



Plan guide 2022

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

NMRHCA PLAN I - 13651

NMRHCA PLAN II - 13650

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13651, 13650



Effective: January 1, 2022 through December 31, 2022

**United
Healthcare**


NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

Table of contents

Introduction 3

Plan information

Benefit highlights 6
Plan details 13
Summary of benefits 24

Drug list

Drug list 52

What's next

Here's what you can expect next 76
Statements of understanding 77

Introducing the plans

UnitedHealthcare® Group Medicare Advantage (PPO) plans

Dear Retiree,

Your plan sponsor, NMRHCA, has selected UnitedHealthcare for health care coverage for all eligible retirees. As a UnitedHealthcare Medicare Advantage plan member, you'll have a team committed to understanding your needs, connecting you to care and helping you manage your health.

Let us help you:

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

In this book, you will find:

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

How to enroll

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

Take advantage of healthy extras with UnitedHealthcare



Virtual Visits



HouseCalls



Gym membership

Questions? We're here to help.



www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

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Plan information

Benefit highlights

NMRHCA PLAN I 13651

Effective January 1, 2022 to December 31, 2022

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

Plan Costs

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

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

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

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay	\$0 copay
Ambulance	\$100 copay	
Emergency care	\$50 copay (worldwide)	
Urgently needed services	\$20 copay (worldwide)	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Acupuncture – routine	\$15 copay, 20 visits per plan year*	\$15 copay, 20 visits per plan year*
Chiropractic - routine	\$20 copay, 36 visits per plan year*	\$20 copay, 36 visits per plan year*
Foot care - routine	\$25 copay, 6 visits per plan year*	\$25 copay, 6 visits per plan year*
Hearing - routine exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
Hearing aids	Plan pays a \$500 allowance (combined for both ears) for hearing aids every 3 years* .	Plan pays a \$500 allowance (combined for both ears) for hearing aids every 3 years* .
Vision - routine eye exam	\$25 copay, 1 exam every 12 months*	\$25 copay, 1 exam every 12 months*
Fitness program SilverSneakers®	\$0 copay for a standard gym membership at participating locations	
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.	

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Preferred Brand	\$35 copay	\$70 copay
Tier 3: Non-preferred Drug	\$70 copay	\$140 copay
Tier 4: Specialty Tier	\$70 copay	\$140 copay

Prescription Drugs

	Your Cost
Coverage gap stage	After your total drug costs reach \$4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,050, you will pay the greater of \$3.95 copay for generic (including brand drugs treated as generic), \$9.85 copay for all other drugs, or 5% coinsurance

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

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

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Benefit highlights

NMRHCA PLAN II 13650

Effective January 1, 2022 to December 31, 2022

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

Plan Costs

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

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

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

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay	\$0 copay
Ambulance	\$100 copay	
Emergency care	\$50 copay (worldwide)	
Urgently needed services	\$20 copay (worldwide)	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Acupuncture – routine	\$15 copay, 20 visits per plan year*	\$15 copay, 20 visits per plan year*
Chiropractic - routine	\$20 copay, 36 visits per plan year*	\$20 copay, 36 visits per plan year*
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Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$35 copay	\$70 copay
Tier 4: Specialty Tier	\$35 copay	\$70 copay

Prescription Drugs

	Your Cost
Coverage gap stage	After your total drug costs reach \$4,430, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,050, you will pay the greater of \$3.95 copay for generic (including brand drugs treated as generic), \$9.85 copay for all other drugs, or 5% coinsurance

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

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

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Plan details

UnitedHealthcare Group Medicare Advantage (PPO)

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

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



Make sure you know what parts of Medicare you have

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

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security
- Visit 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 these group-sponsored plans
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

Medicare Advantage coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Medicare Part D
Prescription drugs

+



Extra programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

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

✓ One plan at a time

- You may be enrolled in only 1 Medicare Advantage plan and 1 Medicare Part D prescription drug plan at a time
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you enroll in another Medicare Advantage plan or a standalone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from these plans
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor



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

Questions? We're here to help.



www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

How your medical coverage works

Your plan options are Preferred Provider Organization (PPO) plans

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

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

View your plan information online

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

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

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

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

How your prescription drug coverage works

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

Here are answers to common questions:

What pharmacies can I use?

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

What is a drug-cost tier?

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

What will I pay for my prescription drugs?

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

Can I have more than 1 prescription drug plan?

No. You can only have 1 Medicare plan that includes prescription drug coverage at a time. If you enroll in another Medicare Part D prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you will be disenrolled from this plan.

Questions? We're here to help.

 www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

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

Ways to save on your prescription drugs

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



The UnitedHealthcare Savings Promise

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



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 2 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 added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

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

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



Call Social Security to see if you qualify for Extra Help

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

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

Questions? We're here to help.



www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week

Getting the health care coverage you may need

Your care begins with your doctor

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

Finding a doctor is easy

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

Why use a UnitedHealthcare network doctor?

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

An out-of-network provider does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

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

Filling your prescriptions is convenient

UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.¹

¹2021 Internal Report Data

Take advantage of UnitedHealthcare's additional support and programs



Annual Wellness Visit¹ and many preventive services at \$0 copay

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



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

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

Every visit includes tailored recommendations on health care screenings and a chance to:

- Review current medications
- Receive 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 a personalized checklist and send a summary to your regular doctor.



Video visits from UnitedHealthcare® HouseCalls

A HouseCalls video visit uses technology to connect plan members with a health care professional for up to a full hour to review your health history and current medications, discuss important health screenings, identify health risks and provide health education.



Telephonic Nurse Support³

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



Special programs for people with chronic or complex health needs

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



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 Doctor On Demand™, Amwell® and Teladoc® apps.

Virtual doctor visits

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

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

Virtual behavioral health visits

May be best for:

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



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

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+⁴ UnitedHealthcare Hearing providers nationwide⁵ or delivered to your doorstep with Right2You direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.



