine ODT (Oral Tablet Dispersible),T3
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL	<b>Mirvaso (External Gel),T4</b>
Methadone HCl (10MG/5ML Oral Solution),T2 - 7D; MME; DL; QL	Misoprostol (Oral Tablet),T3
Methadone HCl (Oral Tablet),T2 - 7D; MME; DL; QL	Modafinil (Oral Tablet),T3 - PA; QL
Methazolamide (Oral Tablet),T4	Mometasone Furoate (Nasal Suspension),T4
Methimazole (Oral Tablet),T2	Montelukast Sodium (Oral Packet),T3 - QL
Methotrexate (Oral Tablet),T2	Montelukast Sodium (Oral Tablet),T2 - QL
Methscopolamine Bromide (Oral Tablet),T4	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL
Methylidopa (Oral Tablet),T3 - PA; HRM	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4 - 7D; MME; DL; QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3 - QL	<b>Multaq (Oral Tablet),T3</b>
Metoclopramide HCl (Oral Tablet),T2	<b>Myrbetriq (Oral Tablet Extended Release 24 Hour),T3</b>
Metoprolol Succinate ER (Oral Tablet Extended	<b>N</b>
	Nadolol (Oral Tablet),T3

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Naloxone HCl (0.4MG/ML Injection Solution),T2	Nitrofurantoin Monohydrate (Generic Macrobid),T3 - HRM
Naloxone HCl (Injection Solution Cartridge),T2	Nitroglycerin (Tablet Sublingual),T2
Naloxone HCl (Injection Solution Prefilled Syringe),T2	<b>Nitrostat (Tablet Sublingual),T3</b>
Naltrexone HCl (Oral Tablet),T3	Nizatidine (Oral Capsule),T3
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3 - PA; QL</b>	Norethindrone Acetate (5MG Oral Tablet),T2
<b>Namzaric (Oral Capsule Extended Release 24 Hour),T3 - PA; QL</b>	Nortriptyline HCl (Oral Capsule),T2 - PA; HRM
Naproxen (Oral Tablet Immediate Release),T2	<b>Nubeqa (Oral Tablet),T5 - PA; LA</b>
<b>Narcan (Nasal Liquid),T3</b>	<b>Nucala (Subcutaneous Solution Auto-Injector),T5 - PA; LA; QL</b>
<b>Nayzilam (Nasal Solution),T4 - QL</b>	<b>Nucala (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA; QL</b>
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4	<b>Nucala (Subcutaneous Solution Reconstituted),T5 - PA; LA; QL</b>
Neomycin-Polymyxin-HC (Otic Suspension),T3	<b>Nucynta ER (Oral Tablet Extended Release 12 Hour),T3 - 7D; MME; DL; QL</b>
<b>Neulasta (Subcutaneous Solution Prefilled Syringe),T5 - PA</b>	<b>Nuedexta (Oral Capsule),T4 - PA; QL</b>
<b>Neupogen (Injection Solution Prefilled Syringe),T5 - ST</b>	Nystatin (External Cream),T2
<b>Neupogen (Injection Solution),T5 - ST</b>	Nystatin (External Ointment),T2
<b>Neupro (Transdermal Patch 24 Hour),T4</b>	Nystatin (External Powder),T2 - QL
<b>Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T3</b>	<b>O</b>
<b>Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T3 - QL</b>	Ofloxacin (Ophthalmic Solution),T2
Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release),T4	Ofloxacin (Otic Solution),T3
Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release),T2	Olanzapine (Oral Tablet),T2 - QL
<b>Nicotrol (Inhalation Inhaler),T4</b>	Olmesartan Medoxomil (Oral Tablet),T2 - QL
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3 - HRM	Olmesartan Medoxomil-HCTZ (Oral Tablet),T2 - QL
	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T4 - QL
	Olopatadine HCl (Ophthalmic Solution),T3
	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T3
	Omeprazole (10MG Oral Capsule Delayed Release),T2 - QL

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Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2	<b>Pazeo (Ophthalmic Solution),T3</b>
Ondansetron HCl (Oral Tablet),T2 - B/D,PA	Penicillin V Potassium (Oral Tablet),T2
Ondansetron ODT (Oral Tablet Dispersible),T2 - B/D,PA	<b>Perforomist (Inhalation Nebulization Solution),T4 - B/D,PA; QL</b>
<b>Onglyza (Oral Tablet),T4 - QL</b>	Permethrin (External Cream),T3
<b>Opsumit (Oral Tablet),T5 - PA; LA</b>	<b>Perseris (Subcutaneous Prefilled Syringe),T5</b>
<b>Orencia (Subcutaneous Solution Prefilled Syringe),T5 - PA</b>	Phenytoin Sodium Extended (Oral Capsule),T2
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector),T5 - PA</b>	<b>Phoslyra (Oral Solution),T3</b>
<b>Orenitram (0.125MG Oral Tablet Extended Release),T4 - PA; LA</b>	<b>Picato (External Gel),T3 - QL</b>
<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5 - PA; LA</b>	Pilocarpine HCl (Oral Tablet),T4
Oseltamivir Phosphate (Oral Capsule),T3	Pimecrolimus (External Cream),T4 - ST; QL
<b>Osphena (Oral Tablet),T3 - PA; QL</b>	Pioglitazone HCl (Oral Tablet),T1 - QL
Oxcarbazepine (Oral Tablet),T3	<b>Pomalyst (Oral Capsule),T5 - PA</b>
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2	Potassium Chloride CR (Oral Tablet Extended Release),T2
Oxycodone HCl (Oral Tablet Immediate Release),T2 - 7D; MME; DL; QL	Potassium Chloride ER (Oral Capsule Extended Release),T2
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3 - 7D; MME; DL; QL	Potassium Citrate ER (Oral Tablet Extended Release),T4
<b>Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T3 - QL</b>	<b>Praluent (Subcutaneous Solution Auto-Injector),T3 - PA; LA; QL</b>
<b>Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector),T3 - QL</b>	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2
<b>P</b>	Pravastatin Sodium (Oral Tablet),T1 - QL
Pantoprazole Sodium (Oral Tablet Delayed Release),T2 - QL	Prazosin HCl (Oral Capsule),T2
	Prednisolone Acetate (Ophthalmic Suspension),T3
	Prednisone (5MG/5ML Oral Solution),T4
	Prednisone (Oral Tablet),T2
	<b>Premarin (Vaginal Cream),T3</b>
	<b>Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T5 - QL</b>
	<b>Prezista (75MG Oral Tablet),T4 - QL</b>
	<b>Prezista (Oral Suspension),T5 - QL</b>

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<b>Privigen (20GM/200ML Intravenous Solution),T5 - PA</b>	<b>Injector),T4 - PA</b>
<b>ProAir HFA (Inhalation Aerosol Solution),T3</b>	<b>Rayaldee (Oral Capsule Extended Release),T5 - QL</b>
<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3</b>	<b>Rebif (Subcutaneous Solution Prefilled Syringe),T5 - ST</b>
Proctosol HC (External Cream),T2	<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector),T5 - ST</b>
Progesterone Micronized (Oral Capsule),T3	<b>Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T5 - ST</b>
<b>Prolastin-C (Intravenous Solution Reconstituted),T5 - PA; LA</b>	<b>Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5 - ST</b>
<b>Prolensa (Ophthalmic Solution),T4</b>	<b>Regranex (External Gel),T5 - PA</b>
<b>Prolia (Subcutaneous Solution Prefilled Syringe),T4 - QL</b>	<b>Relistor (Oral Tablet),T5 - PA</b>
Promethazine HCl (12.5MG Oral Tablet),T3 - PA; HRM	<b>Relistor (Subcutaneous Solution),T5 - PA</b>
Propranolol HCl (Oral Tablet),T2	<b>Repatha (Subcutaneous Solution Prefilled Syringe),T3 - PA; QL</b>
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T3	<b>Repatha Pushtronex System (Subcutaneous Solution Cartridge),T3 - PA; QL</b>
Propylthiouracil (Oral Tablet),T2	<b>Repatha SureClick (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3	<b>Restasis Single-Use Vials (Ophthalmic Emulsion),T3 - QL</b>
<b>Q</b>	<b>Retacrit (Injection Solution),T4 - PA</b>
Quetiapine Fumarate (Oral Tablet Immediate Release),T2 - QL	<b>Revlimid (Oral Capsule),T5 - PA; LA</b>
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour),T3 - QL	<b>Rexulti (Oral Tablet),T5 - QL</b>
Quinapril HCl (Oral Tablet),T1 - QL	<b>Reyataz (Oral Packet),T5 - QL</b>
Quinapril-Hydrochlorothiazide (Oral Tablet),T2 - QL	<b>Rhopressa (Ophthalmic Solution),T3 - ST</b>
<b>R</b>	Ribavirin (Oral Tablet),T3
Raloxifene HCl (Oral Tablet),T3	Rifabutin (Oral Capsule),T4
Ramipril (Oral Capsule),T1 - QL	Rifampin (Oral Capsule),T3
Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T3	Riluzole (Oral Tablet),T3
Rasagiline Mesylate (Oral Tablet),T4	Rimantadine HCl (Oral Tablet),T4
<b>Rasuvo (Subcutaneous Solution Auto-</b>	<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted</b>

