



Plan Guide 2024

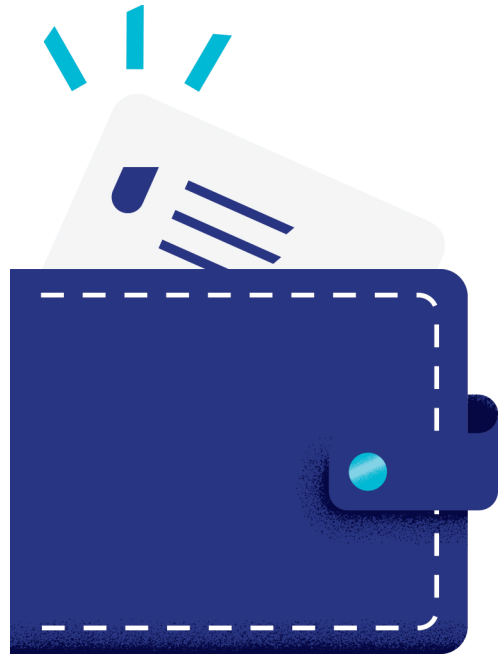
**Take advantage of all your
Medicare Advantage plan has to
offer**

**NMRHCA PLAN I - 13651
NMRHCA PLAN II - 13650**

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13651, 13650

Effective: January 1, 2024 through December 31, 2024



**United
Healthcare®**
Group Medicare Advantage


NEWMEXICO
RETIREE
HEALTH CARE
AUTHORITY

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Introducing the Plan

UnitedHealthcare® Group Medicare Advantage (PPO) plan

Dear Retiree,

Your plan sponsor, NMRHCA, has selected UnitedHealthcare to offer health care and prescription drug coverage for all Medicare-eligible retirees. As a UnitedHealthcare Group Medicare Advantage plan member, you'll have a team committed to understanding your needs and helping you get the right care. We believe you should get more than a good health care plan and that's why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:

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

In this book, you will find:

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

How to enroll

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

Take advantage of healthy extras with UnitedHealthcare



Virtual Visits



HouseCalls



Fitness Program

Questions? We're here to help.

Please note, Customer Service hours of operation at the number listed below will be **7 days a week October 15 – December 7.**



retiree.uhc.com/NMRHCA



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

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Plan information

Benefit Highlights

NMRHCA PLAN I 13651

Effective January 1, 2024 to December 31, 2024

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

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

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$5 copay
Specialist	\$25 copay
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$250 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days
Outpatient surgery	\$100 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$10 copay
Outpatient mental health	
Group therapy	\$20 copay
Individual therapy	\$20 copay
Virtual visits	\$20 copay
Diagnostic radiology services such as MRIs, CT scans	\$25 copay
Lab services	\$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Outpatient X-rays	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay
Ambulance	\$100 copay
Emergency care	\$50 copay (worldwide)
Urgently needed services	\$20 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Acupuncture – routine	\$15 copay, and 20 visits per plan year*
Chiropractic – routine	\$20 copay, 36 visits per plan year*
Foot care – routine	\$25 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids	Plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years*.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program SilverSneakers®	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.

*Benefits are combined in and out-of-network

Prescription drugs

	Your cost	
Initial coverage stage	Network pharmacy (30-day retail supply)	Mail service pharmacy (90-day supply)
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Preferred Brand ¹	\$35 copay	\$70 copay
Tier 3: Non-Preferred Drug ¹	\$70 copay	\$140 copay
Tier 4: Specialty Tier ¹	\$70 copay	\$140 copay

Prescription drugs

	Your cost
Coverage gap stage	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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Benefit Highlights

NMRHCA PLAN II 13650

Effective January 1, 2024 to December 31, 2024

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

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

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$5 copay
Specialist	\$25 copay
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$250 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days
Outpatient surgery	\$100 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$10 copay
Outpatient mental health	
Group therapy	\$20 copay
Individual therapy	\$20 copay
Virtual visits	\$20 copay
Diagnostic radiology services such as MRIs, CT scans	\$25 copay
Lab services	\$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Outpatient X-rays	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay
Ambulance	\$100 copay
Emergency care	\$50 copay (worldwide)
Urgently needed services	\$20 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Acupuncture – routine	\$15 copay, and 20 visits per plan year*
Chiropractic – routine	\$20 copay, 36 visits per plan year*
Foot care – routine	\$25 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids	Plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years*.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program SilverSneakers®	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.

*Benefits are combined in and out-of-network

Prescription drugs

	Your cost	
Initial coverage stage	Network pharmacy (30-day retail supply)	Mail service pharmacy (90-day supply)
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand ¹	\$20 copay	\$40 copay
Tier 3: Non-Preferred Drug ¹	\$35 copay	\$70 copay
Tier 4: Specialty Tier ¹	\$35 copay	\$70 copay

Prescription drugs

	Your cost
Coverage gap stage	After your total drug costs reach \$5,030, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

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

“Medicare Advantage” is also known as Medicare Part C and may include prescription drugs. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



Make sure you know what parts of Medicare you have

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in one of these plans.

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

Medicare Advantage Coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and Outpatient

+



Medicare Part D
Prescription Drugs

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

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

✓ One plan at a time

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



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

Questions? We're here to help.

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retiree.uhc.com/NMRHCA



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

How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan

You have access to our national coverage. Unlike most PPO plans, with this plan, you pay the same share of cost in and out of network as long as they are eligible to participate in the Medicare Program.

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

View Your Plan Information Online

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

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

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

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

How your prescription drug coverage works

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

Here are answers to common questions:

What pharmacies can I use?

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

What is a drug-cost tier?

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

What will I pay for my prescription drugs?

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

Can I have more than one prescription drug plan?

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

Questions? We're here to help.

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 retiree.uhc.com/NMRHCA



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

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

Additional information about your prescription drugs

-  **You may save on the medications you take regularly**
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications from Optum® Home Delivery Pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
-  **Ask your doctor about trial supplies**
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
-  **Explore lower-cost options**
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
-  **Have an annual medication review**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.
-  **Filling your prescriptions is convenient**
UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.¹



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.

¹Network size varies by market.



What is IRMAA?

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



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

An LEP is a late fee Medicare charges if you had **63 days** or more without prescription drug coverage. This can happen if:

- You didn't enroll in a Medicare Prescription Drug plan when you were first eligible.
- You didn't have a plan that met Medicare's minimum standards.

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

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

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



Call Social Security to see if you qualify for Extra Help

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

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

Questions? We're here to help.

Please note, Customer Service hours of operation at the number listed below will be **7 days a week October 15 – December 7**.