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 website where you'll be able to:

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



Be active and have fun with a gym membership

SilverSneakers® includes memberships to thousands of locations nationwide, group exercise classes designed for all abilities, on-demand video library, live virtual classes and workshops, and fun activities held outside the gym. Classes, equipment, facilities and services may vary by location.



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

Explore Renew by UnitedHealthcare,^{®7} 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, Rewards* and more — all at no additional cost

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

²HouseCalls may not be available in all areas.

³The Telephonic 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 provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

⁴2021 Internal Data.

⁵Please refer to your Summary of Benefits for details regarding your benefit coverage.

⁶SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

⁷Renew by UnitedHealthcare is not available in all plans.

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

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

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Summary of benefits 2022

Medicare Advantage plan
with prescription drugs

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): NMRHCA PLAN I
Group Number: 13651

H2001-816-000

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



Toll-free **1-866-622-8014**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.uhcretiree.com/NMRHCA



Y0066_SB_H2001_816_000_2022_M

Summary of benefits

January 1, 2022 - December 31, 2022

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

About this plan

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

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

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

About providers and network pharmacies

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

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care¹		\$250 copay per stay	\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$100 copay	\$100 copay
	Outpatient surgery	\$100 copay	\$100 copay
	Outpatient hospital services, including observation	\$100 copay	\$100 copay
Doctor Visits	Primary Care Provider	\$5 copay	\$5 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
	Specialists ¹	\$25 copay	\$25 copay
Preventive Services	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening 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	

Benefits

		In-Network	Out-of-Network
		<p>Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time)</p>	
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$20 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$25 copay	\$25 copay
	Lab services ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Diagnostic tests and procedures ¹	\$25 copay	\$25 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay	\$25 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$500 allowance (combined for both ears) for hearing aid(s) every 3 years* .	The plan pays up to a \$500 allowance (combined for both ears) for hearing aid(s) every 3 years* .
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay	\$25 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$25 copay, 1 exam every 12 months*	\$25 copay, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	\$250 copay per stay, up to 190 days	\$250 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay

Benefits

		In-Network	Out-of-Network
	Virtual Behavioral Visits	\$20 copay	\$20 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient rehabilitation (physical, occupational, or speech/language therapy)¹		\$10 copay	\$10 copay
Ambulance²		\$100 copay	
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$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 www.uhcretiree.com/NMRHCA or call Customer Service to have a hard copy sent to you.

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

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Preferred Brand	\$35 copay	\$70 copay
Tier 3: Non-preferred Drug	\$70 copay	\$140 copay
Tier 4: Specialty Tier	\$70 copay	\$140 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 	

Additional Benefits

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

Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay	\$0 copay
Fitness program SilverSneakers®	<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, call 1-888-423-4632, TTY 711, 7 a.m. to 7 p.m. CT, Monday through Friday, or visit SilverSneakers.com.</p>		
Foot Care (podiatry services)	Foot exams and treatment ¹	\$25 copay	\$25 copay
	Routine foot care	\$25 copay, 6 visits per plan year*	\$25 copay, 6 visits per plan year*
Home Health Care ¹		\$0 copay	\$0 copay
Hospice	<p>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.</p>		

Additional Benefits

		In-Network	Out-of-Network
Telephonic Nurse Services		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
Renal Dialysis¹		\$0 copay	\$0 copay

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

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

*Benefits are combined in and out-of-network

Required Information

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

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-622-8014 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-622-8014, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

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

Summary of benefits 2022

Medicare Advantage plan
with prescription drugs

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): NMRHCA PLAN II
Group Number: 13650

H2001-816-000

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



Toll-free **1-866-622-8014**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com/NMRHCA



Y0066_SB_H2001_816_000_2022_M

Summary of benefits

January 1, 2022 - December 31, 2022

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

About this plan

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

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

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

About providers and network pharmacies

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

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care¹		\$250 copay per stay	\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$100 copay	\$100 copay
	Outpatient surgery	\$100 copay	\$100 copay
	Outpatient hospital services, including observation	\$100 copay	\$100 copay
Doctor Visits	Primary Care Provider	\$5 copay	\$5 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
	Specialists ¹	\$25 copay	\$25 copay
Preventive Services	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening 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	

Benefits

		In-Network	Out-of-Network
		<p>Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time)</p>	
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$20 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$25 copay	\$25 copay
	Lab services ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Diagnostic tests and procedures ¹	\$25 copay	\$25 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay	\$25 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$500 allowance (combined for both ears) for hearing aid(s) every 3 years* .	The plan pays up to a \$500 allowance (combined for both ears) for hearing aid(s) every 3 years* .
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay	\$25 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$25 copay, 1 exam every 12 months*	\$25 copay, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	\$250 copay per stay, up to 190 days	\$250 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay

Benefits

		In-Network	Out-of-Network
	Virtual Behavioral Visits	\$20 copay	\$20 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient rehabilitation (physical, occupational, or speech/language therapy)¹		\$10 copay	\$10 copay
Ambulance²		\$100 copay	
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$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 www.UHCRetiree.com/NMRHCA or call Customer Service to have a hard copy sent to you.

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

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$35 copay	\$70 copay
Tier 4: Specialty Tier	\$35 copay	\$70 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 	

Additional Benefits

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

Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay	\$0 copay
Fitness program SilverSneakers®	<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, call 1-888-423-4632, TTY 711, 7 a.m. to 7 p.m. CT, Monday through Friday, or visit SilverSneakers.com.</p>		
Foot Care (podiatry services)	Foot exams and treatment ¹	\$25 copay	\$25 copay
	Routine foot care	\$25 copay, 6 visits per plan year*	\$25 copay, 6 visits per plan year*
Home Health Care¹		\$0 copay	\$0 copay
Hospice	<p>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.</p>		

Additional Benefits

		In-Network	Out-of-Network
Telephonic Nurse Services		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
Renal Dialysis¹		\$0 copay	\$0 copay

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

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

*Benefits are combined in and out-of-network

Required Information

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

You must continue to pay your Medicare Part B premium.