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<b>ER),T4</b>	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5</b>	Sevelamer HCl (800MG Oral Tablet) (Generic Renagel),T4
Risperidone (Oral Tablet),T2	<b>Shingrix (Intramuscular Suspension Reconstituted),T3 - PA; QL</b>
Ritonavir (Oral Tablet),T3 - QL	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3 - PA
Rivastigmine Tartrate (Oral Capsule),T3	Silodosin (Oral Capsule),T4 - QL
Rizatriptan Benzoate (Oral Tablet),T3 - QL	Silver Sulfadiazine (External Cream),T2
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3 - QL	<b>Simbrinza (Ophthalmic Suspension),T3</b>
<b>Rocklatan (Ophthalmic Solution),T3 - ST</b>	Simvastatin (Oral Tablet),T1 - QL
Ropinirole HCl (Oral Tablet Immediate Release),T2	Sodium Polystyrene Sulfonate (Oral Powder),T3
Rosuvastatin Calcium (Oral Tablet),T2 - QL	Sodium Polystyrene Sulfonate (Oral Suspension),T3
Roweepra (1000MG Oral Tablet Immediate Release),T2	Sofosbuvir-Velpatasvir (Oral Tablet),T5 - PA; QL
<b>Rybelsus (Oral Tablet),T3 - QL</b>	Solifenacin Succinate (Oral Tablet),T3 - QL
<b>Rytary (Oral Capsule Extended Release),T4 - ST</b>	<b>Soliqua (Subcutaneous Solution Pen-Injector),T3 - QL</b>
<b>S</b>	Sotalol HCl (Oral Tablet),T2
<b>Sancuso (Transdermal Patch),T5 - QL</b>	Sotalol HCl AF (120MG Oral Tablet),T2
<b>Santyl (External Ointment),T4</b>	<b>Spiriva HandiHaler (Inhalation Capsule),T3 - QL</b>
<b>Saphris (Tablet Sublingual),T5</b>	<b>Spiriva Respimat (Inhalation Aerosol Solution),T3 - QL</b>
<b>Savella (Oral Tablet),T3</b>	Spironolactone (Oral Tablet),T2
<b>Savella Titration Pack (Oral Tablet),T3</b>	<b>Sprycel (Oral Tablet),T5 - PA</b>
Selegiline HCl (Oral Capsule),T3	<b>Stelara (Subcutaneous Solution Prefilled Syringe),T5 - PA</b>
Selegiline HCl (Oral Tablet),T3	<b>Stelara (Subcutaneous Solution),T5 - PA</b>
<b>Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T5 - QL</b>	<b>Stiolto Respimat (Inhalation Aerosol Solution),T3</b>
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3 - QL</b>	<b>Suboxone (Sublingual Film),T4 - QL</b>
Sertraline HCl (Oral Tablet),T1	Sucralfate (Oral Suspension),T4
Sevelamer Carbonate (Oral Packet),T5	Sucralfate (Oral Tablet),T2

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Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T2	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T4 - HRM; QL
Sulfasalazine (Oral Tablet Delayed Release),T2	Tenofovir Disoproxil Fumarate (Oral Tablet),T3 - QL
Sulfasalazine (Oral Tablet Immediate Release),T2	Terazosin HCl (Oral Capsule),T2
Sumatriptan Succinate (Oral Tablet),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),T4
<b>Suprax (500MG/5ML Oral Suspension Reconstituted),T3</b>	Testosterone Cypionate (Intramuscular Solution),T2
<b>Suprax (Oral Capsule),T3</b>	Theophylline (Oral Solution),T4
Suprax (Oral Tablet Chewable),T3	Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T4
<b>Suprep Bowel Prep Kit (Oral Solution),T3</b>	Theophylline ER (Oral Tablet Extended Release 24 Hour),T2
<b>Symbicort (Inhalation Aerosol),T3 - QL</b>	Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2
<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5 - PA</b>	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3
<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5 - PA</b>	<b>Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T5 - QL</b>
<b>Synjardy (Oral Tablet Immediate Release),T3 - QL</b>	Tizanidine HCl (Oral Tablet),T2
<b>Synjardy XR (Oral Tablet Extended Release 24 Hour),T3 - QL</b>	<b>TobraDex ST (Ophthalmic Suspension),T4</b>
<b>Synthroid (Oral Tablet),T3</b>	Tobramycin (Ophthalmic Solution),T2
<b>T</b>	Tobramycin-Dexamethasone (Ophthalmic Suspension),T3
<b>TOBI Podhaler (Inhalation Capsule),T5 - PA; QL</b>	Topiramate (Oral Capsule Sprinkle Immediate Release),T3
Tadalafil (PAH) (20MG Oral Tablet),T4 - PA	Topiramate (Oral Tablet),T2
Tamoxifen Citrate (Oral Tablet),T2	Toremifene Citrate (Oral Tablet),T5
Tamsulosin HCl (Oral Capsule),T2	<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3</b>
<b>Targretin (External Gel),T5 - PA; QL</b>	
<b>Tasigna (Oral Capsule),T5 - PA</b>	
<b>Tecfidera (Oral Capsule Delayed Release),T5 - LA; QL</b>	
<b>Tecfidera Starter Pack (Oral),T5 - LA</b>	
Telmisartan (Oral Tablet),T2 - QL	
Telmisartan-HCTZ (Oral Tablet),T4 - QL	

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**Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3**

