



Plan Guide 2024

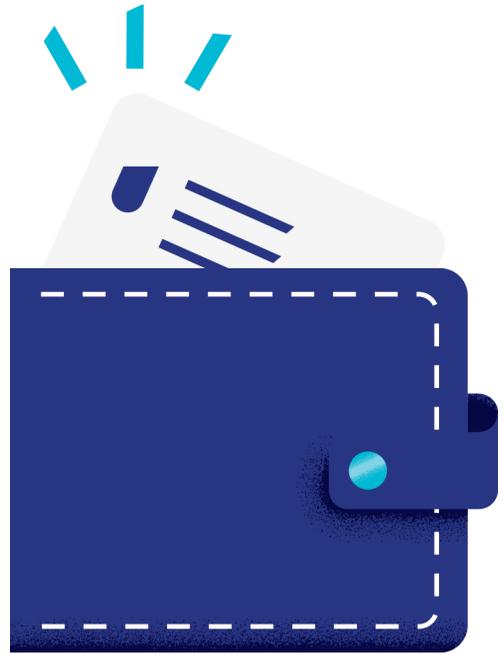
**Take advantage of all your
Medicare Advantage plan has to
offer**

PEEHIP

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 15506

Effective: January 1, 2024 through December 31, 2024



**United
Healthcare®**
Group Medicare Advantage



PEEHIP

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Introducing the Plan

PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) plan

Dear Medicare-eligible PEEHIP Retiree,

The Public Education Employees' Health Insurance Plan (PEEHIP) has partnered with UnitedHealthcare to offer health care and prescription drug coverage for all Medicare-eligible retirees and their eligible dependents. As a UnitedHealthcare Group Medicare Advantage plan member, you'll have a team committed to understanding your needs and helping you get the right care. We believe you should get more than a good health care plan and that's why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:

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

In this book, you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and out-of-pocket costs
- What you can expect after your enrollment

How to enroll

You will be automatically enrolled in this plan. You don't have to do anything. Starting on your specific effective date, this plan will replace your current coverage.

If you do not want this plan

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

Questions? We're here to help.



retiree.uhc.com/peehip



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

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Fitness Program



Health & Wellness
Experience

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Plan information

Benefit Highlights

PEEHIP 15506

Effective January 1, 2024 to December 31, 2024

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

Plan costs

	In-network and out-of-network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$226 for this plan year.
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 \$8,300 for this plan year.

Medical benefits

Medical benefits covered by the plan and Original Medicare

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

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Diagnostic radiology services such as MRIs, CT scans	\$0 copay
Lab services	\$0 copay
Outpatient X-rays	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay
Ambulance	\$0 copay
Emergency care	\$35 copay (worldwide)
Urgently needed services	\$18 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Chiropractic – routine	20% coinsurance, 18 visits per plan year*
Foot care – routine	\$18 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids	Plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years*.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.
Personal emergency response system (PERS) Lifeline	\$0 copay for a personal emergency response system.
Rally Coach™ programs	\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program. *Refer to your Evidence of Coverage for eligibility requirements.

*Benefits are combined in and out-of-network

Prescription Drugs

	Your cost		
Initial Coverage Stage	Network Retail Pharmacy (up to a 30-day supply of maintenance and non-maintenance drugs)	Network Retail Pharmacy (31 to 60-day supply of maintenance drugs*)	Network Retail Pharmacy (61 to 100-day supply of maintenance drugs*)
Tier 1: Preferred Generic Drugs	\$6 copay	\$12 copay	\$12 copay
Tier 2: Preferred Brand Drugs ¹	\$40 copay	\$80 copay	\$120 copay
Tier 3: Non-Preferred Drugs ¹	\$60 copay	\$120 copay	\$180 copay
Tier 4: Specialty Tier Drugs	\$60 copay	N/A	N/A
Coverage gap stage	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost		
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.		