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

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

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

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug list

Drug list

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2021. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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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 having the pharmacy contact the plan.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T3 - QL	Acyclovir (Oral Capsule),T1
Abilify Maintena (Intramuscular Prefilled Syringe),T4	Acyclovir (Oral Tablet),T1
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4	Adacel (Intramuscular Suspension),T2 - QL
Abiraterone Acetate (250MG Oral Tablet),T3 - PA	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Acamprosate Calcium (Oral Tablet Delayed Release),T3	Advair HFA (Inhalation Aerosol),T2 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Acetazolamide (Oral Tablet),T2	Albendazole (Oral Tablet),T3 - QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T2	Alcohol Prep Pads,T2
Acthar (Injection Gel),T4 - PA	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
	Allopurinol (Oral Tablet),T1
	Alosetron HCl (Oral Tablet),T4 - PA

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.

Alphagan P (0.1% Ophthalmic Solution),T2

Alphagan P (0.15% Ophthalmic Solution),T3

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Alrex (Ophthalmic Suspension),T3

Alyq (Oral Tablet),T3 - PA

Amantadine HCl (Oral Capsule),T2

Amantadine HCl (Oral Syrup),T1

Amantadine HCl (Oral Tablet),T2

Ambrisentan (Oral Tablet),T4 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T3

Amiodarone HCl (200MG Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T3 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T2 - QL

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

Ampyra (Oral Tablet Extended Release 12 Hour),T4 - ST; QL

Anagrelide HCl (Oral Capsule),T2

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T2

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

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

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

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T3 - PA

Aranesp (Albumin Free) (200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - PA

Aripiprazole (Oral Tablet),T1 - QL

Aristada (Intramuscular Prefilled Syringe),T4

Aristada Initio (Intramuscular Prefilled Syringe),T4

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

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

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

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

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Atazanavir Sulfate (Oral Capsule),T3 - QL
Atenolol (Oral Tablet),T1
Atomoxetine HCl (Oral Capsule),T3
Atorvastatin Calcium (Oral Tablet),T1 - QL
Atovaquone-Proguanil HCl (Oral Tablet),T3
Atrovent HFA (Inhalation Aerosol Solution),T3
Aubagio (Oral Tablet),T4 - QL
Auryxia (Oral Tablet),T4 - PA
Austedo (Oral Tablet),T4 - PA; QL
Avonex Pen (Intramuscular Auto-Injector Kit),T4
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4
Azasite (Ophthalmic Solution),T3
Azathioprine (Oral Tablet),T1 - B/D,PA
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2
Azelastine HCl (Ophthalmic Solution),T1
Azithromycin (Oral Packet),T1
Azithromycin (Oral Tablet),T1
B
BRIVIACT (Oral Solution),T4 - PA
BRIVIACT (Oral Tablet),T4 - PA
Baclofen (Oral Tablet),T1
Balsalazide Disodium (Oral Capsule),T3
Baqsimi One Pack (Nasal Powder),T2
Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST
Belsomra (Oral Tablet),T2 - QL
Benazepril HCl (Oral Tablet),T1 - QL
Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL
Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM

Bold type = Brand name drug

Bepreve (Ophthalmic Solution),T3
Berinert (Intravenous Kit),T4 - PA
Besivance (Ophthalmic Suspension),T3
Betaseron (Subcutaneous Kit),T4
Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet),T2
Bethanechol Chloride (50MG Oral Tablet),T3
Betimol (Ophthalmic Solution),T3
Bevespi Aerosphere (Inhalation Aerosol),T3 - ST
Bexarotene (Oral Capsule),T4 - PA
BiDil (Oral Tablet),T2
Bicalutamide (Oral Tablet),T1
Bisoprolol Fumarate (Oral Tablet),T1
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Bosentan (Oral Tablet),T4 - PA; QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Breztri Aerosphere (Inhalation Aerosol),T2 - QL
Brilinta (Oral Tablet),T2 - QL
Brimonidine Tartrate (0.15% Ophthalmic Solution),T3
Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
Budesonide (Inhalation Suspension),T3 - B/D,PA
Budesonide (Oral Capsule Delayed Release Particles),T3
Bumetanide (Oral Tablet),T2
Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL
Buprenorphine HCl (Tablet Sublingual),T1 - QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T3 - QL

Plain type = Generic drug

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

Bupropion HCl (Oral Tablet Immediate Release),T1	Tablet, 50MG Oral Tablet),T2 - QL
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3	Carbaglu (Oral Tablet),T4
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1	Carbamazepine (Oral Tablet Immediate Release),T2
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2
Buspirone HCl (Oral Tablet),T1	Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T3
Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly),T3 - 7D; DL; QL	Carbidopa-Levodopa-Entacapone (Oral Tablet),T3
Butrans (20MCG/HR Transdermal Patch Weekly),T4 - 7D; DL; QL	Carvedilol (Oral Tablet),T1
Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL	Cefuroxime Axetil (Oral Tablet),T1
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Celecoxib (Oral Capsule),T2 - QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1
Bystolic (Oral Tablet),T2 - QL	Cephalexin (750MG Oral Capsule),T3
C	Cephalexin (Oral Tablet),T2
Cabergoline (Oral Tablet),T2	Chantix (Oral Tablet),T2
Calcitriol (External Ointment),T3	Chantix Continuing Month Pak (Oral Tablet),T2
Calcitriol (Oral Capsule),T1 - B/D,PA	Chantix Starting Month Pak (Oral Tablet),T2
Calcium Acetate (667MG Oral Tablet),T2	Chlorhexidine Gluconate (Mouth Solution),T1
Calcium Acetate (Phosphate Binder) (Oral Capsule),T2	Chlorthalidone (Oral Tablet),T1
Captopril (100MG Oral Tablet),T3 - QL	Cholestyramine (Oral Packet),T3
Captopril (12.5MG Oral Tablet, 25MG Oral	Cholestyramine Light (Oral Packet),T3
	Cilostazol (Oral Tablet),T1
	Cimetidine (Oral Tablet),T2
	Cimetidine HCl (300MG/5ML Oral Solution),T2
	Cinacalcet HCl (30MG Oral Tablet),T3 - B/D,PA; QL
	Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T4 - B/D,PA; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Cinryze (Intravenous Solution Reconstituted),T4 - PA

