



Plan Guide 2024

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

UAW Retiree Medical Benefits Trust

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 16502, 16506, 16510



Effective: January 1, 2024 through December 31, 2024

**United
Healthcare®**
Group Medicare Advantage

**UAW RETIREE
Medical Benefits Trust**



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Introducing the Plan

UnitedHealthcare® Group Medicare Advantage (PPO) plan

Welcome to the UnitedHealthcare Medicare Advantage plan for UAW Retiree Medical Benefits Trust (“Trust”) members. As a UnitedHealthcare Medicare Advantage with prescription drugs (MAPD) plan member, you’ll have a team committed to understanding your needs and helping you get the right care.

In this book, you will find:

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

You can get 2024 plan information online by going to the website below.

Extra Benefits and Programs

- See any provider (in-network or out-of-network) at the same cost share as long as they participate in the Medicare Program
- One card for both medical and prescription drugs
- Renew Active® gym membership
- UnitedHealthcare® Healthy at Home – delivered meals/in-home personal care/post discharge transportation
- 24/7 nurse support
- Routine transportation – to and from medically related but non-emergent visits
- Wellness on Demand – Real Appeal® weight loss/wellness coaching/tobacco cessation program
- Routine podiatry – \$10 copayment per visit, limited to 6 visits per plan year for routine podiatry services

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness Experience

Questions? We’re here to help.



retiree.uhc.com/UAWTrust



Call toll-free **1-844-320-5021**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday

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Plan information

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Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

The Trust worked with UnitedHealthcare to design a plan specifically for its members and tailored to your needs.

“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 prescription drugs as well as 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 www.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 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 Medicare Advantage plan works

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

✓ One plan at a time

- You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- **If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after enrollment in this Trust-sponsored plan, you will be disenrolled from this plan and defaulted into the Traditional Care Network (TCN) plan**
- **Any eligible family members may also be disenrolled from the UnitedHealthcare Medicare Advantage plan and be defaulted into the TCN plan**

Questions? We're here to help.



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Your plan is a Preferred Provider Organization (PPO) plan

How your medical coverage works — most frequently asked questions

You can see any provider (in-network or out-of-network) at the same cost share as long as they are eligible to participate in the Medicare Program.

Can I continue to see my doctor/specialist?

Yes, 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 Program¹.

What is my copay?

Copays vary by service². Refer to the Summary of Benefits or Benefit Features in this guide for more information.

Do I need to choose a primary care provider (PCP)?

No, but it is recommended by the Trust to have a PCP to help manage your healthcare.

Do I need a referral to see a specialist?

No.

Can I go to any hospital?

You can go to any in-network hospital. If the hospital does not participate in the UnitedHealthcare network, you will pay the same cost share as in-network, as long as they participate in Medicare and agree to treat you¹.

Are emergency and urgently needed services covered?

Yes.

Do I have to pay the full cost for all doctor or hospital services?

You will pay your standard copay for the services you get².

Are there any situations when a doctor will balance bill me?

Under this plan, you are not responsible for any balance billing when seeing health care providers who are eligible to participate in the Medicare Program.

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

View Your Plan Information Online

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

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.

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. You will also have mail order available to you and it allows you to purchase up to a 90-day supply of your prescription drugs for the same copay as one-month supply at retail.

What is a drug-cost tier?

In general, your prescriptions under this plan will be similar to your current benefit. Medications are assigned to one of three copay categories called tiers. The copay amount for each prescription order or refill is based on what tier the medication falls into and how the drug is dispensed (retail pharmacy or mail order). Copay amounts are established annually and announced in the Benefit Highlights sent out by the Trust every fall.

To find more information on prescription drugs

What you pay for prescription drugs is defined in the Benefits features and Summary of benefits, under prescription drugs. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

Can I have more than one Medicare 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.

Will I have a separate prescription drug ID card?

No. You will have one UnitedHealthcare ID card that can be used for both medical and prescription drugs.

Questions? We're here to help.



retiree.uhc.com/UAWTrust



Call toll-free **1-844-320-5021**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

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

Additional information about your prescription drugs

- ✓ **You may save on the medications you take regularly**
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications from Optum® Home Delivery Pharmacy. You will pay the same amount for a 3-month mail order supply as you would for a one-month order at a retail pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
- ✓ **Filling your prescriptions is convenient**
UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.¹
- ✓ **Explore lower-cost options**
Each covered drug in your drug list is assigned to a drug-cost tier. The lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
- ✓ **Have an annual medication review**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.

The UnitedHealthcare Savings Promise

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

¹2023 Internal Report Data



What is IRMAA?

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



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

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The LEP is an amount that the Trust will pay on your behalf to UnitedHealthcare.

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. 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.



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Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network
- Even though it's not required, it's important to have a primary care provider
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out of the network as long as they participate in the Medicare Program
- With your UnitedHealthcare 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 at **1-844-320-5021**. We can even help schedule that first appointment. When you call your doctor, tell them you have a Medicare Advantage PPO plan.

Why use a UnitedHealthcare network doctor?

A network doctor or health care provider is contracted with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay 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 agree to treat you and have not opted out of or been excluded or precluded from the Medicare Program. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

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

Take advantage of UnitedHealthcare's additional support and programs



Annual Physical and Wellness Visit¹

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



UnitedHealthcare® Housecalls² visit

With UnitedHealthcare HouseCalls, you get a yearly in-home visit from one of our licensed 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 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 primary care provider.



24/7 Nurse Support

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



Chronic Conditions Programs

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

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

²HouseCalls may not be available in all areas.