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

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

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

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

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

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Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

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

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



Make sure you know what parts of Medicare you have

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

- If you're not sure if you are enrolled in Medicare Part B, check with the Social Security Administration
- 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
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

Medicare Advantage Coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and Outpatient

+



Medicare Part D
Prescription Drugs

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

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

✓ One plan at a time

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



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

Questions? We're here to help.



retiree.uhc.com/peehip



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

How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan

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

	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. You pay the same cost share in and out-of-network as long as your doctor is eligible to participate in the Medicare Program.	

View Your Plan Information Online

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

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 PEEHIP has arranged and on what drug-cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

Can I have more than one prescription drug plan?

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

Questions? We're here to help.

 retiree.uhc.com/peehip



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

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

Additional information about your prescription drugs

- ✓ **Get a 3-month¹ supply at retail pharmacies**
Most retail pharmacies offer 3-month supplies for some prescription drugs.
- ✓ **Ask your doctor about trial supplies**
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
- ✓ **Explore lower-cost options**
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
- ✓ **Have an annual medication review**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.
- ✓ **Filling your prescriptions is convenient**
UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.²



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.

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

²Network size varies by market.



What is IRMAA?

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



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

An LEP is a late fee Medicare charges if you had 63 days or more without prescription drug coverage. This can happen if:

- You didn't enroll in a Medicare Prescription Drug plan when you were first eligible.
- You didn't have a plan that met Medicare's minimum standards.

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



Call Social Security to see if you qualify for Extra Help

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

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

Questions? We're here to help.



retiree.uhc.com/peehip



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

Getting the health care coverage you may need

Your care begins with your doctor

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

Finding a doctor is easy

If you need help finding a doctor or specialist, just give us a call. We can even help schedule that first appointment. When you call your doctor, tell them you have a PEEHIP UnitedHealthcare Group Medicare Advantage PPO plan.

Why use a UnitedHealthcare network doctor?

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

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

Take advantage of UnitedHealthcare's additional support and programs



Annual Physical and Wellness Visit¹

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



In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

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

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

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

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



24/7 Nurse Support

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



Chronic Conditions Programs

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



Hearing Aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national³ network of 7,000+⁴ hearing providers and a wide variety of prescription hearing aid models to choose from, as well as a selection of audiologist-selected non-prescription hearing aids at **UHChearing.com** and virtual appointment options. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you — so you get the care you need to hear better and live life to the fullest.



Virtual Visits

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

Virtual Doctor Visits

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

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

Virtual Behavioral Health Visits

May be best for:

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

Mental and Behavioral Health

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

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



Personal Emergency Response System (PERS)

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



Stay Healthy at Home

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



Virtual Coaching Programs

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

- Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results. Includes access to a diabetes prevention program for those who qualify.
- Rally Wellness Coaching helps you get healthy your way by providing 24/7 access to digital health and wellness courses as well as personalized coaching support via online chat or phone calls
- A tobacco cessation program, which gives you the support you may need to quit all types of tobacco use



UnitedHealthcare Fitness Program

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



Let's Move by UnitedHealthcare®

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



And so much more to help you live a healthier life

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

Tools and resources to help put you in control



Go online for valuable plan information

As a UnitedHealthcare member, you will be able to register online at retiree.uhc.com/peehip to have access to a safe, secure member site where you'll be able to:

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



Live Healthier with Renew

Explore Renew by UnitedHealthcare[®],⁵ our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses and more — all at no additional cost

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.

³Please refer to your Summary of Benefits for details regarding your benefit coverage.

⁴Network size varies by market.

⁵Renew by UnitedHealthcare is not available in all plans.

