



Plan Guide 2023

Take advantage of all your
Prescription Drug plan has to
offer

Connecticut Teachers Retirement Board

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Number: 25419



Effective: January 1, 2023 through December 31, 2023

United
Healthcare



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Introducing the Plan

UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Connecticut Teacher retiree,

The Connecticut Teachers' Retirement Board (TRB) has selected UnitedHealthcare to offer prescription drug coverage for all eligible retirees. We believe you should get more than a good plan and that's why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:

- Find ways to save money so you can focus more on what matters to you

In this book, you will find:

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



Get a 3-month Supply¹



Over 67,000 Pharmacies



Optum® Home Delivery

¹Your former employer or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

Questions? We're here to help.

 retiree.uhc.com/TRB



Call toll-free **1-866-794-3033**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

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Plan Information

Benefit Highlights

Connecticut Teachers Retirement Board

Effective January 1, 2023 to December 31, 2023

This is a short highlight 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.

Prescription drugs

	Your cost	
Annual prescription (Part D) deductible	\$200	
Initial coverage stage	Network pharmacy (31-day retail supply)	Mail service pharmacy (90-day supply)
Tier 1: Preferred Generic	5% coinsurance	5% coinsurance
Tier 2: Preferred Brand	20% coinsurance	20% coinsurance
Tier 3: Non-preferred Drug	30% coinsurance	30% coinsurance
Tier 4: Specialty Tier	30% coinsurance	30% coinsurance
Coverage gap stage	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	
Catastrophic coverage stage	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the catastrophic coverage stage. In this stage, you will continue to pay the same cost share that you paid in the initial coverage stage	
Pharmacy out-of-pocket maximum	When your total out-of-pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance	

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

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

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

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Plan Details

UnitedHealthcare® MedicareRx for Groups (PDP)

The Connecticut Teachers' Retirement Board has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan for your prescription drug coverage. This is a plan designed just for a former employer or plan sponsor, like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan. This plan is also known as a Medicare Part D plan.

Original Medicare Part A (hospital coverage) and Part B (doctor and outpatient care) help pay for some of the costs, but they don't cover prescription drugs. Medicare Part D plans help with prescription drug costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare.



Make sure you are signed up for Medicare

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

- If you're not sure if you are enrolled, check with Social Security
- Visit ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- If you are enrolled in Medicare Part B, you must continue to pay your Medicare Part B monthly premium to Social Security to keep your Medicare Part B coverage
- If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage

Questions? We're here to help.



retiree.uhc.com/TRB



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

How your Group Medicare Part D plan works

Here are Medicare's rules about what types of coverage you can have either as an addition to or combined with a group-sponsored Medicare Part D prescription drug plan.

✓ One plan at a time

- You may be enrolled in only one Medicare Part D prescription drug plan at a time. This means you may have one Medicare Part D plan or one Medicare Advantage plan that includes prescription drug coverage, but not both
- 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 plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan

✓ You must have employer group-sponsored coverage

Your group-sponsored Medicare Part D plan includes only drug coverage. It does not include medical care coverage.

- If you enroll in an individual Medicare Advantage plan, you may be disenrolled from this group-sponsored Part D prescription drug plan



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

Questions? We're here to help.



retiree.uhc.com/TRB



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

Here are some of the highlights of your new prescription drug plan:



Dedicated service

We're here for you. Our Customer Service team has been specially trained to know all the ins and outs of your plan.



Complete Drug List

The plan's drug list (formulary) includes all of the drugs covered by Medicare Part D in brand or generic form. Your plan may include additional drug coverage beyond what Medicare allows.



Filling your prescriptions is convenient

There are thousands of national chain, regional and independent local retail pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy¹ can help make sure you are getting the lowest cost available through your plan.



Preferred diabetic prescriptions

Members pay no deductible up to a \$25 maximum copay for a 31-day supply or up to a \$50 maximum copay for a 90-day supply.

Questions? We're here to help.



retiree.uhc.com/TRB



Call toll-free **1-866-794-3033**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

¹Please refer to your Summary of Benefits for details regarding your benefit coverage.



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 former employer or plan sponsor will be asked to confirm that you have had continuous Medicare Part D coverage. If your former employer or 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.

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 former employer or 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

Questions? We're here to help.



retiree.uhc.com/TRB



Call toll-free **1-866-794-3033**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

¹Refer to the Summary of Benefits or Benefit Highlights for more information.