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™ Health (medical visits only) apps.

Virtual Doctor Visits – \$0 copay when using Amwell, Doctor on Demand or Teladoc

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 – \$0 copay when using Amwell, Doctor on Demand or local providers

May be best for:

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

Mental and Behavioral Health

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

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



Get to Health-Related Appointments

Our transportation program gives you a lift to and from medically related visits such as doctors' appointments, pharmacy trips and more. The program offers up to 24 one-way trips per year at no extra cost to you.



Stay Healthy at Home

UnitedHealthcare® Healthy at Home provides you with the support you 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 management and healthy lifestyle program proven to help you achieve lifelong results. Includes access to a diabetes prevention program for those who qualify.
- Rally Wellness Coaching, which helps you get healthy your way by providing 24/7 access to digital health and wellness courses as well as personalized coaching support via online chat or phone calls
- A tobacco cessation program, which gives you the support you 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 the largest Medicare fitness network of gyms and fitness locations. This includes access to on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online program offering content about brain health from AARP® Staying Sharp®.



And so much more to help you live a healthier life

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

Tools and resources to help put you in control



Go online for valuable plan information

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

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



Live Healthier with Renew

Explore Renew by UnitedHealthcare,³ 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.
- Rewards — once you become a member you can earn rewards by completing an annual wellness visit and/or specific health care screenings. After the plans, effective date, members will receive information from UnitedHealthcare about the rewards program and how to sign up.



Let's Move by UnitedHealthcare®

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

³Renew by UnitedHealthcare is not available in all plans.

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

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Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): UAW Retiree Medical Benefits Trust

Group Number: 16502, 16506, 16510

H2001-870-000

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



Toll-free **1-844-320-5021**, TTY **711**

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



retiree.uhc.com/UAWTrust

**United
Healthcare®**
Group Medicare Advantage

Y0066_SB_H2001_870_000_2024_M

Summary of Benefits

January 1, 2024 - December 31, 2024

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan contribution	\$0
Maximum out-of-pocket amount (does not include prescription drugs)	<p>Your plan has an annual out-of-pocket maximum of \$1500 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your copay for your Part D prescription drugs.</p>

Medical benefits - This is what you pay for services

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

Medical benefits - This is what you pay for services

In-network and out-of-network

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

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

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

Emergency care

\$50 copay (worldwide)

You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.

Urgently needed services

There is no additional cost share if you get multiple services in a visit.

\$15 copay (worldwide)

You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.

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

Diagnostic radiology services (e.g. MRI, CT scan)¹

\$0 copay

Lab services¹

\$0 copay

Diagnostic tests and procedures¹

\$0 copay

Therapeutic radiology¹

\$0 copay

Outpatient X-rays¹

\$0 copay

Hearing services

Exam to diagnose and treat hearing and balance issues¹

\$0 copay

Medical benefits - This is what you pay for services

		In-network and out-of-network
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months
Mental Health	Inpatient visit ¹	\$0 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay
	Virtual behavioral visits	\$0 copay
Skilled nursing facility (SNF)¹		\$0 copay per day Our plan covers unlimited days in a SNF per benefit period. A 3 day prior hospital stay is not required.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$0 copay
Ambulance²		\$0 copay
Routine transportation ModivCare		\$0 copay for 24 one-way rides to medically related appointments and the pharmacy with ModivCare. Restrictions apply. Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or modivcare.com/BookNow
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
	Other Part B drugs ¹	\$0 copay

Prescription drugs

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

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

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

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

Initial coverage	Retail Cost-Sharing	Mail Order Cost-Sharing
	31-day supply [^]	90-day supply [^]
Tier 1: [†]	\$0	\$0
Tier 2: ^{† 1}	\$33 copay	\$33 copay
Tier 3: ¹	\$115 copay	\$115 copay

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

Pharmacy out-of-pocket maximum

When your total Out-of-Pocket costs (what you pay) for Tier 2 drugs reach \$1,500, you will not pay any copay for Tier 2 drugs.

[^]Most specialty drugs are limited to a 31-day supply through retail and mail order.

[†] Our plan covers most Part D vaccines under the Part D prescription drug benefit at no cost to you when received from a network pharmacy, including shingles, Tdap (tetanus, diphtheria and pertussis/whooping cough), hepatitis A and hepatitis B if you are low risk for hepatitis. Please see your Evidence of Coverage for detailed information.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$0 copay
Diabetes management	Diabetes monitoring supplies ¹	\$0 copay
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay
	Wigs	\$0 copay
		The plan pays up to \$250 per plan year for wigs for hair loss resulting from any medical condition or treatment.

Additional benefits		
		In-network and out-of-network
Fitness program Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness location you select from our nationwide network, online classes, content about brain health and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year
UnitedHealthcare Healthy at Home		<p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>* Call Customer Service to request a referral for each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care¹		\$0 copay

Additional benefits		
		In-network and out-of-network
Hospice	Medicare-covered	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.
	5th Level Care (In Home or Facility Based)	\$0 copay Our plan provides additional coverage for non-Medicare-covered hospice care in a SNF or hospice facility. Limited to 210 days per lifetime.
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay
Rally Coach™ Programs		<p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>Call or go online to get started today. rallyhealth.com/retiree</p> <ul style="list-style-type: none"> • Real Appeal 1-844-924-7325, TTY 711 • Rally Wellness Coaching 1-800-478-1057, TTY 711 • Tobacco Cessation 1-866-784-8454, TTY 711 <p>Refer to your Evidence of Coverage for eligibility requirements</p>
Renal Dialysis¹		\$0 copay

¹ Some of the network benefits listed may require your provider to obtain prior authorization. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

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

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 Medicare and as long they are willing to bill the plan. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

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

Required Information

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

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

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

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

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

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

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

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

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-524-3784, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

You must continue to pay your Medicare Part B premium.