Ciprodex (Otic Suspension),T3

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

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T2

Clenpiq (Oral Solution),T2

Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM

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

Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T2 - QL

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

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

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1

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

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

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

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

Colcrys (Oral Tablet),T3 - PA

Colesevelam HCl (Oral Tablet),T3

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Inhalation Aerosol Solution),T2 - QL

Copaxone (Subcutaneous Solution Prefilled Syringe),T4

Corlanor (Oral Solution),T3 - PA; QL

Corlanor (Oral Tablet),T3 - PA; QL

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

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

Cosopt PF (Ophthalmic Solution),T3

Creon (Oral Capsule Delayed Release Particles),T2

Cromolyn Sodium (Inhalation Nebulization Solution),T4 - B/D,PA

Cromolyn Sodium (Oral Concentrate),T2

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

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

D

DARAPRIM (Oral Tablet),T4

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

Dapsone (5% External Gel),T3

Dapsone (Oral Tablet),T2

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

Delzicol (Oral Capsule Delayed Release),T3 - ST

Depen Titratabs (Oral Tablet),T4

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.

Desmopressin Acetate (Oral Tablet),T2	Hour, 300MG Oral Capsule Extended Release 24 Hour),T1
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2	Dipentum (Oral Capsule),T4
Dexamethasone (Oral Tablet),T1	Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM
Dextrose-NaCl (5-0.2% Intravenous Solution),T2	Disulfiram (Oral Tablet),T2
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2
Diazepam (5MG/5ML Oral Solution),T1	Divalproex Sodium (Oral Tablet Delayed Release),T1
Diazepam Intensol (5MG/ML Oral Concentrate),T2 - QL	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Diclofenac Potassium (Oral Tablet),T2	Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Diclofenac Sodium (1% External Gel),T2 - QL	Donepezil HCl (23MG Oral Tablet),T2 - QL
Diclofenac Sodium (Oral Tablet Delayed Release),T1	Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1
Dicyclomine HCl (Oral Capsule),T1 - HRM	Doxazosin Mesylate (Oral Tablet),T1
Dicyclomine HCl (Oral Tablet),T1 - HRM	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2
Difucid (Oral Suspension Reconstituted),T4	Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T3
Difucid (Oral Tablet),T4	Doxycycline Hyclate (Oral Capsule),T2
Digoxin (125MCG Oral Tablet),T3 - HRM; QL	Dronabinol (Oral Capsule),T3 - PA
Digoxin (250MCG Oral Tablet),T3 - PA; HRM	Dulera (Inhalation Aerosol),T3 - QL
Dihydroergotamine Mesylate (Nasal Solution),T4 - PA; QL	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL
Diltiazem HCl (Oral Tablet Immediate Release),T1	Dutasteride (Oral Capsule),T2
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2	Dymista (Nasal Suspension),T3
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	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

E		
Edarbi (Oral Tablet),T3 - QL	Epclusa (Oral Tablet),T4 - PA; QL	
Edarbyclor (Oral Tablet),T3 - QL	EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL	
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T4 - QL	EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL	
Elidel (External Cream),T3 - ST; QL	Epiduo (External Gel),T3 - ST	
Eliquis (Oral Tablet),T2 - QL	Epiduo Forte (External Gel),T3 - ST	
Eliquis Starter Pack (Oral Tablet),T2 - QL	Epinephrine (Injection Solution Auto-Injector),T2 - QL	
Elmiron (Oral Capsule),T4	Eplerenone (25MG Oral Tablet),T2	
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Eplerenone (50MG Oral Tablet),T3	
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Equetro (Oral Capsule Extended Release 12 Hour),T3	
Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL	Ergotamine-Caffeine (Oral Tablet),T2	
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T4 - QL	Erleada (Oral Tablet),T4 - PA	
Enalapril Maleate (Oral Tablet),T1 - QL	Ertapenem Sodium (Injection Solution Reconstituted),T3	
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Escitalopram Oxalate (Oral Tablet),T1	
Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Estradiol (Oral Tablet),T3 - PA; HRM	
Enbrel (Subcutaneous Solution Reconstituted),T4 - PA; QL	Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL	
Enbrel (Subcutaneous Solution),T4 - PA; QL	Estradiol (Vaginal Cream),T2	
Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL	Ethosuximide (Oral Capsule),T2	
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Ethosuximide (Oral Solution),T2	
Entacapone (Oral Tablet),T3	Eucrisa (External Ointment),T3 - PA; QL	
Entecavir (Oral Tablet),T3	Extavia (Subcutaneous Kit),T4	
Entresto (Oral Tablet),T2 - QL	Ezetimibe (Oral Tablet),T1	
Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA	Ezetimibe-Simvastatin (Oral Tablet),T2 - QL	
	F	
	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1	
	Farxiga (Oral Tablet),T2 - QL	
	Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA	