The price you pay for a covered drug will depend on 2 factors:

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Deductible stage	You pay a \$200 yearly deductible. The deductible does count toward your member out-of-pocket maximum.			
Member Out-of-Pocket Maximum	After you have met your deductible, this plan has a yearly member out-of-pocket maximum (costs paid by you) of \$3,500. Once you reach this amount, you will pay \$0 for covered prescription drugs for the remainder of the plan year. This amount includes your yearly deductible.			
Initial Coverage stage	After you pay your yearly deductible, you will pay the following until you reach the member out-of-pocket maximum of \$3,500, or until your total drug costs (what you and the plan pay) reach \$4,660, whichever comes first:			
Initial Coverage stage	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Optum® Home Delivery through OptumRx pharmacy*
	Tier 1: Generic Drugs	5% coinsurance	5% coinsurance	5% coinsurance
	Tier 2: Preferred Brand Drugs	20% coinsurance	20% coinsurance	20% coinsurance
	Tier 3: Non-Preferred Drugs	30% coinsurance	30% coinsurance	30% coinsurance
	Tier 4: Specialty Drugs	30% coinsurance	30% coinsurance	30% coinsurance
Coverage Gap stage	If you have not met the member out-of-pocket maximum of \$3,500, but your total yearly drug costs reach \$4,660, you will generally pay the same cost share amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$7,400.			
Catastrophic Coverage stage	If you have not met your member out-of-pocket maximum of \$3,500, but your yearly out-of-pocket drug costs — including manufacturer discounts — exceed \$7,400, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> • a \$3.95 copayment for covered generic drugs (including drugs treated as generics), or • a \$9.85 copayment for all other covered drugs. 			

Ways to help 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 Optum® Home Delivery through OptumRx pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
- ✓ **Get a 3-month¹ supply at retail pharmacies**
In addition to Optum Home Delivery through OptumRx pharmacy, most retail pharmacies offer 3-month supplies for some prescription drugs.
- ✓ **Ask your doctor about trial supplies**
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
- ✓ **Explore lower-cost options**
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
- ✓ **Have an annual medication review**
Make an appointment to have an annual medication review with your doctor 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.

¹Your former employer or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.



Summary of Benefits 2023

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Name (Plan Sponsor): Connecticut Teachers Retirement Board

Group Number: 25419

S5820-803-000

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



Toll-free **1-866-794-3033**, TTY **711**

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



retiree.uhc.com/TRB

United Healthcare

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Summary of Benefits

January 1, 2023 - December 31, 2023

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

About this plan

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join UnitedHealthcare® MedicareRx for Groups (PDP), you must be entitled to Medicare Part A, and/or 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 U.S. territories.

Use network pharmacies

UnitedHealthcare® MedicareRx for Groups (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

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

UnitedHealthcare® MedicareRx for Groups (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual Prescription Drug Deductible	\$200 per year for Part D prescription drugs
Pharmacy Out-of-Pocket Maximum	When your total Out-of-Pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance.

Prescription Drugs

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

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

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

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

Stage 1: Annual Prescription (Part D) Deductible	\$200	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	31-day supply	90-day supply
Tier 1: Preferred Generic	5% coinsurance	5% coinsurance
Tier 2: Preferred Brand	20% coinsurance	20% coinsurance
Tier 3: Non-preferred Drug	30% coinsurance	30% coinsurance
Tier 4: Specialty Tier	30% coinsurance	30% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	
Stage 4: Catastrophic Coverage	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Call Customer Service for more information.

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

Pharmacy Out-of-Pocket Maximum

When your **total** Out-of-Pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance.

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

Required Information

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

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 1-866-794-3033 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 1-866-794-3033, 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 and features vary by plan. Limitations and exclusions may apply.

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

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

You must continue to pay your Medicare Part B premium.

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 September 1, 2022. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book (the last page).

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM High-risk medication	This drug is known as a high-risk medication (HRM) for patients 65 years and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.
LA Limited access	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
MME Morphine milligram equivalent	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
7D 7-day limit	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Tablet),T1 - 7D; MME; DL; QL
Abilify Maintena (Intramuscular Prefilled Syringe),T4	Acetazolamide (Oral Tablet),T1
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1
Abiraterone Acetate (250MG Oral Tablet),T1 - PA	Actimmune (Subcutaneous Solution),T4
Acamprosate Calcium (Oral Tablet Delayed Release),T1	Acyclovir (Oral Capsule),T1
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral	Acyclovir (Oral Tablet),T1
	Adacel (Intramuscular Suspension),T2 - QL
	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T1 - QL
	Advair HFA (Inhalation Aerosol),T2 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Albendazole (Oral Tablet),T1 - QL

Alcohol Prep Pads,T2

Alecensa (Oral Capsule),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

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

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T1 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL

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

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

Anagrelide HCl (Oral Capsule),T1

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T2

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

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

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

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

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

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

Aripiprazole (Oral Tablet),T1 - QL

Aristada (Intramuscular Prefilled Syringe),T4

Aristada Initio (Intramuscular Prefilled Syringe),T4

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

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

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

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

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

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Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1