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

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

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.

Civil Rights Notice

The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.

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

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug list

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2023. This list can change throughout the year. This is not a complete list of the drugs we cover. For a complete list, please call Customer Service toll-free at **1-844-320-5021**, TTY: **711**, 8 a.m.–8 p.m. local time, Monday – Friday.

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

LA
Limited access

The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.

MME Morphine milligram equivalent	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
7D 7-day limit	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.
SP Specialty drugs	Most specialty drugs are limited to a 31-day supply through retail and mail.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Acyclovir (Oral Tablet),T1
Abilify Maintena (Intramuscular Prefilled Syringe),T2 - SP; QL	Adacel (Intramuscular Suspension),T2 - QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T2 - SP; QL	Advair HFA (Inhalation Aerosol),T2 - QL
Abiraterone Acetate (250MG Oral Tablet),T1 - PA; QL	Aimovig (Subcutaneous Solution Auto-Injector),T2 - PA; QL
Acamprosate Calcium (Oral Tablet Delayed Release),T1	Albendazole (Oral Tablet),T1 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T1 - QL
Acetazolamide (Oral Tablet),T1	Alcohol Prep Pads,T2
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	Alecensa (Oral Capsule),T2 - PA; SP; QL
Actimmune (Subcutaneous Solution),T2 - SP	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1 - QL
Acyclovir (Oral Capsule),T1	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1 - QL
	Allopurinol (100MG Oral Tablet, 300MG Oral Tablet),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Alrex (Ophthalmic Suspension),T2

Alvesco (Inhalation Aerosol Solution),T2 - QL

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - PA; SP; 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

Anastrozole (Oral Tablet),T1

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),T3 - PA; SP

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T3 - PA; SP

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),T2 - SP; QL

Aristada Initio (Intramuscular Prefilled Syringe),T2 - SP; QL

Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T2 - QL

Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T2 - QL

Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T2 - QL

Asmanex HFA (Inhalation Aerosol),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),T2 - QL

Avonex Pen (Intramuscular Auto-Injector Kit),T2 - SP; QL

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T2 - SP; QL

Azasite (Ophthalmic Solution),T2

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

Azelastine HCl (0.1% Nasal Solution),T1 - QL

Azelastine HCl (Ophthalmic Solution),T1

Azithromycin (Oral Tablet),T1

Bold type = Brand name drug

Plain type = Generic drug

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

B		
BRIVIACT (Oral Solution),T2 - PA; QL	Bupropion HCl (Oral Tablet Immediate Release),T1	
BRIVIACT (Oral Tablet),T2 - PA; QL	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1 - QL	
Baclofen (Oral Tablet),T1	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1 - QL	
Balsalazide Disodium (Oral Capsule),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1 - QL	
Baqsimi One Pack (Nasal Powder),T2	Buspiron HCl (Oral Tablet),T1	
Belsomra (Oral Tablet),T2 - QL	Bydureon BCise (Subcutaneous Auto-Injector),T2 - PA; QL	
Benazepril HCl (Oral Tablet),T1 - QL	Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T2 - PA; QL	
Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T2 - PA; QL	
Benzotropine Mesylate (Oral Tablet),T1 - HRM	C	
Berinert (Intravenous Kit),T2 - PA; SP	Cabergoline (Oral Tablet),T1	
Besivance (Ophthalmic Suspension),T2	Calcitriol (Oral Capsule),T1 - B/D,PA	
Betaseron (Subcutaneous Kit),T2 - SP; QL	Calcium Acetate (667MG Oral Tablet),T1	
Bethanechol Chloride (Oral Tablet),T1	Calcium Acetate (Phosphate Binder) (Oral Capsule),T1	
Bexarotene (Oral Capsule),T1 - PA; SP	Carbamazepine (Oral Tablet Immediate Release),T1	
Bicalutamide (Oral Tablet),T1	Carbidopa (Oral Tablet),T1	
Biktarvy (50MG-200MG-25MG Oral Tablet),T2 - QL	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	
Bisoprolol Fumarate (Oral Tablet),T1	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1	
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL	Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1	
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL	Carbidopa-Levodopa-Entacapone (Oral Tablet),T1	
Brilinta (Oral Tablet),T2 - QL	Carvedilol (Oral Tablet),T1	
Brimonidine Tartrate (Ophthalmic Solution),T1	Cefdinir (Oral Capsule),T1	
Brukinsa (Oral Capsule),T2 - PA; SP; QL	Cefuroxime Axetil (Oral Tablet),T1	
Budesonide (Inhalation Suspension),T1 - B/D,PA		
Budesonide (Oral Capsule Delayed Release Particles),T1		
Buprenorphine (Transdermal Patch Weekly),T1 - PA; 7D; DL; QL		
Buprenorphine HCl (Tablet Sublingual),T1 - QL		
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL		

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Celecoxib (Oral Capsule),T1 - QL

Celontin (Oral Capsule),T2

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

Cephalexin (Oral Tablet),T1

Chemet (Oral Capsule),T2 - SP

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Chlorzoxazone (500MG Oral Tablet),T1 - HRM