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

Getting the health care coverage you may need

Your care begins with your doctor

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

Finding a doctor is easy

If you need help finding a doctor or specialist, just give us a call. We can even help schedule that first appointment. When you call your doctor, tell them you have a Medicare Advantage PPO plan.

Why use a UnitedHealthcare network doctor?

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

An out-of-network provider does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider. You pay your copay or coinsurance according to your plan benefits. 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.

Take advantage of UnitedHealthcare's additional support and programs



Annual Physical and Wellness Visit¹

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



In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

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

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

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

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



UnitedHealthcare® HouseCalls Video Visit

A HouseCalls video visit uses a computer, tablet or smartphone to connect you with a licensed health care practitioner for up to a full hour to review your health history and medications, discuss important health screenings, identify health risks and provide health education.



24/7 Nurse Support

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



Chronic Conditions Programs

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



Virtual Visits

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

Virtual Doctor Visits

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

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

Virtual Behavioral Health Visits

May be best for:

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

Mental and Behavioral Health

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

- Ongoing mental health support with Optum® Behavioral Health
- Health and wellness resources with Renew by UnitedHealthcare®



Hearing Aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national³ network of 7,000+⁴ hearing providers and a wide variety of prescription hearing aid models to choose from, as well as a selection of audiologist-selected non-prescription hearing aids at **UHChearing.com** and virtual appointment options. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you – so you get the care you need to hear better and live life to the fullest.



Fitness Program through SilverSneakers®

SilverSneakers® is a health and fitness program designed for Medicare plan members. It's available to you at no additional cost and includes a standard monthly membership and group exercise classes at a participating fitness center. You can also enjoy online classes and workshops and fun activities held outside the gym. Classes, equipment, facilities and services vary by location.



And so much more to help you live a healthier life

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

Tools and resources to help put you in control



Go online for valuable plan information

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

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



Live Healthier with Renew

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

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



Let's Move by UnitedHealthcare[®]

Let's Move helps keep your mind, body and social life active. With simple resources, tools, events and personalized support, Let's Move helps you explore ways to eat well, get fit, beat the blues and stay connected — all at no cost to you.

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

²HouseCalls may not be available in all areas.

³Please refer to your Summary of Benefits for details regarding your benefit coverage.

⁴Network size varies by market.

⁵Renew by UnitedHealthcare is not available in all plans.

*Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply.

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Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): NMRHCA PLAN I

Group Number: 13651

H2001-816-000

Look inside to learn more about the plan and the health and drug services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free 1-866-622-8014, TTY 711

8 a.m.-8 p.m. local time, Monday-Friday



retiree.uhc.com/NMRHCA

**United
Healthcare®**
Group Medicare Advantage

Y0066_SB_H2001_816_000_2024_M

Summary of Benefits

January 1, 2024 - December 31, 2024

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,500 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

Medical benefits		
	In-network and out-of-network	
Inpatient hospital care¹		\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC)	\$100 copay
Cost sharing for additional plan covered services will apply.	Outpatient surgery	\$100 copay
	Outpatient hospital services, including observation	\$100 copay
	Doctor visits	
	Primary care provider	\$5 copay
	Virtual doctor visits	\$0 copay
	Specialists ¹	\$25 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	<ul style="list-style-type: none"> □ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) □ Cardiovascular screening □ Cervical and vaginal cancer screening □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) 	<ul style="list-style-type: none"> □ Depression screening □ Diabetes screenings and monitoring □ Diabetes – Self-Management training □ Dialysis training □ Glaucoma screening □ Hepatitis C screening □ HIV screening □ Kidney disease education □ Lung cancer with low dose computed tomography (LDCT) screening □ Medical nutrition therapy services

Medical benefits

In-network and out-of-network

- | | |
|---|--|
| <ul style="list-style-type: none"> □ Medicare Diabetes Prevention Program (MDPP) □ Obesity screenings and counseling □ Prostate cancer screenings (PSA) □ Sexually transmitted infections screenings and counseling □ Tobacco use cessation counseling (counseling for | <ul style="list-style-type: none"> people with no sign of tobacco-related disease) □ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 □ “Welcome to Medicare” preventive visit (one-time) |
|---|--|

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$50 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$20 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$25 copay
Lab services ¹	\$0 copay
Diagnostic tests and procedures ¹	\$25 copay
Therapeutic radiology ¹	\$0 copay
Outpatient X-rays ¹	\$0 copay

Medical benefits		
		In-network and out-of-network
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aids (combined for both ears) every 3 years.*
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	\$250 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay
	Virtual behavioral visits	\$20 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$10 copay
Ambulance²		\$100 copay
Routine transportation		Not covered

Medical benefits		
		In-network and out-of-network
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	\$0 copay

Prescription drugs

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

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

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

Stage 1: Annual prescription (Part D) deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Preferred Brand ¹	\$35 copay	\$70 copay
Tier 3: Non-preferred Drug ¹	\$70 copay	\$140 copay
Tier 4: Specialty Tier ¹	\$70 copay	\$140 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic coverage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$15 copay
	Routine acupuncture services	\$15 copay, up to 20 visits per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay
	Routine chiropractic services	\$20 copay, up to 36 visits per plan year*
Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay

Additional benefits		
		In-network and out-of-network
	Therapeutic shoes or inserts ¹	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay
Fitness program SilverSneakers®		<p>\$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at a participating fitness center plus online classes, workshops and more.</p> <p>Call or go online to learn more and to get your SilverSneakers ID number. 1-888-423-4632, TTY 711 or SilverSneakers.com/StartHere.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	\$25 copay
	Routine foot care	\$25 copay, 6 visits per plan year*

Additional benefits		
		In-network and out-of-network
UnitedHealthcare Healthy at Home		<p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>*Call Customer Service to request a referral for each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care¹		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay
Renal Dialysis¹		\$0 copay

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

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

*Benefits are combined in and out-of-network

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

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

24/7 Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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



Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): NMRHCA PLAN II

Group Number: 13650

H2001-816-000

Look inside to learn more about the plan and the health and drug services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free 1-866-622-8014, TTY 711

8 a.m.-8 p.m. local time, Monday-Friday



retiree.uhc.com/NMRHCA

**United
Healthcare®**
Group Medicare Advantage

Y0066_SB_H2001_816_000_2024_M

Summary of Benefits

January 1, 2024 - December 31, 2024

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,800 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