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

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

Buspirone HCl (Oral Tablet),T1

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

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

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

Bystolic (Oral Tablet),T3 - QL

C

Cabergoline (Oral Tablet),T1

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

Calcium Acetate (667MG Oral Tablet),T1

Calcium Acetate (Phosphate Binder) (Oral Capsule),T1

Calquence (Oral Capsule),T4 - PA; QL

Carbamazepine (Oral Tablet Immediate Release),T1

Carbidopa (Oral Tablet),T1

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1

Carbidopa-Levodopa-Entacapone (Oral Tablet),T1

Carvedilol (Oral Tablet),T1

Cefdinir (Oral Capsule),T1

Celecoxib (Oral Capsule),T1 - QL

Celontin (Oral Capsule),T3

Cephalexin (Oral Capsule),T1

Cephalexin (Oral Tablet),T1

Chemet (Oral Capsule),T4

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Chlorzoxazone (500MG Oral Tablet, 750MG Oral Tablet),T1 - PA; HRM

Cholestyramine (Oral Packet),T1

Cholestyramine Light (Oral Packet),T1

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T1

Cimetidine HCl (Oral Solution),T1

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

Ciprofloxacin-Dexamethasone (Otic Suspension),T1

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T1

Clenpiq (Oral Solution),T2

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

Clonazepam (Oral Tablet),T1 - QL

Clonazepam ODT (Oral Tablet Dispersible),T1 - QL

Clonidine (Transdermal Patch Weekly),T1

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1

Clozapine (Oral Tablet),T1

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Clozapine ODT (Oral Tablet Dispersible),T1	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1 - PA
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2	Deferiprone (500MG Oral Tablet),T1 - PA
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1	Delzicol (Oral Capsule Delayed Release),T3
Colesevelam HCl (Oral Tablet),T1	Depen Titratabs (Oral Tablet),T4
Combigan (Ophthalmic Solution),T2	Desmopressin Acetate (Oral Tablet),T1
Combivent Respimat (Inhalation Aerosol Solution),T2 - QL	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1
Copaxone (Subcutaneous Solution Prefilled Syringe),T4	Dexamethasone (Oral Tablet),T1
Corlanor (Oral Solution),T3 - PA; QL	Dextrose-NaCl (5-0.2% Intravenous Solution),T1
Corlanor (Oral Tablet),T3 - PA; QL	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Diazepam (5MG/5ML Oral Solution),T1
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Diazepam Intensol (Oral Concentrate),T1 - QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Diazoxide (Oral Suspension),T1
Cosopt PF (Ophthalmic Solution),T3	Diclofenac Potassium (50MG Oral Tablet),T1
Creon (Oral Capsule Delayed Release Particles),T2	Diclofenac Sodium (1% External Gel),T1
Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA	Diclofenac Sodium (Oral Tablet Delayed Release),T1
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; HRM	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Cyclophosphamide (Oral Capsule),T1 - B/D,PA	Dicyclomine HCl (Oral Capsule),T1 - HRM
D	Dicyclomine HCl (Oral Tablet),T1 - HRM
DARAPRIM (Oral Tablet),T4	Dificid (Oral Suspension Reconstituted),T4
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL	Dificid (Oral Tablet),T4
Daliresp (Oral Tablet),T3 - PA	Digoxin (125MCG Oral Tablet),T1 - HRM; QL
Dapsone (Oral Tablet),T1	Digoxin (250MCG Oral Tablet),T1 - PA; HRM
DayVigo (Oral Tablet),T2 - QL	Dihydroergotamine Mesylate (Nasal Solution),T1 - PA; QL
	Diltiazem HCl (Oral Tablet Immediate Release),T1
	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1