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

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1

Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL

Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T2 - 7D; MME; DL; QL

Finacea (External Foam),T3 - QL

Finacea (External Gel),T3 - QL

Finasteride (5MG Oral Tablet) (Generic Proscar),T1

Flac (Otic Oil),T2

Flarex (Ophthalmic Suspension),T3

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

Fluocinolone Acetonide (External Cream),T2

Fluocinolone Acetonide (External Ointment),T2

Fluocinolone Acetonide (Otic Oil),T2

Fluphenazine HCl (Oral Tablet),T3

Fluticasone Propionate (External Cream),T2

Fluticasone Propionate (External Lotion),T3

Fluticasone Propionate (External Ointment),T2

Fluticasone Propionate (Nasal Suspension),T1

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

Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous

Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4

Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL

Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T4 - QL

Fycompa (2MG Oral Tablet),T3 - QL

Fycompa (Oral Suspension),T4 - QL

G

Gabapentin (Oral Capsule),T1

Gabapentin (Oral Tablet),T1

Gammagard (2.5GM/25ML Injection Solution),T4 - PA

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA

Gemfibrozil (Oral Tablet),T1

Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA

Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA

Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA

Gentamicin Sulfate (Ophthalmic Solution),T1

Gilenya (0.5MG Oral Capsule),T4 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4

Glatopa (Subcutaneous Solution Prefilled Syringe),T4

T1 = Tier 1

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Glipizide (Oral Tablet Immediate Release),T1 - QL

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

Glucagon (Injection Kit) (Lilly),T2

Glyxambi (Oral Tablet),T2 - QL

Gocovri (Oral Capsule Extended Release 24 Hour),T4 - PA

Guanidine HCl (125MG Oral Tablet),T3

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

Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2

H

Haegarda (Subcutaneous Solution Reconstituted),T4 - PA

Haloperidol (Oral Tablet),T1

Harvoni (90-400MG Oral Tablet),T4 - PA; QL

Harvoni (Oral Packet),T4 - PA; QL

Humalog (Subcutaneous Solution Cartridge),T2

Humalog (Subcutaneous Solution),T2

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog Mix 50/50 (Subcutaneous Suspension),T2

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humalog Mix 75/25 (Subcutaneous Suspension),T2

Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL

Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL

Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL

Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL

Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL

Humulin 70/30 (Subcutaneous Suspension),T2

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin N (Subcutaneous Suspension),T2

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin R (Injection Solution),T2

Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2

Hydralazine HCl (Oral Tablet),T1

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

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

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

Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL

Hydroxyurea (Oral Capsule),T1

Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM

I

Ibandronate Sodium (Oral Tablet),T2

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1

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Ilevro (Ophthalmic Suspension),T2	Prefilled Syringe),T4
Imatinib Mesylate (Oral Tablet),T3 - PA; QL	Inveltys (Ophthalmic Suspension),T3
Imiquimod (3.75% External Cream),T4 - PA	Invokamet (Oral Tablet Immediate Release),T3 - ST; QL
Imiquimod (5% External Cream),T2 - QL	Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Invexxy Maintenance Pack (Vaginal Insert),T2 - PA	Invokana (Oral Tablet),T3 - ST; QL
Invexxy Starter Pack (Vaginal Insert),T2 - PA	Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL	Ipratropium Bromide (Nasal Solution),T2
Ingrezza (40MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL	Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA
Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL	Irbesartan (Oral Tablet),T1 - QL
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2	Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2	Isentress (Oral Tablet),T4 - QL
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2	Isoniazid (Oral Tablet),T1
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2	Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1
Insulin Syringes, Needles,T2	Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T4
Intrarosa (Vaginal Insert),T3 - PA; QL	Isosorbide Mononitrate (Oral Tablet Immediate Release),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),T4	Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3	Isturisa (Oral Tablet),T4 - PA
Invega Trinza (Intramuscular Suspension	Ivermectin (Oral Tablet),T1
	J
	Janumet (Oral Tablet Immediate Release),T2 - QL
	Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL
	Januvia (Oral Tablet),T2 - QL

T1 = Tier 1

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Jardiance (Oral Tablet),T2 - QL
Jentaduetto (Oral Tablet Immediate Release),T2 - QL
Jentaduetto XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Jublia (External Solution),T3
K
Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA
Kalydeco (Oral Tablet),T4 - PA
Kazano (Oral Tablet),T3 - ST; QL
Ketoconazole (External Cream),T1 - QL
Ketorolac Tromethamine (Ophthalmic Solution),T2
Klor-Con 10 (Oral Tablet Extended Release),T1
Klor-Con 8 (Oral Tablet Extended Release),T1
Klor-Con M10 (Oral Tablet Extended Release),T1
Klor-Con M20 (Oral Tablet Extended Release),T1
Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Korlym (Oral Tablet),T4 - PA
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL
L
Lactulose (10GM/15ML Oral Solution),T1
Lactulose (Oral Packet),T3
Lamivudine (100MG Oral Tablet),T2
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL
Lamotrigine (Oral Tablet Immediate Release),T1
Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2
Lastacaft (Ophthalmic Solution),T2
Latanoprost (Ophthalmic Solution),T1
Latuda (Oral Tablet),T4 - QL
Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL
Leflunomide (Oral Tablet),T2
Letrozole (Oral Tablet),T1
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2
Leucovorin Calcium (25MG Oral Tablet),T3
Leucovorin Calcium (5MG Oral Tablet),T1
Leukeran (Oral Tablet),T4
Levemir (Subcutaneous Solution),T2
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2
Levetiracetam (Oral Tablet Immediate Release),T1
Levocarnitine (Oral Tablet),T2
Levocetirizine Dihydrochloride (Oral Tablet),T1
Levofloxacin (Oral Tablet),T1
Levothyroxine Sodium (Oral Tablet),T1
Lialda (Oral Tablet Delayed Release),T4 - ST; QL
Lidocaine (5% External Ointment),T2 - QL
Lidocaine (5% External Patch),T3 - PA; QL
Lidocaine HCl (4% External Solution),T3
Lidocaine Viscous (2% Mouth/Throat Solution),T1
Lidocaine-Prilocaine (External Cream),T2
Lindane (External Shampoo),T3
Linzess (Oral Capsule),T2 - QL
Liothyronine Sodium (Oral Tablet),T1
Lisinopril (Oral Tablet),T1 - QL