Medical benefits		
	In-network and out-of-network	
Inpatient hospital care¹		\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC)	\$100 copay
Cost sharing for additional plan covered services will apply.	Outpatient surgery	\$100 copay
	Outpatient hospital services, including observation	\$100 copay
	Doctor visits	Primary care provider
	Virtual doctor visits	\$0 copay
	Specialists ¹	\$25 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	<ul style="list-style-type: none"> □ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) □ Cardiovascular screening □ Cervical and vaginal cancer screening □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring □ Diabetes – Self-Management training □ Dialysis training □ Glaucoma screening □ Hepatitis C screening □ HIV screening □ Kidney disease education □ Lung cancer with low dose computed tomography (LDCT) screening □ Medical nutrition therapy services 	

Medical benefits

In-network and out-of-network

- | | |
|---|--|
| <ul style="list-style-type: none"> □ Medicare Diabetes Prevention Program (MDPP) □ Obesity screenings and counseling □ Prostate cancer screenings (PSA) □ Sexually transmitted infections screenings and counseling □ Tobacco use cessation counseling (counseling for | <ul style="list-style-type: none"> people with no sign of tobacco-related disease) □ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 □ “Welcome to Medicare” preventive visit (one-time) |
|---|--|

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$50 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$20 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$25 copay
Lab services ¹	\$0 copay
Diagnostic tests and procedures ¹	\$25 copay
Therapeutic radiology ¹	\$0 copay
Outpatient X-rays ¹	\$0 copay

Medical benefits		In-network and out-of-network
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aids (combined for both ears) every 3 years.*
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	\$250 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay
	Virtual behavioral visits	\$20 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$10 copay
Ambulance²		\$100 copay
Routine transportation		Not covered

Medical benefits		
		In-network and out-of-network
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	\$0 copay

Prescription drugs

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

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

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

Stage 1: Annual prescription (Part D) deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand ¹	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug ¹	\$35 copay	\$70 copay
Tier 4: Specialty Tier ¹	\$35 copay	\$70 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$5,030, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
Stage 4: Catastrophic coverage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$15 copay
	Routine acupuncture services	\$15 copay, up to 20 visits per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay
	Routine chiropractic services	\$20 copay, up to 36 visits per plan year*
Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay

Additional benefits		
		In-network and out-of-network
	Therapeutic shoes or inserts ¹	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay
Fitness program SilverSneakers®		<p>\$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at a participating fitness center plus online classes, workshops and more.</p> <p>Call or go online to learn more and to get your SilverSneakers ID number. 1-888-423-4632, TTY 711 or SilverSneakers.com/StartHere.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	\$25 copay
	Routine foot care	\$25 copay, 6 visits per plan year*

Additional benefits		
		In-network and out-of-network
UnitedHealthcare Healthy at Home		<p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>*Call Customer Service to request a referral for each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care ¹		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services ¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay
Renal Dialysis ¹		\$0 copay

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

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

*Benefits are combined in and out-of-network

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).

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

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

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

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

You must continue to pay your Medicare Part B premium.

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

24/7 Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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

Civil Rights Notice

The company complies with applicable federal civil rights laws and 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 our Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्च का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Drug list

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2023. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

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

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T3 - QL	Acyclovir (Oral Tablet),T1
Abilify Maintena (Intramuscular Prefilled Syringe),T4	Adacel (Intramuscular Suspension),T2 - QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4	Adbry (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Abiraterone Acetate (250MG Oral Tablet),T3 - PA	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Acamprosate Calcium (Oral Tablet Delayed Release),T3	Advair HFA (Inhalation Aerosol),T2 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Acetazolamide (Oral Tablet),T2	Albendazole (Oral Tablet),T3 - QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T2	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T1
Actimmune (Subcutaneous Solution),T4	Alcohol Prep Pads,T2
Acyclovir (Oral Capsule),T1	Alecensa (Oral Capsule),T4 - PA
	Alendronate Sodium (10MG Oral Tablet, 35MG

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Oral Tablet, 70MG Oral Tablet),T1

Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1

Allopurinol (100MG Oral Tablet, 300MG Oral Tablet),T1

Alphagan P (Ophthalmic Solution),T3

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Alex (Ophthalmic Suspension),T3

Alvesco (Inhalation Aerosol Solution),T3 - ST; QL

Amantadine HCl (Oral Capsule),T2

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T2

Ambrisentan (Oral Tablet),T4 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T2

Amiodarone HCl (200MG Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T3 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T2 - QL

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

Anastrozole (Oral Tablet),T1

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

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

Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T4 - PA

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe),T3 - PA

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

Aripiprazole (Oral Tablet),T1 - QL

Aristada (Intramuscular Prefilled Syringe),T4

Aristada Initio (Intramuscular Prefilled Syringe),T4

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

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

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

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

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

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

Astagraf XL (Oral Capsule Extended Release 24 Hour),T3 - B/D,PA

Atazanavir Sulfate (Oral Capsule),T3 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T2

Bold type = Brand name drug

Plain type = Generic drug

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

Atorvastatin Calcium (Oral Tablet),T1 - QL	Bethanechol Chloride (Oral Tablet),T2
Atovaquone-Proguanil HCl (Oral Tablet),T3	Betimol (Ophthalmic Solution),T3
Atrovent HFA (Inhalation Aerosol Solution),T3	Bevespi Aerosphere (Inhalation Aerosol),T3 - ST
Austedo (Oral Tablet),T4 - PA; QL	Bexarotene (Oral Capsule),T4 - PA
Avonex Pen (Intramuscular Auto-Injector Kit),T4	Bicalutamide (Oral Tablet),T1
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4	Bijuva (Oral Capsule),T3 - HRM
Azasite (Ophthalmic Solution),T3	Biktarvy (50MG-200MG-25MG Oral Tablet),T4 - QL
Azathioprine (50MG Oral Tablet),T1 - B/D,PA	Bisoprolol Fumarate (Oral Tablet),T1
Azelastine HCl (0.1% Nasal Solution),T2	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azelastine HCl (Ophthalmic Solution),T1	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Azelastine-Fluticasone (Nasal Suspension),T3	Breztri Aerosphere (Inhalation Aerosol),T2 - QL
Azithromycin (Oral Packet),T1	Brilinta (Oral Tablet),T2 - QL
Azithromycin (Oral Tablet),T1	Brimonidine Tartrate (0.15% Ophthalmic Solution),T3
B	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
BRIVIACT (Oral Solution),T4 - PA	Brukinsa (Oral Capsule),T4 - PA; QL
BRIVIACT (Oral Tablet),T4 - PA	Budesonide (Inhalation Suspension),T3 - B/D,PA
Baclofen (Oral Tablet),T1	Budesonide (Oral Capsule Delayed Release Particles),T2
Bafiertam (Oral Capsule Delayed Release),T4 - ST; QL	Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL
Balsalazide Disodium (Oral Capsule),T3	Buprenorphine HCl (Tablet Sublingual),T1 - QL
Baqsimi One Pack (Nasal Powder),T2	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T3 - QL
Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST	Bupropion HCl (Oral Tablet Immediate Release),T1
Belsomra (Oral Tablet),T2 - QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3
Benazepril HCl (Oral Tablet),T1 - QL	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1
Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL	
Benzotropine Mesylate (Oral Tablet),T2 - HRM	
Bepreve (Ophthalmic Solution),T3	
Berinert (Intravenous Kit),T4 - PA	
Besivance (Ophthalmic Suspension),T3	
Betaseron (Subcutaneous Kit),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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