Cholestyramine (Oral Packet),T1

Cholestyramine Light (Oral Packet),T1

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T1

Cimetidine HCl (300MG/5ML Oral Solution),T1

Cimzia (Subcutaneous Kit),T2 - PA; SP; QL

Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit),T2 - PA; SP; QL

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

Ciprofloxacin-Dexamethasone (Otic Suspension),T1

Citalopram Hydrobromide (Oral Tablet),T1 - QL

Clarithromycin (Oral Tablet Immediate Release),T1

Clonazepam (Oral Tablet),T1 - QL

Clonazepam ODT (Oral Tablet Dispersible),T1 - QL

Clonidine (Transdermal Patch Weekly),T1 - QL

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1 - QL

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1

- QL

Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T1 - ST; QL

Clozapine ODT (150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T3 - ST; QL

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1 - QL

Colesevelam HCl (Oral Tablet),T1

Combivent Respimat (Inhalation Aerosol Solution),T2 - QL

Corlanor (Oral Solution),T2 - PA; QL

Corlanor (Oral Tablet),T2 - PA; QL

Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL

Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL

Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL

Creon (Oral Capsule Delayed Release Particles),T2

Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA

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

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

D

Dabigatran Etexilate Mesylate (Oral Capsule),T1 - QL

Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL

Dapsone (Oral Tablet),T1

DayVigo (Oral Tablet),T2 - QL

Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade),T1 - PA

Deferasirox (250MG Oral Tablet Soluble, 500MG

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Oral Tablet Soluble) (Generic Exjade),T1 - PA; SP

Deferiprone (500MG Oral Tablet),T1 - PA; SP

Descovy (200MG-25MG Oral Tablet),T2 - QL

Desmopressin Acetate (Oral Tablet),T1

Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1 - QL

Dexamethasone (Oral Tablet),T1

Diazepam (Oral Solution),T1 - QL

Diazepam (Oral Tablet),T1 - QL

Diazepam Intensol (Oral Concentrate),T1 - QL

Diclofenac Potassium (50MG Oral Tablet),T1

Diclofenac Sodium (1% External Gel),T1 - QL

Diclofenac Sodium (Oral Tablet Delayed Release),T1

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

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Dificid (Oral Suspension Reconstituted),T2 - SP; QL

Dificid (Oral Tablet),T2 - SP; QL

Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T1 - HRM; QL

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

Diltiazem HCl (Oral Tablet Immediate Release),T1

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

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

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

240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1

Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL

Dipentum (Oral Capsule),T2 - SP

Diphenoxylate-Atropine (Oral Tablet),T1 - HRM

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

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

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

Doptelet (Oral Tablet),T2 - PA; SP; QL

Dorzolamide HCl (Ophthalmic Solution),T1

Dorzolamide HCl-Timolol Maleate (22.3MG-6.8MG/ML Ophthalmic Solution),T1

Dovato (Oral Tablet),T2 - QL

Doxazosin Mesylate (Oral Tablet),T1 - QL

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

Doxycycline Hyclate (Oral Capsule),T1

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

Dulera (Inhalation Aerosol),T2 - PA; QL

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

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Dutasteride (Oral Capsule),T1 - QL	Ergotamine-Caffeine (Oral Tablet),T1
E	Erivedge (Oral Capsule),T2 - PA; SP; QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL	Erleada (60MG Oral Tablet),T2 - PA; SP; QL
Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL	Ertapenem Sodium (Injection Solution Reconstituted),T1
Elmiron (Oral Capsule),T2	Erythromycin (Ophthalmic Ointment),T1
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T2 - PA; QL	Escitalopram Oxalate (Oral Tablet),T1 - QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T2 - PA; QL	Estradiol (Oral Tablet),T1 - HRM
Emgality (Subcutaneous Solution Auto-Injector),T2 - PA; QL	Estradiol (Transdermal Patch Twice Weekly),T1 - HRM; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	Estradiol (Transdermal Patch Weekly),T1 - HRM; QL
Enalapril Maleate (Oral Tablet),T1 - QL	Estradiol (Vaginal Cream),T1
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Eszopiclone (Oral Tablet),T1 - HRM; QL
Enbrel (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL	Ethambutol HCl (400MG Oral Tablet),T1
Enbrel (Subcutaneous Solution),T2 - PA; SP; QL	Ethosuximide (Oral Capsule),T1
Enbrel Mini (Subcutaneous Solution Cartridge),T2 - PA; SP; QL	Ethosuximide (Oral Solution),T1
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL	Etravirine (200MG Oral Tablet),T1 - QL
Entacapone (Oral Tablet),T1	Extavia (Subcutaneous Kit),T2 - SP; QL
Entecavir (Oral Tablet),T1 - QL	Ezetimibe (Oral Tablet),T1 - QL
Entresto (Oral Tablet),T2 - QL	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
Epclusa (Oral Packet),T2 - PA; SP; QL	F
Epclusa (Oral Tablet),T2 - PA; SP; QL	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL	Fasenra (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL
Eplerenone (Oral Tablet),T1	Fasenra Pen (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL
Ergoloid Mesylates (Oral Tablet),T1 - HRM	Febuxostat (Oral Tablet),T1 - ST; QL
	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
	Flarex (Ophthalmic Suspension),T2
	Flovent Diskus (Inhalation Aerosol Powder

