



# Plan Guide 2023

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

**PEEHIP**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 15506



**Effective:** January 1, 2023 through December 31, 2023

**United  
Healthcare**



**PEEHIP**

# Table of Contents

Introduction ..... 3

## Plan Information

Benefit Highlights ..... 6  
Plan Details ..... 9  
Summary of Benefits..... 20

## Drug List

Drug List..... 38  
Additional Drug Coverage ..... 57

## What's Next

Here's What You Can Expect Next ..... 78  
Statements of Understanding ..... 79

# Introducing the Plan

## PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) plan

Dear Medicare-eligible PEEHIP Retiree,

The Public Education Employees' Health Insurance Plan (PEEHIP) has partnered with UnitedHealthcare to offer health care and prescription drug coverage for all Medicare-eligible retirees and their eligible dependents. 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 out-of-pocket costs
- What you can expect after your enrollment

### How to enroll

You will be automatically enrolled in this plan. You don't have to do anything. Starting on January 1, 2023, this plan will replace your current coverage.

### If you do not want this plan

If you do not want to be enrolled in this plan, please call PEEHIP at **1-334-517-7000**, TTY **711**, or toll free at **1-877-517-0020**, TTY **711**, Monday–Friday, 8 a.m.–5 p.m. CT. If you choose to opt out of this plan, please note, UnitedHealthcare is the only coverage offered for PEEHIP Medicare eligible retirees. If you opt out, you may not be eligible to enroll again until the next PEEHIP open enrollment period.

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

 [retiree.uhc.com/peehip](https://retiree.uhc.com/peehip)



Call toll-free **1-877-298-2341**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week

## Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Fitness Program



Health & Wellness Experience

This page left intentionally blank.

# Plan Information

# Benefit Highlights

## PEEHIP 15506

Effective January 1, 2023 to December 31, 2023

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

## Plan costs

	In-network and out-of-network
<b>Annual medical deductible</b>	Your plan has an annual combined in-network and out-of-network medical deductible of \$233 for this plan year.
<b>Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$7,550 for this plan year.

## Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$13 copay
Specialist	\$18 copay
Virtual visits	\$0 copay
<b>Preventive services</b> Medicare-covered	\$0 copay
<b>Inpatient hospital care</b>	\$200 copay per day: day 1 \$25 copay per day: days 2-5 \$0 copay per day after that
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$161 copay per additional day up to 100 days
<b>Outpatient surgery</b>	\$0 copay
<b>Outpatient rehabilitation</b> Physical, occupational, or speech/ language therapy	\$0 copay
<b>Outpatient mental health</b>	
Group therapy	\$13 copay
Individual therapy	\$18 copay
Virtual visits	\$0 copay
<b>Diagnostic radiology services</b> such as MRIs, CT scans	\$0 copay

## Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Lab services</b>	\$0 copay
<b>Outpatient X-rays</b>	\$0 copay
<b>Therapeutic radiology services</b> such as radiation treatment for cancer	\$0 copay
<b>Ambulance</b>	\$0 copay
<b>Emergency care</b>	\$35 copay (worldwide)
<b>Urgently needed services</b>	\$18 copay (worldwide)

## Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
<b>Routine physical</b>	\$0 copay; 1 per plan year*
<b>Chiropractic - routine</b>	20% coinsurance, 18 visits per plan year*
<b>Foot care - routine</b>	\$18 copay, 6 visits per plan year*
<b>UnitedHealthcare Healthy at Home</b>	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.
<b>Hearing - routine exam</b>	\$0 copay, 1 exam per plan year*
<b>Hearing aids</b>	Plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years*.
<b>Vision - routine eye exam</b>	\$0 copay, 1 exam every 12 months*
<b>Fitness program</b> Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
<b>Telephonic nurse services</b>	Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Personal Emergency Response System (PERS)</b> Lifeline	\$0 copay for a personal emergency response system.
<b>Rally Coach™ Programs</b>	\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® Tobacco Cessation Program  * Refer to your Evidence of Coverage for eligibility requirements.

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

## Prescription Drugs

	Your cost		
Initial Coverage Stage	Network Retail Pharmacy (up to a 30-day supply of maintenance and non-maintenance drugs)	Network Retail Pharmacy (31 to 60-day supply of maintenance drugs*)	Network Retail Pharmacy (61 to 90-day supply of maintenance drugs*)
<b>Tier 1:</b> Preferred Generic Drugs	\$6 copay	\$12 copay	\$12 copay
<b>Tier 2:</b> Preferred Brand Drugs	\$40 copay	\$80 copay	\$120 copay
<b>Tier 3:</b> Non-Preferred Drugs	\$60 copay	\$120 copay	\$180 copay
<b>Tier 4:</b> Specialty Tier Drugs	\$60 copay	N/A	N/A
<b>Coverage gap stage</b>	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost		
<b>Catastrophic coverage stage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage		

\* Please see the Additional Drug Coverage for a list of the plan's maintenance drugs.

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

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

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



# Plan Details

## UnitedHealthcare® Group Medicare Advantage (PPO)

The Public Education Employees' Health Insurance Plan (PEEHIP) has chosen a UnitedHealthcare Group Medicare Advantage plan. The word "Group" means this is a plan designed just for PEEHIP. Only eligible PEEHIP retirees and their eligible dependents can enroll in this plan.

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



### Make sure you know what parts of Medicare you have

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

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security
- Visit [ssa.gov/locator](https://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 or 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 this plan
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through PEEHIP



**Remember:** If you drop your PEEHIP group-sponsored retiree coverage, you may not be able to re-enroll until the next PEEHIP Open Enrollment period.

## Questions? We're here to help.



[retiree.uhc.com/peehip](https://retiree.uhc.com/peehip)



Call toll-free **1-877-298-2341**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

## How your medical coverage works

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

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

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

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

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

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

# How your prescription drug coverage works

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

## Here are answers to common questions:

### What pharmacies can I use?

You can choose from 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 PEEHIP 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.<sup>1</sup>

### Can I have more than one prescription drug plan?

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

## Questions? We're here to help.

 [retiree.uhc.com/peehip](https://retiree.uhc.com/peehip)



Call toll-free **1-877-298-2341**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

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

## Ways to help save on your prescription drugs

- ✓ **Get a 3-month<sup>1</sup> supply at retail pharmacies**  
Most retail pharmacies offer 3-month supplies for some prescription drugs.
- ✓ **Ask your doctor about trial supplies**  
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
- ✓ **Explore lower-cost options**  
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
- ✓ **Have an annual medication review**  
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.
- ✓ **Filling your prescriptions is convenient**  
UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.<sup>2</sup>



---

### The UnitedHealthcare Savings Promise

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

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

<sup>2</sup>Network 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 PEEHIP. Social Security will contact you if you have to pay IRMAA.



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

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires.

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



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

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

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

## Questions? We're here to help.



[retiree.uhc.com/peehip](https://retiree.uhc.com/peehip)



Call toll-free **1-877-298-2341**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week

# Getting the health care coverage you may need

## Your care begins with your doctor

- With 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 the network as long as they participate in Medicare and have not been excluded or precluded from 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 one who contracts with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

**An out-of-network provider** does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. 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 Visit<sup>1</sup>

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



## In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare® HouseCalls<sup>2</sup>, you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

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

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

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



## 24/7 Nurse Support

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



## Chronic Conditions Programs

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



## Custom-Programmed Hearing Aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+<sup>3</sup> UnitedHealthcare Hearing providers nationwide<sup>4</sup> or delivered to your doorstep with direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.





## Virtual Visits

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

### Virtual Doctor Visits

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

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

### Virtual Behavioral Health Visits

May be best for:

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

### Mental and Behavioral Health

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

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



## Personal Emergency Response System (PERS)

With the Personal Emergency Response System (PERS), provided by Lifeline, help is a button push away. The PERS device can quickly connect you to the help you need, 24 hours a day in any situation. It's a lightweight, discreet button that can be worn on your wrist or as a pendant. It's also safe to wear in the shower or bath. Depending on the model you choose, it may even automatically detect falls.



## Stay Healthy at Home

UnitedHealthcare® Healthy at Home provides you with the support you may need to recover from hospital and skilled nursing facility stays. You are eligible to receive home-delivered meals, transportation to medical appointments and in-home personal care to assist with daily activities, all at no cost to you.



## Virtual Coaching Programs

Rally Coach™ programs can help you start living a healthier, happier life. These virtual coaching programs are available to you at no additional cost and include the following:

- Real Appeal®, an online weight loss program proven to help you achieve lifelong results, one step at a time (includes a diabetes prevention program for those who qualify)
- Rally Wellness Coaching helps you get healthy your way by providing 24/7 access to digital health and wellness courses as well as personalized coaching support with online chat or phone calls
- The Quit for Life® Tobacco Cessation Program provides you with the support you may need to quit all types of tobacco use



## UnitedHealthcare Fitness Program

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



## Let's Move by UnitedHealthcare

Receive access to our digital health and wellness platform that includes:

- Health and wellness education
- Guided wellness strategies
- In-person and live virtual events
- Wellness rewards
- Financial wellness



## 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 be able to register online at [retiree.uhc.com/peehip](https://retiree.uhc.com/peehip) to have access to a safe, secure website where you'll be able to:

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



### Live Healthier with Renew

Explore Renew by UnitedHealthcare,<sup>5</sup> 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

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

<sup>2</sup>HouseCalls may not be available in all areas.