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Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL
Lithium Carbonate (Oral Capsule),T1	Mayzent Starter Pack (Oral Tablet Therapy Pack),T4 - QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Meclizine HCl (12.5MG Oral Tablet),T1 - HRM
Livalo (Oral Tablet),T2 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lokelma (Oral Packet),T3 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lonhala Magnair (Inhalation Solution),T4 - QL	Meloxicam (Oral Tablet),T1
Loperamide HCl (Oral Capsule),T1	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Lorazepam (Oral Tablet),T1 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL
Lorazepam Intensol (Oral Concentrate),T1 - QL	Mercaptopurine (Oral Tablet),T2
Losartan Potassium (Oral Tablet),T1 - QL	Meropenem (1GM Intravenous Solution Reconstituted),T3
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Meropenem (500MG Intravenous Solution Reconstituted),T2
Lotemax (Ophthalmic Gel),T3	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL
Lotemax (Ophthalmic Ointment),T3	Metformin HCl (Oral Tablet Immediate Release),T1 - QL
Lotemax (Ophthalmic Suspension),T3	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL
Lotemax SM (Ophthalmic Gel),T3	Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL
Lovastatin (Oral Tablet),T1 - QL	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lumigan (Ophthalmic Solution),T2	Methazolamide (Oral Tablet),T3
Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA	Methimazole (Oral Tablet),T1
Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA	Methotrexate (Oral Tablet),T1
Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA	Methyldopa (Oral Tablet),T3 - PA; HRM
Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA	Methylphenidate HCl (Oral Tablet Chewable),T3 - QL
Luzu (External Cream),T3 - QL	Methylphenidate HCl (Oral Tablet Immediate
Lysodren (Oral Tablet),T4	
Lyumjev (Injection Solution),T2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2	
M	
Mavyret (Oral Tablet),T4 - PA; QL	

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Release) (Generic Ritalin),T2 - QL	Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T3 - 7D; MME; DL; QL
Methylprednisolone (Oral Tablet Therapy Pack),T1	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL
Methylprednisolone (Oral Tablet),T1	Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL
Metoclopramide HCl (Oral Tablet),T1	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 7D; MME; DL; QL
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	Motegrity (Oral Tablet),T3 - QL
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	Movantik (Oral Tablet),T2 - QL
Metrogel (External Gel),T3	Moxeza (Ophthalmic Solution),T3
Metronidazole (0.75% External Cream),T2	Multaq (Oral Tablet),T2
Metronidazole (0.75% External Gel, 1% External Gel),T3	Myrbetriq (Oral Tablet Extended Release 24 Hour),T2
Metronidazole (0.75% External Lotion),T3	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1	N
Metronidazole (375MG Oral Capsule),T3	Nadolol (Oral Tablet),T2
Migergot (Rectal Suppository),T4	Naftifine HCl (2% External Cream),T3
Minocycline HCl (Oral Capsule),T1	Naftin (External Gel),T3
Minocycline HCl (Oral Tablet Immediate Release),T3	Naloxone HCl (0.4MG/ML Injection Solution),T1
Minoxidil (Oral Tablet),T1	Naloxone HCl (Injection Solution Cartridge),T1
Mirtazapine (Oral Tablet),T1	Naloxone HCl (Injection Solution Prefilled Syringe),T1
Mirtazapine ODT (Oral Tablet Dispersible),T2	Naltrexone HCl (Oral Tablet),T2
Mirvaso (External Gel),T3	Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL
Misoprostol (Oral Tablet),T2	Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL
Mitigare (Oral Capsule),T2	
Modafinil (Oral Tablet),T2 - PA; QL	
Mometasone Furoate (Nasal Suspension),T3	
Montelukast Sodium (Oral Packet),T2 - QL	
Montelukast Sodium (Oral Tablet),T1 - QL	
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 10MG Oral Capsule Extended Release 24 Hour, 20MG	

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Naproxen (Oral Tablet Immediate Release),T1	NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA
Narcan (Nasal Liquid),T2	NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA
Nayzilam (Nasal Solution),T3 - PA; QL	NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T3	Novolin 70/30 (Subcutaneous Suspension),T3 - PA
Neomycin-Polymyxin-HC (Otic Suspension),T2	Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA
Nesina (Oral Tablet),T3 - ST; QL	Novolin N (Subcutaneous Suspension),T3 - PA
Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA	Novolin R (Injection Solution),T3 - PA
Neupro (Transdermal Patch 24 Hour),T3	Nubeqa (Oral Tablet),T4 - PA
Nevanac (Ophthalmic Suspension),T3	Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2	Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL	Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T2	Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL
Nicotrol (Inhalation Inhaler),T3	Nuedexta (Oral Capsule),T4 - PA; QL
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T2 - HRM	Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA
Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM	Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA
Nitroglycerin (Tablet Sublingual),T1	Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA
Nivestym (Injection Solution Prefilled Syringe),T4 - ST	Nystatin (External Cream),T1
Nivestym (Injection Solution),T4 - ST	Nystatin (External Ointment),T1
Nizatidine (Oral Capsule),T2	Nystatin (External Powder),T1 - QL
Norethindrone Acetate (5MG Oral Tablet),T1	O
Nortriptyline HCl (Oral Capsule),T1 - PA; HRM	Ofloxacin (Ophthalmic Solution),T1
NovoLog (Subcutaneous Solution),T3 - PA	Ofloxacin (Otic Solution),T2
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA	Olanzapine (Oral Tablet),T1 - QL