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Breath Activated),T2 - QL

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1 - QL

Fluphenazine HCl (Oral Tablet),T1

Fluticasone Propionate (Nasal Suspension),T1 - QL

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

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T2 - SP; QL

G

Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1 - QL

Gabapentin (Oral Capsule),T1 - QL

Gammagard (2.5GM/25ML Injection Solution),T2 - PA; SP

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T2 - PA; SP

Gemfibrozil (Oral Tablet),T1

Gemtesa (Oral Tablet),T3

Genotropin (12MG Subcutaneous Cartridge),T2 - PA; SP

Genotropin (5MG Subcutaneous Cartridge),T2 - PA

Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe),T2 - PA

Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous

Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe),T2 - PA; SP

Gentamicin Sulfate (40MG/ML Injection Solution),T1

Genvoya (Oral Tablet),T2 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1 - SP; QL

Glatopa (Subcutaneous Solution Prefilled Syringe),T1 - SP; QL

Glucagon (Injection Kit) (Lilly),T2

Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet),T1 - PA

Glyxambi (Oral Tablet),T2 - QL

Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2

Gvoke Kit (Subcutaneous Solution),T2

Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2

H

Haloperidol (Oral Tablet),T1

Harvoni (90-400MG Oral Tablet),T2 - PA; SP; QL

Harvoni (Oral Packet),T2 - PA; SP; QL

Humalog (Injection Solution),T1

Humalog (Subcutaneous Solution Cartridge),T1

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T1

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T1

Humalog Mix 50/50 (Subcutaneous Suspension),T1

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T1

Humalog Mix 75/25 (Subcutaneous Suspension),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T1	Tablet),T1 - QL
Humira (Subcutaneous Prefilled Syringe Kit),T2 - PA; SP; QL	Hydroxyurea (Oral Capsule),T1
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T2 - PA; SP; QL	Hydroxyzine HCl (Oral Tablet),T1 - HRM
Humira Pen (Subcutaneous Pen-Injector Kit),T2 - PA; SP; QL	I
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T2 - PA; SP	Ibandronate Sodium (Oral Tablet),T1 - QL
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T2 - PA; SP	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T2 - PA; SP; QL	Icatibant Acetate (Subcutaneous Solution Prefilled Syringe),T1 - PA; SP; QL
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T2 - PA; SP	Ilevro (Ophthalmic Suspension),T2 - QL
Humulin 70/30 (Subcutaneous Suspension),T1	Imatinib Mesylate (Oral Tablet),T1 - PA; QL
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T1	Imbruvica (Oral Capsule),T2 - PA; SP; QL
Humulin N (Subcutaneous Suspension),T1	Imbruvica (Oral Tablet),T2 - PA; SP; QL
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T1	Imiquimod (5% External Cream),T1 - QL
Humulin R (Injection Solution),T1	Incruse Eliipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T1	Insulin Syringes, Needles,T2 - QL
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T1	Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T2 - SP
Hydralazine HCl (Oral Tablet),T1	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T2 - SP
Hydrochlorothiazide (Oral Capsule),T1	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T2
Hydrochlorothiazide (Oral Tablet),T1	Invega Trinza (Intramuscular Suspension Prefilled Syringe),T2 - SP
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	Invokamet (Oral Tablet Immediate Release),T2 - QL
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Invokamet XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Hydroxychloroquine Sulfate (200MG Oral	Invokana (Oral Tablet),T2 - QL
	Ipratropium Bromide (Inhalation Solution),T1 - B/

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D,PA	Ketorolac Tromethamine (Ophthalmic Solution),T1
Ipratropium Bromide (Nasal Solution),T1 - QL	Klor-Con 10 (Oral Tablet Extended Release),T1
Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA	Klor-Con 8 (Oral Tablet Extended Release),T1
Irbesartan (Oral Tablet),T1 - QL	Klor-Con M10 (Oral Tablet Extended Release),T1
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Klor-Con M20 (Oral Tablet Extended Release),T1
Isentress (Oral Tablet),T2 - QL	Korlym (Oral Tablet),T2 - PA; SP; QL
Isoniazid (Oral Tablet),T1	L
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1	Lacosamide (Oral Tablet),T1 - QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet),T1 - QL	Lactulose (10GM/15ML Oral Solution),T1
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1	Lamivudine (100MG Oral Tablet),T1 - QL
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL
Isturisa (Oral Tablet),T2 - PA; SP	Lamotrigine (Oral Tablet Immediate Release),T1
Ivermectin (Oral Tablet),T1 - PA	Lantus (Subcutaneous Solution),T2
J	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2
Janumet (Oral Tablet Immediate Release),T2 - QL	Latanoprost (Ophthalmic Solution),T1 - QL
Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Leflunomide (Oral Tablet),T1 - QL
Januvia (Oral Tablet),T2 - QL	Letrozole (Oral Tablet),T1 - QL
Jardiance (Oral Tablet),T2 - QL	Leucovorin Calcium (Oral Tablet),T1
Jentadueto (Oral Tablet Immediate Release),T2 - QL	Leukeran (Oral Tablet),T2 - SP
Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Levemir (Subcutaneous Solution),T2
Juluca (Oral Tablet),T2 - QL	Levetiracetam (Oral Tablet Immediate Release),T1
K	Levobunolol HCl (Ophthalmic Solution),T1
Ketoconazole (External Cream),T1 - QL	Levocarnitine (Oral Tablet),T1
	Levocetirizine Dihydrochloride (Oral Tablet),T1 - QL
	Levofloxacin (Oral Tablet),T1
	Levothyroxine Sodium (Oral Tablet),T1
	Lidocaine (5% External Ointment),T1 - QL
	Lidocaine (5% External Patch),T1 - PA; QL
	Lidocaine HCl (4% External Solution),T1