<sup>3</sup>Network size varies by market.

<sup>4</sup>Please refer to your Summary of Benefits for details regarding your benefit coverage.

<sup>5</sup>Renew by UnitedHealthcare is not available in all plans.

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

© 2022 United HealthCare Services, Inc. All Rights Reserved.



# Summary of Benefits 2023

## UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): PEEHIP

Group Number: 15506

H2001-816-000

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



Toll-free **1-877-298-2341**, TTY **711**

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



[retiree.uhc.com/peehip](https://retiree.uhc.com/peehip)

# United Healthcare

Y0066\_SB\_H2001\_816\_000\_2023\_M

# Summary of Benefits

## January 1, 2023 - December 31, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see the EOC online at [retiree.uhc.com/peehip](https://retiree.uhc.com/peehip) or you can call Customer Service at 1-877-298-2341, TTY 711 for help. When you enroll in the plan, you will get more information on how to view your plan details online.

## About this plan

UnitedHealthcare® Group Medicare Advantage (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 (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. If you use pharmacies that are out-of-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/peehip](https://retiree.uhc.com/peehip) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Premiums and Benefits

	In-network and out-of-network
<b>Monthly Plan Premium</b>	Contact PEEHIP to determine your actual premium amount, if applicable.
<b>Annual Medical Deductible</b>	Your plan has an annual combined in-network and out-of-network medical deductible of \$233 each plan year.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$7,550 for this plan year.
	<p>If you reach the limit on out-of-pocket costs, you remain covered for hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Benefits

		In-network and out-of-network
<b>Inpatient Hospital Care<sup>1</sup></b>		\$200 copay for day 1 \$25 copay per day: for days 2-5 \$0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient Hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$13 copay
	Virtual Doctor Visits	\$0 copay
	Specialists <sup>1</sup>	\$18 copay
<b>Preventive Services</b>	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening

## Benefits

		In-network and out-of-network
		<p>Hepatitis C screening            HIV screening            Kidney disease education            Lung cancer with low dose computed tomography (LDCT) screening            Medical nutrition therapy services            Medicare Diabetes Prevention Program (MDPP)            Obesity screenings and counseling            Prostate cancer screenings (PSA)            Sexually transmitted infections screenings and counseling            Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)            Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19            “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>
	Routine physical	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		<p>\$18 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$0 copay
	Lab services <sup>1</sup>	\$0 copay



## Benefits

		In-network and out-of-network
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay
	Therapeutic radiology <sup>1</sup>	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$18 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.*
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$18 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$200 copay: for day 1 \$25 copay per day: days 2-5 \$0 copay per day: days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$13 copay
	Outpatient individual therapy visit <sup>1</sup>	\$18 copay
	Virtual Behavioral Visits	\$0 copay

## Benefits

		In-network and out-of-network
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-20 \$161 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF per benefit period.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay
<b>Medicare Part B Drugs</b>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>1</sup>	\$0 copay
	Other Part B drugs <sup>1</sup>	\$0 copay

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

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

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

## 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.

PEEHIP 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/peehip](http://retiree.uhc.com/peehip) or call Customer Service at 1-877-298-2341, TTY 711 to have a hard copy sent to you.

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

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	Since you have no deductible, this payment stage doesn't apply.		
<b>Stage 2: Initial Coverage</b> (After you pay your deductible, if applicable)	<b>Network Retail Pharmacy</b> (up to a 30-day supply of maintenance and non-maintenance drugs)	<b>Network Retail Pharmacy</b> (31 to 60-day supply of maintenance drugs*)	<b>Network Retail Pharmacy</b> (61 to 90-day supply of maintenance drugs*)
<b>Tier 1:</b> Preferred Generic Drugs	\$6 copay	\$12 copay	\$12 copay
<b>Tier 2:</b> Preferred Brand Drugs	\$40 copay	\$80 copay	\$120 copay
<b>Tier 3:</b> Non-Preferred Drugs	\$60 copay	\$120 copay	\$180 copay
<b>Tier 4:</b> Specialty Tier Drugs	\$60 copay	N/A	N/A
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.		

---

**Stage 4:  
Catastrophic  
Coverage**

After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will pay no more than the cost shares you paid in the Initial Coverage stage and you may pay less for certain drugs.

---

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service at 1-877-298-2341, TTY 711 for more information.

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

\* Please see the Additional Drug Coverage for a list of the plan's maintenance drugs.

## Additional Benefits

		In-network and out-of-network
<b>Acupuncture Services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
<b>Chiropractic Services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$0 copay
	Routine chiropractic services	20% coinsurance, up to 18 visits per plan year*
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, 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 <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay

## Additional Benefits

		In-network and out-of-network
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay
<b>Fitness program</b> Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from our nationwide network, online classes, brain games and fun social activities. Visit <a href="http://UHCRenewActive.com">UHCRenewActive.com</a> to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health &amp; Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$18 copay
	Routine foot care	\$18 copay, 6 visits per plan year*

## Additional Benefits

	In-network and out-of-network
<b>UnitedHealthcare</b> 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"> <li>□ 28 home-delivered meals from Mom’s Meals when referred by a UnitedHealthcare Engagement Specialist. * For questions regarding home-delivered meals call 1-866-204-6111, TTY 711</li> <li>□ 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by a UnitedHealthcare Engagement Specialist. * Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or visit <a href="http://Modivcare.com/BookNow">Modivcare.com/BookNow</a></li> <li>□ 6 hours of in-home personal care services through CareLinx—a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. Call or go online to receive non-medical in-home care services. 1-844-383-0411 or visit <a href="http://Carelinx.com/UHC-retiree-post-discharge">Carelinx.com/UHC-retiree-post-discharge</a></li> </ul> <p>*Call Customer Service to request a referral for each discharge.</p>
<b>Home Health Care</b> <sup>1</sup>	\$0 copay
<b>Hospice</b>	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>Personal Emergency Response System (PERS)</b> Lifeline	<p>\$0 copay for a Personal Emergency Response System.</p> <p>Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or <a href="http://lifeline.com/uhcgroup">lifeline.com/uhcgroup</a></p>
<b>Telephonic Nurse Services</b>	Receive access to nurse consultations and additional clinical resources 24/7 at no additional cost.
<b>Opioid Treatment Program Services</b> <sup>1</sup>	\$0 copay

## Additional Benefits

		In-network and out-of-network
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$13 copay
	Outpatient individual therapy visit <sup>1</sup>	\$18 copay
<b>Rally Coach™ Programs</b>		<p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® Tobacco Cessation Program</p> <p>Call or go online to get started today.  <a href="http://rallyhealth.com/retiree">rallyhealth.com/retiree</a></p> <ul style="list-style-type: none"> <li>• Real Appeal 1-844-924-7325, TTY 711</li> <li>• Rally Wellness Coaching 1-800-478-1057, TTY 711</li> <li>• Quit for Life 1-866-QUIT-4-LIFE (1-866-784-8454), TTY 711</li> </ul> <p>*Refer to your Evidence of Coverage for eligibility requirements</p>
<b>Renal Dialysis<sup>1</sup></b>		\$0 copay

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

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

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



## Required Information

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

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-298-2341 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-877-298-2341, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This page left intentionally blank.

# Drug List

# Drug List

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

- Covered drugs are placed in tiers:
  - 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 codes 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.

---

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

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Acyclovir (Oral Capsule),T1
<b>Abilify Maintena (Intramuscular Prefilled Syringe),T4</b>	Acyclovir (Oral Tablet),T1
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4</b>	<b>Adacel (Intramuscular Suspension),T2 - QL</b>
Abiraterone Acetate (250MG Oral Tablet),T1 - PA	<b>Advair HFA (Inhalation Aerosol),T2 - QL</b>
Acamprosate Calcium (Oral Tablet Delayed Release),T1	<b>Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Albendazole (Oral Tablet),T1 - QL
Acetazolamide (Oral Tablet),T1	Alcohol Prep Pads,T1
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	<b>Alecensa (Oral Capsule),T4 - PA</b>
<b>Actimmune (Subcutaneous Solution),T4</b>	Alendronate Sodium (10MG Oral Tablet),T1
	Alendronate Sodium (35MG Oral Tablet, 70MG Oral Tablet),T1 - QL
	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
	Allopurinol (Oral Tablet),T1
	<b>Alphagan P (0.1% Ophthalmic Solution),T2</b>

**Bold type = Brand name drug**    Plain type = Generic drug  
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.**

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T1 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T1 - QL

Anagrelide HCl (Oral Capsule),T1

Anastrozole (Oral Tablet),T1

**Androderm (Transdermal Patch 24 Hour),T2**

**Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),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**

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL

Atazanavir Sulfate (Oral Capsule),T1 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T1 - QL

