

Additional Drug Coverage

Your plan provides prescription drug coverage beyond what is listed in the plan's Drug List (Formulary).

To see the complete Drug List, scan the QR code or visit

Lower-cost Medicare prescription drugs and supplies

The following drugs have a \$0 copay.

Birth Control

(All oral contraceptives) (generic only)

Annovera (vaginal ring)

Kyleena (intrauterine device)

Liletta (intrauterine device)

Medroxyprogesterone (150mg/mL injection)

Mirena (intrauterine device)

Nexplanon (contraceptive implant)

EluRyng (vaginal ring)

Haloette (vaginal ring)

Skylla (intrauterine device)

Xulane (patch)

Zafemy (patch)

Bowel Prep Products

GaviLyte-C

GaviLyte-G

GaviLyte-N

PEG-3350/Electrolytes

PEG-3350/NaCl/Na Bicarbonate/KCl

Breast Cancer Preventive Medications

Raloxifene (60mg Tablet)

Tamoxifen (10mg & 20mg Tablet)

Statins For High Cholesterol

Atorvastatin (10mg, 20mg, 40mg & 80mg Tablet)

Lovastatin (10mg, 20mg & 40mg Tablet)

Simvastatin (5mg, 10mg, 20mg & 40mg Tablet)

Tobacco Cessation Medications

Bupropion (150mg Tablet SR)

Nicotrol (Inhaler)

Nicotrol (Nasal Spray)

Varenicline (0.5mg, 1mg, & Starter Pack Tablets)

Diabetes Medications

Glimepiride (1mg Tablet)

Glimepiride (2mg Tablet)

Glimepiride (4mg Tablet)

Glipizide (5mg Tablet)

Glipizide (10mg Tablet)

Glipizide (ER & XL 2.5mg Tablet)

Glipizide (ER & XL 5mg Tablet)

Glipizide (ER & XL 10mg Tablet)

Metformin (500mg Tablet)

Metformin (850mg Tablet)

Metformin (1000mg Tablet)

Metformin (500mg ER Tablet)(generic Glucophage XR)

Metformin (750mg ER Tablet)(generic Glucophage XR)

Repaglinide (0.5mg Tablet)

Repaglinide (1mg Tablet)

Repaglinide (2mg Tablet)

Pioglitazone (15mg Tablet)

Pioglitazone (30mg Tablet)

Pioglitazone (45mg Tablet)

See the Evidence of Coverage (EOC) for information about the appeals and grievance process for these prescription drugs and supplies.

Lower-cost non-Medicare prescription drugs

The following drugs have a \$0 copay.

Your plan includes coverage for these preventive drugs that are not covered by a Medicare Advantage plan. They are covered in addition to, so not listed on, your plan's Drug List. The amount you pay for these additional preventive drugs don't count towards your annual out-of-pocket maximum. You cannot file a Medicare appeal or grievance for these drugs.

Vitamins

Folic Acid (1mg Tablet)

Bonus drug list

Your plan includes coverage for the following prescription drugs that are not listed on your plan's Drug List. Each drug is placed into a tier. See the Summary of Benefits for tier descriptions and costs.

Payments for these bonus drugs don't count towards your Medicare Part D out-of-pocket maximum.

You cannot file a Medicare appeal or grievance for these drugs and Extra Help from Medicare does not apply to these drugs.

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anorexiant - drugs to promote weight loss		
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium (Liquid Wash 10%)	1	
Sulfacetamide Sodium w/Sulfur (Cream 10-5%)	1	
Itching Or Pain		
Pramoxine/Hydrocortisone (Cream 1-2.5%)	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate (Suppository 25 mg)	1	
Lidocaine/Hydrocortisone (Perianal Cream 3%-0.5%)	1	
Irritable Bowel Or Ulcers		
Hyoscyamine Sulfate	1	
Levbid	3	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Avanafil	1	QL (maximum of 6 tablets per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Vyleesi	3	QL (maximum of 8 injections per 30 days)
Urinary Tract Infection		
Uro-MP (118 mg)	3	
Urinary Tract Spasm And Pain		
Belladonna Alkaloids & Opium (Suppositories)	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin and mineral deficiencies		
Potassium Supplement		
K-Phos (Tab)	3	
Potassium Bicarbonate (Effervescent Tab 25 mEq)	1	
Vitamins And Minerals		
Cyanocobalamin (Injection) (Vitamin B12) (1000 mcg)	1	
Folic Acid (1 mg) (Rx only)	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Folic Acid-Vitamin B6-Vitamin B12 (Tablet 2.5-25-1 mg)	1	
Phytonadione (Tab)	1	
Reno (Cap)	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	
Brompheniramine/Pseudoephedrine/ Dextromethorphan (Syrup)	1	
Guaifenesin/Codeine (Syrup)	1	DL
Hydrocodone Polst/Chlorpheniramine (ER Susp) (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine (Syrup)	1	DL
Promethazine/Dextromethorphan (Syrup)	1	

Bold type = Brand name drug Plain type = Generic drug

Drugs with coverage rules or limits are noted in the chart and described below.

QL - Quantity limits

The plan will only cover a certain amount of this drug for one copay or over a certain number of days. These limits can help ensure safe and effective use of the drug.

MME - Morphine Milligram Equivalent

Additional quantity limits may apply to all opioid drugs used to treat pain. This additional limit is called a cumulative Morphine Milligram Equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than one opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used to treat pain may be limited to a 7-day supply if you don't have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit when appropriate.

DL - Dispensing limit

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

BDL: U

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copay, and restrictions may apply.

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

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

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