T1 = Tier 1

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T3 = Tier 3

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Lidocaine-Prilocaine (External Cream),T1 - QL	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
Linzess (Oral Capsule),T2 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Liothyronine Sodium (Oral Tablet),T1	Medroxyprogesterone Acetate (Oral Tablet),T1
Lisinopril (Oral Tablet),T1 - QL	Meloxicam (Oral Tablet),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Lithium Carbonate (Oral Capsule),T1	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Mercaptopurine (Oral Tablet),T1
Lokelma (Oral Packet),T2 - QL	Meropenem (Intravenous Solution Reconstituted),T2
Loperamide HCl (Oral Capsule),T1	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL
Lorazepam (Oral Tablet),T1 - QL	Mesnex (Oral Tablet),T2
Lorazepam Intensol (Oral Concentrate),T1 - QL	Methadone HCl (Oral Solution),T1 - PA; 7D; MME; DL; QL
Losartan Potassium (Oral Tablet),T1 - QL	Methadone HCl (Oral Tablet),T1 - PA; 7D; MME; DL; QL
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Methimazole (Oral Tablet),T1
Lotemax (Ophthalmic Ointment),T2	Methotrexate Sodium (Oral Tablet),T1
Lotemax SM (Ophthalmic Gel),T2	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL
Lovastatin (Oral Tablet),T1 - QL	Methylprednisolone (Oral Tablet),T1
Lumigan (Ophthalmic Solution),T2 - QL	Metoclopramide HCl (Oral Tablet),T1
Lupron Depot (1-Month) (Intramuscular Kit),T2 - PA; QL	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Lupron Depot (3-Month) (Intramuscular Kit),T2 - PA; QL	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Lupron Depot (4-Month) (Intramuscular Kit),T2 - PA; QL	Metronidazole (External Cream),T1
Lupron Depot (6-Month) (Intramuscular Kit),T2 - PA; QL	Metronidazole (External Gel),T1
Lurasidone HCl (Oral Tablet),T1 - ST; QL	Metronidazole (External Lotion),T1
Lysodren (Oral Tablet),T2 - SP	Metronidazole (Oral Tablet),T1
M	Midodrine HCl (Oral Tablet),T1
Malathion (External Lotion),T1	Minocycline HCl (Oral Capsule),T1
Maraviroc (Oral Tablet),T1 - QL	
Mavyret (Oral Packet),T2 - PA; SP; QL	
Mavyret (Oral Tablet),T2 - PA; SP; QL	
Mayzent (Oral Tablet),T2 - SP; QL	

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Minoxidil (Oral Tablet),T1
Mirtazapine (Oral Tablet),T1 - QL
Mirtazapine ODT (Oral Tablet Dispensible),T1 - QL
Misoprostol (Oral Tablet),T1
Modafinil (Oral Tablet),T1 - PA; QL
Montelukast Sodium (Oral Packet),T1 - QL
Montelukast Sodium (Oral Tablet),T1 - QL
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - PA; 7D; MME; DL; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - PA; 7D; MME; DL; QL
Mounjaro (Subcutaneous Solution Pen-Injector),T2 - PA; QL
Movantik (Oral Tablet),T2 - QL
Multaq (Oral Tablet),T2
Myrbetriq (Oral Suspension Reconstituted ER),T2
Myrbetriq (Oral Tablet Extended Release 24 Hour),T2 - QL
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
Naproxen (250MG Oral Tablet Immediate Release, 375MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release),T1
Nayzilam (Nasal Solution),T2 - PA; QL
Neomycin Sulfate (Oral Tablet),T1
Neomycin-Polymyxin-HC (Otic Suspension),T1
Neulasta (Subcutaneous Solution Prefilled Syringe),T2 - SP

Neupogen (Injection Solution Prefilled Syringe),T2 - ST; SP
Neupogen (Injection Solution),T2 - ST; SP
Nevanac (Ophthalmic Suspension),T2 - QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1
Nimodipine (Oral Capsule),T1
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM
Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM
Nitroglycerin (Tablet Sublingual),T1
Nivestym (Injection Solution Prefilled Syringe),T2 - ST; SP
Nivestym (Injection Solution),T2 - ST; SP
Nizatidine (Oral Capsule),T1
Norethindrone Acetate (5MG Oral Tablet),T1
Nortriptyline HCl (Oral Capsule),T1 - HRM
NovoLog (Injection Solution),T2 - ST
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2 - ST
NovoLog Mix 70/30 (Subcutaneous Suspension),T2 - ST
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST
NovoLog PenFill (Subcutaneous Solution Cartridge),T2 - ST
Novolin 70/30 (Subcutaneous Suspension),T2 - ST
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST
Novolin N (Subcutaneous Suspension),T2 - ST
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST
Novolin R (Injection Solution),T2 - ST
Novolin R FlexPen (Injection Solution Pen-