Atorvastatin Calcium (Oral Tablet),T1 - QL

Atovaquone-Proguanil HCl (Oral Tablet),T1

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

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

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

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

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

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

Azathioprine (50MG Oral Tablet),T1 - B/D,PA

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1

Azelastine HCl (Ophthalmic Solution),T1

Azithromycin (Oral Packet),T1

Azithromycin (Oral Tablet),T1

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit



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

<b>B</b>		
<b>BRIVIACT (Oral Solution),T4 - PA</b>	Bupropion HCl (Oral Tablet Immediate Release),T1	
<b>BRIVIACT (Oral Tablet),T4 - PA</b>	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1	
Baclofen (Oral Tablet),T1	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1	
Balsalazide Disodium (Oral Capsule),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1	
<b>Baqsimi One Pack (Nasal Powder),T2</b>	Buspironone HCl (Oral Tablet),T1	
<b>Belsomra (Oral Tablet),T2 - QL</b>	<b>Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL</b>	
Benazepril HCl (Oral Tablet),T1 - QL	<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL</b>	
Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL	<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL</b>	
Benzotropine Mesylate (Oral Tablet),T1 - HRM	<b>C</b>	
<b>Berinert (Intravenous Kit),T4 - PA</b>	Cabergoline (Oral Tablet),T1	
<b>Betaseron (Subcutaneous Kit),T4</b>	Calcitriol (Oral Capsule),T1 - B/D,PA	
Bethanechol Chloride (Oral Tablet),T1	Calcium Acetate (667MG Oral Tablet),T1	
<b>Bevespi Aerosphere (Inhalation Aerosol),T3</b>	Calcium Acetate (Phosphate Binder) (Oral Capsule),T1	
Bexarotene (Oral Capsule),T1 - PA	<b>Calquence (Oral Capsule),T4 - PA; QL</b>	
Bicalutamide (Oral Tablet),T1	Carbamazepine (Oral Tablet Immediate Release),T1	
Bisoprolol Fumarate (Oral Tablet),T1	Carbidopa (Oral Tablet),T1	
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1	
<b>Breztri Aerosphere (Inhalation Aerosol),T2 - QL</b>	Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1	
<b>Brilinta (Oral Tablet),T2 - QL</b>	Carbidopa-Levodopa-Entacapone (Oral Tablet),T1	
Brimonidine Tartrate (Ophthalmic Solution),T1	Carvedilol (Oral Tablet),T1	
Budesonide (Inhalation Suspension),T1 - B/D,PA		
Budesonide (Oral Capsule Delayed Release Particles),T1		
Buprenorphine (Transdermal Patch Weekly),T1 - 7D; DL; QL		
Buprenorphine HCl (Tablet Sublingual),T1 - QL		
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL		

**Bold type = Brand name drug** Plain type = Generic drug

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.**

Cefdinir (Oral Capsule),T1	Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Celecoxib (Oral Capsule),T1 - QL	Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T1 - QL
<b>Celontin (Oral Capsule),T3</b>	
Cephalexin (Oral Capsule),T1	
Cephalexin (Oral Tablet),T1	
<b>Chemet (Oral Capsule),T4</b>	<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2</b>
Chlorhexidine Gluconate (Mouth Solution),T1	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1
Chlorthalidone (Oral Tablet),T1	Colesevelam HCl (Oral Tablet),T1
Chlorzoxazone (500MG Oral Tablet),T1 - HRM	<b>Combivent Respimat (Inhalation Aerosol Solution),T2 - QL</b>
Cholestyramine (Oral Packet),T1	<b>Corlanor (Oral Tablet),T3 - PA; QL</b>
Cholestyramine Light (Oral Packet),T1	<b>Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
Cilostazol (Oral Tablet),T1	<b>Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
Cimetidine (Oral Tablet),T1	<b>Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>
Cimetidine HCl (Oral Solution),T1	<b>Creon (Oral Capsule Delayed Release Particles),T2</b>
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA
Ciprofloxacin-Dexamethasone (Otic Suspension),T1	Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - HRM
Citalopram Hydrobromide (Oral Tablet),T1	Cyclophosphamide (Oral Capsule),T1 - B/D,PA
Clarithromycin (Oral Tablet Immediate Release),T1	<b>D</b>
<b>Clenpiq (Oral Solution),T2</b>	Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL
<b>Climara Pro (Transdermal Patch Weekly),T3 - HRM</b>	<b>Daliresp (Oral Tablet),T2</b>
Clonazepam (Oral Tablet),T1 - QL	Dapsone (Oral Tablet),T1
Clonazepam ODT (Oral Tablet Dispersible),T1 - QL	<b>DayVigo (Oral Tablet),T2 - QL</b>
Clonidine (Transdermal Patch Weekly),T1	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1 - PA
Clonidine HCl (Oral Tablet Immediate Release),T1	
Clopidogrel Bisulfate (75MG Oral Tablet),T1	
Clozapine (100MG Oral Tablet, 200MG Oral	

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

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

Desmopressin Acetate (Oral Tablet),T1	Hour, 300MG Oral Capsule Extended Release 24 Hour),T1
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1	Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL
Dexamethasone (Oral Tablet),T1	Diphenoxylate-Atropine (Oral Tablet),T1 - HRM
<b>Dextrose-NaCl (5-0.2% Intravenous Solution),T1</b>	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL	Divalproex Sodium (Oral Tablet Delayed Release),T1
Diazepam (5MG/5ML Oral Solution),T1	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Diazepam Intensol (Oral Concentrate),T1 - QL	Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Diazoxide (Oral Suspension),T1	Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL
Diclofenac Potassium (50MG Oral Tablet),T1	Dorzolamide HCl (Ophthalmic Solution),T1
Diclofenac Sodium (1% External Gel),T1	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1
Diclofenac Sodium (Oral Tablet Delayed Release),T1	Doxazosin Mesylate (Oral Tablet),T1
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T1
Dicyclomine HCl (Oral Capsule),T1 - HRM	Doxycycline Hyclate (Oral Capsule),T1
Dicyclomine HCl (Oral Tablet),T1 - HRM	Dronabinol (Oral Capsule),T1 - PA
<b>Difcid (Oral Suspension Reconstituted),T4</b>	<b>Duavee (Oral Tablet),T3 - HRM</b>
<b>Difcid (Oral Tablet),T4</b>	<b>Dulera (Inhalation Aerosol),T2 - QL</b>
Digoxin (125MCG Oral Tablet),T1 - HRM; QL	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL
Digoxin (250MCG Oral Tablet),T1 - HRM	<b>Dupixent (Subcutaneous Solution Pen-Injector),T4 - PA; QL</b>
Dihydroergotamine Mesylate (Nasal Solution),T1 - QL	<b>Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
Diltiazem HCl (Oral Tablet Immediate Release),T1	Dutasteride (Oral Capsule),T1
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24	

**Bold type = Brand name drug** Plain type = Generic drug

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.

<b>E</b>	
	Auto-Injector),T1 - QL
<b>Edarbi (Oral Tablet),T3 - QL</b>	Eplerenone (Oral Tablet),T1
<b>Edarbyclor (Oral Tablet),T3 - QL</b>	Ergotamine-Caffeine (Oral Tablet),T1
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL	<b>Erivedge (Oral Capsule),T4 - PA</b>
<b>Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL</b>	<b>Erleada (Oral Tablet),T4 - PA</b>
<b>Elmiron (Oral Capsule),T4</b>	Ertapenem Sodium (Injection Solution Reconstituted),T1
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL</b>	Erythromycin (Ophthalmic Ointment),T1
<b>Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>	<b>Esbriet (Oral Capsule),T4 - PA; QL</b>
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	<b>Esbriet (Oral Tablet),T4 - PA; QL</b>
Enalapril Maleate (Oral Tablet),T1 - QL	Escitalopram Oxalate (Oral Tablet),T1
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL
<b>Enbrel (25MG Subcutaneous Solution Reconstituted),T4 - PA; QL</b>	Estradiol (Oral Tablet),T1 - HRM
<b>Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Estradiol (Transdermal Patch Twice Weekly),T1 - HRM; QL
<b>Enbrel (Subcutaneous Solution),T4 - PA; QL</b>	Estradiol (Transdermal Patch Weekly),T1 - HRM; QL
<b>Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL</b>	Estradiol (Vaginal Cream),T1
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>	Ethambutol HCl (400MG Oral Tablet),T1
Entacapone (Oral Tablet),T1	Ethosuximide (Oral Capsule),T1
Entecavir (Oral Tablet),T1	Ethosuximide (Oral Solution),T1
<b>Entresto (Oral Tablet),T2 - QL</b>	Etravirine (200MG Oral Tablet),T1 - QL
<b>Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA</b>	<b>Extavia (Subcutaneous Kit),T4</b>
<b>Epclusa (Oral Packet),T4 - PA; QL</b>	Ezetimibe (Oral Tablet),T1
<b>Epclusa (Oral Tablet),T4 - PA; QL</b>	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution	<b>F</b>
	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
	<b>Farxiga (Oral Tablet),T2 - QL</b>
	<b>Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA</b>
	Fenofibrate (145MG Oral Tablet, 160MG Oral