**Tracleer (Oral Tablet Soluble),T5 - PA; LA; QL**

**Tradjenta (Oral Tablet),T3 - QL**

Tramadol HCl (50MG Oral Tablet Immediate Release),T2 - 7D; MME; DL; QL

Tramadol-Acetaminophen (Oral Tablet),T2 - 7D; MME; DL; QL

Tranexamic Acid (Oral Tablet),T3

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

**Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL**

**Tresiba (Subcutaneous Solution),T3**

**Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3**

Tretinoin (0.01% External Gel),T4 - PA

Tretinoin (External Cream),T4 - PA

Tretinoin (Oral Capsule),T5

Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2

Triamcinolone Acetonide (External Cream),T2

Triamterene-HCTZ (Oral Capsule),T2

Triamterene-HCTZ (Oral Tablet),T2

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

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

**Trintellix (Oral Tablet),T4**

**Trulicity (Subcutaneous Solution Pen-Injector),T3 - QL**

**Truvada (Oral Tablet),T5 - QL**

**Tymlos (Subcutaneous Solution Pen-Injector),T5 - PA**

**U**

**Udenyca (Subcutaneous Solution Prefilled Syringe),T5 - PA**

Ursodiol (Oral Capsule),T3

Ursodiol (Oral Tablet),T4

**V**

Valacyclovir HCl (Oral Tablet),T3 - QL

Valganciclovir HCl (Oral Tablet),T3 - QL

Valproic Acid (Oral Capsule),T3

Valproic Acid (Oral Solution),T2

Valsartan (Oral Tablet),T1 - QL

Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

**Vascepa (Oral Capsule),T4**

**Veltassa (Oral Packet),T5 - QL**

Verapamil HCl (Oral Tablet Immediate Release),T2

**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),T4**

Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T3

Verapamil HCl ER (Oral Tablet Extended Release),T2

**Versacloz (Oral Suspension),T5**

**Victoza (Subcutaneous Solution Pen-Injector),T3 - QL**

**Viibryd (Oral Tablet),T4**

**Viibryd Starter Pack (Oral Kit),T4**

**Vimpat (Oral Solution),T4 - 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.

Vimpat (Oral Tablet),T4 - QL

Vosevi (Oral Tablet),T5 - PA; QL

Vyzulta (Ophthalmic Solution),T4

**W**

Warfarin Sodium (Oral Tablet),T1

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3 - QL

**X**

Xarelto (Oral Tablet),T3 - QL

Xarelto Starter Pack (Oral Tablet Therapy Pack),T3 - QL

Xifaxan (550MG Oral Tablet),T5 - PA

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

Xiidra (Ophthalmic Solution),T4 - QL

Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T3 - QL

Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T3 - QL

Xolair (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA

Xolair (Subcutaneous Solution Reconstituted),T5 - PA; LA

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

Xtandi (Oral Capsule),T5 - PA; LA

**Z**

Zafirlukast (Oral Tablet),T3

Zaleplon (Oral Capsule),T3 - HRM; QL

Zarxio (Injection Solution Prefilled Syringe),T5

Zenpep (Oral Capsule Delayed Release Particles),T3

Zirgan (Ophthalmic Gel),T4

Zolpidem Tartrate (Oral Tablet Immediate Release),T4 - PA; HRM; QL

Zonisamide (Oral Capsule),T2

Zostavax (Subcutaneous Suspension Reconstituted),T4 - PA; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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# Drug List

## American Airlines, Inc. Plus Option

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

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

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**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.

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**QL**  
**Quantity limits**

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

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**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.

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**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.

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T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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<b>HRM High-risk medication</b>	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.
<b>LA Limited access</b>	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
<b>MME Morphine milligram equivalent</b>	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.
<b>7D 7-day limit</b>	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.
<b>DL Dispensing limit</b>	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T3 - QL	Tablet),T1 - 7D; MME; DL; QL
<b>Abilify Maintena (Intramuscular Prefilled Syringe),T4</b>	Acetazolamide (Oral Tablet),T2
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4</b>	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T2
Abiraterone Acetate (Oral Tablet),T4 - PA	<b>Actemra (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>
Acamprosate Calcium (Oral Tablet Delayed Release),T3	<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector),T4 - PA</b>
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral	Acyclovir (Oral Capsule),T1
	Acyclovir (Oral Tablet),T1
	<b>Adacel (Intramuscular Suspension),T2 - QL</b>
	<b>Advair Diskus (Inhalation Aerosol Powder</b>

**Bold type = Brand name drug**

Plain type = Generic drug

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<b>Breath Activated),T2 - QL</b>	Amoxicillin (Oral Capsule),T1
<b>Advair HFA (Inhalation Aerosol),T2 - QL</b>	Amoxicillin (Oral Tablet Immediate Release),T1
<b>Aggrenox (Oral Capsule Extended Release 12 Hour),T3 - QL</b>	Amphetamine-Dextroamphetamine (Oral Tablet),T2 - QL
<b>Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>	Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T2 - QL
Albendazole (Oral Tablet),T4 - QL	<b>Ampyra (Oral Tablet Extended Release 12 Hour),T4 - QL</b>
Alcohol Prep Pads,T2	Anagrelide HCl (Oral Capsule),T2
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1	Anastrozole (Oral Tablet),T1
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1	<b>Androderm (Transdermal Patch 24 Hour),T2</b>
Allopurinol (Oral Tablet),T1	<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
Alosetron HCl (Oral Tablet),T4 - PA	<b>Apokyn (Subcutaneous Solution Cartridge),T4 - PA; LA; QL</b>
<b>Alphagan P (0.1% Ophthalmic Solution),T2</b>	<b>Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL</b>
<b>Alphagan P (0.15% Ophthalmic Solution),T3</b>	<b>Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe),T4 - PA</b>
Alprazolam (Oral Tablet Immediate Release),T1 - QL	<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - PA</b>
<b>Alex (Ophthalmic Suspension),T3</b>	<b>Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T3 - PA</b>
Alyq (Oral Tablet),T3 - PA	<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA</b>
Amantadine HCl (Oral Capsule),T2	<b>Arcapta Neohaler (Inhalation Capsule),T3 - ST</b>
Amantadine HCl (Oral Syrup),T1	
Amantadine HCl (Oral Tablet),T2	
Ambrisentan (Oral Tablet),T4 - PA; LA; QL	
Amiloride HCl (Oral Tablet),T1	
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T3	
Amiodarone HCl (200MG Oral Tablet),T1	
<b>Amitiza (Oral Capsule),T2 - QL</b>	
Amitriptyline HCl (Oral Tablet),T3 - HRM	
Amlodipine Besylate (Oral Tablet),T1	
Amlodipine-Benazepril (Oral Capsule),T1 - QL	
Ammonium Lactate (External Cream),T1	
Ammonium Lactate (External Lotion),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



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Aripiprazole (Oral Tablet),T1 - QL

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**Aristada (Intramuscular Prefilled Syringe),T4**

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**Aristada Initio (Intramuscular Prefilled Syringe),T4**

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

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

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

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

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

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

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Atazanavir Sulfate (Oral Capsule),T3 - QL

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Atenolol (Oral Tablet),T1

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Atomoxetine HCl (Oral Capsule),T3

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Atorvastatin Calcium (Oral Tablet),T1 - QL

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Atovaquone-Proguanil HCl (Oral Tablet),T2

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**Atripla (Oral Tablet),T4 - QL**

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**Atrovent HFA (Inhalation Aerosol Solution),T3**

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**Aubagio (Oral Tablet),T4 - LA; QL**

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**Auryxia (Oral Tablet),T4 - PA**

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

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**Avonex Pen (Intramuscular Auto-Injector Kit),T4**

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**Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4**

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**Azasite (Ophthalmic Solution),T3**

Azathioprine (Oral Tablet),T1 - B/D,PA

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Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2

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Azelastine HCl (Ophthalmic Solution),T1

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**Azithromycin (Oral Packet),T1**

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Azithromycin (Oral Tablet),T1

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**Azopt (Ophthalmic Suspension),T2**

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**B**

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**BRIVIACT (Oral Solution),T4 - PA; QL**

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**BRIVIACT (Oral Tablet),T4 - PA; QL**

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Baclofen (Oral Tablet),T1

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Balsalazide Disodium (Oral Capsule),T3

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**Baqsimi Two Pack (Nasal Powder),T2**

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**Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST**

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**Belsomra (Oral Tablet),T2 - QL**

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Benazepril HCl (Oral Tablet),T1 - QL

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Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL

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

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**Bepreve (Ophthalmic Solution),T3**

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**Berinert (Intravenous Kit),T4 - PA; LA**

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**Besivance (Ophthalmic Suspension),T3**

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**Betaseron (Subcutaneous Kit),T4**

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Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet),T2

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Bethanechol Chloride (50MG Oral Tablet),T3

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**Betimol (Ophthalmic Solution),T3**

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**Bevespi Aerosphere (Inhalation Aerosol),T3 - ST**

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**BiDil (Oral Tablet),T2**

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Bicalutamide (Oral Tablet),T1

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Bisoprolol Fumarate (Oral Tablet),T1