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T2 = Tier 2

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T4 = Tier 4

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Olmesartan Medoxomil (Oral Tablet),T1 - QL	QL
Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL	Oxycodone HCl (5MG Oral Capsule),T2 - 7D; MME; DL; QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet),T3 - QL	Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL
Olopatadine HCl (Ophthalmic Solution),T2	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T2	Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL
Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL	Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T2 - QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1	P
Ondansetron HCl (Oral Tablet),T1 - B/D,PA	Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL
Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA	Penicillin V Potassium (Oral Tablet),T1
Onglyza (Oral Tablet),T3 - ST; QL	Pentasa (Oral Capsule Extended Release),T3 - QL
Opsumit (Oral Tablet),T4 - PA	Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL
Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA	Permethrin (External Cream),T2
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA	Perseris (Subcutaneous Prefilled Syringe),T4
Orilissa (Oral Tablet),T4 - PA; QL	Phenytoin Sodium Extended (Oral Capsule),T1
Oseltamivir Phosphate (Oral Capsule),T2	Phoslyra (Oral Solution),T2
Oseni (Oral Tablet),T3 - ST; QL	Pilocarpine HCl (Oral Tablet),T3
Osphena (Oral Tablet),T2 - PA; QL	Pimecrolimus (External Cream),T3 - ST; QL
Oxcarbazepine (Oral Tablet),T2	Pioglitazone HCl (Oral Tablet),T1 - QL
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2	Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 - 7D; MME; DL;	Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL
	Pomalyst (Oral Capsule),T4 - PA
	Potassium Chloride CR (Oral Tablet Extended Release),T1
	Potassium Chloride ER (Oral Capsule Extended Release),T1

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

Potassium Citrate ER (Oral Tablet Extended Release),T3	Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST
Pradaxa (Oral Capsule),T3 - ST; QL	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T2
Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; QL	Q
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1	QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL
Pravastatin Sodium (Oral Tablet),T1 - QL	Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL
Prazosin HCl (Oral Capsule),T1	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T2 - QL
Prednisolone Acetate (Ophthalmic Suspension),T2	Quinapril HCl (Oral Tablet),T1 - QL
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Prednisone (5MG/5ML Oral Solution),T3	R
Premarin (Vaginal Cream),T2	Raloxifene HCl (Oral Tablet),T2
Prenatal (27-1MG Oral Tablet),T1	Ramipril (Oral Capsule),T1 - QL
Prezista (Oral Suspension),T4 - QL	Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T2
Privigen (20GM/200ML Intravenous Solution),T4 - PA	Rasagiline Mesylate (Oral Tablet),T3
ProAir HFA (Inhalation Aerosol Solution),T2	Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2	Rayaldee (Oral Capsule Extended Release),T4 - QL
Proctosol HC (2.5% External Cream),T1	Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST
Progesterone (Oral Capsule),T2	Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST
Prolastin-C (Intravenous Solution Reconstituted),T4 - PA	Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T4 - ST
Prolensa (Ophthalmic Solution),T3	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4 - ST
Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL	Regranex (External Gel),T4 - PA
Promethazine HCl (Oral Tablet),T3 - PA; HRM	Relistor (Oral Tablet),T4 - PA
Propranolol HCl (Oral Tablet),T1	Relistor (Subcutaneous Solution),T4 - PA
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2	
Propylthiouracil (Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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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

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

Retacrit (Injection Solution),T3 - PA

Rexulti (Oral Tablet),T4 - QL

Reyataz (Oral Packet),T4 - QL

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T3

Rifabutin (Oral Capsule),T3

Rifampin (Oral Capsule),T2

Riluzole (Oral Tablet),T2

Rimantadine HCl (Oral Tablet),T3

Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3

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

Risperidone (Oral Tablet),T1

Ritonavir (Oral Tablet),T2 - QL

Rivastigmine Tartrate (Oral Capsule),T2

Rizatriptan Benzoate (Oral Tablet),T2 - QL

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL

Rocklatan (Ophthalmic Solution),T2 - ST

Ropinirole HCl (Oral Tablet Immediate

Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Rybelsus (Oral Tablet),T2 - QL

Rytary (Oral Capsule Extended Release),T3 - ST

S

SPS (Oral Suspension),T2

Sancuso (Transdermal Patch),T4 - QL

Santyl (External Ointment),T3

Saphris (10MG Tablet Sublingual),T4

Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3

Savella (Oral Tablet),T2

Savella Titration Pack (Oral Tablet),T2

Scopolamine (Transdermal Patch 72 Hour),T2 - PA; HRM

Selegiline HCl (Oral Capsule),T2

Selegiline HCl (Oral Tablet),T2

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

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T4

Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T2

Sevelamer HCl (800MG Oral Tablet),T3

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

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA

Silodosin (Oral Capsule),T2 - QL

Silver Sulfadiazine (External Cream),T1

Simbrinza (Ophthalmic Suspension),T2

Simvastatin (Oral Tablet),T1 - QL

Skyrizi (150 MG Dose) (Subcutaneous

Drug list

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Prefilled Syringe Kit),T4 - PA; QL	Symproic (Oral Tablet),T3 - PA; QL
Sodium Polystyrene Sulfonate (Oral Powder),T2	Synjardy (Oral Tablet Immediate Release),T2 - QL
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Solifenacin Succinate (Oral Tablet),T2 - QL	Synthroid (Oral Tablet),T2
Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL	T
Sotalol HCl (Oral Tablet),T1	TOBI Podhaler (Inhalation Capsule),T4 - PA; QL
Sotalol HCl AF (Oral Tablet),T2	Tadalafil (PAH) (20MG Oral Tablet),T3 - PA
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Tamoxifen Citrate (Oral Tablet),T1
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Tamsulosin HCl (Oral Capsule),T1
Spironolactone (Oral Tablet),T1	Targretin (External Gel),T4 - PA; QL
Sprycel (Oral Tablet),T4 - PA	Tasigna (Oral Capsule),T4 - PA
Stiolto Respimat (Inhalation Aerosol Solution),T2	Tecfidera (Oral Capsule Delayed Release),T4 - QL
Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST	Tecfidera Starter Pack (Oral),T4 - QL
Suboxone (Sublingual Film),T3 - QL	Telmisartan (Oral Tablet),T1 - QL
Sucralfate (Oral Suspension),T3	Telmisartan-HCTZ (Oral Tablet),T2 - QL
Sucralfate (Oral Tablet),T1	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2 - HRM; QL
Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1	Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL
Sulfasalazine (Oral Tablet Delayed Release),T1	Terazosin HCl (Oral Capsule),T1
Sulfasalazine (Oral Tablet Immediate Release),T1	Terbinafine HCl (Oral Tablet),T1
Sumatriptan Succinate (Oral Tablet),T1 - QL	Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA
Sunosi (Oral Tablet),T3 - PA; QL	Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T3
Suprep Bowel Prep Kit (Oral Solution),T2	Testosterone Cypionate (Intramuscular Solution),T1
Symbicort (Inhalation Aerosol),T2 - QL	
SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA	
SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA	