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

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

Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1 - QL
Finasteride (5MG Oral Tablet) (Generic Proscar),T1	Glatopa (Subcutaneous Solution Prefilled Syringe),T1 - QL
<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>	Glimepiride (Oral Tablet),T1 - HRM; QL
<b>Flovent HFA (Inhalation Aerosol),T2 - QL</b>	Glipizide (Oral Tablet Immediate Release),T1 - QL
Fluconazole (Oral Tablet),T1	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1	Glucagon (Injection Kit) (Lilly),T1
Fluphenazine HCl (Oral Tablet),T1	Glycopyrrolate (Oral Solution) (Generic Cuvposa),T1 - PA
Fluticasone Propionate (Nasal Suspension),T1	<b>Glyxambi (Oral Tablet),T2 - QL</b>
<b>Forteo (Subcutaneous Solution Pen-Injector),T4 - PA</b>	<b>Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2</b>
Furosemide (Oral Tablet),T1	<b>Gvoke Kit (Subcutaneous Solution),T2</b>
<b>Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL</b>	<b>Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2</b>
<b>G</b>	<b>H</b>
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1	<b>Haegarda (Subcutaneous Solution Reconstituted),T4 - PA</b>
Gabapentin (Oral Capsule),T1	Haloperidol (Oral Tablet),T1
<b>Gammagard (2.5GM/25ML Injection Solution),T4 - PA</b>	<b>Harvoni (90-400MG Oral Tablet),T4 - PA; QL</b>
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA</b>	<b>Harvoni (Oral Packet),T4 - PA; QL</b>
Gemfibrozil (Oral Tablet),T1	<b>Humalog (Injection Solution),T2</b>
<b>Genotropin (12MG Subcutaneous Cartridge),T4 - PA</b>	<b>Humalog (Subcutaneous Solution Cartridge),T2</b>
<b>Genotropin (5MG Subcutaneous Cartridge),T3 - PA</b>	<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
<b>Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T4 - PA</b>	<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
Gentamicin Sulfate (40MG/ML Injection Solution),T1	<b>Humalog Mix 50/50 (Subcutaneous Suspension),T2</b>
<b>Gilenya (0.5MG Oral Capsule),T4 - QL</b>	<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>
	<b>Humalog Mix 75/25 (Subcutaneous</b>

**Bold type = Brand name drug** Plain type = Generic drug

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.

Suspension),T2	Tablet, 800MG Oral Tablet),T1
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>	Icatibant Acetate (Subcutaneous Solution),T1 - PA; QL
<b>Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL</b>	<b>Ilevro (Ophthalmic Suspension),T2</b>
<b>Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL</b>	Imatinib Mesylate (Oral Tablet),T1 - PA
<b>Humulin 70/30 (Subcutaneous Suspension),T2</b>	<b>Imbruvica (Oral Capsule),T4 - PA; QL</b>
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>	<b>Imbruvica (Oral Tablet),T4 - PA; QL</b>
<b>Humulin N (Subcutaneous Suspension),T2</b>	Imiquimod (5% External Cream),T1 - QL
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>	<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
<b>Humulin R (Injection Solution),T2</b>	<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2</b>
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2</b>	<b>Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2</b>
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2</b>	<b>Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2</b>
Hydralazine HCl (Oral Tablet),T1	<b>Insulin Lispro Prot &amp; Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2</b>
Hydrochlorothiazide (Oral Capsule),T1	Insulin Syringes, Needles,T1
Hydrochlorothiazide (Oral Tablet),T1	<b>Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4</b>
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	<b>Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4</b>
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3</b>
Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL	<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4</b>
Hydroxyurea (Oral Capsule),T1	
Hydroxyzine HCl (Oral Syrup),T1 - HRM	
Hydroxyzine HCl (Oral Tablet),T1 - HRM	
<b>I</b>	
Ibandronate Sodium (Oral Tablet),T1 - QL	
Ibuprofen (400MG Oral Tablet, 600MG Oral	

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

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

<b>Invokamet (Oral Tablet Immediate Release),T2 - QL</b>	<b>K</b>
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	Ketoconazole (External Cream),T1 - QL
<b>Invokana (Oral Tablet),T2 - QL</b>	Ketorolac Tromethamine (Ophthalmic Solution),T1
Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA	<b>Kevzara (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>
Ipratropium Bromide (Nasal Solution),T1	<b>Kevzara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA	<b>Klor-Con 10 (Oral Tablet Extended Release),T1</b>
Irbesartan (Oral Tablet),T1 - QL	<b>Klor-Con 8 (Oral Tablet Extended Release),T1</b>
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Klor-Con M10 (Oral Tablet Extended Release),T1
<b>Isentress (Oral Tablet),T4 - QL</b>	Klor-Con M20 (Oral Tablet Extended Release),T1
Isoniazid (Oral Tablet),T1	<b>Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL</b>
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1	<b>Korlym (Oral Tablet),T4 - PA; QL</b>
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1	<b>Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL</b>
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1	<b>L</b>
Ivermectin (Oral Tablet),T1 - PA	Lacosamide (Oral Tablet),T1 - QL
<b>J</b>	Lactulose (10GM/15ML Oral Solution),T1
<b>Janumet (Oral Tablet Immediate Release),T2 - QL</b>	Lamivudine (100MG Oral Tablet),T1
<b>Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL
<b>Januvia (Oral Tablet),T2 - QL</b>	Lamotrigine (Oral Tablet Immediate Release),T1
<b>Jardiance (Oral Tablet),T2 - QL</b>	<b>Lantus (Subcutaneous Solution),T2</b>
<b>Jentadueto (Oral Tablet Immediate Release),T2 - QL</b>	<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2</b>
<b>Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	Latanoprost (Ophthalmic Solution),T1
	<b>Latuda (Oral Tablet),T4 - QL</b>
	Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL
	Leflunomide (Oral Tablet),T1
	Letrozole (Oral Tablet),T1

**Bold type = Brand name drug** Plain type = Generic drug

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.**

Leucovorin Calcium (Oral Tablet),T1	<b>Lumigan (Ophthalmic Solution),T2</b>
<b>Leukeran (Oral Tablet),T4</b>	<b>Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA</b>
<b>Levemir (Subcutaneous Solution),T2</b>	<b>Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA</b>
<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2</b>	<b>Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA</b>
Levetiracetam (Oral Tablet Immediate Release),T1	<b>Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA</b>
Levobunolol HCl (Ophthalmic Solution),T1	<b>Lysodren (Oral Tablet),T4</b>
<b>Levocarnitine (Oral Tablet),T1</b>	<b>Lyumjev (Injection Solution),T2</b>
Levocetirizine Dihydrochloride (Oral Tablet),T1	<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
Levofloxacin (Oral Tablet),T1	<b>M</b>
Levothyroxine Sodium (Oral Tablet),T1	Malathion (External Lotion),T1
Lidocaine (5% External Patch),T1 - PA; QL	Maraviroc (Oral Tablet),T1 - QL
Lidocaine HCl (4% External Solution),T1	<b>Mavyret (Oral Packet),T4 - PA; QL</b>
Lidocaine-Prilocaine (External Cream),T1	<b>Mavyret (Oral Tablet),T4 - PA; QL</b>
<b>Linzess (Oral Capsule),T2 - QL</b>	<b>Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL</b>
Liothyronine Sodium (Oral Tablet),T1	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
Lisinopril (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lithium Carbonate (Oral Capsule),T1	Meloxicam (Oral Tablet),T1
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
<b>Livalo (Oral Tablet),T2 - QL</b>	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
<b>Lokelma (Oral Packet),T2 - QL</b>	Mercaptopurine (Oral Tablet),T1
Loperamide HCl (Oral Capsule),T1	Meropenem (Intravenous Solution Reconstituted),T1
Lorazepam (Oral Tablet),T1 - QL	<b>Mesnex (Oral Tablet),T3</b>
Lorazepam Intensol (Oral Concentrate),T1 - QL	
Losartan Potassium (Oral Tablet),T1 - QL	
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	
<b>Lotemax (Ophthalmic Ointment),T3</b>	
<b>Lotemax SM (Ophthalmic Gel),T3</b>	
Lovastatin (Oral Tablet),T1 - QL	