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

Buspirone HCl (Oral Tablet),T1

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

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

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

C

Cabergoline (Oral Tablet),T2

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

Calcium Acetate (667MG Oral Tablet),T2

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

Carbamazepine (Oral Tablet Immediate Release),T1

Carbidopa (Oral Tablet),T3

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

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

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T3

Carbidopa-Levodopa-Entacapone (Oral Tablet),T3

Carvedilol (Oral Tablet),T1

Cefdinir (Oral Capsule),T1

Cefuroxime Axetil (Oral Tablet),T1

Celecoxib (Oral Capsule),T2 - QL

Celontin (Oral Capsule),T3

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

Cephalexin (750MG Oral Capsule),T3

Cephalexin (Oral Tablet),T2

Chemet (Oral Capsule),T4

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Chlorzoxazone (500MG Oral Tablet, 750MG Oral Tablet),T3 - HRM

Cholestyramine (Oral Packet),T3

Cholestyramine Light (Oral Packet),T3

Cibinqo (Oral Tablet),T4 - PA; QL

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T2

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

Cimzia (Subcutaneous Kit),T4 - PA; QL

Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit),T4 - PA; QL

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

Ciprofloxacin-Dexamethasone (Otic Suspension),T3

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T2

Clenpiq (10MG-3.5GM-12GM/160ML Oral Solution),T2

Climara Pro (Transdermal Patch Weekly),T3 - HRM

Clobex (External Lotion),T4 - QL

Clobex (External Shampoo),T4

Clobex Spray (External Liquid),T3 - QL

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

Clonazepam ODT (0.125MG Oral Tablet)

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.

Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T2 - QL

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

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

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1

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

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

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

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

Colesevelam HCl (Oral Tablet),T3

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Inhalation Aerosol Solution),T2 - QL

Copaxone (Subcutaneous Solution Prefilled Syringe),T4

Corlanor (Oral Solution),T3 - PA; QL

Corlanor (Oral Tablet),T3 - PA; QL

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

Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

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

Cosopt PF (Ophthalmic Solution),T3

Creon (Oral Capsule Delayed Release Particles),T2

Cromolyn Sodium (Inhalation Nebulization Solution),T3 - B/D,PA

Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - HRM

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

D

DARAPRIM (Oral Tablet),T4

Dabigatran Etexilate Mesylate (Oral Capsule),T3 - ST; QL

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

Daliresp (Oral Tablet),T3 - PA

Dapsone (Oral Tablet),T2

DayVigo (Oral Tablet),T2 - QL

Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade),T3 - PA

Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade),T4 - PA

Deferiprone (500MG Oral Tablet),T4 - PA

Depen Titratabs (Oral Tablet),T4

Descovy (200MG-25MG Oral Tablet),T4 - QL

Desmopressin Acetate (Oral Tablet),T2

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

Dexamethasone (Oral Tablet),T1

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

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

Diazepam Intensol (Oral Concentrate),T2 - QL

Diclofenac Potassium (50MG Oral Tablet),T2

Diclofenac Sodium (1% External Gel),T2

Diclofenac Sodium (Oral Tablet Delayed Release),T1

Diclofenac Sodium ER (Oral Tablet Extended

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.

Release 24 Hour),T2

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Dificid (Oral Suspension Reconstituted),T4

Dificid (Oral Tablet),T4

Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T3 - HRM

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

Diltiazem HCl (Oral Tablet Immediate Release),T1

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

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

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

Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T3 - QL

Dipentum (Oral Capsule),T4

Diphenoxylate-Atropine (Oral Tablet),T3 - HRM

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

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

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

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

Doptelet (Oral Tablet),T4 - PA; QL

Dorzolamide HCl (Ophthalmic Solution),T1

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Dovato (Oral Tablet),T4 - QL

Doxazosin Mesylate (Oral Tablet),T1

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

Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T3

Doxycycline Hyclate (Oral Capsule),T2

Dronabinol (Oral Capsule),T3 - PA

Duavee (Oral Tablet),T3 - HRM

Dulera (Inhalation Aerosol),T3 - QL

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

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

Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA

Dutasteride (Oral Capsule),T2

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

Edarbyclor (Oral Tablet),T3 - QL

Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T3 - QL

Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL

Elmiron (Oral Capsule),T3

Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL

Emgality (300MG Dose) (100MG/ML

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Subcutaneous Solution Prefilled Syringe),T3 - PA; QL

Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL

Emtricitabine-Tenofovir Disoproxil Fumarate (100MG-150MG Oral Tablet, 133MG-200MG Oral Tablet, 167MG-250MG Oral Tablet),T4 - QL