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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Theophylline (Oral Solution),T3	Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T3	Tranexamic Acid (Oral Tablet),T2
Theophylline ER (Oral Tablet Extended Release 24 Hour),T1	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T1	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution) (Generic Istalol),T3	Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2	Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Timoptic Ocudose (Ophthalmic Solution),T3	Tresiba (Subcutaneous Solution),T2
Tivicay (25MG Oral Tablet),T3 - QL	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
Tivicay (50MG Oral Tablet),T4 - QL	Tretinoin (External Cream),T3 - PA
Tizanidine HCl (Oral Tablet),T1	Tretinoin (External Gel),T3 - PA
Tobramycin (Ophthalmic Solution),T1	Tretinoin (Oral Capsule),T4
Tobramycin-Dexamethasone (Ophthalmic Suspension),T2	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T3	Triamcinolone Acetonide (External Cream),T1
Topiramate (Oral Tablet),T1	Triamterene-HCTZ (Oral Capsule),T1
Toremifene Citrate (Oral Tablet),T4	Triamterene-HCTZ (Oral Tablet),T1
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM
Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL	Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Tracleer (Oral Tablet Soluble),T4 - PA; QL	Trintellix (Oral Tablet),T3
Tracleer (Oral Tablet),T4 - PA; QL	Trulance (Oral Tablet),T3
Tradjenta (Oral Tablet),T2 - QL	Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA

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U		
Uceris (Rectal Foam),T3	Viibryd (Oral Tablet),T3	
Uptravi (Oral Tablet Therapy Pack),T4 - PA; QL	Viibryd Starter Pack (Oral Kit),T3	
Uptravi (Oral Tablet),T4 - PA; QL	Vimpat (Oral Solution),T3 - QL	
Ursodiol (Oral Capsule),T2	Vimpat (Oral Tablet),T3 - QL	
Ursodiol (Oral Tablet),T3	Vosevi (Oral Tablet),T4 - PA; QL	
V		
Valacyclovir HCl (Oral Tablet),T2 - QL	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - QL	
Valganciclovir HCl (Oral Tablet),T2 - QL	Vyvanse (Oral Capsule),T3	
Valproic Acid (Oral Capsule),T2	Vyvanse (Oral Tablet Chewable),T3	
Valproic Acid (Oral Solution),T1	Vyzulta (Ophthalmic Solution),T3	
Valsartan (Oral Tablet),T1 - QL	W	
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Warfarin Sodium (Oral Tablet),T1	
Vascepa (Oral Capsule),T3	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL	
Velphoro (Oral Tablet Chewable),T4	X	
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL	Xarelto (Oral Tablet),T2 - QL	
Veltassa (8.4GM Oral Packet),T3 - QL	Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL	
Ventolin HFA (Inhalation Aerosol Solution),T3 - ST	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T3 - PA; QL	
Verapamil HCl (Oral Tablet Immediate Release),T1	Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - PA; QL	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3	Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - PA; QL	
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xcopri (200MG Oral Tablet),T4 - PA; QL	
Versacloz (Oral Suspension),T4	Xcopri (250MG Daily Dose) (50 & 200MG Oral Tablet Therapy Pack),T4 - PA; QL	
Viberzi (Oral Tablet),T4 - PA; QL	Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack),T4 - PA; QL	
Victoza (Subcutaneous Solution Pen-Injector),T2 - QL	Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL	
	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - PA; QL	
	Xenleta (Oral Tablet),T4 - PA; QL	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Xifaxan (550MG Oral Tablet),T4 - PA	Zarxio (Injection Solution Prefilled Syringe),T4
Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Zelapar ODT (Oral Tablet Dispersible),T4
Xiidra (Ophthalmic Solution),T3 - QL	Zenpep (Oral Capsule Delayed Release Particles),T2
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Zeposia (Oral Capsule),T4 - QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack),T4 - QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL	Zeposia Starter Kit (Oral Capsule Therapy Pack),T4 - QL
Xtandi (Oral Capsule),T4 - PA	Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA
Xyosted (Subcutaneous Solution Auto-Injector),T3 - PA	Zioptan (Ophthalmic Solution),T3
Xyrem (Oral Solution),T4 - PA; QL	Zirgan (Ophthalmic Gel),T3
Y	Zolpidem Tartrate (Oral Tablet Immediate Release),T3 - PA; HRM; QL
Yupelri (Inhalation Solution),T4 - B/D,PA; QL	Zonisamide (Oral Capsule),T1
Z	Zontivity (Oral Tablet),T3 - PA
Zafirlukast (Oral Tablet),T2	Zubsolv (Tablet Sublingual),T3 - QL
Zaleplon (Oral Capsule),T2 - HRM; QL	Zylet (Ophthalmic Suspension),T3

Drug list

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What's next

Here's what you can expect next

UnitedHealthcare will process your enrollment

Quick Start Guide and UnitedHealthcare member ID card	Once you're enrolled, 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.
Website access	After you receive your member ID card, you can register online at the website 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 website below and take the survey online.

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

We're here for you

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

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

Questions? We're here to help.



www.UHCRetiree.com/NMRHCA



Call toll-free **1-866-622-8014**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Statements of understanding

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

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

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

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

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

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

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

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

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

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

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

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