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Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL	<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL</b>
Bosentan (Oral Tablet),T4 - PA; LA; QL	<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL</b>
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>	<b>Bystolic (Oral Tablet),T2 - QL</b>
<b>Brilinta (Oral Tablet),T2 - QL</b>	<b>C</b>
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution),T3</b>	Cabergoline (Oral Tablet),T2
Brimonidine Tartrate (0.2% Ophthalmic Solution),T1	<b>Calcitriol (External Ointment),T3</b>
Budesonide (Inhalation Suspension),T3 - B/D,PA	Calcitriol (Oral Capsule),T1 - B/D,PA
Budesonide (Oral Capsule Delayed Release Particles),T3	Calcium Acetate (Phosphate Binder) (Oral Capsule),T2
Bumetanide (Oral Tablet),T2	Calcium Acetate (Phosphate Binder) (Oral Tablet),T2
Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL	Captopril (100MG Oral Tablet, 50MG Oral Tablet),T3 - QL
Buprenorphine HCl (Tablet Sublingual),T1 - QL	Captopril (12.5MG Oral Tablet, 25MG Oral Tablet),T2 - QL
Bupropion HCl (Oral Tablet Immediate Release),T1	<b>Carafate (Oral Suspension),T3</b>
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3	<b>Carafate (Oral Tablet),T3</b>
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1	<b>Carbaglu (Oral Tablet),T4 - LA</b>
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1	Carbamazepine (Oral Tablet Immediate Release),T2
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
Buspirone HCl (Oral Tablet),T1	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2
<b>Butrans (Transdermal Patch Weekly),T2 - 7D; DL; QL</b>	Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T3
<b>Bydureon (Subcutaneous Pen-Injector),T3 - QL</b>	Carbidopa-Levodopa-Entacapone (Oral Tablet),T3
<b>Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL</b>	Carvedilol (Oral Tablet),T1
	<b>Cayston (Inhalation Solution Reconstituted),T4 - PA; LA</b>
	Cefuroxime Axetil (Oral Tablet),T1
	Celecoxib (Oral Capsule),T2 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1	Tablet, 2MG Oral Tablet),T1 - QL
Cephalexin (750MG Oral Capsule),T3	Clonazepam ODT (0.5MG Oral Tablet Dispersible),T2 - QL
Cephalexin (Oral Tablet),T2	Clonidine (0.1MG/24HR Transdermal Patch Weekly),T2
<b>Chantix (Oral Tablet),T2</b>	Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T3
<b>Chantix Continuing Month Pak (Oral Tablet),T2</b>	Clonidine HCl (Oral Tablet Immediate Release),T1
<b>Chantix Starting Month Pak (Oral Tablet),T2</b>	Clopidogrel Bisulfate (75MG Oral Tablet),T1 - QL
Chlorhexidine Gluconate (Mouth Solution),T1	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2
Chlorthalidone (Oral Tablet),T1	Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T3
Cholestyramine (Oral Packet),T3	Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T2
Cholestyramine Light (Oral Powder),T3	<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2</b>
Cilostazol (Oral Tablet),T1	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T2
Cimetidine (Oral Tablet),T2	<b>Colcrys (Oral Tablet),T3 - PA</b>
Cimetidine HCl (Oral Solution),T2	Colesevelam HCl (Oral Tablet),T3
<b>Cimzia (Subcutaneous Kit),T4 - PA</b>	<b>Combigan (Ophthalmic Solution),T2</b>
<b>Cimzia Prefilled (Subcutaneous Kit),T4 - PA</b>	<b>Combivent Respimat (Inhalation Aerosol Solution),T2 - QL</b>
Cinacalcet HCl (30MG Oral Tablet),T3 - B/D,PA; QL	<b>Comtan (Oral Tablet),T3</b>
Cinacalcet HCl (90MG Oral Tablet),T4 - B/D,PA; QL	<b>Copaxone (Subcutaneous Solution Prefilled Syringe),T4</b>
<b>Cinryze (Intravenous Solution Reconstituted),T4 - PA; LA</b>	<b>Corlanor (Oral Solution),T3 - PA; QL</b>
<b>Ciprodex (Otic Suspension),T3</b>	<b>Corlanor (Oral Tablet),T3 - PA; QL</b>
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	<b>Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA</b>
Citalopram Hydrobromide (Oral Tablet),T1	<b>Cosentyx Sensoready (300 MG)</b>
Clarithromycin (Oral Tablet Immediate Release),T2	
<b>Clenpiq (Oral Solution),T2</b>	
<b>Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM</b>	
Clonazepam (0.5MG Oral Tablet, 1MG Oral	

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<b>(Subcutaneous Solution Auto-Injector),T4 - PA; LA</b>	Diclofenac Sodium (1% Transdermal Gel),T2
<b>Cosopt PF (Ophthalmic Solution),T3</b>	Diclofenac Sodium (Oral Tablet Delayed Release),T1
<b>Coumadin (Oral Tablet),T2</b>	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1
<b>Creon (Oral Capsule Delayed Release Particles),T2</b>	Dicyclomine HCl (Oral Capsule),T1 - HRM
<b>Crestor (Oral Tablet),T3 - QL</b>	Dicyclomine HCl (Oral Tablet),T1 - HRM
<b>Crixivan (Oral Capsule),T2 - QL</b>	<b>Dificid (Oral Tablet),T4</b>
Cromolyn Sodium (Inhalation Nebulization Solution),T4 - B/D,PA	Digoxin (125MCG Oral Tablet),T3 - HRM; QL
Cromolyn Sodium (Oral Concentrate),T2	Digoxin (250MCG Oral Tablet),T3 - PA; HRM
Cyclophosphamide (Oral Capsule),T2 - B/D,PA	Dihydroergotamine Mesylate (Nasal Solution),T4 - PA; QL
Cyproheptadine HCl (Oral Tablet),T3 - PA; HRM	Diltiazem HCl (Oral Tablet Immediate Release),T1
<b>D</b>	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2
<b>DARAPRIM (Oral Tablet),T4</b>	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1
Dapsone (5% External Gel),T3	Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1
Dapsone (Oral Tablet),T2	<b>Dipentum (Oral Capsule),T4</b>
Deferasirox (Oral Tablet Soluble) (Generic Exjade),T4 - PA	Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM
<b>Delzicol (Oral Capsule Delayed Release),T3 - ST</b>	Disulfiram (Oral Tablet),T2
<b>Depen Titratabs (Oral Tablet),T4</b>	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2
Desmopressin Acetate (Oral Tablet),T2	Divalproex Sodium (Oral Tablet Delayed Release),T1
Desvenlafaxine Succinate ER (50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1
<b>Dexilant (Oral Capsule Delayed Release),T3 - QL</b>	Donepezil HCl (10MG Oral Tablet, 5MG Oral
<b>Dextrose-NaCl (5-0.2% Intravenous Solution),T2</b>	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL	
Diazepam (5MG/5ML Oral Solution),T1	
Diazepam Intensol (5MG/ML Oral Concentrate),T2 - QL	
Diclofenac Potassium (Oral Tablet),T2	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Tablet),T1 - QL	- PA; QL
Donepezil HCl (23MG Oral Tablet),T2 - QL	<b>Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>
Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL	Enalapril Maleate (Oral Tablet),T1 - QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1	Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Doxazosin Mesylate (Oral Tablet),T1	<b>Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2	<b>Enbrel (Subcutaneous Solution Reconstituted),T4 - PA</b>
Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T3	<b>Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA</b>
Doxycycline Hyclate (Oral Capsule),T2	<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA</b>
Dronabinol (Oral Capsule),T3 - PA	Entacapone (Oral Tablet),T3
<b>Dulera (100-5MCG/ACT Inhalation Aerosol, 200-5MCG/ACT Inhalation Aerosol),T3 - QL</b>	Entecavir (Oral Tablet),T3
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL	<b>Entresto (Oral Tablet),T2 - QL</b>
<b>Durezol (Ophthalmic Emulsion),T3</b>	<b>Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA</b>
Dutasteride (Oral Capsule),T2	<b>Eplclusa (Oral Tablet),T4 - PA; QL</b>
<b>Dymista (Nasal Suspension),T3</b>	<b>EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL</b>
<b>E</b>	<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL</b>
<b>Edarbi (Oral Tablet),T3 - QL</b>	<b>Epiduo (External Gel),T3 - ST</b>
<b>Edarbyclor (Oral Tablet),T3 - QL</b>	<b>Epiduo Forte (External Gel),T3 - ST</b>
<b>Elidel (External Cream),T3 - ST; QL</b>	Epinephrine (Injection Solution Auto-Injector),T2 - QL
<b>Eliquis (Oral Tablet),T2 - QL</b>	Eplerenone (25MG Oral Tablet),T2
<b>Eliquis Starter Pack (Oral Tablet),T2 - QL</b>	Eplerenone (50MG Oral Tablet),T3
<b>Elmiron (Oral Capsule),T4</b>	<b>Epzicom (Oral Tablet),T4 - QL</b>
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL</b>	<b>Equetro (Oral Capsule Extended Release 12 Hour),T3</b>
<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3</b>	Ergotamine-Caffeine (Oral Tablet),T2
	<b>Erleada (Oral Tablet),T4 - PA</b>