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit



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

Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1 - QL

Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL

Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL

Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL

Methimazole (Oral Tablet),T1

Methotrexate Sodium (Oral Tablet),T1

Methscopolamine Bromide (Oral Tablet),T1 - HRM

Methylphenidate HCl (Oral Tablet Chewable),T1 - QL

Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL

Methylprednisolone (Oral Tablet),T1

Metoclopramide HCl (Oral Tablet),T1

Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1

Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1

Metronidazole (External Cream),T1

Metronidazole (External Gel),T1

Metronidazole (External Lotion),T1

Metronidazole (Oral Tablet),T1

Midodrine HCl (Oral Tablet),T1

Minocycline HCl (Oral Capsule),T1

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1

Mirtazapine ODT (Oral Tablet Dispersible),T1

Misoprostol (Oral Tablet),T1

**Mitigare (Oral Capsule),T2**

Modafinil (Oral Tablet),T1 - PA; QL

Mometasone Furoate (Nasal Suspension),T1

Montelukast Sodium (Oral Packet),T1 - QL

Montelukast Sodium (Oral Tablet),T1 - QL

Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL

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

**Multaq (Oral Tablet),T2**

**Myrbetriq (Oral Tablet Extended Release 24 Hour),T2**

## N

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),T1

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

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

Naproxen (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),T1

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

**Neupro (Transdermal Patch 24 Hour),T3**

**Nexium (2.5MG Oral Packet, 5MG Oral Packet),T2**

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

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

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

**Bold type = Brand name drug** Plain type = Generic drug

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.**

Nimodipine (Oral Capsule),T1	<b>Release 12 Hour, 150MG Oral Tablet</b>
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM	<b>Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour),T4 - 7D; MME; DL; QL</b>
Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM	<b>Nucynta ER (50MG Oral Tablet Extended Release 12 Hour),T3 - 7D; MME; DL; QL</b>
Nitroglycerin (Tablet Sublingual),T1	<b>Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL</b>
<b>Nivestym (Injection Solution Prefilled Syringe),T4 - ST</b>	<b>Nuzyra (Oral Tablet),T4 - QL</b>
<b>Nivestym (Injection Solution),T4 - ST</b>	Nystatin (External Cream),T1
Nizatidine (Oral Capsule),T1	Nystatin (External Ointment),T1
Norethindrone Acetate (5MG Oral Tablet),T1	Nystatin (External Powder),T1 - QL
Nortriptyline HCl (Oral Capsule),T1 - HRM	<b>O</b>
<b>NovoLog (Injection Solution),T2</b>	<b>Odomzo (Oral Capsule),T4 - PA</b>
<b>NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2</b>	<b>Ofev (Oral Capsule),T4 - PA; QL</b>
<b>NovoLog Mix 70/30 (Subcutaneous Suspension),T2</b>	Ofloxacin (Ophthalmic Solution),T1
<b>NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2</b>	Ofloxacin (Otic Solution),T1
<b>NovoLog PenFill (Subcutaneous Solution Cartridge),T2</b>	Olanzapine (Oral Tablet),T1 - QL
<b>Novolin 70/30 (Subcutaneous Suspension),T2</b>	Olopatadine HCl (Ophthalmic Solution),T1
<b>Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2</b>	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1
<b>Novolin N (Subcutaneous Suspension),T2</b>	Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL
<b>Novolin R (Injection Solution),T2</b>	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1
<b>Nubeqa (Oral Tablet),T4 - PA</b>	Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T1 - B/D,PA
<b>Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA
<b>Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>	<b>Onglyza (Oral Tablet),T3 - ST; QL</b>
<b>Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL</b>	<b>Opsumit (Oral Tablet),T4 - PA</b>
<b>Nucynta ER (100MG Oral Tablet Extended</b>	<b>Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA</b>

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

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

**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**

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

Osetamivir Phosphate (Oral Capsule),T1

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

Oxandrolone (Oral Tablet),T1 - PA; QL

Oxcarbazepine (Oral Tablet),T1

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

Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL

Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL

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

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

**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**

Penicillin V Potassium (Oral Tablet),T1

Permethrin (External Cream),T1

**Perseris (Subcutaneous Prefilled Syringe),T4**

Phenelzine Sulfate (Oral Tablet),T1

Phenytoin Sodium Extended (Oral Capsule),T1

**Phoslyra (Oral Solution),T2**

Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - QL

Pioglitazone HCl (Oral Tablet),T1 - QL

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

**Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL**

**Pomalyst (Oral Capsule),T4 - PA**

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Chloride ER (Oral Tablet Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T1

**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),T1

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),T1

**Premarin (Oral Tablet),T3 - HRM; QL**

**Premarin (Vaginal Cream),T2**

Prenatal (27-1MG Oral Tablet),T1

Primidone (Oral Tablet),T1

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

**ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2**

**Bold type = Brand name drug** Plain type = Generic drug

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.**

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

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

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

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

Risperidone (Oral Tablet),T1

Ritonavir (Oral Tablet),T1 - QL

Rivastigmine (Transdermal Patch 24 Hour),T1 - QL

Rivastigmine Tartrate (Oral Capsule),T1

Rizatriptan Benzoate (Oral Tablet),T1 - QL

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

**Rocklatan (Ophthalmic Solution),T2 - ST**

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

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

**Rytary (Oral Capsule Extended Release),T3 - ST**

**S**

SPS (Oral Suspension),T1

**Sancuso (Transdermal Patch),T4 - QL**

**Santyl (External Ointment),T2**

**Savella (Oral Tablet),T2**

Selegiline HCl (Oral Capsule),T1

Selegiline HCl (Oral Tablet),T1

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

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T1

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

Sevelamer HCl (Oral Tablet),T1

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

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

Silver Sulfadiazine (External Cream),T1

**Simbrinza (Ophthalmic Suspension),T2**

Simvastatin (Oral Tablet),T1 - QL

**Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL**

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

**Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL**

Sodium Polystyrene Sulfonate (Oral Powder),T1

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

Solifenacin Succinate (Oral Tablet),T1 - QL

**Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL**

Sotalol HCl (Oral Tablet),T1

Sotalol HCl AF (Oral Tablet),T1

**Spiriva HandiHaler (Inhalation Capsule),T2 - QL**

**Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL**

Spironolactone (Oral Tablet),T1

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

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

**Stelara (Subcutaneous Solution),T4 - PA; QL**

**Stiolto Respimat (Inhalation Aerosol Solution),T2 - QL**

**Striverdi Respimat (Inhalation Aerosol Solution),T2 - QL**

Sucalfate (Oral Suspension),T1

Sucalfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T1

Sulfamethoxazole-Trimethoprim (800-160MG)

**Bold type = Brand name drug** Plain type = Generic drug

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),T1	Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1
Sulfasalazine (Oral Tablet Delayed Release),T1	Testosterone Cypionate (Intramuscular Solution),T1
Sulfasalazine (Oral Tablet Immediate Release),T1	Tetrabenazine (Oral Tablet),T1 - PA
Sumatriptan Succinate (Oral Tablet),T1 - QL	Theophylline (Oral Solution),T1
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector),T1 - QL	Theophylline ER (Oral Tablet Extended Release 12 Hour),T1
Sumatriptan Succinate (Subcutaneous Solution),T1 - QL	Theophylline ER (Oral Tablet Extended Release 24 Hour),T1
<b>Suprep Bowel Prep Kit (Oral Solution),T2</b>	Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1
<b>Sutab (Oral Tablet),T3</b>	Timolol Maleate (Oral Tablet),T1
<b>Symbicort (Inhalation Aerosol),T2 - QL</b>	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1
<b>Synjardy (Oral Tablet Immediate Release),T2 - QL</b>	<b>Tivicay (25MG Oral Tablet),T3 - QL</b>
<b>Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	<b>Tivicay (50MG Oral Tablet),T4 - QL</b>
<b>Synribo (Subcutaneous Solution Reconstituted),T4 - PA</b>	Tizanidine HCl (Oral Tablet),T1
<b>Synthroid (Oral Tablet),T2</b>	Tobramycin (300MG/5ML Inhalation Nebulization Solution),T1 - B/D,PA; QL
<b>T</b>	Tobramycin-Dexamethasone (Ophthalmic Suspension),T1
<b>TOBI Podhaler (Inhalation Capsule),T4 - PA; QL</b>	Topiramate (Oral Capsule Sprinkle Immediate Release),T1
<b>Tabrecta (Oral Tablet),T4 - PA; QL</b>	Topiramate (Oral Tablet),T1
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA; QL	Toremifene Citrate (Oral Tablet),T1
Tamoxifen Citrate (Oral Tablet),T1	Torseמידe (Oral Tablet),T1
Tamsulosin HCl (Oral Capsule),T1	<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2</b>
<b>Tasigna (Oral Capsule),T4 - PA</b>	<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2</b>
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL	
Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	
Terazosin HCl (Oral Capsule),T1	
Terbinafine HCl (Oral Tablet),T1	

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

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

**Tracleer (Oral Tablet Soluble),T4 - PA; QL**

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

Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL

Tranexamic Acid (Oral Tablet),T1

Tranylcypromine Sulfate (Oral Tablet),T1

Travoprost (BAK Free) (Ophthalmic Solution),T1

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

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

**Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL**

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

**Tresiba (Subcutaneous Solution),T2**

**Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2**

Tretinoin (External Cream),T1 - PA

Tretinoin (External Gel),T1 - PA

Tretinoin (Oral Capsule),T1

Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1

Triamcinolone Acetonide (External Cream),T1

Triamterene-HCTZ (Oral Capsule),T1

Triamterene-HCTZ (Oral Tablet),T1

Trihexyphenidyl HCl (Oral Solution),T1 - HRM

Trihexyphenidyl HCl (Oral Tablet),T1 - HRM

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

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

**Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL**

**Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA**

**U**

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

Ursodiol (300MG Oral Capsule),T1

Ursodiol (Oral Tablet),T1

**V**

Valacyclovir HCl (Oral Tablet),T1 - QL

Valganciclovir HCl (Oral Tablet),T1 - QL

Valsartan (Oral Tablet),T1 - QL

Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Varenicline Tartrate (Oral Tablet),T1

**Vascepa (0.5GM Oral Capsule),T2**

**Velphoro (Oral Tablet Chewable),T4**

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

**Veltassa (8.4GM Oral Packet),T3 - QL**

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

**Ventolin HFA (Inhalation Aerosol Solution),T2**

Verapamil HCl (Oral Tablet Immediate Release),T1

**Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T1**

Verapamil HCl ER (Oral Tablet Extended Release),T1

**Versacloz (Oral Suspension),T4**

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

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

**Bold type = Brand name drug** Plain type = Generic drug

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.