Emtricitabine-Tenofovir Disoproxil Fumarate (200MG-300MG Oral Tablet),T3 - QL

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

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

Enbrel (Subcutaneous Solution),T4 - PA; QL

Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL

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

Entacapone (Oral Tablet),T3

Entecavir (Oral Tablet),T2

Entresto (Oral Tablet),T2 - QL

Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA

Epclusa (Oral Packet),T4 - PA; QL

Epclusa (Oral Tablet),T4 - PA; QL

EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL

EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL

Epiduo (External Gel),T3 - ST

Epiduo Forte (External Gel),T3 - ST

Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T2 - QL

Eplerenone (Oral Tablet),T2

Ergoloid Mesylates (Oral Tablet),T3 - HRM

Ergotamine-Caffeine (Oral Tablet),T2

Erivedge (Oral Capsule),T4 - PA

Erleada (60MG Oral Tablet),T4 - PA

Ertapenem Sodium (Injection Solution Reconstituted),T3

Erythromycin (Ophthalmic Ointment),T1

Esbriet (Oral Capsule),T4 - PA; QL

Esbriet (Oral Tablet),T4 - PA; QL

Escitalopram Oxalate (Oral Tablet),T1

Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T2 - QL

Estradiol (Oral Tablet),T3 - HRM

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

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

Estradiol (Vaginal Cream),T1

Eszopiclone (Oral Tablet),T2 - HRM; QL

Ethambutol HCl (400MG Oral Tablet),T2

Ethosuximide (Oral Capsule),T2

Ethosuximide (Oral Solution),T2

Etravirine (200MG Oral Tablet),T4 - QL

Eucrisa (External Ointment),T3 - PA; QL

Extavia (Subcutaneous Kit),T4

Ezetimibe (Oral Tablet),T1

Ezetimibe-Simvastatin (Oral Tablet),T2 - QL

F

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

Farxiga (Oral Tablet),T2 - QL

Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA

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

Febuxostat (Oral Tablet),T2 - ST

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Fenofibrate (145MG Oral Tablet),T2
Fenofibrate (160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
Finacea (External Foam),T3 - QL
Finacea (External Gel),T3 - QL
Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Flarex (Ophthalmic Suspension),T3
FloLipid (Oral Suspension),T3 - QL
Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2
Flovent HFA (Inhalation Aerosol),T2 - QL
Fluconazole (Oral Tablet),T1
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1
Fluphenazine HCl (Oral Tablet),T3
Fluticasone Propionate (Nasal Suspension),T1
Forteo (Subcutaneous Solution Pen-Injector),T4 - PA
Furosemide (Oral Tablet),T1
Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL
G
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1
Gabapentin (Oral Capsule),T1
Gammagard (2.5GM/25ML Injection Solution),T4 - PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA
Gemfibrozil (Oral Tablet),T1
Gemtesa (Oral Tablet),T3
Genotropin (12MG Subcutaneous Cartridge),T4 - PA

Genotropin (5MG Subcutaneous Cartridge),T3 - PA
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe),T3 - PA
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe),T4 - PA
Gentamicin Sulfate (40MG/ML Injection Solution),T1
Genvoya (Oral Tablet),T4 - QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4
Glatopa (Subcutaneous Solution Prefilled Syringe),T4
Glucagon (Injection Kit) (Lilly),T2
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet),T1 - PA
Glyxambi (Oral Tablet),T2 - QL
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2
Gvoke Kit (Subcutaneous Solution),T2
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2
H
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA
Haloperidol (Oral Tablet),T1
Harvoni (90-400MG Oral Tablet),T4 - PA; QL
Harvoni (Oral Packet),T4 - PA; QL
Humalog (Injection Solution),T2
Humalog (Subcutaneous Solution

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Cartridge),T2	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydralazine HCl (Oral Tablet),T1
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydrochlorothiazide (Oral Capsule),T1
Humalog Mix 50/50 (Subcutaneous Suspension),T2	Hydrochlorothiazide (Oral Tablet),T1
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL
Humalog Mix 75/25 (Subcutaneous Suspension),T2	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL
Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Hydroxyurea (Oral Capsule),T1
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Hydroxyzine HCl (Oral Syrup),T3 - HRM
Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL	Hydroxyzine HCl (Oral Tablet),T3 - HRM
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA	I
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T4 - PA	Ibandronate Sodium (Oral Tablet),T2
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T4 - PA; QL	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T4 - PA	Icatibant Acetate (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Humulin 70/30 (Subcutaneous Suspension),T2	Ilevro (Ophthalmic Suspension),T2
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imatinib Mesylate (Oral Tablet),T2 - PA
Humulin N (Subcutaneous Suspension),T2	Imbruvica (Oral Capsule),T4 - PA; QL
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imbruvica (Oral Tablet),T4 - PA; QL
Humulin R (Injection Solution),T2	Imiquimod (5% External Cream),T1 - QL
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2	Imiquimod Pump (3.75% External Cream),T3 - PA
	Imvexy Maintenance Pack (Vaginal Insert),T2 - PA
	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
	Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL
	Ingrezza (Oral Capsule),T4 - PA; QL
	Insulin Lispro (1 Unit Dial) (Subcutaneous

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Solution Pen-Injector) (Brand Equivalent Humalog),T2

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

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

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

Insulin Syringes, Needles,T2

Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4

Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4

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

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4

Inveltys (Ophthalmic Suspension),T3

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

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

Invokana (Oral Tablet),T3 - ST; QL

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

Ipratropium Bromide (Nasal Solution),T2

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

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Isentress (Oral Tablet),T4 - QL

Isoniazid (Oral Tablet),T1

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

Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T3

Isosorbide Dinitrate-Hydralazine (Oral Tablet),T3

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

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

Isturisa (Oral Tablet),T4 - PA

Ivermectin (Oral Tablet),T1 - PA

J

Janumet (Oral Tablet Immediate Release),T2 - QL

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

Januvia (Oral Tablet),T2 - QL

Jardiance (Oral Tablet),T2 - QL

Jentadueto (Oral Tablet Immediate Release),T2 - QL

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

Jublia (External Solution),T3

Juluca (Oral Tablet),T4 - QL

K

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T2

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

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

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Klisyri (External Ointment),T4 - PA; QL

Klor-Con 10 (Oral Tablet Extended Release),T1
 Klor-Con 8 (Oral Tablet Extended Release),T1
 Klor-Con M10 (Oral Tablet Extended Release),T1
 Klor-Con M20 (Oral Tablet Extended Release),T1

Korlym (Oral Tablet),T4 - PA

L

Lacosamide (Oral Tablet),T3 - QL
 Lactulose (10GM/15ML Oral Solution),T1
 Lactulose (Oral Packet),T3
 Lamivudine (100MG Oral Tablet),T2
 Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL
 Lamotrigine (Oral Tablet Immediate Release),T1

Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

Latanoprost (Ophthalmic Solution),T1

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

Leflunomide (Oral Tablet),T2
 Letrozole (Oral Tablet),T1
 Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2
 Leucovorin Calcium (25MG Oral Tablet),T3
 Leucovorin Calcium (5MG Oral Tablet),T1

Leukeran (Oral Tablet),T4

Levemir (Subcutaneous Solution),T2

Levetiracetam (Oral Tablet Immediate Release),T1
 Levobunolol HCl (Ophthalmic Solution),T1
 Levocarnitine (Oral Tablet),T2
 Levocetirizine Dihydrochloride (Oral Tablet),T1
 Levofloxacin (Oral Tablet),T1

Levothyroxine Sodium (Oral Tablet),T1

Lialda (Oral Tablet Delayed Release),T3 - ST; QL

Licart (External Patch 24 Hour),T3 - PA; QL

Lidocaine (5% External Ointment),T2 - QL
 Lidocaine (5% External Patch),T3 - PA; QL
 Lidocaine HCl (4% External Solution),T3
 Lidocaine-Prilocaine (External Cream),T1