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Ertapenem Sodium (Injection Solution Reconstituted),T3	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Escitalopram Oxalate (Oral Tablet),T1	Flac (Otic Oil),T3
Estradiol (Oral Tablet),T3 - PA; HRM	<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2</b>
Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL	<b>Flovent HFA (Inhalation Aerosol),T2 - QL</b>
Estradiol (Vaginal Cream),T3	Fluconazole (Oral Tablet),T1
Ethosuximide (Oral Capsule),T2	Fluocinolone Acetonide (External Cream),T2
Ethosuximide (Oral Solution),T2	Fluocinolone Acetonide (External Ointment),T2
<b>Eucria (External Ointment),T3 - PA; QL</b>	Fluocinolone Acetonide (Otic Oil),T2
<b>Extavia (Subcutaneous Kit),T4</b>	Fluphenazine HCl (Oral Tablet),T3
Ezetimibe (Oral Tablet),T1	Fluticasone Propionate (External Cream),T2
Ezetimibe-Simvastatin (10-80MG Oral Tablet),T3 - QL	Fluticasone Propionate (External Lotion),T3
<b>F</b>	Fluticasone Propionate (External Ointment),T2
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1	Fluticasone Propionate (Nasal Suspension),T1
<b>Farxiga (Oral Tablet),T2 - QL</b>	<b>Forteo (Subcutaneous Solution Pen-Injector),T4 - PA</b>
<b>Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA</b>	<b>Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4</b>
<b>Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA; LA</b>	<b>Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3</b>
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2	Furosemide (Oral Tablet),T1
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1	<b>Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL</b>
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL	<b>Fycompa (Oral Suspension),T4 - QL</b>
Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T2 - 7D; MME; DL; QL	<b>Fycompa (Oral Tablet),T4 - QL</b>
<b>Finacea (External Foam),T3</b>	<b>G</b>
<b>Finacea (External Gel),T3</b>	Gabapentin (Oral Capsule),T1
	Gabapentin (Oral Tablet),T1

T1 = Tier 1

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T4 = Tier 4

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<b>Gammagard (2.5GM/25ML Injection Solution),T4 - PA</b>	<b>Harvoni (90-400MG Oral Tablet),T4 - PA; QL</b>
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA</b>	<b>Humalog (Subcutaneous Solution Cartridge),T2</b>
Gemfibrozil (Oral Tablet),T1	<b>Humalog (Subcutaneous Solution),T2</b>
<b>Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA</b>	<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
<b>Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA</b>	<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
<b>Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA</b>	<b>Humalog Mix 50/50 (Subcutaneous Suspension),T2</b>
Gentamicin Sulfate (Ophthalmic Solution),T1	<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>
<b>Gilenya (0.5MG Oral Capsule),T4 - QL</b>	<b>Humalog Mix 75/25 (Subcutaneous Suspension),T2</b>
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4	<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe),T4	<b>Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA</b>
Glimepiride (Oral Tablet),T1 - QL	<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA</b>
Glipizide (Oral Tablet Immediate Release),T1 - QL	<b>Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA</b>
Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL	<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA</b>
<b>GlucaGen HypoKit (Injection Solution Reconstituted),T3</b>	<b>Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA</b>
<b>Glucagon (Injection Kit) (Lilly),T2</b>	<b>Humulin 70/30 (Subcutaneous Suspension),T2</b>
<b>Glyxambi (Oral Tablet),T2 - QL</b>	<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>
<b>Gocovri (Oral Capsule Extended Release 24 Hour),T4 - PA</b>	<b>Humulin N (Subcutaneous Suspension),T2</b>
<b>Guanidine HCl (Oral Tablet),T3</b>	<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>
<b>Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2</b>	<b>Humulin R (Injection Solution),T2</b>
<b>H</b>	<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2</b>
<b>Haegarda (Subcutaneous Solution Reconstituted),T4 - PA; LA</b>	
Haloperidol (Oral Tablet),T1	

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<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2</b>	<b>Invexxy Starter Pack (Vaginal Insert),T2 - PA</b>
Hydralazine HCl (Oral Tablet),T1	<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL</b>
Hydrochlorothiazide (Oral Capsule),T1	<b>Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL</b>
Hydrochlorothiazide (Oral Tablet),T1	<b>Ingrezza (Oral Capsule),T4 - PA; QL</b>
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL	<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2</b>
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	<b>Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2</b>
Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL	Insulin Syringes, Needles,T2
Hydroxyurea (Oral Capsule),T1	<b>Intelligence (100MG Oral Tablet, 200MG Oral Tablet),T4 - QL</b>
Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM	<b>Intrarosa (Vaginal Insert),T3 - PA; QL</b>
<b>Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent),T4 - PA; 7D; MME; DL; QL</b>	<b>Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4</b>
<b>Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent),T3 - PA; 7D; MME; DL; QL</b>	<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3</b>
<b>I</b>	
Ibandronate Sodium (Oral Tablet),T2	<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4</b>
Ibu (800MG Oral Tablet),T1	<b>Inveltys (Ophthalmic Suspension),T3 - ST</b>
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1	<b>Invokamet (Oral Tablet Immediate Release),T3 - ST; QL</b>
<b>Ilevro (Ophthalmic Suspension),T2</b>	<b>Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL</b>
Imatinib Mesylate (Oral Tablet),T4 - PA; QL	<b>Invokana (Oral Tablet),T3 - ST; QL</b>
Imiquimod (5% External Cream),T2 - QL	Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA
<b>Imiquimod Pump (3.75% External Cream),T4 - PA</b>	Ipratropium Bromide (Nasal Solution),T2
<b>Invexxy Maintenance Pack (Vaginal Insert),T2 - PA</b>	Ipratropium-Albuterol (Inhalation Solution),T1 -

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B/D,PA	Ketoconazole (External Cream),T1 - QL
Irbesartan (Oral Tablet),T1 - QL	Ketorolac Tromethamine (Ophthalmic Solution),T2
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	<b>Klor-Con 10 (Oral Tablet Extended Release),T1</b>
<b>Isentress (Oral Tablet),T4 - QL</b>	<b>Klor-Con 8 (Oral Tablet Extended Release),T1</b>
Isoniazid (Oral Tablet),T1	Klor-Con M10 (Oral Tablet Extended Release),T1
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 M20 (Oral Tablet Extended Release),T1
Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T4	<b>Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - QL</b>
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1	<b>Korlym (Oral Tablet),T4 - PA; LA</b>
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1	<b>L</b>
Ivermectin (Oral Tablet),T1	Lactulose (10GM/15ML Oral Solution),T1
<b>J</b>	Lactulose (Oral Packet),T3
<b>Janumet (Oral Tablet Immediate Release),T2 - QL</b>	Lamivudine (100MG Oral Tablet),T2
<b>Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL
<b>Januvia (Oral Tablet),T2 - QL</b>	Lamotrigine (Oral Tablet Immediate Release),T1
<b>Jardiance (Oral Tablet),T2 - QL</b>	<b>Lantus (Subcutaneous Solution),T2</b>
<b>Jentadueto (Oral Tablet Immediate Release),T2 - QL</b>	<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2</b>
<b>Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	<b>Lastacaft (Ophthalmic Solution),T2</b>
<b>Jublia (External Solution),T3</b>	Latanoprost (Ophthalmic Solution),T1
<b>K</b>	<b>Latuda (Oral Tablet),T4 - QL</b>
<b>Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA; LA</b>	Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL
<b>Kalydeco (Oral Tablet),T4 - PA; LA</b>	Leflunomide (Oral Tablet),T2
<b>Kazano (Oral Tablet),T3 - ST; QL</b>	Letrozole (Oral Tablet),T1
	Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2
	Leucovorin Calcium (25MG Oral Tablet),T3
	Leucovorin Calcium (5MG Oral Tablet),T1
	<b>Leukeran (Oral Tablet),T4</b>
	<b>Levemir (Subcutaneous Solution),T2</b>
	<b>Levemir FlexTouch (Subcutaneous Solution</b>