T1 = Tier 1

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Injector),T2 - ST	B/D,PA
Nubeqa (Oral Tablet),T2 - PA; SP; QL	Opsumit (Oral Tablet),T2 - PA; SP; QL
Nucala (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL	Orgovyx (Oral Tablet),T2 - PA; SP; QL
Nucala (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL	Osetamivir Phosphate (Oral Capsule),T1 - QL
Nucala (Subcutaneous Solution Reconstituted),T2 - PA; SP; QL	Osphena (Oral Tablet),T2 - PA; QL
Nurtec ODT (Oral Tablet Dispersible),T3 - PA; SP; QL	Otezla (Oral Tablet Therapy Pack),T2 - PA; SP; QL
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Otezla (Oral Tablet),T2 - PA; SP; QL
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Oxcarbazepine (Oral Tablet),T1
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1
Nystatin (External Cream),T1 - QL	Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL
Nystatin (External Ointment),T1 - QL	Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Nystatin (External Powder),T1 - 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
O	Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL
Odomzo (Oral Capsule),T2 - PA; SP; QL	Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL
Ofev (Oral Capsule),T2 - PA; SP; QL	P
Ofloxacin (Ophthalmic Solution),T1	Pantoprazole Sodium (Oral Tablet Delayed Release),T2 - QL
Ofloxacin (Otic Solution),T1	Pegasys (Subcutaneous Solution),T2 - SP; QL
Olanzapine (Oral Tablet),T1 - QL	Penicillamine (Oral Tablet),T1 - SP
Olopatadine HCl (0.1% Ophthalmic Solution),T1	Penicillin V Potassium (Oral Tablet),T1
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1 - QL	Pentasa (250MG Oral Capsule Extended Release),T2 - QL
Omeprazole (10MG Oral Capsule Delayed Release, 20MG Oral Capsule Delayed Release),T2 - QL	Permethrin (External Cream),T1
Omeprazole (40MG Oral Capsule Delayed Release),T2	Phenelzine Sulfate (Oral Tablet),T1
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T1 - B/D,PA	Phenytoin Sodium Extended (Oral Capsule),T1
Ondansetron ODT (Oral Tablet Dispersible),T1 -	

Bold type = Brand name drug

Plain type = Generic drug

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

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

Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - ST; QL

Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet),T1 - PA; SP; QL

Plegridy (Subcutaneous Solution Pen-Injector),T2 - SP; QL

Plegridy (Subcutaneous Solution Prefilled Syringe),T2 - SP; QL

Pomalyst (2MG Oral Capsule, 3MG Oral Capsule, 4MG Oral Capsule),T2 - PA; SP; QL

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 (5MG/5ML Oral Solution),T1

Prednisone (Oral Tablet),T1

Premarin (Oral Tablet),T2 - HRM; QL

Premarin (Vaginal Cream),T2

Prenatal (27-1MG Oral Tablet),T1

Prezcobix (Oral Tablet),T2 - QL

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

Privigen (20GM/200ML Intravenous Solution),T2 - PA; SP

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2 - ST; QL

Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T2 - PA

Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T2 - PA; SP

Procto-Med HC (External Cream),T1

Proctosol HC (External Cream),T1

Progesterone (Oral Capsule),T1

Prograf (Oral Packet),T2 - B/D,PA

Prolastin-C (Intravenous Solution Reconstituted),T2 - PA; SP

Prolensa (Ophthalmic Solution),T3

Prolia (Subcutaneous Solution Prefilled Syringe),T2 - QL

Propranolol HCl (Oral Tablet),T1

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

Propylthiouracil (Oral Tablet),T1

Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T2 - QL

Pulmozyme (Inhalation Solution),T2 - B/D,PA; SP; QL

Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1

Pyridostigmine Bromide (Oral Solution),T1

Pyridostigmine Bromide ER (Oral Tablet Extended Release),T1

Q

QVAR RediHaler (Inhalation Aerosol Breath Activated),T2 - QL

Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T1 - QL

Quinapril HCl (Oral Tablet),T1 - QL

Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

R

Raloxifene HCl (Oral Tablet),T1 - QL

Ramipril (Oral Capsule),T1 - QL

Ranolazine ER (Oral Tablet Extended Release 12 Hour),T1 - QL

Rasagiline Mesylate (Oral Tablet),T1

Rebif (Subcutaneous Solution Prefilled Syringe),T2 - SP; QL

Rebif Rebidose (Subcutaneous Solution Auto-Injector),T2 - SP; QL

Regranex (External Gel),T2 - PA; SP

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

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

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

Retacrit (Injection Solution),T2 - PA

Rexulti (Oral Tablet),T2 - PA; QL

Rifabutin (Oral Capsule),T1

Rifampin (300MG Oral Capsule),T1

Riluzole (Oral Tablet),T1

Rinvoq (Oral Tablet Extended Release 24 Hour),T2 - PA; SP; QL

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T2

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T2 - SP

Risperidone (Oral Tablet),T1 - QL

Ritonavir (Oral Tablet),T1 - QL

Rivastigmine (Transdermal Patch 24 Hour),T1 - QL

Rivastigmine Tartrate (Oral Capsule),T1 - QL

Rizatriptan Benzoate (Oral Tablet),T1 - QL

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

Roflumilast (500MCG Oral Tablet),T1 - PA; QL

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

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

Rybelsus (Oral Tablet),T2 - PA; QL

S

SPS (Oral Suspension),T1

Sancuso (Transdermal Patch),T2 - SP; QL

Santyl (External Ointment),T2

Savella (Oral Tablet),T2 - QL

Selegiline HCl (Oral Capsule),T1

Selegiline HCl (Oral Tablet),T1

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

Sertraline HCl (Oral Tablet),T1 - QL

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

Bold type = Brand name drug

Plain type = Generic drug

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

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

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

Simvastatin (Oral Tablet),T1 - QL

Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge),T2 - PA; SP; QL

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

Skyrizi Pen (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL

Sodium Polystyrene Sulfonate (Oral Powder),T1

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),T2 - PA; SP; QL

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

Stelara (Subcutaneous Solution),T2 - PA; SP; QL

Stiolto Respimat (Inhalation Aerosol Solution),T2 - QL

Striverdi Respimat (Inhalation Aerosol Solution),T2 - QL

Sucralfate (Oral Suspension),T1

Sucralfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T1

Sulfamethoxazole-Trimethoprim (800MG-160MG Oral Tablet),T1

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate

Release),T1

Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector),T1 - QL

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T1 - QL

Symbicort (Inhalation Aerosol),T2 - QL

Symjepi (Injection Solution Prefilled Syringe),T2 - QL

Symtuza (Oral Tablet),T2 - QL

Synjardy (Oral Tablet Immediate Release),T2 - QL

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

Synribo (Subcutaneous Solution Reconstituted),T2 - PA; SP

T

Tabrecta (Oral Tablet),T2 - PA; SP; QL

Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA; QL

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1 - QL

Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL

Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Terazosin HCl (Oral Capsule),T1 - QL