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

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Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): PEEHIP

Group Number: 15506

H2001-816-000

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



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

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



retiree.uhc.com/peehip

**United
Healthcare®**
Group Medicare Advantage

Y0066_SB_H2001_816_000_2024_M

Summary of Benefits

January 1, 2024 - December 31, 2024

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits	
	In-network and out-of-network
Monthly plan premium	Contact PEEHIP to determine your actual premium amount, if applicable.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$226 each plan year.
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 \$8,300 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you remain covered for hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

Medical benefits		
		In-network and out-of-network
Inpatient hospital care¹		\$200 copay for day 1 \$25 copay per day: for days 2-5 \$0 copay per day: for days 6 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
Doctor visits	Primary care provider	\$13 copay
	Virtual doctor visits	\$0 copay
	Specialists ¹	\$18 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	<ul style="list-style-type: none"> □ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) □ Cardiovascular screening □ Cervical and vaginal cancer screening 	<ul style="list-style-type: none"> □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring □ Diabetes – Self-Management training □ Dialysis training □ Glaucoma screening □ Hepatitis C screening □ HIV screening □ Kidney disease education

Medical benefits

In-network and out-of-network

- | | |
|--|--|
| <ul style="list-style-type: none"> □ 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) | <ul style="list-style-type: none"> □ 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) |
|--|--|

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

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

Emergency care

\$35 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$18 copay (worldwide)

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 Care” section of this booklet for other costs.

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

Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$0 copay
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Lab services ¹	\$0 copay
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Diagnostic tests and procedures ¹	\$0 copay
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Medical benefits		
		In-network and out-of-network
	Therapeutic radiology ¹	\$0 copay
	Outpatient X-rays ¹	\$0 copay
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$18 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aids (combined for both ears) every 3 years.*
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$18 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	\$200 copay: for day 1 \$25 copay per day: days 2-5 \$0 copay per day: days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$13 copay
	Outpatient individual therapy visit ¹	\$18 copay
	Virtual behavioral visits	\$0 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-20 \$161 copay per day: days 21-100

Medical benefits		In-network and out-of-network
		Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$0 copay
Ambulance²		\$0 copay
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	\$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 air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

Prescription drugs

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

PEEHIP has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at retiree.uhc.com/peehip or call Customer Service at 1-877-298-2341, TTY 711 to have a hard copy sent to you.

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

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

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)	Network Retail Pharmacy (up to a 30-day supply of maintenance and non-maintenance drugs)	Network Retail Pharmacy (31 to 60-day supply of maintenance drugs*)	Network Retail Pharmacy (61 to 100-day supply of maintenance drugs*)
Tier 1: Preferred Generic Drugs	\$6 copay	\$12 copay	\$12 copay
Tier 2: Preferred Brand Drugs ¹	\$40 copay	\$80 copay	\$120 copay
Tier 3: Non-Preferred Drugs ¹	\$60 copay	\$120 copay	\$180 copay
Tier 4: Specialty Tier Drugs	\$60 copay	N/A	N/A
Stage 3: Coverage Gap Stage	After your total drug costs reach \$5,030, 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**

During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.

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

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

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$0 copay
	Routine chiropractic services	20% coinsurance, up to 18 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>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay

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

Additional benefits	
	In-network and out-of-network
UnitedHealthcare Healthy at Home	<p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>*Call Customer Service to request a referral after each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care¹	\$0 copay
Hospice	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.
Personal emergency response system (PERS) Lifeline	<p>\$0 copay for a Personal Emergency Response System.</p> <p>Help is only a button press away. A PERS wearable device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or lifeline.com/uhcgroup</p>
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources 24/7 at no additional cost.
Opioid treatment program services¹	\$0 copay

Additional benefits		
		In-network and out-of-network
Outpatient substance abuse	Outpatient group therapy visit ¹	\$13 copay
	Outpatient individual therapy visit ¹	\$18 copay
Rally Coach™ Programs		<p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>Call or go online to get started today. rallyhealth.com/retiree</p> <ul style="list-style-type: none"> • Real Appeal 1-844-924-7325, TTY 711 • Rally Wellness Coaching 1-800-478-1057, TTY 711 • Tobacco Cessation 1-866-784-8454, TTY 711 <p>* Refer to your Evidence of Coverage for eligibility requirements</p>
Renal Dialysis¹		\$0 copay

¹ Some of the network benefits listed may require your provider to obtain prior authorization. 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 air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