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<b>Pen-Injector),T2</b>	<b>Lotemax (Ophthalmic Gel),T3</b>
Levetiracetam (Oral Tablet Immediate Release),T1	<b>Lotemax (Ophthalmic Ointment),T3</b>
<b>Levocarnitine (Oral Tablet),T2</b>	<b>Lotemax (Ophthalmic Suspension),T3</b>
Levocetirizine Dihydrochloride (Oral Tablet),T1	<b>Lotemax SM (Ophthalmic Gel),T3</b>
Levofloxacin (Oral Tablet),T1	Lovastatin (Oral Tablet),T1 - QL
Levothyroxine Sodium (Oral Tablet),T1	<b>Lumigan (Ophthalmic Solution),T2</b>
<b>Lialda (Oral Tablet Delayed Release),T4 - ST; QL</b>	<b>Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA</b>
Lidocaine (5% External Ointment),T3 - QL	<b>Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA</b>
Lidocaine (5% External Patch),T3 - PA; QL	<b>Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA</b>
Lidocaine HCl (4% External Solution),T2	<b>Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA</b>
Lidocaine HCl (External Gel),T1	<b>Luzu (External Cream),T3 - QL</b>
Lidocaine Viscous (2% Mouth/Throat Solution),T1	<b>Lysodren (Oral Tablet),T4</b>
Lidocaine-Prilocaine (External Cream),T2	<b>M</b>
Lindane (External Shampoo),T3	<b>Mavyret (Oral Tablet),T4 - PA; QL</b>
<b>Linzess (Oral Capsule),T2 - QL</b>	<b>Mayzent (Oral Tablet),T4 - LA; QL</b>
Liothyronine Sodium (Oral Tablet),T1	Meclizine HCl (12.5MG Oral Tablet),T1 - HRM
Lisinopril (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lithium Carbonate (Oral Capsule),T1	Meloxicam (Oral Tablet),T1
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
<b>Livalo (Oral Tablet),T2 - QL</b>	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL
<b>Lokelma (Oral Packet),T3 - QL</b>	Mercaptopurine (Oral Tablet),T2
<b>Lonhala Magnair (Inhalation Solution),T4 - QL</b>	Meropenem (1GM Intravenous Solution Reconstituted),T3
Loperamide HCl (Oral Capsule),T1	Meropenem (500MG Intravenous Solution Reconstituted),T2
Lorazepam (Oral Tablet),T1 - QL	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL
Lorazepam Intensol (Oral Concentrate),T1 - QL	
Losartan Potassium (Oral Tablet),T1 - QL	
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	

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Metformin HCl (Oral Tablet Immediate Release),T1 - QL	Mirtazapine (Oral Tablet),T1
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL	Mirtazapine ODT (Oral Tablet Dispersible),T2
Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL	<b>Mirvaso (External Gel),T3</b>
Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL	Misoprostol (Oral Tablet),T2
Methazolamide (Oral Tablet),T3	Modafinil (Oral Tablet),T2 - PA; QL
Methimazole (Oral Tablet),T1	Mometasone Furoate (Nasal Suspension),T3
Methotrexate (Oral Tablet),T1	Montelukast Sodium (Oral Packet),T2 - QL
Methscopolamine Bromide (Oral Tablet),T3	Montelukast Sodium (Oral Tablet),T1 - QL
Methyldopa (Oral Tablet),T3 - PA; HRM	Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T4 - 7D; MME; DL; QL
Methylphenidate HCl (Oral Tablet Chewable),T3 - QL	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T2 - QL	Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T3 - 7D; MME; DL; QL
Metoclopramide HCl (Oral Tablet),T1	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 7D; MME; DL; QL
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	<b>Movantik (Oral Tablet),T3 - PA; QL</b>
Metronidazole (0.75% External Cream),T2	<b>MoviPrep (Oral Solution Reconstituted),T3</b>
Metronidazole (0.75% External Gel, 1% External Gel),T3	<b>Moxeza (Ophthalmic Solution),T3</b>
Metronidazole (0.75% External Lotion),T3	<b>Multaq (Oral Tablet),T2</b>
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1	<b>Myrbetriq (Oral Tablet Extended Release 24 Hour),T2</b>
Metronidazole (375MG Oral Capsule),T3	
Migergot (Rectal Suppository),T4	
Minocycline HCl (Oral Capsule),T1	
Minocycline HCl (Oral Tablet Immediate Release),T3	
Minoxidil (Oral Tablet),T1	

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<b>N</b>	
Nadolol (Oral Tablet),T2	Extended Release),T3
<b>Naftin (External Cream),T3</b>	Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release),T1
<b>Naftin (External Gel),T3</b>	<b>Nicotrol (Inhalation Inhaler),T3</b>
Naloxone HCl (0.4MG/ML Injection Solution),T1	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T2 - HRM
Naloxone HCl (Injection Solution Cartridge),T1	Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM
Naloxone HCl (Injection Solution Prefilled Syringe),T1	Nitroglycerin (Tablet Sublingual),T1
Naltrexone HCl (Oral Tablet),T2	<b>Nitrostat (Tablet Sublingual),T3</b>
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL</b>	<b>Nivestym (Injection Solution Prefilled Syringe),T4 - ST</b>
<b>Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL</b>	<b>Nivestym (Injection Solution),T4 - ST</b>
Naproxen (Oral Tablet Immediate Release),T1	Nizatidine (Oral Capsule),T2
<b>Narcan (Nasal Liquid),T2</b>	Norethindrone Acetate (5MG Oral Tablet),T1
<b>Nayzilam (Nasal Solution),T3 - QL</b>	Nortriptyline HCl (Oral Capsule),T1 - PA; HRM
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T3	<b>NovoLog (Subcutaneous Solution),T3 - PA</b>
Neomycin-Polymyxin-HC (Otic Suspension),T2	<b>NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA</b>
<b>Nesina (Oral Tablet),T3 - ST; QL</b>	<b>NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA</b>
<b>Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>	<b>NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA</b>
<b>Neupogen (Injection Solution Prefilled Syringe),T4 - ST</b>	<b>NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA</b>
<b>Neupogen (Injection Solution),T4 - ST</b>	<b>Novolin 70/30 (Subcutaneous Suspension),T3 - PA</b>
<b>Neupro (Transdermal Patch 24 Hour),T3</b>	<b>Novolin N (Subcutaneous Suspension),T3 - PA</b>
<b>Nevanac (Ophthalmic Suspension),T3</b>	<b>Novolin R (Injection Solution),T3 - PA</b>
<b>Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2</b>	<b>Nubeqa (Oral Tablet),T4 - PA; LA</b>
<b>Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL</b>	<b>Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; LA; QL</b>
Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet	<b>Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA; QL</b>