Viibryd (Oral Tablet),T3 - QL

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

Vimpat (50MG Oral Tablet),T3 - QL

Vimpat (Oral Solution),T4 - QL

Vitrakvi (Oral Capsule),T4 - PA; QL

Vosevi (Oral Tablet),T4 - PA; QL

Vyzulta (Ophthalmic Solution),T3

**W**

Warfarin Sodium (Oral Tablet),T1

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL

**X**

Xarelto (Oral Tablet),T2 - QL

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

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

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

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

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

Xeljanz (Oral Solution),T4 - PA; QL

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

Xeljanz XR (Oral Tablet Extended Release 24

Hour),T4 - PA; QL

Xifaxan (Oral Tablet),T4 - PA

Xigduo XR (Oral Tablet Extended Release 24 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

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL

Xtandi (Oral Capsule),T4 - PA

Xtandi (Oral Tablet),T4 - PA

Xyrem (Oral Solution),T4 - PA; QL

**Z**

Zafirlukast (Oral Tablet),T1

Zaleplon (Oral Capsule),T1 - HRM; QL

Zarxio (Injection Solution Prefilled Syringe),T4

Zenpep (Oral Capsule Delayed Release Particles),T2

Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA

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),T2 - QL

Zylet (Ophthalmic Suspension),T3

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

Y0066\_230423\_093000\_M

UHEX23MP0039276\_002



# Additional Drug Coverage

## Additional prescription drug coverage

Your plan includes extra coverage for certain drugs and supplies as shown below. These drugs are either not generally covered under Medicare Part D or are covered at a different cost level than the one shown on your plan's Drug List (Formulary).

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

## Lower-cost Medicare prescription drugs and supplies

The following Medicare prescription drugs and supplies are available at a \$0 copay.

These drugs and supplies are part of your Medicare prescription drug coverage. <sup>1</sup>

<b>Certain diabetic supplies for the administration of insulin</b>	EluRyng (vaginal ring)
Insulin Syringes and Pen Needles	Skyla (intrauterine device)
<b>Birth Control</b>	Xulane (patch)
All oral contraceptives (generic only)	Zafemy (patch)
Annovera (vaginal ring)	<b>Emergency Birth Control</b>
Kyleena (intrauterine device)	Ella
Liletta (intrauterine device)	<b>Breast Cancer Preventive Medications</b>
Medroxyprogesterone 150mg/mL injection	Raloxifene 60mg Tablet
Mirena (intrauterine device)	Tamoxifen 10mg & 20mg Tablet
Nexplanon (contraceptive implant)	<b>Vaccines</b>
	Shingles vaccine

**Bold type = Brand name drug** Plain type = Generic drug

## Lower-cost non-Medicare prescription drugs

These prescription drugs are covered in addition to the drugs in your plan's Drug List (Formulary).<sup>2</sup>

The amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments made for these drugs (made by you or the plan) are treated differently from payments made for the drugs in your plan's Drug List (Formulary).

**The following drugs have a \$0 copay.**

Drug name
Folic Acid 1mg Tablet

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

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

## Bonus drug list

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

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

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

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

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

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

### QL - Quantity limits

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

### MME - Morphine milligram equivalent

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

### 7D - 7-day limit

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

### DL - Dispensing limit

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

Fertility drugs have a 50% coinsurance up to a \$2,500 lifetime maximum.

<b>Drug name</b>	<b>Drug tier</b>	<b>Coverage rules or limits on use</b>
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Salsalate	1	
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	
<b>Dermatological agents - drugs to treat skin conditions</b>		
<b>Dry Skin</b>		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Urea 40% Cream	1	
<b>Itching or Pain</b>		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
<b>Fertility agents - drugs to treat ovulation disorders</b>		
Clomiphene Citrate	1	50% cost-share up to \$2500 lifetime maximum
<b>Follistim AQ</b>	3	50% cost-share up to \$2500 lifetime maximum
<b>Gonal-F</b>	3	50% cost-share up to \$2500 lifetime maximum
<b>Menopur</b>	3	50% cost-share up to \$2500 lifetime maximum
<b>Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions</b>		
<b>Hemorrhoids</b>		
Hydrocortisone Acetate Suppository 25 mg	1	
<b>Irritable Bowel or Ulcers</b>		
Hyoscyamine Sulfate	1	
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Urinary Tract Infection</b>		

**Bold type = Brand name drug** Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
<b>Urogesic</b>	3	
<b>Urinary Tract Spasm and Pain</b>		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	2	
NP Thyroid	1	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
<b>Vitamins and Minerals</b>		
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	
Phytonadione Tab	1	
Vitamin D 50,000 unit (Rx only)	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate (100 mg, 200 mg)	1	
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

**Bold type = Brand name drug** Plain type = Generic drug

## Maintenance drug list

January 1, 2023

Members can receive quantities up to, but not more than, a 90-day supply of maintenance drugs and supplies. Prior authorization may be required for certain drugs. Specialty Tier drugs are limited to a 30-day supply. See your Evidence of Coverage for information about copays. Medications **in this list** are subject to change without notice. If your drug is not included in this Maintenance drug list or to confirm that your drugs and supplies are covered, please call Customer Service using the information on the cover of this book.

Drug name	Drug name
Abacavir Solution & Tablet	Amantadine Capsule, Syrup & Tablet
Abacavir/Lamivudine Tablet	Ambrisentan Tablet
Abacavir/Lamivudine/Zidovudine Tablet	Amethia Tablet
Acamprosate DR Tablet	Amethyst Tablet
Acarbose Tablet	Amiloride Tablet
Acebutolol Capsule	Amiloride/Hydrochlorothiazide Tablet
Acetazolamide ER Capsule & Tablet	Amiodarone Tablet
Adefovir Tablet	Amitiza Capsule
Advair HFA	Amitriptyline Tablet
Aimovig Injection	Amlodipine Tablet
Albuterol Inhalation, Syrup & (ER) Tablet	Amlodipine/Atorvastatin Tablet
Alcohol Swabs	Amlodipine/Benazepril Capsule
Alendronate Solution & Tablet	Amlodipine/Olmesartan Tablet
Alfuzosin Tablet	Amlodipine/Valsartan Tablet
Aliskiren Tablet	Amlodipine/Valsartan/Hydrochlorothiazide Tablet
Allopurinol Tablet	Amoxapine Tablet
Alosetron Tablet	Anagrelide Capsule
Alphagan P Ophthalmic Solution	Anastrozole Tablet
Altavera Tablet	Androderm Patch
Alyacen Tablet	Anoro Ellipta
Alyq Tablet	Apri Tablet
Amabelz Tablet	

Drug name	Drug name
Aranelle Tablet	Bevespi Inhalation
Arformoterol Inhalation	Bisoprolol Fumarate Tablet
Aripiprazole Solution & (ODT) Tablet	Bisoprolol/Hydrochlorothiazide Tablet
Armodafinil Tablet	Blisovi (Fe) Tablet
Armour Thyroid Tablets	Bosentan Tablet
Arnuity Ellipta	Breo Ellipta
Asenapine Tablet	Breztri Inhalation
Ashlyna Tablet	Briellyn Tablet
Aspirin/Dipyridamole Capsule	Brilinta Tablet
Astagraf XL Capsule	Brimonidine Ophthalmic Solution
Atazanavir Capsule	Brinzolamide Ophthalmic Suspension
Atenolol Tablet	Bromocriptine Capsule & Tablet
Atenolol/Chlorthalidone Tablet	Budesonide Inhalation
Atomoxetine Capsule	Bumetanide Tablet
Atorvastatin Tablet	Bupropion (ER, SR & XL) Tablet
Atropine Ophthalmic Solution	Bydureon Injection
Atrovent HFA	Byetta Injection
Aubra Tablet	Cabergoline Tablet
Aviane Tablet	Calcitonin Nasal Spray
Azathioprine Tablet	Calcitriol Capsule & Solution
Azelastine Spray	Calcium Acetate Capsule & Tablet
Azurette Tablet	Camila Tablet
Baclofen Tablet	Camrese (Lo) Tablet
Benazepril Tablet	Candesartan Tablet
Benazepril/Hydrochlorothiazide Tablet	Candesartan/Hydrochlorothiazide Tablet
Benzotropine Tablet	Captopril Tablet
Betaine Powder	Carbamazepine ER Capsule, Suspension & (ER) Tablet
Betaxolol Ophthalmic Solution & Tablet	

Drug name	Drug name
Carbidopa Tablet	Colesevelem Packet & Tablet
Carbidopa/Levodopa (ER & ODT) Tablet	Colestipol Granules & Tablet
Carbidopa/Levodopa/Entacapone Tablet	Combipatch Patch
Carglumic Tablet	Combivent Respimat
Carteolol Ophthalmic Solution	Constulose Solution
Cartia XT Capsule	Corlanor Tablet
Carvedilol Tablet	Covaryx (HS) Tablet
Caziant Tablet	Creon Capsule
Celecoxib Capsule	Crixivan Capsule
Celontin Capsule	Cromolyn Inhalation & Oral Concentrate
Cevimeline Capsule	Cryselle Tablet
Chateal Tablet	Cycloset Tablet
Chloroquine Tablet	Cyclosporine Capsule & Solution
Chlorpromazine Tablet	Cyred Tablet
Chlorthalidone Tablet	Cystagon Capsule
Cholestyramine (Light) Powder	Dabigatran Capsule
Cilostazol Tablet	Dalfampridin ER Tablet
Cimetidine Solution & Tablet	Daliresp Tablet
Cinacalcet Tablet	Dapsone Tablet
Citalopram Solution & Tablet	Dasetta Tablet
Climara Pro Patch	Daysee Tablet
Clobazam Tablet	Deblitane Tablet
Clomipramine Capsule	Deferasirox Granules & Tablet
Clonazepam (ODT) Tablet	Delyla Tablet
Clonidine Patch & Tablet	Desipramine Tablet
Clopidogrel Tablet	Desmopressin Spray & Tablet
Clozapine (ODT) Tablet	Desogestrel/Ethinyl Estradiol Tablet
Colchicine Tablet	Desvenlafaxine Succinate ER Tablet