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

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

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

Dipentum (Oral Capsule),T4

Diphenoxylate-Atropine (Oral Tablet),T1 - PA; HRM

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

Donepezil HCl (Oral Tablet),T1 - QL

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

Dorzolamide HCl (Ophthalmic Solution),T1

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (Oral Capsule),T1

Doxycycline Hyclate (Oral Tablet Immediate Release),T1

Dronabinol (Oral Capsule),T1 - PA

Duavee (Oral Tablet),T3 - PA; HRM

Dulera (Inhalation Aerosol),T3 - PA; QL

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

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

Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA

Dutasteride (Oral Capsule),T1

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

Edarbyclor (Oral Tablet),T3 - QL

Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL

Elidel (External Cream),T3 - ST; QL

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

Elmiron (Oral Capsule),T4

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

Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL

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

Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

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

Enbrel (Subcutaneous Solution Reconstituted),T4 - PA; QL

Enbrel (Subcutaneous Solution),T4 - PA; QL

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

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

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Entacapone (Oral Tablet),T1	Estradiol (Vaginal Cream),T1
Entecavir (Oral Tablet),T1	Eszopiclone (Oral Tablet),T1 - PA; HRM; QL
Entresto (Oral Tablet),T2 - QL	Ethambutol HCl (400MG Oral Tablet),T1
Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA	Ethosuximide (Oral Capsule),T1
Epclusa (Oral Packet),T4 - PA; QL	Ethosuximide (Oral Solution),T1
Epclusa (Oral Tablet),T4 - PA; QL	Etravirine (200MG Oral Tablet),T1 - QL
EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL	Eucrisa (External Ointment),T3 - PA; QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL	Extavia (Subcutaneous Kit),T4
Epiduo (External Gel),T3	Ezetimibe (Oral Tablet),T1
Epiduo Forte (External Gel),T3 - ST	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL	F
Eplerenone (Oral Tablet),T1	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
Ergoloid Mesylates (Oral Tablet),T1 - PA; HRM	Farxiga (Oral Tablet),T2 - QL
Ergotamine-Caffeine (Oral Tablet),T1	Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA
Erivedge (Oral Capsule),T4 - PA	Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA
Erleada (Oral Tablet),T4 - PA	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
Ertapenem Sodium (Injection Solution Reconstituted),T1	Finacea (External Foam),T3 - QL
Erythromycin (Ophthalmic Ointment),T1	Finacea (External Gel),T3 - QL
Esbriet (Oral Capsule),T4 - PA; QL	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Esbriet (Oral Tablet),T4 - PA; QL	Flarex (Ophthalmic Suspension),T3
Escitalopram Oxalate (Oral Tablet),T1	Flector (External Patch),T3 - PA; QL
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL	FloLipid (Oral Suspension),T3 - QL
Estradiol (Oral Tablet),T1 - PA; HRM	Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2
Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL	Flovent HFA (Inhalation Aerosol),T2 - QL
Estradiol (Transdermal Patch Weekly),T1 - PA; HRM; QL	Fluconazole (Oral Tablet),T1
	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)

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

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Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL	Imbruvica (Oral Capsule),T4 - PA; QL
Humulin 70/30 (Subcutaneous Suspension),T2	Imbruvica (Oral Tablet),T4 - PA; QL
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imiquimod (5% External Cream),T1 - QL
Humulin N (Subcutaneous Suspension),T2	Imiquimod Pump (3.75% External Cream),T1 - PA
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imvexy Maintenance Pack (Vaginal Insert),T2 - PA
Humulin R (Injection Solution),T2	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2	Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2	Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL
Hydralazine HCl (Oral Tablet),T1	Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2
Hydrochlorothiazide (Oral Capsule),T1	Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2
Hydrochlorothiazide (Oral Tablet),T1	Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Insulin Syringes, Needles,T2
Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL	Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4
Hydroxyurea (Oral Capsule),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
Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3
Hydroxyzine HCl (Oral Tablet),T1 - PA; HRM	
I	
Ibandronate Sodium (Oral Tablet),T1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1	
Icatibant Acetate (Subcutaneous Solution),T1 - PA; QL	
Ilevro (Ophthalmic Suspension),T2	
Imatinib Mesylate (Oral Tablet),T1 - PA	

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.

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4	Jentaducto XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Inveltys (Ophthalmic Suspension),T3	Jublia (External Solution),T3
Invokamet (Oral Tablet Immediate Release),T3 - ST; QL	K
Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL	Ketoconazole (External Cream),T1 - QL
Invokana (Oral Tablet),T3 - ST; QL	Ketorolac Tromethamine (Ophthalmic Solution),T1
Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA	Kevzara (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Ipratropium Bromide (Nasal Solution),T1	Kevzara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA	Klisyri (External Ointment),T4 - PA; QL
Irbesartan (Oral Tablet),T1 - QL	Klor-Con 10 (Oral Tablet Extended Release),T1
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Klor-Con 8 (Oral Tablet Extended Release),T1
Isentress (Oral Tablet),T4 - QL	Klor-Con M10 (Oral Tablet Extended Release),T1
Isoniazid (Oral Tablet),T1	Klor-Con M20 (Oral Tablet Extended Release),T1
Isosorbide Dinitrate (Oral Tablet Immediate Release),T1	Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1	Korlym (Oral Tablet),T4 - PA
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1	Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL
Isturisa (Oral Tablet),T4 - PA	L
Ivermectin (Oral Tablet),T1 - PA	Lacosamide (Oral Tablet),T1 - QL
J	Lactulose (10GM/15ML Oral Solution),T1
Janumet (Oral Tablet Immediate Release),T2 - QL	Lactulose (Oral Packet),T1
Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Lamivudine (100MG Oral Tablet),T1
Januvia (Oral Tablet),T2 - QL	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL
Jardiance (Oral Tablet),T2 - QL	Lamotrigine (Oral Tablet Immediate Release),T1
Jentaducto (Oral Tablet Immediate Release),T2 - QL	Lantus (Subcutaneous Solution),T2
	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