T1 = Tier 1

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

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

**Nuedexta (Oral Capsule),T3 - PA; QL**

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

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

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

Nystatin (External Cream),T1

Nystatin (External Ointment),T1

Nystatin (External Powder),T1 - QL

**O**

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T2

Olanzapine (Oral Tablet),T1 - QL

Olmesartan Medoxomil (Oral Tablet),T1 - QL

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

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

Olopatadine HCl (Ophthalmic Solution),T2

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

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

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

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

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

**Onglyza (Oral Tablet),T3 - QL**

**Opsumit (Oral Tablet),T4 - PA; LA**

**Orencia (Subcutaneous Solution Prefilled Syringe),T4 - PA**

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

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

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

**Orilissa (Oral Tablet),T4 - PA; QL**

Oseltamivir Phosphate (Oral Capsule),T2

**Oseni (Oral Tablet),T3 - ST; QL**

**Osphena (Oral Tablet),T2 - PA; QL**

Oxcarbazepine (Oral Tablet),T2

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

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

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

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

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

Oxycodone-Acetaminophen (10-325MG Oral

Drug List

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Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL	Potassium Chloride ER (Oral Capsule Extended Release),T1
<b>Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL</b>	Potassium Citrate ER (Oral Tablet Extended Release),T3
<b>Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL</b>	<b>Pradaxa (Oral Capsule),T3 - ST; QL</b>
<b>P</b>	<b>Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; LA; QL</b>
Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1
<b>Pazeo (Ophthalmic Solution),T2</b>	Pravastatin Sodium (Oral Tablet),T1 - QL
Penicillin V Potassium (Oral Tablet),T1	Prazosin HCl (Oral Capsule),T1
<b>Pentasa (Oral Capsule Extended Release),T3 - QL</b>	Prednisolone Acetate (Ophthalmic Suspension),T2
<b>Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL</b>	Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1
Permethrin (External Cream),T2	Prednisone (5MG/5ML Oral Solution),T3
<b>Perseris (Subcutaneous Prefilled Syringe),T4</b>	<b>Premarin (Vaginal Cream),T2</b>
Phenytoin Sodium Extended (Oral Capsule),T1	<b>Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T4 - QL</b>
<b>Phoslyra (Oral Solution),T2</b>	<b>Prezista (75MG Oral Tablet),T3 - QL</b>
<b>Picato (External Gel),T2 - QL</b>	<b>Prezista (Oral Suspension),T4 - QL</b>
Pilocarpine HCl (Oral Tablet),T3	<b>Privigen (20GM/200ML Intravenous Solution),T4 - PA</b>
Pimecrolimus (External Cream),T3 - ST; QL	<b>ProAir HFA (Inhalation Aerosol Solution),T2</b>
Pioglitazone HCl (Oral Tablet),T1 - QL	<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2</b>
<b>Plegridy (Subcutaneous Solution Pen-Injector),T4</b>	<b>Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA</b>
<b>Plegridy (Subcutaneous Solution Prefilled Syringe),T4</b>	<b>Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA</b>
<b>Plegridy Starter Pack (Subcutaneous Solution Pen-Injector),T4</b>	Proctosol HC (External Cream),T1
<b>Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe),T4</b>	Progesterone Micronized (Oral Capsule),T2
<b>Pomalyst (Oral Capsule),T4 - PA</b>	<b>Prolastin-C (Intravenous Solution</b>
Potassium Chloride CR (Oral Tablet Extended Release),T1	

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<b>Reconstituted),T4 - PA; LA</b>	<b>Syringe),T4 - ST</b>
<b>Prolensa (Ophthalmic Solution),T3</b>	<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST</b>
<b>Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL</b>	<b>Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T4 - ST</b>
Promethazine HCl (12.5MG Oral Tablet),T3 - PA; HRM	<b>Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4 - ST</b>
Propranolol HCl (Oral Tablet),T1	<b>Regranex (External Gel),T4 - PA</b>
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2	<b>Relistor (Oral Tablet),T4 - PA</b>
Propylthiouracil (Oral Tablet),T1	<b>Relistor (Subcutaneous Solution),T4 - PA</b>
<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST</b>	<b>Renagel (Oral Tablet),T4</b>
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T2	<b>Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL</b>
<b>Q</b>	<b>Repatha Pushttronex System (Subcutaneous Solution Cartridge),T2 - PA; QL</b>
<b>QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL</b>	<b>Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL</b>
Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL	<b>Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL</b>
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour),T2 - QL	<b>Retacrit (Injection Solution),T3 - PA</b>
Quinapril HCl (Oral Tablet),T1 - QL	<b>Revlimid (Oral Capsule),T4 - PA; LA</b>
Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	<b>Rexulti (Oral Tablet),T4 - QL</b>
<b>R</b>	<b>Reyataz (Oral Capsule),T4 - QL</b>
Raloxifene HCl (Oral Tablet),T2	<b>Reyataz (Oral Packet),T4 - QL</b>
Ramipril (Oral Capsule),T1 - QL	<b>Rhopressa (Ophthalmic Solution),T2 - ST</b>
Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T2	Ribavirin (Oral Tablet),T2
Rasagiline Mesylate (Oral Tablet),T3	Rifabutin (Oral Capsule),T3
<b>Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA</b>	Rifampin (Oral Capsule),T2
<b>Royaldee (Oral Capsule Extended Release),T4 - QL</b>	Riluzole (Oral Tablet),T2
<b>Rebif (Subcutaneous Solution Prefilled</b>	Rimantadine HCl (Oral Tablet),T3
	<b>Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL</b>
	<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted</b>

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<b>ER),T3</b>	Sevelamer Carbonate (Oral Packet),T4
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4</b>	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T3
Risperidone (Oral Tablet),T1	Sevelamer HCl (800MG Oral Tablet) (Generic Renagel),T3
Ritonavir (Oral Tablet),T2 - QL	<b>Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL</b>
Rivastigmine Tartrate (Oral Capsule),T2	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA
Rizatriptan Benzoate (Oral Tablet),T2 - QL	Silodosin (Oral Capsule),T3 - QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL	Silver Sulfadiazine (External Cream),T1
<b>Rocklatan (Ophthalmic Solution),T2 - ST</b>	<b>Simbrinza (Ophthalmic Suspension),T2</b>
Ropinirole HCl (Oral Tablet Immediate Release),T1	<b>Simponi (Subcutaneous Solution Auto-Injector),T4 - PA</b>
Rosuvastatin Calcium (Oral Tablet),T1 - QL	<b>Simponi (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>
Roweepra (1000MG Oral Tablet Immediate Release),T1	Simvastatin (Oral Tablet),T1 - QL
<b>Rybelsus (Oral Tablet),T2 - QL</b>	<b>Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA</b>
<b>Rytary (Oral Capsule Extended Release),T3 - ST</b>	Sodium Polystyrene Sulfonate (Oral Powder),T2
<b>S</b>	Sodium Polystyrene Sulfonate (Oral Suspension),T2
<b>Sancuso (Transdermal Patch),T4 - QL</b>	Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL
<b>Santyl (External Ointment),T3</b>	Solifenacin Succinate (Oral Tablet),T2 - QL
<b>Saphris (Tablet Sublingual),T4</b>	<b>Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL</b>
<b>Savella (Oral Tablet),T2</b>	Sotalol HCl (Oral Tablet),T1
<b>Savella Titration Pack (Oral Tablet),T2</b>	Sotalol HCl AF (120MG Oral Tablet),T1
<b>Seebri Neohaler (Inhalation Capsule),T3 - ST</b>	<b>Sovaldi (400MG Oral Tablet),T4 - PA; QL</b>
Selegiline HCl (Oral Capsule),T2	<b>Spiriva HandiHaler (Inhalation Capsule),T2 - QL</b>
Selegiline HCl (Oral Tablet),T2	<b>Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL</b>
<b>Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T4 - QL</b>	Spiroinolactone (Oral Tablet),T1
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>	<b>Sprycel (Oral Tablet),T4 - PA</b>
Sertraline HCl (Oral Tablet),T1	