Drug name	Drug name
Dexilant DR Capsule	Dutasteride Capsule
Diazoxide Suspension	Dutasteride/Tamsulosin Capsule
Diclofenac (DR & ER) Tablet	Edarbi Tablet
Diclofenac/Misoprostol Tablet	Edarbyclor Tablet
Diflunisal Tablet	EEMT (HS) Tablet
Digoxin Solution & Tablet	Efavirenz Tablet
Dilantin Capsule, Suspension & Tablet	Efavirenz/Emtricitabine/Tenofovir Tablet
Diltiazem CD & ER Capsule and (ER) Tablet	Efavirenz/Lamivudine/Tenofovir Tablet
Dilt-XR Capsule	Effer-K Tablet
Dimethyl Fumarate Capsule	Elestrin Gel
Dipyridamole Tablet	Elinest Tablet
Disulfiram Tablet	Eliquis Tablet
Diuril Suspension	Eluryng Ring
Divalproex Capsule, DR & ER Tablet	Emgality Injection
Dofetilide Capsule	Emoquette Tablet
Donepezil (ODT) Tablet	Emtricitabine Capsule
Dorzolamide Ophthalmic Solution	Emtricitabine/Tenofovir (DF) Tablet
Dorzolamide/Timolol Ophthalmic Solution	Emtriva Solution
Dotti Patch	Enalapril Tablet
Doxazosin Tablet	Enalapril/Hydrochlorothiazide Tablet
Doxepin Capsule	Enpresse Tablet
Doxercalciferol Capsule	Enskyce Tablet
Drizalma Capsule	Entacapone Tablet
Drospirenone/Ethinyl Estradiol Tablet	Entecavir Tablet
Droxia Capsule	Entresto Tablet
Duavee Tablet	Envarsus XR Tablet
Dulera Aerosol	Epitol Tablet
Duloxetine Capsule	Epivir HBV Solution

Drug name	Drug name
Eplerenone Tablet	Fiasp Injection
Eprosartan Tablet	Finasteride Tablet
Equetro Capsule	Flavoxate Tablet
Errin Tablet	Flecainide Tablet
Escitalopram Tablet & Solution	Flovent Diskus & HFA
Esomeprazole DR Capsule	Fludrocortisone Tablet
Estarlyla Tablet	Flunisolide Spray
Estradiol Cream & Tablet	Fluoxetine (DR) Capsule, Solution & Tablet
Estring	Fluphenazine Concentrate, Elixir & Tablet
Estrogen/Testosterone Tablet	Flurbiprofen Tablet
Ethosuximide Capsule & Solution	Fluticasone Spray
Etodolac Capsule & (ER) Tablet	Fluticasone/Salmeterol Inhalation
Etravirine Tablet	Fluvastatin Capsule & ER Tablet
Everolimus Tablet	Fluvoxamine ER Capsule & Tablet
Exemestane Tablet	Folic Acid Tablet
Extavia Injection	Formoterol Inhaler
Ezetimibe Tablet	Fosamprenavir Tablet
Ezetimibe/Simvastatin Tablet	Fosinopril Tablet
Falmina Tablet	Fosinopril/Hydrochlorothiazide Tablet
Famotidine Tablet	Furosemide Solution & Tablet
Farxiga Tablet	Fycompa Tablet
Febuxostat Tablet	Gabapentin Capsule, Solution & Tablet
Felbamate Suspension & Tablet	Galantamine ER Capsule, Solution & Tablet
Felodipine ER Tablet	Ganciclovir Injection
Fenofibrate Capsule & Tablet	Gemfibrozil Tablet
Fenofibric Acid DR Capsule	Gengraf Capsule & Solution
Fesoterodine ER Tablet	Gianvi Tablet
Fetzima Capsule	Glatiramer Injection

Drug name	Drug name
Glatopa Injection	Insulin Aspart
Glimepiride Tablet	Insulin Lispro
Glipizide (ER & XL) Tablet	Intelence Tablet
Glipizide/Metformin Tablet	Introvale Tablet
Glyburide Tablet	Invokamet (XR) Tablet
Glyburide/Metformin Tablet	Invokana Tablet
Glycopyrrolate Solution	Ipratropium Bromide Inhalation
Glyxambi Tablet	Ipratropium Bromide/Albuterol Inhalation
Guanfacine (ER) Tablet	Irbesartan Tablet
Haloperidol Concentrate & Tablet	Irbesartan/Hydrochlorothiazide Tablet
Heather Tablet	Isentress Powder & Tablet
Homatropaire Ophthalmic Solution	Isoniazid Syrup & Tablet
Humalog	Isosorbide (ER) Tablet
Humulin	Isoxsuprine Tablet
Hydralazine Tablet	Isradipine Capsule
Hydrochlorothiazide Capsule & Tablet	Jantoven Tablet
Hydroxychloroquine Tablet	Janumet (XR) Tablet
Hydroxyurea Capsule	Januvia Tablet
Hyoscyamine Tablet	Jardiance Tablet
Ibandronate Tablet	Jencycla Tablet
Ibuprofen Tablet	Jentaduetto (XR) Tablet
Icosapent Capsule	Jolessa Tablet
Imipramine Capsule & Tablet	Juleber Tablet
Incruse Ellipta Inhaler	Junel (Fe) Tablet
Indapamide Tablet	Kaitlib Fe Tablet
Indomethacin (ER) Capsule	Kariva Tablet
Insulin Syringes	Kelnor Tablet
Inpen Device	Kerendia Tablet

Drug name	Drug name
Ketoprofen Capsule	Levora Tablet
Klor-Con Capsule & ER Tablet	Levothyroxine Tablet
Kombiglyze XR Tablet	Levoxyl Tablet
K-Phos Tablet	Lexiva Suspension
Kurvelo Tablet	Linzess Capsule
Labetalol Tablet	Liothyronine Tablet
Lacosamide Solution & Tablet	Lisinopril Tablet
Lactulose Solution	Lisinopril/Hydrochlorothiazide Tablet
Lamivudine Solution & Tablet	Lithium Carbonate Capsule & (ER) Tablet
Lamivudine/Zidovudine Tablet	Lithium Solution
Lamotrigine (ER) Tablet	Livalo Tablet
Lansoprazole DR Capsule	Lokelma Suspension
Lanthanum Carbonate Chewable Tablet	Lopinavir/Ritonavir Solution & Tablet
Lantus	Loryna Tablet
Larin (Fe) Tablet	Losartan Tablet
Latanoprost Ophthalmic Solution	Losartan/Hydrochlorothiazide Tablet
Layolis Fe Tablet	Lovastatin Tablet
Leena Tablet	Low-Ogestrel Tablet
Leflunomide Tablet	Loxapine Capsule
Lessina Tablet	Lubiprostone Capsule
Letrozole Tablet	Lumigan Ophthalmic Solution
Levalbuterol Inhalation	Lupron Injection
Levemir Injection	Lutera Tablet
Levetiracetam Solution & (ER) Tablet	Lyumjev Injection
Levobunolol Ophthalmic Solution	Lyza Tablet
Levocarnitine Tablet	Maraviroc Tablet
Levonest Tablet	Marlissa Tablet
Levonorgestrel/Ethinyl Estradiol Tablet	Marplan Tablet

Drug name	Drug name
Matzim LA Tablet	Modafinil Tablet
Medroxyprogesterone Injection & Tablet	Moexipril Tablet
Mefenamic Acid Capsule	Molindone Tablet
Mefloquine Tablet	Mometasone Spray
Megestrol Suspension	Mono-Linyah Tablet
Meloxicam Tablet	Montelukast Granules & Tablet
Memantine ER Capsule, Solution & Tablet	Multaq Tablet
Menest Tablet	Mycophenolate Capsule, Suspension & Tablet
Mesalamine Capsule & Suppository	Mycophenolic Acid DR Tablet
Metformin (ER) Tablet (Modified Release & Osmotic excluded)	Myrbetriq Tablet
Methazolamide Tablet	Nabumetone Tablet
Methimazole Tablet	Nadolol Tablet
Methotrexate Tablet	Namzaric Capsule
Methyldopa Tablet	Naproxen Suspension & (DR) Tablet
Metoclopramide Tablet	Nateglinide Tablet
Metolazone Tablet	Nature-Throid Tablet
Metoprolol Succinate ER Tablet	Nebivolol Tablet
Metoprolol Tartrate Tablet (25mg, 50mg & 100mg)	Necon Tablet
Metoprolol/Hydrochlorothiazide Tablet	Nefazodone Tablet
Mexiletine Capsule	Neupro Patch
Microgestin (Fe) Tablet	Nevirapine (ER)
Midodrine Tablet	Nexium Granules
Miglustat Capsule	Nexletol Tablet
Minoxidil Tablet	Nexlizet Tablet
Mirtazapine (ODT) Tablet	Nifedipine ER Tablet
Misoprostol Tablet	Nikki Tablet
Mitigare Capsule	Nimodipine Capsule
	Nitisinone Capsule