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Latanoprost (Ophthalmic Solution),T1	Lokelma (Oral Packet),T3 - QL
Latuda (Oral Tablet),T4 - QL	Lonhala Magnair (Inhalation Solution),T4 - QL
Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL	Loperamide HCl (Oral Capsule),T1
Leflunomide (Oral Tablet),T1	Lorazepam (Oral Tablet),T1 - QL
Letrozole (Oral Tablet),T1	Lorazepam Intensol (Oral Concentrate),T1 - QL
Leucovorin Calcium (Oral Tablet),T1	Losartan Potassium (Oral Tablet),T1 - QL
Leukeran (Oral Tablet),T4	Losartan Potassium-HCTZ (Oral Tablet),T1 - QL
Levemir (Subcutaneous Solution),T2	Lotemax (Ophthalmic Gel),T3
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2	Lotemax (Ophthalmic Ointment),T3
Levetiracetam (Oral Tablet Immediate Release),T1	Lotemax (Ophthalmic Suspension),T3
Levobunolol HCl (Ophthalmic Solution),T1	Lotemax SM (Ophthalmic Gel),T3
Levocarnitine (Oral Tablet),T1	Lovastatin (Oral Tablet),T1 - QL
Levocetirizine Dihydrochloride (Oral Tablet),T1	Lumigan (Ophthalmic Solution),T2
Levofloxacin (Oral Tablet),T1	Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA
Levothyroxine Sodium (Oral Tablet),T1	Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA
Lialda (Oral Tablet Delayed Release),T4 - ST; QL	Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA
Licart (External Patch 24 Hour),T3 - PA; QL	Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA
Lidocaine (5% External Ointment),T1 - QL	Luzu (External Cream),T3 - QL
Lidocaine (5% External Patch),T1 - PA; QL	Lysodren (Oral Tablet),T4
Lidocaine HCl (4% External Solution),T1	Lyumjev (Injection Solution),T2
Lidocaine-Prilocaine (External Cream),T1	Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2
Linzess (Oral Capsule),T2 - QL	M
Liothyronine Sodium (Oral Tablet),T1	Malathion (External Lotion),T1
Lisinopril (Oral Tablet),T1 - QL	Maraviroc (Oral Tablet),T1 - QL
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Mavyret (Oral Packet),T4 - PA; QL
Lithium Carbonate (Oral Capsule),T1	Mavyret (Oral Tablet),T4 - PA; QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL
Livalo (Oral Tablet),T2 - QL	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral

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

Tablet),T1 - HRM

Medroxyprogesterone Acetate (Intramuscular Suspension),T1

Medroxyprogesterone Acetate (Oral Tablet),T1

Meloxicam (Oral Tablet),T1

Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL

Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL

Mercaptopurine (Oral Tablet),T1

Meropenem (Intravenous Solution Reconstituted),T1

Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL

Mesnex (Oral Tablet),T3

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

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

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

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

Methamphetamine HCl (Oral Tablet),T1 - PA; QL

Methimazole (Oral Tablet),T1

Methotrexate Sodium (Oral Tablet),T1

Methscopolamine Bromide (Oral Tablet),T1 - PA; HRM

Methylphenidate HCl (Oral Tablet Chewable),T1 - QL

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

Methylprednisolone (Oral Tablet),T1

Metoclopramide HCl (Oral Tablet),T1

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

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

Metrogel (External Gel),T3

Metronidazole (External Cream),T1

Metronidazole (External Gel),T1

Metronidazole (External Lotion),T1

Metronidazole (Oral Capsule),T1

Metronidazole (Oral Tablet),T1

Midodrine HCl (Oral Tablet),T1

Minocycline HCl (Oral Capsule),T1

Minocycline HCl (Oral Tablet Immediate Release),T1

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1

Mirtazapine ODT (Oral Tablet Dispersible),T1

Mirvaso (External Gel),T3

Misoprostol (Oral Tablet),T1

Mitigare (Oral Capsule),T2

Modafinil (Oral Tablet),T1 - PA; QL

Mometasone Furoate (Nasal Suspension),T1

Montelukast Sodium (Oral Packet),T1 - QL

Montelukast Sodium (Oral Tablet),T1 - QL

Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian),T1 - 7D; MME; DL; QL

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

Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL

Motegrity (Oral Tablet),T3 - QL

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Movantik (Oral Tablet),T2 - QL	Nimodipine (Oral Capsule),T1
MoviPrep (Oral Solution Reconstituted),T3	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM
Multaq (Oral Tablet),T2	Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM
Myrbetriq (Oral Tablet Extended Release 24 Hour),T2	Nitroglycerin (Tablet Sublingual),T1
N	Nivestym (Injection Solution Prefilled Syringe),T4 - ST
Naftin (External Gel),T3	Nivestym (Injection Solution),T4 - ST
Naloxone HCl (0.4MG/ML Injection Solution),T1	Nizatidine (Oral Capsule),T1
Naloxone HCl (Injection Solution Cartridge),T1	Norethindrone Acetate (5MG Oral Tablet),T1
Naloxone HCl (Injection Solution Prefilled Syringe),T1	Nortriptyline HCl (Oral Capsule),T1 - PA; HRM
Naltrexone HCl (Oral Tablet),T1	NovoLog (Injection Solution),T3 - PA
Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL	NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA
Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL	NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA
Naproxen (Oral Tablet Immediate Release),T1	NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA
Narcan (Nasal Liquid),T2	NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA
Nayzilam (Nasal Solution),T3 - PA; QL	Novolin 70/30 (Subcutaneous Suspension),T3 - PA
Neomycin Sulfate (Oral Tablet),T1	Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA
Neomycin-Polymyxin-HC (Otic Suspension),T1	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 (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2	Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL	Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL
Nexletol (Oral Tablet),T3 - PA; QL	
Nexlizet (Oral Tablet),T3 - PA; QL	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	