Linzess (Oral Capsule),T2 - QL

Liothyronine Sodium (Oral Tablet),T1
 Lisinopril (Oral Tablet),T1 - QL
 Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Lithium Carbonate (Oral Capsule),T1

Lithium Carbonate ER (Oral Tablet Extended Release),T1

Livalo (Oral Tablet),T2 - QL

Lokelma (Oral Packet),T3 - QL

Loperamide HCl (Oral Capsule),T1
 Lorazepam (Oral Tablet),T1 - QL
 Lorazepam Intensol (Oral Concentrate),T1 - QL
 Losartan Potassium (Oral Tablet),T1 - QL
 Losartan Potassium-HCTZ (Oral Tablet),T1 - QL

Lotemax (Ophthalmic Gel),T3

Lotemax (Ophthalmic Ointment),T3

Lotemax (Ophthalmic Suspension),T3

Lotemax SM (Ophthalmic Gel),T3

Lovastatin (Oral Tablet),T1 - QL

Lumigan (Ophthalmic Solution),T2

Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA; QL

Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA; QL

Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA; QL

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T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA; QL	Methamphetamine HCl (Oral Tablet),T3 - PA; QL
Lurasidone HCl (Oral Tablet),T2 - QL	Methimazole (Oral Tablet),T1
Luzu (External Cream),T3 - QL	Methotrexate Sodium (Oral Tablet),T1
Lysodren (Oral Tablet),T4	Methscopolamine Bromide (Oral Tablet),T3 - HRM
Lyumjev (Injection Solution),T2	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T2 - QL
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2	Methylprednisolone (Oral Tablet),T1
M	Metoclopramide HCl (Oral Tablet),T1
Malathion (External Lotion),T3	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Maraviroc (Oral Tablet),T4 - QL	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Mavyret (Oral Packet),T4 - PA; QL	Metrogel (External Gel),T3
Mavyret (Oral Tablet),T4 - PA; QL	Metronidazole (0.75% External Cream),T2
Mayzent (Oral Tablet),T4 - QL	Metronidazole (0.75% External Gel),T2
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM	Metronidazole (0.75% External Lotion),T3
Medroxyprogesterone Acetate (Intramuscular Suspension),T1	Metronidazole (1% External Gel),T3
Medroxyprogesterone Acetate (Oral Tablet),T1	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1
Meloxicam (Oral Tablet),T1	Midodrine HCl (Oral Tablet),T2
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL	Minocycline HCl (Oral Capsule),T1
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL	Minocycline HCl (Oral Tablet Immediate Release),T3
Mercaptopurine (Oral Tablet),T2	Minoxidil (Oral Tablet),T1
Meropenem (1GM Intravenous Solution Reconstituted),T3	Mirtazapine (Oral Tablet),T1
Meropenem (500MG Intravenous Solution Reconstituted),T2	Mirtazapine ODT (Oral Tablet Dispersible),T2
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL	Mirvaso (External Gel),T3
Mesnex (Oral Tablet),T3	Misoprostol (Oral Tablet),T2
Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL	Mitigare (Oral Capsule),T2
Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL	Modafinil (Oral Tablet),T2 - PA; QL
	Mometasone Furoate (Nasal Suspension),T3
	Montelukast Sodium (Oral Packet),T2 - QL
	Montelukast Sodium (Oral Tablet),T1 - QL
	Morphine Sulfate ER (100MG Oral Tablet

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

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

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

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

Motegrity (Oral Tablet),T3 - QL

Mounjaro (Subcutaneous Solution Pen-Injector),T2 - PA; QL

Movantik (Oral Tablet),T2 - QL

MoviPrep (Oral Solution Reconstituted),T3

Multaq (Oral Tablet),T2

Myrbetriq (Oral Suspension Reconstituted ER),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Naftin (External Gel),T3

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

Naloxone HCl (Injection Solution Cartridge),T1

Naloxone HCl (Injection Solution Prefilled Syringe),T1

Naltrexone HCl (Oral Tablet),T2

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

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

Naproxen (250MG Oral Tablet Immediate Release, 375MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

Nayzilam (Nasal Solution),T3 - PA; QL

Neomycin Sulfate (Oral Tablet),T1

Neomycin-Polymyxin-HC (Otic Suspension),T2

Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA

Neupogen (Injection Solution Prefilled Syringe),T4 - ST

Neupogen (Injection Solution),T4 - ST

Nevanac (Ophthalmic Suspension),T3

Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2

Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL

Nexletol (Oral Tablet),T3 - PA; QL

Nexlizet (Oral Tablet),T3 - PA; QL

Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1

Nimodipine (Oral Capsule),T3

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

Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM

Nitroglycerin (Tablet Sublingual),T1

Nivestym (Injection Solution Prefilled Syringe),T4 - ST

Nivestym (Injection Solution),T4 - ST

Nizatidine (Oral Capsule),T2

Norethindrone Acetate (5MG Oral Tablet),T1

Nortriptyline HCl (Oral Capsule),T1 - HRM

NovoLog (Injection Solution),T2

NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2

NovoLog Mix 70/30 (Subcutaneous

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Suspension),T2	O
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2	Odomzo (Oral Capsule),T4 - PA
NovoLog PenFill (Subcutaneous Solution Cartridge),T2	Ofev (Oral Capsule),T4 - PA; QL
Novolin 70/30 (Subcutaneous Suspension),T2	Ofloxacin (Ophthalmic Solution),T1
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2	Ofloxacin (Otic Solution),T2
Novolin N (Subcutaneous Suspension),T2	Olanzapine (Oral Tablet),T1 - QL
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector),T2	Olopatadine HCl (0.1% Ophthalmic Solution),T2
Novolin R (Injection Solution),T2	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T2
Novolin R FlexPen (Injection Solution Pen-Injector),T2	Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL
Nubeqa (Oral Tablet),T4 - PA	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1
Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T1 - B/D,PA; QL
Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA; QL
Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL	Opsumit (Oral Tablet),T4 - PA
Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL	Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA	Orgovyx (Oral Tablet),T4 - PA; QL
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA	Orilissa (Oral Tablet),T4 - PA; QL
Nuzyra (Intravenous Solution Reconstituted),T4 - PA	Oseltamivir Phosphate (Oral Capsule),T2
Nuzyra (Oral Tablet),T4 - PA; QL	Osphena (Oral Tablet),T2 - PA; QL
Nystatin (External Cream),T1	Otezla (Oral Tablet Therapy Pack),T4 - PA; QL
Nystatin (External Ointment),T1	Otezla (Oral Tablet),T4 - PA; QL
Nystatin (External Powder),T1 - QL	Oxcarbazepine (Oral Tablet),T2
Nyvepria (Subcutaneous Solution Prefilled Syringe),T4 - PA	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1
	Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release,