Drug name	Drug name
Nitro-Bid Ointment	Osphena Tablet
Nitroglycerin Patch, Spray & Sublingual Tablet	Otrexup Injection
Nizatidine Capsule & Solution	Oxaprozin Tablet
Nora-BE Tablet	Oxcarbazepine Suspension & Tablet
Norethindrone Tablet	Oxtellar XR Tablet
Norethindrone/Ethinyl Estradiol (Fe) Tablet	Oxybutynin Syrup & (ER) Tablet
Norgestimate/Ethinyl Estradiol Tablet	Ozempic Injection
Norlyroc Tablet	Paliperidone ER Tablet
Nortrel Tablet	Pantoprazole Tablet
Nortriptyline Capsule	Paricalcitol Capsule
Norvir Powder & Solution	Paroxetine Tablet
Novolin	Pen Needles
Novolog	Pentoxifylline ER Tablet
Novopen	Perindopril Tablet
NP Thyroid	Perphenazine Tablet
Octreotide Injection	Perphenazine/Amitriptyline Tablet
Olanzapine (ODT) Tablet	Phenelzine Tablet
Olanzapine/Fluoxetine Capsule	Phenobarbital Tablet
Olmesartan Tablet	Phenytek Capsule
Olmesartan/Amlodipine/Hydrochlorothiazide Tablet	Phenytoin EX Capsule, Suspension & Tablet
Olmesartan/Hydrochlorothiazide Tablet	Philith Tablet
Omega-3-Acid Ethyl Esters Capsule	Phoslyra Solution
Omeprazole Capsule	Pilocarpine Ophthalmic Solution
Omnipod Maintenance Supplies	Pimozide Tablet
Onglyza Tablet	Pimtrea Tablet
Orenitram Tablet	Pindolol Tablet
Orsythia Tablet	Pioglitazone Tablet
	Pioglitazone/Metformin Tablet

Drug name	Drug name
Pirfenidone Tablet	Quetiapine (ER) Tablet
Pirmella Tablet	Quinapril Tablet
Piroxicam Capsule	Quinapril/Hydrochlorothiazide Tablet
Portia Tablet	Quinidine Gluconate CR & ER Tablet
Posaconazole Tablet	Quinidine Sulfate Tablet
Potassium Chloride ER Capsule, ER & SR Tablet & Liquid	QVAR Aerosol
Pradaxa Capsule	Rabeprazole Tablet
Praluent Injection	Raloxifene Tablet
Pramipexole Tablet	Ramelteon Tablet
Prasugrel Tablet	Ramipril Capsule
Pravastatin Tablet	Ranolazine (ER) Tablet
Prazosin Capsule	Rasagiline Tablet
Pregabalin Capsule	Rasuvo Injection
Premarin Tablet & Vaginal Cream	Reclipsen Tablet
Prevalite	Repaglinide Tablet
Prezista Tablet	Repatha Injection
Primidone Tablet	Restasis Multidose
Proair RespiClick	Rhopressa Ophthalmic Solution
Probenecid Tablet	Riluzole Tablet
Probenecid/Colchicine Tablet	Risedronate Tablet
Prochlorperazine Tablet	Risperidone Solution & (ODT) Tablet
Progesterone Capsule	Ritonavir Tablet
Prograf Granules	Rivastigmine Capsule & Patch
Propafenone ER Capsule & Tablet	Rocklatan Ophthalmic Solution
Propranolol ER Capsule, Solution & Tablet	Ropinirole (ER) Tablet
Propylthiouracil Tablet	Rosuvastatin Tablet
Protriptyline Tablet	Roweepra Tablet
	Rufinamide Tablet

Drug name	Drug name
Rybelsus Tablet	Spritam Tablet
Rytary Capsule	Sronyx Tablet
Salsalate Tablet	Stavudine Capsule
Sandimmune Solution	Stiolto Respimat
Sapropterin Powder and Tablet	Striverdi Respimat
Savella Tablet	Subvenite Injection
Selegiline Capsule & Tablet	Sucralfate Tablet
Selzentry Tablet	Sulfasalazine (DR) Tablet
Serevent Diskus	Sulindac Tablet
Sertraline Concentrate & Tablet	Syeda Tablet
Setlakin Tablet	Symbicort Inhaler
Sevelamer Tablet	Sympazan Film
Sharobel Tablet	Synjardy (XR) Tablet
Silodosin Capsule	Synthroid Tablet
Simbrinza Ophthalmic Suspension	Tacrolimus Capsule
Simvastatin Tablet	Tamoxifen Tablet
Sirolimus Tablet	Tamsulosin Capsule
Sodium Fluoride Cream, Gel, Paste, Rinse, Solution & Tablet	Tarina Fe Tablet
Sodium Phenylbutyrate Tablet	Taztia XT Capsule
Solifenacin Tablet	Telmisartan Tablet
Soliqua Injection	Telmisartan/Amlodipine Tablet
Sorine Tablet	Telmisartan/Hydrochlorothiazide Tablet
Sotalol (AF) Tablet	Tenofovir Tablet
Spiriva HandiHaler & Respimat	Terazosin Capsule
Spironolactone Tablet	Terbutaline Tablet
Spironolactone/Hydrochlorothiazide Tablet	Testosterone Gel & Injection
Sprintec Tablet	Tetrabenazine Tablet
	Theophylline Solution, CR & ER Tablet



Drug name	Drug name
Thioridazine Tablets	Tri-Lo-Estarylla
Thiothixene Capsule	Tri-Lo-Marzia
Tiagabine Tablet	Tri-Lo-Sprintec
Tilia Fe Tablet	Trimipramine Capsule
Timolol Ophthalmic Gel & Solution and Tablet	Trintellix Tablet
Tiopronin Tablet	Tri-Previfem Tablet
Tivicay Tablet	Tri-Sprintec Tablet
Tizanidine Capsule & Tablet	Trivora Tablet
Tobramycin Nebules	Trokendi XR Capsule
Tolcapone Tablet	Trospium ER Capsule & Tablet
Tolterodine ER Capsule & Tablet	Trulicity Injection
Topiramate (ER) Capsule & Tablet	Tudorza Pressair
Toremifene Tablet	Unithroid Tablet
Torsemide Tablet	Ursodiol Capsule
Toujeo	Valganciclovir Solution & Tablet
Toviaz Tablet	Valproic Acid Capsule, Solution & Syrup
Tradjenta Tablet	Valsartan Tablet
Trandolapril Tablet	Valsartan/Hydrochlorothiazide Tablet
Tranylcypromine Tablet	Velivet Tablet
Travoprost Ophthalmic Solution	Veltassa Powder
Trazodone Tablet	Venlafaxine ER Capsule and (ER) Tablet
Trelegy Inhaler	Ventolin HFA Inhaler
Tresiba Injection	Verapamil ER & SR Capsule and (ER) Tablet
Triamterene Capsule	Vestura Tablet
Triamterene/Hydrochlorothiazide Tablet	Victoza Injection
Trihexyphenidyl Solution & Tablet	Vienna Tablet
Trijardy XR Tablet	Vigabatrin Tablet
Tri-Linyah Tablet	Vigadrone Powder

Drug name	Drug name
Viibryd Tablet	Xigduo XR Tablet
Vilazodone Tablet	Xiidra Ophthalmic Solution
Vimpat Solution & Tablet	Xulane Patch
Viorele Tablet	Xultophy Injection
Vitamin D2 50,000U	Yuvaferm Tablet
Vyfemla Tablet	Zafemy Patch
Vyzulta Ophthalmic Solution	Zafirlukast Tablet
Warfarin Tablet	Zarah Tablet
Wera Tablet	Zenpep Capsule
Westroid Tablet	Zidovudine Capsule & Tablet
Wixela Inhaler	Ziprasidone Capsule
WP Thyroid Tablet	Zonisamide Capsule
Wymzya Fe Tablet	Zovia Tablet
Xarelto Tablet	Zypitamag Tablet

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

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

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

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

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

This page left intentionally blank.

# What's Next

# Here's What You Can Expect Next

## UnitedHealthcare will process your enrollment

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

## Start using your plan on January 1, 2023.

Remember to use your UnitedHealthcare member ID card.

## We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about the PEEHIP UnitedHealthcare Group Medicare Advantage (PPO) plan. In addition, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Names and addresses for your doctors, clinics and pharmacy**
- ✓ **If you're calling about drug coverage, please have a list of your current prescriptions and dosages ready**

## Questions? We're here to help.

 [retiree.uhc.com/peehip](https://retiree.uhc.com/peehip)



Call toll-free **1-877-298-2341**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

# Statements of Understanding

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

✓ **This is a Medicare Advantage plan 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 only.

✓ **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.

This page left intentionally blank.











Call toll-free **1-877-298-2341**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week



[retiree.uhc.com/peehip](https://retiree.uhc.com/peehip)

**United  
Healthcare**



**PEEHIP**