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Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour),T4 - PA; 7D; MME; DL; QL

Nucynta ER (50MG Oral Tablet Extended Release 12 Hour),T3 - PA; 7D; MME; DL; QL

Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL

Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA

Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA

Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA

Nuzyra (Intravenous Solution Reconstituted),T4 - PA

Nuzyra (Oral Tablet),T4 - PA; QL

Nystatin (External Cream),T1

Nystatin (External Ointment),T1

Nystatin (External Powder),T1 - QL

O

Odomzo (Oral Capsule),T4 - PA

Ofev (Oral Capsule),T4 - PA; QL

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T1

Olanzapine (Oral Tablet),T1 - QL

Olopatadine HCl (Ophthalmic Solution),T1

Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1

Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1

Ondansetron HCl (Oral Tablet),T1 - B/D,PA

Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA

Onglyza (Oral Tablet),T3 - ST; QL

Opsumit (Oral Tablet),T4 - PA

Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA

Orgovyx (Oral Tablet),T4 - PA

Orilissa (Oral Tablet),T4 - PA; QL

Oseltamivir Phosphate (Oral Capsule),T1

Osphena (Oral Tablet),T2 - PA; QL

Oxandrolone (Oral Tablet),T1 - PA

Oxcarbazepine (Oral Tablet),T1

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

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

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

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

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

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

P

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

Pegasys (Subcutaneous Solution),T4 - PA

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Penicillin V Potassium (Oral Tablet),T1	Premarin (Vaginal Cream),T2
Pentasa (250MG Oral Capsule Extended Release),T3 - QL	Premphase (Oral Tablet),T3 - PA; HRM; QL
Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL	Prempro (Oral Tablet),T3 - PA; HRM; QL
Permethrin (External Cream),T1	Prenatal (27-1MG Oral Tablet),T1
Perseris (Subcutaneous Prefilled Syringe),T4	Primidone (Oral Tablet),T1
Phenelzine Sulfate (Oral Tablet),T1	Privigen (20GM/200ML Intravenous Solution),T4 - PA
Phenytoin Sodium Extended (Oral Capsule),T1	ProAir HFA (Inhalation Aerosol Solution),T2
Phoslyra (Oral Solution),T2	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2
Pilocarpine HCl (Oral Tablet),T1	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA
Pimecrolimus (External Cream),T1 - ST; QL	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA
Pioglitazone HCl (Oral Tablet),T1 - QL	Proctosol HC (External Cream),T1
Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL	Progesterone (Oral Capsule),T1
Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL	Prolastin-C (Intravenous Solution Reconstituted),T4 - PA
Pomalyst (Oral Capsule),T4 - PA	Prolensa (Ophthalmic Solution),T3
Potassium Chloride ER (Oral Capsule Extended Release),T1	Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL
Potassium Chloride ER (Oral Tablet Extended Release),T1	Propranolol HCl (Oral Tablet),T1
Potassium Citrate ER (Oral Tablet Extended Release),T1	Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T1
Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; QL	Propylthiouracil (Oral Tablet),T1
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1	Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST
Pravastatin Sodium (Oral Tablet),T1 - QL	Pulmozyme (Inhalation Solution),T4 - B/D,PA; QL
Prazosin HCl (Oral Capsule),T1	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1
Prednisolone Acetate (Ophthalmic Suspension),T1	Pyridostigmine Bromide (Oral Solution),T1
Prednisone (5MG/5ML Oral Solution),T1	Pyridostigmine Bromide ER (Oral Tablet
Prednisone (Oral Tablet),T1	
Premarin (Oral Tablet),T3 - PA; HRM; QL	

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T3 = Tier 3

T4 = Tier 4

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Extended Release),T1

Q

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

Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL

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

Quinapril HCl (Oral Tablet),T1 - QL

Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

R

Raloxifene HCl (Oral Tablet),T1

Ramipril (Oral Capsule),T1 - QL

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

Rasagiline Mesylate (Oral Tablet),T1

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

Royaldee (Oral Capsule Extended Release),T4 - QL

Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST

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

Regranex (External Gel),T4 - PA

Relistor (Oral Tablet),T4 - PA

Relistor (Subcutaneous Solution),T4 - PA

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 MultiDose (Ophthalmic Emulsion),T2

- QL

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

Retacrit (Injection Solution),T3 - PA

Rexulti (Oral Tablet),T4 - QL

Reyvow (Oral Tablet),T3 - PA; QL

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T1

Rifabutin (Oral Capsule),T1

Riluzole (Oral Tablet),T1

Rimantadine HCl (Oral Tablet),T1

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),T1 - QL

Rivastigmine (Transdermal Patch 24 Hour),T1 - ST; QL

Rivastigmine Tartrate (Oral Capsule),T1

Rizatriptan Benzoate (Oral Tablet),T1 - QL

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

Rocklatan (Ophthalmic Solution),T2 - ST

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Rybelsus (Oral Tablet),T2 - QL