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20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

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

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

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

Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL

P

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

Pegasys (Subcutaneous Solution),T4 - PA

Penicillamine (Oral Tablet),T4

Penicillin V Potassium (Oral Tablet),T1

Pentasa (Oral Capsule Extended Release),T3 - QL

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

Permethrin (External Cream),T2

Perseris (Subcutaneous Prefilled Syringe),T4

Phenelzine Sulfate (Oral Tablet),T2

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (667MG/5ML Oral Solution),T2

Pilocarpine HCl (Oral Tablet),T2

Pimecrolimus (External Cream),T3 - ST; QL

Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet),T4 - PA; QL

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

Plegridy (Subcutaneous Solution Prefilled

Syringe),T4 - QL

Pomalyst (2MG Oral Capsule, 3MG Oral Capsule, 4MG Oral Capsule),T4 - PA

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Chloride ER (Oral Tablet Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T2

Pradaxa (Oral Capsule),T3 - ST; QL

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

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

Prednisolone Acetate (Ophthalmic Suspension),T2

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

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

Premarin (Oral Tablet),T3 - HRM; QL

Premarin (Vaginal Cream),T2

Premphase (Oral Tablet),T3 - HRM; QL

Prempro (Oral Tablet),T3 - HRM; QL

Prenatal (27-1MG Oral Tablet),T1

Prezcobix (Oral Tablet),T4 - QL

Primidone (250MG Oral Tablet, 50MG Oral Tablet),T1

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

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2

Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection

T1 = Tier 1

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T4 = Tier 4

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Solution),T3 - PA

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

Procto-Med HC (External Cream),T1

Proctosol HC (External Cream),T1

Progesterone (Oral Capsule),T2

Prograf (0.5MG Oral Capsule, 1MG Oral Capsule),T3 - B/D,PA

Prograf (5MG Oral Capsule),T4 - B/D,PA

Prograf (Oral Packet),T3 - B/D,PA

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

Prolensa (Ophthalmic Solution),T3

Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL

Propranolol HCl (Oral Tablet),T1

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

Propylthiouracil (Oral Tablet),T1

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

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

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

Pyridostigmine Bromide (Oral Solution),T3

Pyridostigmine Bromide ER (Oral Tablet Extended Release),T3

Q

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

Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release, 50MG Oral Tablet

Immediate Release),T1 - QL

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

Quinapril HCl (Oral Tablet),T1 - QL

Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

R

Raloxifene HCl (Oral Tablet),T2

Ramipril (Oral Capsule),T1 - QL

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

Rasagiline Mesylate (Oral Tablet),T3

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

Rayaldee (Oral Capsule Extended Release),T4 - QL

Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST

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

Regranex (External Gel),T4 - PA

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

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

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

Restasis MultiDose (Ophthalmic Emulsion),T2 - QL

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

Retacrit (Injection Solution),T3 - PA

Rexulti (Oral Tablet),T4 - QL

Reyvow (Oral Tablet),T3 - PA; QL

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T2

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Rifabutin (Oral Capsule),T3	Savella (Oral Tablet),T2
Rifampin (300MG Oral Capsule),T2	Selegiline HCl (Oral Capsule),T2
Riluzole (Oral Tablet),T2	Selegiline HCl (Oral Tablet),T2
Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL	Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3	Sertraline HCl (Oral Tablet),T1
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4	Sevelamer Carbonate (Oral Packet),T3
Risperidone (Oral Tablet),T1	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T2
Ritonavir (Oral Tablet),T2 - QL	Sevelamer HCl (Oral Tablet),T3
Rivastigmine (Transdermal Patch 24 Hour),T3 - ST; QL	Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL
Rivastigmine Tartrate (Oral Capsule),T2	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA
Rizatriptan Benzoate (Oral Tablet),T2 - QL	Siliq (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL	Silver Sulfadiazine (External Cream),T1
Rocklatan (Ophthalmic Solution),T2 - ST	Simbrinza (Ophthalmic Suspension),T2
Roflumilast (500MCG Oral Tablet),T3 - PA	Simponi (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Ropinirole HCl (Oral Tablet Immediate Release),T1	Simponi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Rosuvastatin Calcium (Oral Tablet),T1 - QL	Simvastatin (Oral Tablet),T1 - QL
Rukobia (Oral Tablet Extended Release 12 Hour),T4 - QL	Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge),T4 - PA; QL
Rybelsus (Oral Tablet),T2 - PA; QL	Skyrizi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Rytary (Oral Capsule Extended Release),T3 - ST	Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL
S	Sodium Oxybate (Oral Solution),T4 - PA; QL
SPS (Oral Suspension),T2	Sodium Polystyrene Sulfonate (Oral Powder),T2
Sancuso (Transdermal Patch),T4 - QL	Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution),T2
Santyl (External Ointment),T3	Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL
Saphris (Tablet Sublingual),T3	Solifenacin Succinate (Oral Tablet),T2 - QL

T1 = Tier 1

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Soliqua (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Syringe),T3 - QL
Sotalol HCl (Oral Tablet),T1	Symtuza (Oral Tablet),T4 - QL
Sotalol HCl AF (Oral Tablet),T2	Synjardy (Oral Tablet Immediate Release),T2 - QL
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Synribo (Subcutaneous Solution Reconstituted),T4 - PA
Spirolactone (Oral Tablet),T1	Synthroid (Oral Tablet),T2
Sprycel (Oral Tablet),T4 - PA	T
Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	TOBI Podhaler (Inhalation Capsule),T4 - PA; QL
Stelara (Subcutaneous Solution),T4 - PA; QL	Tabrecta (Oral Tablet),T4 - PA; QL
Stiolto Respimat (Inhalation Aerosol Solution),T2	Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T3 - PA
Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST	Taltz (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Suboxone (Sublingual Film),T3 - QL	Taltz (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Sucralfate (Oral Suspension),T3	Tamoxifen Citrate (Oral Tablet),T1
Sucralfate (Oral Tablet),T1	Tamsulosin HCl (Oral Capsule),T1
Sulfadiazine (Oral Tablet),T3	Tecfidera (Oral Capsule Delayed Release),T4 - QL
Sulfamethoxazole-Trimethoprim (800MG-160MG Oral Tablet),T1	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL
Sulfasalazine (Oral Tablet Delayed Release),T1	Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL
Sulfasalazine (Oral Tablet Immediate Release),T1	Terazosin HCl (Oral Capsule),T1
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL	Terbinafine HCl (Oral Tablet),T1 - QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector),T3 - QL	Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T2 - QL	Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T3
Sunosi (Oral Tablet),T3 - PA; QL	
Sutab (Oral Tablet),T2	
Symbicort (Inhalation Aerosol),T2 - QL	
Symjepi (Injection Solution Prefilled	