About this plan

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

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

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

About providers and network pharmacies

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

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

Required Information

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

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

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

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

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

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

Civil Rights Notice

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

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

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

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

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

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

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

Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug list

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2023. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
**Medicare Part B
or Part D**

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

HRM
**High-risk
medication**

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

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	Acyclovir (Oral Capsule),T1
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Acyclovir (Oral Tablet),T1
Abilify Maintena (Intramuscular Prefilled Syringe),T4	Adacel (Intramuscular Suspension),T2 - QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4	Advair HFA (Inhalation Aerosol),T2 - QL
Abiraterone Acetate (250MG Oral Tablet),T1 - PA	Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Acamprosate Calcium (Oral Tablet Delayed Release),T1	Albendazole (Oral Tablet),T1 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T1
Acetazolamide (Oral Tablet),T1	Alcohol Prep Pads,T1
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	Alecensa (Oral Capsule),T4 - PA
Actimmune (Subcutaneous Solution),T4	Alendronate Sodium (10MG Oral Tablet),T1
	Alendronate Sodium (35MG Oral Tablet, 70MG Oral Tablet),T1 - QL

Bold type = Brand name drug Plain type = Generic drug
T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

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

Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1	Injection Solution, 200MCG/ML Injection Solution),T4 - PA
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet),T1	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
Alprazolam (Oral Tablet Immediate Release),T1 - QL	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA
Amantadine HCl (Oral Capsule),T1	Aripiprazole (Oral Tablet),T1 - QL
Amantadine HCl (Oral Solution),T1	Aristada (Intramuscular Prefilled Syringe),T4
Amantadine HCl (Oral Tablet),T1	Aristada Initio (Intramuscular Prefilled Syringe),T4
Ambrisentan (Oral Tablet),T1 - PA; QL	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Amiloride HCl (Oral Tablet),T1	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL
Amiodarone HCl (Oral Tablet),T1	Atazanavir Sulfate (Oral Capsule),T1 - QL
Amitriptyline HCl (Oral Tablet),T1 - HRM	Atenolol (Oral Tablet),T1
Amlodipine Besylate (Oral Tablet),T1	Atomoxetine HCl (Oral Capsule),T1 - QL
Amlodipine-Benazepril (Oral Capsule),T1 - QL	Atorvastatin Calcium (Oral Tablet),T1 - QL
Ammonium Lactate (External Cream),T1	Atovaquone-Proguanil HCl (Oral Tablet),T1
Ammonium Lactate (External Lotion),T1	Atrovent HFA (Inhalation Aerosol Solution),T3
Amoxicillin (Oral Capsule),T1	Austedo (Oral Tablet),T4 - PA; QL
Amoxicillin (Oral Tablet Immediate Release),T1	Avonex Pen (Intramuscular Auto-Injector Kit),T4
Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL	Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T1 - QL	Azathioprine (50MG Oral Tablet),T1 - B/D,PA
Anastrozole (Oral Tablet),T1	Azelastine HCl (0.1% Nasal Solution),T1
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL	Azelastine HCl (Ophthalmic Solution),T1
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	Azithromycin (Oral Packet),T1
Aranesp (Albumin Free) (100MCG/ML	Azithromycin (Oral Tablet),T1