Rytary (Oral Capsule Extended Release),T3 -

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ST	
	S
	SPS (Oral Suspension),T1
	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
	Selegiline HCl (Oral Capsule),T1
	Selegiline HCl (Oral Tablet),T1
	Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
	Sertraline HCl (Oral Tablet),T1
	Sevelamer Carbonate (Oral Packet),T1
	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T1
	Sevelamer HCl (Oral Tablet),T1
	Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL
	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA
	Silver Sulfadiazine (External Cream),T1
	Simbrinza (Ophthalmic Suspension),T2
	Simvastatin (Oral Tablet),T1 - QL
	Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL
	Skyrizi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
	Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL
	Sodium Polystyrene Sulfonate (Oral Powder),T1
	Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL
	Solifenacin Succinate (Oral Tablet),T1 - QL
	Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL
	Soolantra (External Cream),T3 - QL
	Sotalol HCl (Oral Tablet),T1
	Sotalol HCl AF (Oral Tablet),T1
	Spiriva HandiHaler (Inhalation Capsule),T2 - QL
	Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL
	Spironolactone (Oral Tablet),T1
	Sprycel (Oral Tablet),T4 - PA
	Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
	Stelara (Subcutaneous Solution),T4 - PA; QL
	Stiolto Respimat (Inhalation Aerosol Solution),T2
	Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST
	Suboxone (Sublingual Film),T3 - QL
	Sucralfate (Oral Suspension),T1
	Sucralfate (Oral Tablet),T1
	Sulfadiazine (Oral Tablet),T1
	Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1
	Sulfasalazine (Oral Tablet Delayed Release),T1
	Sulfasalazine (Oral Tablet Immediate Release),T1
	Sumatriptan Succinate (Oral Tablet),T1 - QL
	Sumatriptan Succinate (Subcutaneous Solution Auto-Injector),T1 - QL
	Sumatriptan Succinate (Subcutaneous Solution),T1 - QL
	Sunosi (Oral Tablet),T3 - PA; QL
	Suprep Bowel Prep Kit (Oral Solution),T2
	Sutab (Oral Tablet),T3

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Symbicort (Inhalation Aerosol),T2 - QL	Tetrabenazine (Oral Tablet),T1 - PA
Symproic (Oral Tablet),T3 - PA; QL	Theophylline (Oral Solution),T1
Synjardy (Oral Tablet Immediate Release),T2 - QL	Theophylline ER (Oral Tablet Extended Release 12 Hour),T1
Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Theophylline ER (Oral Tablet Extended Release 24 Hour),T1
Synribo (Subcutaneous Solution Reconstituted),T4 - PA	Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T1
Synthroid (Oral Tablet),T2	Timolol Maleate (Ophthalmic Solution),T1
T	Timolol Maleate (Oral Tablet),T1
TOBI Podhaler (Inhalation Capsule),T4 - PA; QL	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1
Tabrecta (Oral Tablet),T4 - PA; QL	Timoptic Ocudose (Ophthalmic Solution),T3
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA	Tivicay (25MG Oral Tablet),T3 - QL
Tamoxifen Citrate (Oral Tablet),T1	Tivicay (50MG Oral Tablet),T4 - QL
Tamsulosin HCl (Oral Capsule),T1	Tizanidine HCl (Oral Tablet),T1
Tasigna (Oral Capsule),T4 - PA	TobraDex ST (Ophthalmic Suspension),T3
Tecfidera (Oral Capsule Delayed Release),T4 - QL	Tobramycin (300MG/5ML Inhalation Nebulization Solution),T1 - B/D,PA; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL	Tobramycin-Dexamethasone (Ophthalmic Suspension),T1
Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	Topiramate (Oral Capsule Sprinkle Immediate Release),T1
Terazosin HCl (Oral Capsule),T1	Topiramate (Oral Tablet),T1
Terbinafine HCl (Oral Tablet),T1	Toremifene Citrate (Oral Tablet),T1
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA	Torseamide (Oral Tablet),T1
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1	Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2
Testosterone Cypionate (Intramuscular Solution),T1	Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2
	Tracleer (Oral Tablet Soluble),T4 - PA; QL
	Tracleer (Oral Tablet),T4 - PA; QL
	Tradjenta (Oral Tablet),T2 - QL
	Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

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.

Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL	U
Tranexamic Acid (Oral Tablet),T1	Ubrelyv (Oral Tablet),T4 - PA; QL
Tranylcypromine Sulfate (Oral Tablet),T1	Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA
Travoprost (BAK Free) (Ophthalmic Solution),T1	Ursodiol (300MG Oral Capsule),T1
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1	Ursodiol (Oral Tablet),T1
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL	V
Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL	Valacyclovir HCl (Oral Tablet),T1 - QL
Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Valganciclovir HCl (Oral Tablet),T1 - QL
Tresiba (Subcutaneous Solution),T2	Valsartan (Oral Tablet),T1 - QL
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2	Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Tretinoin (External Cream),T1 - PA	Varenicline Tartrate (Oral Tablet),T1
Tretinoin (External Gel),T1 - PA	Vascepa (Oral Capsule),T3
Tretinoin (Oral Capsule),T1	Velphoro (Oral Tablet Chewable),T4
Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1	Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL
Triamcinolone Acetonide (External Cream),T1	Veltassa (8.4GM Oral Packet),T3 - QL
Triamterene-HCTZ (Oral Capsule),T1	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1
Triamterene-HCTZ (Oral Tablet),T1	Ventolin HFA (Inhalation Aerosol Solution),T3 - ST
Trihexyphenidyl HCl (Oral Solution),T1 - PA; HRM	Verapamil HCl (Oral Tablet Immediate Release),T1
Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM	Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T1
Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Verapamil HCl ER (Oral Tablet Extended Release),T1
Trintellix (Oral Tablet),T3	Versacloz (Oral Suspension),T4
Trulance (Oral Tablet),T3	Viberzi (Oral Tablet),T4 - PA; QL
Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL	Victoza (Subcutaneous Solution Pen-
Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA	

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.

Injector),T2 - QL	Hour),T4 - PA; QL
Viibryd (Oral Tablet),T3	Xenleta (Oral Tablet),T4 - PA; QL
Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T4 - QL	Xifaxan (Oral Tablet),T4 - PA
Vimpat (50MG Oral Tablet),T3 - QL	Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Vimpat (Oral Solution),T4 - QL	Xiidra (Ophthalmic Solution),T3 - QL
Vitrakvi (Oral Capsule),T4 - PA; QL	Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T2 - QL
Vosevi (Oral Tablet),T4 - PA; QL	Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T2 - QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL	Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3 - 7D; MME; DL; QL
Vyvanse (Oral Capsule),T3	Xtandi (Oral Capsule),T4 - PA
Vyvanse (Oral Tablet Chewable),T3	Xtandi (Oral Tablet),T4 - PA
Vyzulta (Ophthalmic Solution),T3	Xyosted (Subcutaneous Solution Auto-Injector),T3 - PA
W	Y
Warfarin Sodium (Oral Tablet),T1	Xyrem (Oral Solution),T4 - PA; QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL	Z
X	Yupelri (Inhalation Solution),T4 - B/D,PA; QL
Xarelto (Oral Tablet),T2 - QL	Zafirlukast (Oral Tablet),T1
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - PA; QL	Zaleplon (Oral Capsule),T1 - HRM; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - PA; QL	Zarxio (Injection Solution Prefilled Syringe),T4
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - PA; QL	Zelapar ODT (Oral Tablet Dispersible),T4
Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T4 - PA; QL	Zenpep (Oral Capsule Delayed Release Particles),T2
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T4 - PA; QL	Zeposia (Oral Capsule),T4 - PA; QL
Xeljanz (Oral Solution),T4 - PA; QL	Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA
Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL	Zioptan (Ophthalmic Solution),T3
Xeljanz XR (Oral Tablet Extended Release 24	Zirgan (Ophthalmic Gel),T3
	Zolinza (Oral Capsule),T4 - PA
	Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - PA; HRM; QL

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.

Zonisamide (Oral Capsule),T1

Zylet (Ophthalmic Suspension),T3

Zubsolv (Tablet Sublingual),T3 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Additional Drug Coverage

Additional prescription drug coverage

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

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

Lower-cost Medicare preferred insulin products

Your plan covers preferred insulin products at a reduced cost share. The lower cost share will apply even if you have not yet met your annual prescription (Part D) deductible. See your Evidence of Coverage and Summary of Benefits for information about your cost share for these drugs.

The amount you pay for these preferred insulin products **applies to your Medicare Part D out-of-pocket costs and to your annual drug out-of-pocket maximum.**¹

Drug name
Humalog
Humulin
Insulin Lispro (brand equivalent Humalog)
Lantus
Levemir
Lyumjev
Toujeo
Tresiba

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

Bonus drug list

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

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

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

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

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

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

QL - Quantity limits

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione Tab	1	
Reno Cap	1	
Vitamin D 50,000 unit (Rx only)	1	

Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions

Cough and Cold

Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

Additional Drug Coverage

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

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

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

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

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What's Next

Here's What You Can Expect Next

UnitedHealthcare will process your enrollment

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

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

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

We're here for you

When you call, it will be helpful to have:

- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses of your pharmacy**
- ✓ **Please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.

 retiree.uhc.com/TRB



Call toll-free **1-866-794-3033**, 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:

- ✓ **UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium if I have one, and if 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.

- ✓ **UnitedHealthcare MedicareRx for Groups (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only be in one Medicare Part D Prescription Drug plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- Enrollment in this plan is generally 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 Part D Prescription Drug plan.**

I understand that when my coverage begins, I must get all of my 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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8 a.m.-8 p.m. local time, 7 days a week



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Healthcare**