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Testosterone Cypionate (Intramuscular Solution),T1	Tradjenta (Oral Tablet),T2 - QL
Tetrabenazine (12.5MG Oral Tablet),T3 - PA	Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Tetrabenazine (25MG Oral Tablet),T4 - PA	Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Theophylline (Oral Solution),T3	Tranexamic Acid (Oral Tablet),T2
Theophylline ER (Oral Tablet Extended Release 12 Hour),T3	Tranylcypromine Sulfate (Oral Tablet),T3
Theophylline ER (Oral Tablet Extended Release 24 Hour),T1	Travoprost (BAK Free) (Ophthalmic Solution),T3
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T3	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Timolol Maleate (Oral Tablet),T2	Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2	Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Timoptic Ocudose (Ophthalmic Solution),T3	Tresiba (Subcutaneous Solution),T2
Tivicay (25MG Oral Tablet),T3 - QL	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
Tivicay (50MG Oral Tablet),T4 - QL	Tretinoin (External Cream),T3 - PA
Tizanidine HCl (Oral Tablet),T1	Tretinoin (Oral Capsule),T4
TobraDex ST (Ophthalmic Suspension),T3	Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1
Tobramycin (300MG/5ML Inhalation Nebulization Solution),T4 - B/D,PA; QL	Triamcinolone Acetonide (External Cream),T1
Tobramycin-Dexamethasone (Ophthalmic Suspension),T2	Triamterene-HCTZ (Oral Capsule),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T3	Triamterene-HCTZ (Oral Tablet),T1
Topiramate (Oral Tablet),T1	Trientine HCl (Oral Capsule),T4 - PA; QL
Toremifene Citrate (Oral Tablet),T4	Trihexyphenidyl HCl (Oral Solution),T3 - HRM
Torseמידe (Oral Tablet),T1	Trihexyphenidyl HCl (Oral Tablet),T3 - HRM
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trintellix (Oral Tablet),T3
Tracleer (Oral Tablet Soluble),T4 - PA; QL	Trulance (Oral Tablet),T3
Tracleer (Oral Tablet),T4 - PA; QL	Trulicity (Subcutaneous Solution Pen-Injector),T2 - PA; QL
	Tymlos (Subcutaneous Solution Pen-

T1 = Tier 1

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Injector),T4 - PA	Viibryd (Oral Tablet),T3
Tyrvaya (Nasal Solution),T3 - QL	Vitrakvi (Oral Capsule),T4 - PA; QL
U	Vitrakvi (Oral Solution),T4 - PA; QL
Ubrelvy (Oral Tablet),T4 - PA; QL	Vosevi (Oral Tablet),T4 - PA; QL
Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL
Ursodiol (300MG Oral Capsule),T2	Vyvanse (Oral Capsule),T3
Ursodiol (Oral Tablet),T3	Vyvanse (Oral Tablet Chewable),T3
V	Vyzulta (Ophthalmic Solution),T3
Valacyclovir HCl (Oral Tablet),T2 - QL	W
Valganciclovir HCl (Oral Tablet),T2 - QL	Warfarin Sodium (Oral Tablet),T1
Valsartan (Oral Tablet),T1 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	X
Varenicline Tartrate (Oral Tablet),T3	Xarelto (Oral Suspension Reconstituted),T2 - QL
Vascepa (Oral Capsule),T2	Xarelto (Oral Tablet),T2 - QL
Velphoro (Oral Tablet Chewable),T4	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - PA; QL
Veltassa (Oral Packet),T3 - QL	Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack),T3 - PA; QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1	Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack),T4 - PA; QL
Ventolin HFA (Inhalation Aerosol Solution),T2	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T4 - PA; QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T4 - PA; QL
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3	Xeljanz (Oral Solution),T4 - PA; QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL
Verquvo (Oral Tablet),T2 - PA; QL	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - PA; QL
Versacloz (Oral Suspension),T4	Xenleta (Oral Tablet),T3 - PA; QL
Viberzi (Oral Tablet),T4 - PA; QL	Xigduo XR (Oral Tablet Extended Release 24
Victoza (Subcutaneous Solution Pen-Injector),T2 - PA; QL	

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Hour),T2 - QL
Xiidra (Ophthalmic Solution),T3 - QL
Xofluza (40MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA
Xolair (Subcutaneous Solution Reconstituted),T4 - PA
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3 - 7D; MME; DL; QL
Xtandi (Oral Capsule),T4 - PA
Xtandi (Oral Tablet),T4 - PA
Xultophy (Subcutaneous Solution Pen-Injector),T3 - PA; QL
Xyrem (Oral Solution),T4 - PA; QL
Y
Yupelri (Inhalation Solution),T4 - B/D,PA; QL

Z
Zafirlukast (Oral Tablet),T2
Zaleplon (Oral Capsule),T2 - HRM; QL
Zarxio (Injection Solution Prefilled Syringe),T4
Zelapar ODT (Oral Tablet Dispersible),T4
Zenpep (Oral Capsule Delayed Release Particles),T2
Zeposia (Oral Capsule),T4 - PA; QL
Zioptan (Ophthalmic Solution),T3
Zirgan (Ophthalmic Gel),T3
Zolinza (Oral Capsule),T4 - PA
Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - HRM; QL
Zonisamide (Oral Capsule),T1
Zubsolv (Tablet Sublingual),T3 - QL
Zylet (Ophthalmic Suspension),T3

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T4 = Tier 4

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What's next

Here's What You Can Expect Next

UnitedHealthcare will process your enrollment

Quick Start Guide and UnitedHealthcare member ID card

We will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare member ID card. **Please note, your member ID card will be attached to the front cover of your guide.**

Member site access

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

Health assessment

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

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

We're here for you

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

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for your doctors, clinics and the name and address of your pharmacy**
- ✓ **Please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.

Please note, Customer Service hours of operation will be **7 days a week October 15 – December 7.**



retiree.uhc.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

Statements of understanding

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

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

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

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

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

✓ **For members of the Group Medicare Advantage Plan.**

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

✓ **I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.**

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Group Medicare Advantage


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