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Celecoxib (Oral Capsule),T1 - QL	Clonidine HCl (Oral Tablet Immediate Release),T1
Celontin (Oral Capsule),T3	Clopidogrel Bisulfate (75MG Oral Tablet),T1
Cephalexin (Oral Capsule),T1	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Cephalexin (Oral Tablet),T1	Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T1 - QL
Chemet (Oral Capsule),T4	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2
Chlorhexidine Gluconate (Mouth Solution),T1	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1
Chlorthalidone (Oral Tablet),T1	Colesevelam HCl (Oral Tablet),T1
Chlorzoxazone (500MG Oral Tablet),T1 - HRM	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Cholestyramine (Oral Packet),T1	Corlanor (Oral Tablet),T3 - PA; QL
Cholestyramine Light (Oral Packet),T1	Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Cilostazol (Oral Tablet),T1	Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Cimetidine (Oral Tablet),T1	Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Cimetidine HCl (300MG/5ML Oral Solution),T1	Creon (Oral Capsule Delayed Release Particles),T2
Cimzia (Subcutaneous Kit),T4 - PA; QL	Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - HRM
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	Cyclophosphamide (Oral Capsule),T1 - B/D,PA
Ciprofloxacin-Dexamethasone (Otic Suspension),T1	D
Citalopram Hydrobromide (Oral Tablet),T1	Dabigatran Etexilate Mesylate (Oral Capsule),T1 - QL
Clarithromycin (Oral Tablet Immediate Release),T1	Dalfampridine ER (Oral Tablet Extended Release
Clenpiq (10MG-3.5GM-12GM/160ML Oral Solution),T2	
Climara Pro (Transdermal Patch Weekly),T3 - HRM	
Clonazepam (Oral Tablet),T1 - QL	
Clonazepam ODT (Oral Tablet Dispersible),T1 - QL	
Clonidine (Transdermal Patch Weekly),T1	

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12 Hour),T1 - QL	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
Dapsone (Oral Tablet),T1	Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL
DayVigo (Oral Tablet),T2 - QL	Diphenoxylate-Atropine (Oral Tablet),T1 - HRM
Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1 - PA	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1
Descovy (200MG-25MG Oral Tablet),T4 - QL	Divalproex Sodium (Oral Tablet Delayed Release),T1
Desmopressin Acetate (Oral Tablet),T1	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1	Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Dexamethasone (Oral Tablet),T1	Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL	Doptelet (Oral Tablet),T4 - PA; QL
Diazepam (5MG/5ML Oral Solution),T1	Dorzolamide HCl (Ophthalmic Solution),T1
Diazepam Intensol (Oral Concentrate),T1 - QL	Dorzolamide HCl-Timolol Maleate (22.3MG-6.8MG/ML Ophthalmic Solution),T1
Diclofenac Potassium (50MG Oral Tablet),T1	Dovato (Oral Tablet),T4 - QL
Diclofenac Sodium (1% External Gel),T1	Doxazosin Mesylate (Oral Tablet),T1
Diclofenac Sodium (Oral Tablet Delayed Release),T1	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T1
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1	Doxycycline Hyclate (Oral Capsule),T1
Dicyclomine HCl (Oral Capsule),T1 - HRM	Dronabinol (Oral Capsule),T1 - PA
Dicyclomine HCl (Oral Tablet),T1 - HRM	Duavee (Oral Tablet),T3 - HRM
Dificid (Oral Suspension Reconstituted),T4	Dulera (Inhalation Aerosol),T2 - QL
Dificid (Oral Tablet),T4	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T1 - HRM	Dupixent (Subcutaneous Solution Pen-
Dihydroergotamine Mesylate (Nasal Solution),T1 - QL	
Diltiazem HCl (Oral Tablet Immediate Release),T1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1	

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Injector),T4 - PA; QL	24 Hour),T3 - B/D,PA
Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Epclusa (Oral Packet),T4 - PA; QL
Dutasteride (Oral Capsule),T1	Epclusa (Oral Tablet),T4 - PA; QL
E	Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL
Edarbi (Oral Tablet),T3 - QL	Eplerenone (Oral Tablet),T1
Edarbyclor (Oral Tablet),T3 - QL	Ergotamine-Caffeine (Oral Tablet),T1
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL	Erivedge (Oral Capsule),T4 - PA
Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL	Erleada (60MG Oral Tablet),T4 - PA
Elmiron (Oral Capsule),T3	Ertapenem Sodium (Injection Solution Reconstituted),T1
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Erythromycin (Ophthalmic Ointment),T1
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Escitalopram Oxalate (Oral Tablet),T1
Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL	Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	Estradiol (Oral Tablet),T1 - HRM
Enalapril Maleate (Oral Tablet),T1 - QL	Estradiol (Transdermal Patch Twice Weekly),T1 - HRM; QL
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Estradiol (Transdermal Patch Weekly),T1 - HRM; QL
Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Estradiol (Vaginal Cream),T1
Enbrel (Subcutaneous Solution),T4 - PA; QL	Ethambutol HCl (400MG Oral Tablet),T1
Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL	Ethosuximide (Oral Capsule),T1
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Ethosuximide (Oral Solution),T1
Entacapone (Oral Tablet),T1	Etravirine (200MG Oral Tablet),T1 - QL
Entecavir (Oral Tablet),T1	Extavia (Subcutaneous Kit),T4
Entresto (Oral Tablet),T2 - QL	Ezetimibe (Oral Tablet),T1
Envarsus XR (Oral Tablet Extended Release	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
	F
	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
	Farxiga (Oral Tablet),T2 - QL