Terbinafine HCl (Oral Tablet),T1 - QL

Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T2 - PA; SP; QL

Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1 - PA; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

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

Bold type = Brand name drug

Plain type = Generic drug

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

V	X
Valacyclovir HCl (Oral Tablet),T1 - QL	Xarelto (Oral Suspension Reconstituted),T2 - QL
Valganciclovir HCl (Oral Tablet),T1 - QL	Xarelto (Oral Tablet),T2 - QL
Valsartan (Oral Tablet),T1 - QL	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T2 - PA; QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack),T2 - PA; QL
Varenicline Tartrate (Oral Tablet),T1	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T2 - PA; QL
Veltassa (Oral Packet),T2 - QL	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T2 - PA; QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - QL	Xeljanz (Oral Solution),T2 - PA; SP; QL
Ventolin HFA (Inhalation Aerosol Solution),T2 - QL	Xeljanz (Oral Tablet Immediate Release),T2 - PA; SP; QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T2 - PA; SP; QL
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T1	Xiidra (Ophthalmic Solution),T2 - PA; QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xofluza (40MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Verquvo (Oral Tablet),T2 - PA; QL	Xofluza (80MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Versacloz (Oral Suspension),T2 - ST; SP; QL	Xolair (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL
Victoza (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Xolair (Subcutaneous Solution Reconstituted),T2 - PA; SP; QL
Vitlakvi (Oral Capsule),T2 - PA; SP; QL	Xtandi (Oral Capsule),T2 - PA; SP; QL
Vitlakvi (Oral Solution),T2 - PA; SP; QL	Xtandi (Oral Tablet),T2 - PA; SP; QL
Vosevi (Oral Tablet),T2 - PA; SP; QL	Xyrem (Oral Solution),T2 - PA; SP; QL
Vyvance (Oral Capsule),T2 - QL	
Vyvance (Oral Tablet Chewable),T2 - QL	
W	Z
Warfarin Sodium (Oral Tablet),T1	Zafirlukast (Oral Tablet),T1 - QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL	Zaleplon (Oral Capsule),T1 - HRM; QL
	Zarxio (Injection Solution Prefilled Syringe),T2 - SP

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Zenpep (Oral Capsule Delayed Release Particles),T2

Zeposia (Oral Capsule),T2 - PA; SP; QL

Zirgan (Ophthalmic Gel),T2

Zolinza (Oral Capsule),T2 - PA; SP; QL

Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - HRM; QL

Zonisamide (Oral Capsule),T1

Zylet (Ophthalmic Suspension),T2

Bold type = Brand name drug

Y0066_070423_095600_M

Plain type = Generic drug

CGEX24MP0113759_000

Additional Drug Coverage

Additional prescription drug coverage

Your plan includes extra coverage for certain supplies as shown below. These supplies 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 supplies covered by our plan. For a complete list, please call Customer Service using the information on the cover of this book.

Lower-cost Medicare supplies

Your plan covers some of your Medicare supplies at a lower copay than in your Drug List (Formulary).

These supplies are part of your Medicare prescription drug coverage.¹

\$0 copay

Alcohol Swabs

Insulin Syringes

Insulin Pen Needles

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

Bonus drug list

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

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

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

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

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

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

QL - Quantity limits

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Urinary Alkalizer		
Oracit Solution	2	
Sodium Citrate/Citric Acid Solution	1	
Urinary Tract Infection		
Methenamine Mandelate	1	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	2	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos Tab	2	
Effer-K Tab	1	
Klor-Con EF Tab	1	
Vitamins and Minerals		
Phytonadione Tab	1	
Vitamin D 50,000 unit (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate (100 mg, 200 mg)	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Guaifenesin/Codeine Syrup	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	
Promethazine/Phenylephrine/Codeine Syrup	1	DL

Bold type = Brand name drug Plain type = Generic drug

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

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

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

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

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What's next

Here's What You Can Expect Next

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

On your plan's effective date, show your new UnitedHealthcare ID card at each doctor's visit and at your local pharmacy to obtain your prescriptions.

We're here for you

When you call the Trust's dedicated number, it will be helpful to have:

- ✓ **Names and addresses for your doctors, clinics and the name and address of your pharmacy**
- ✓ **If you're calling about drug coverage, please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.

 retiree.uhc.com/UAWTrust



Call toll-free **1-844-320-5021**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

Statements of Understanding

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

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

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

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

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

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

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
- If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- You may disenroll from this plan at any time if you are not satisfied. To disenroll from this plan or enroll in a different Trust sponsored plan, you must call Retiree Health Care Connect (RHCC) at 866-637-7555.

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

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

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

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

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

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Call toll-free **1-844-320-5021**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday



retiree.uhc.com/UAWTrust

**United
Healthcare[®]**
Group Medicare Advantage

**UAW RETIREE
Medical Benefits Trust**