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<b>Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>	<b>Hour),T2 - QL</b>
<b>Stelara (Subcutaneous Solution),T4 - PA</b>	<b>Synthroid (Oral Tablet),T2</b>
<b>Stiolto RespiMat (Inhalation Aerosol Solution),T2</b>	<b>T</b>
<b>Striverdi RespiMat (Inhalation Aerosol Solution),T3 - ST</b>	<b>TOBI Podhaler (Inhalation Capsule),T4 - PA; QL</b>
<b>Suboxone (Sublingual Film),T3 - QL</b>	Tadalafil (PAH) (20MG Oral Tablet),T3 - PA
Sucralfate (Oral Suspension),T3	Tamoxifen Citrate (Oral Tablet),T1
Sucralfate (Oral Tablet),T1	Tamsulosin HCl (Oral Capsule),T1
Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1	<b>Targretin (External Gel),T4 - PA; QL</b>
Sulfasalazine (Oral Tablet Delayed Release),T1	<b>Targretin (Oral Capsule),T4 - PA</b>
Sulfasalazine (Oral Tablet Immediate Release),T1	<b>Tasigna (Oral Capsule),T4 - PA</b>
Sumatriptan Succinate (Oral Tablet),T1 - QL	<b>Tecfidera (Oral Capsule Delayed Release),T4 - LA; QL</b>
<b>Sunosi (Oral Tablet),T3 - PA; QL</b>	<b>Tecfidera Starter Pack (Oral),T4 - LA</b>
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted),T3	Telmisartan (Oral Tablet),T1 - QL
<b>Suprax (500MG/5ML Oral Suspension Reconstituted),T3</b>	Telmisartan-HCTZ (Oral Tablet),T3 - QL
<b>Suprax (Oral Capsule),T2</b>	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2 - HRM; QL
Suprax (Oral Tablet Chewable),T2	Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL
<b>Suprep Bowel Prep Kit (Oral Solution),T2</b>	Terazosin HCl (Oral Capsule),T1
<b>Symbicort (Inhalation Aerosol),T2 - QL</b>	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
<b>Symjepi (Injection Solution Prefilled Syringe),T3 - QL</b>	Testosterone Cypionate (Intramuscular Solution),T1
<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA</b>	Theophylline (Oral Solution),T3
<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA</b>	Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T3
<b>Synjardy (Oral Tablet Immediate Release),T2 - QL</b>	Theophylline ER (Oral Tablet Extended Release 24 Hour),T1
<b>Synjardy XR (Oral Tablet Extended Release 24</b>	Timolol Maleate (0.25% Ophthalmic Solution,

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0.5% Ophthalmic Solution) (Generic Timoptic),T1	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution),T3	<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2	<b>Tresiba (Subcutaneous Solution),T2</b>
<b>Timoptic Ocudose (Ophthalmic Solution),T3</b>	<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2</b>
<b>Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T4 - QL</b>	Tretinoin (External Cream),T3 - PA
Tizanidine HCl (Oral Tablet),T1	Tretinoin (External Gel),T3 - PA
<b>TobraDex ST (Ophthalmic Suspension),T3</b>	Tretinoin (Oral Capsule),T4
Tobramycin (Ophthalmic Solution),T1	Triamcinolone Acetonide (0.025% External Ointment, 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),T2	Triamterene-HCTZ (Oral Capsule),T1
Topiramate (Oral Tablet),T1	Triamterene-HCTZ (Oral Tablet),T1
Toremifene Citrate (Oral Tablet),T4	Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM
<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2</b>	Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM
<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2</b>	<b>Trintellix (Oral Tablet),T3</b>
<b>Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL</b>	<b>Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL</b>
<b>Tracleer (Oral Tablet Soluble),T4 - PA; LA; QL</b>	<b>Truvada (Oral Tablet),T4 - QL</b>
<b>Tracleer (Oral Tablet),T4 - PA; LA; QL</b>	<b>Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA</b>
<b>Tradjenta (Oral Tablet),T2 - QL</b>	<b>U</b>
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	<b>Uceris (Rectal Foam),T3</b>
Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL	<b>Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>
Tranexamic Acid (Oral Tablet),T2	<b>Uptravi (Oral Tablet Therapy Pack),T4 - PA; LA</b>
<b>Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T3 - PA; HRM</b>	<b>Uptravi (Oral Tablet),T4 - PA; LA; QL</b>
	Ursodiol (Oral Capsule),T2
	Ursodiol (Oral Tablet),T3
	<b>Utibron Neohaler (Inhalation Capsule),T3 - ST</b>

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<b>V</b>		
Valacyclovir HCl (Oral Tablet),T2 - QL	<b>Vosevi (Oral Tablet),T4 - PA; QL</b>	
Valganciclovir HCl (Oral Tablet),T2 - QL	<b>Vyvanse (Oral Capsule),T3</b>	
Valproic Acid (Oral Capsule),T2	<b>Vyvanse (Oral Tablet Chewable),T3</b>	
Valproic Acid (Oral Solution),T1	<b>Vyzulta (Ophthalmic Solution),T3</b>	
Valsartan (Oral Tablet),T1 - QL	<b>W</b>	
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Warfarin Sodium (Oral Tablet),T1	
<b>Vascepa (Oral Capsule),T3</b>	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL	
<b>Velphoro (Oral Tablet Chewable),T4</b>	<b>X</b>	
<b>Veltassa (Oral Packet),T4 - QL</b>	<b>Xarelto (Oral Tablet),T2 - QL</b>	
<b>Ventolin HFA (Inhalation Aerosol Solution),T3 - ST</b>	<b>Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL</b>	
Verapamil HCl (Oral Tablet Immediate Release),T1	<b>Xifaxan (550MG Oral Tablet),T4 - PA</b>	
<b>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</b>	<b>Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T2	<b>Xiidra (Ophthalmic Solution),T3 - QL</b>	
Verapamil HCl ER (Oral Tablet Extended Release),T1	<b>Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL</b>	
<b>Versacloz (Oral Suspension),T4</b>	<b>Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL</b>	
<b>Viberzi (Oral Tablet),T4 - PA; QL</b>	<b>Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA</b>	
<b>Victoza (Subcutaneous Solution Pen-Injector),T2 - QL</b>	<b>Xolair (Subcutaneous Solution Reconstituted),T4 - PA; LA</b>	
<b>Viibryd (Oral Tablet),T3</b>	<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL</b>	
<b>Viibryd Starter Pack (Oral Kit),T3</b>	<b>Xtandi (Oral Capsule),T4 - PA; LA</b>	
<b>Vimpat (Oral Solution),T3 - QL</b>	<b>Y</b>	
<b>Vimpat (Oral Tablet),T3 - QL</b>	<b>Yupelri (Inhalation Solution),T4 - B/D,PA; QL</b>	
	<b>Z</b>	
	Zafirlukast (Oral Tablet),T2	
	Zaleplon (Oral Capsule),T2 - HRM; QL	
	<b>Zarxio (Injection Solution Prefilled Syringe),T4</b>	
	<b>Zenpep (Oral Capsule Delayed Release</b>	

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<b>Particles),T2</b>	<b>Zostavax (Subcutaneous Suspension Reconstituted),T3 - PA; QL</b>
<b>Zepatier (Oral Tablet),T4 - PA; QL</b>	<b>Zubsolv (1.4-0.36MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual),T3 - QL</b>
<b>Zioptan (Ophthalmic Solution),T3</b>	<b>Zubsolv (11.4-2.9MG Tablet Sublingual),T4 - QL</b>
<b>Zirgan (Ophthalmic Gel),T3</b>	<b>Zylet (Ophthalmic Suspension),T3</b>
Zolpidem Tartrate (Oral Tablet Immediate Release),T3 - PA; HRM; QL	
Zonisamide (Oral Capsule),T1	
<b>Zontivity (Oral Tablet),T3 - PA</b>	

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# What's Next

# Here's What You Can Expect Next

## UnitedHealthcare® will process your enrollment

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

After you receive your UnitedHealthcare member ID card, you no longer need to use your red, white and blue Medicare card.

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### Website Access

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

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### 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

It is important that you use your UnitedHealthcare member ID card each time you receive medical services or fill a prescription. UnitedHealthcare pays all claims directly; the claims no longer go to Medicare first. By always showing your UnitedHealthcare member ID card, you can help make sure that your claims get processed correctly and in a timely manner.


## We're here for you

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

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for your doctors, clinics and pharmacy**
- ✓ **A list of your current prescriptions and dosages ready, if you're calling about drug coverage**

## Questions? We're here to help.

 [www.UHCRetiree.com/American](http://www.UHCRetiree.com/American)

 Call toll-free **1-866-225-8816**, TTY **711**,  
8 a.m. – 8 p.m. local time, 7 days a week

# Statements of Understanding

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

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

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

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

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

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

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

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

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

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

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

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

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































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