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

Febuxostat (Oral Tablet),T1 - ST

Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1

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

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

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

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

Fluphenazine HCl (Oral Tablet),T1

Fluticasone Propionate (Nasal Suspension),T1

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

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL

G

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

Gabapentin (Oral Capsule),T1

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

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

Gemfibrozil (Oral Tablet),T1

Gemtesa (Oral Tablet),T3

Genotropin (12MG Subcutaneous Cartridge),T4 - PA

Genotropin (5MG Subcutaneous Cartridge),T3 - PA

Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe),T3 - PA

Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe),T4 - PA

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

Genvoya (Oral Tablet),T4 - QL

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

Glatopa (Subcutaneous Solution Prefilled Syringe),T1 - QL

Glucagon (Injection Kit) (Lilly),T1

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

Glyxambi (Oral Tablet),T2 - QL

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

Gvoke Kit (Subcutaneous Solution),T2

Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2

H

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 (Injection Solution),T2

Humalog (Subcutaneous Solution Cartridge),T2

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Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	(Subcutaneous Solution),T2
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Humalog Mix 50/50 (Subcutaneous Suspension),T2	Hydralazine HCl (Oral Tablet),T1
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydrochlorothiazide (Oral Capsule),T1
Humalog Mix 75/25 (Subcutaneous Suspension),T2	Hydrochlorothiazide (Oral Tablet),T1
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL
Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL
Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL	Hydroxyurea (Oral Capsule),T1
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA	Hydroxyzine HCl (Oral Syrup),T1 - HRM
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T4 - PA	Hydroxyzine HCl (Oral Tablet),T1 - HRM
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T4 - PA; QL	I
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T4 - PA	Ibandronate Sodium (Oral Tablet),T1 - QL
Humulin 70/30 (Subcutaneous Suspension),T2	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Icatibant Acetate (Subcutaneous Solution Prefilled Syringe),T1 - PA; QL
Humulin N (Subcutaneous Suspension),T2	Ilevro (Ophthalmic Suspension),T2
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imatinib Mesylate (Oral Tablet),T1 - PA
Humulin R (Injection Solution),T2	Imbruvica (Oral Capsule),T4 - PA; QL
Humulin R U-500 (Concentrated)	Imbruvica (Oral Tablet),T4 - PA; QL
	Imiquimod (5% External Cream),T1 - QL
	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
	Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2
	Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2

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Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Syringes, Needles,T1

Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4

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

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4

Invokamet (Oral Tablet Immediate Release),T2 - QL

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

Invokana (Oral Tablet),T2 - QL

Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA

Ipratropium Bromide (Nasal Solution),T1

Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Isentress (Oral Tablet),T4 - QL

Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (10MG Oral Tablet

Immediate Release, 20MG Oral Tablet
Immediate Release, 30MG Oral Tablet
Immediate Release, 5MG Oral Tablet Immediate Release),T1

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1

Ivermectin (Oral Tablet),T1 - PA

J

Janumet (Oral Tablet Immediate Release),T2 - QL

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

Januvia (Oral Tablet),T2 - QL

Jardiance (Oral Tablet),T2 - QL

Jentadueto (Oral Tablet Immediate Release),T2 - QL

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

Juluca (Oral Tablet),T4 - QL

K

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T1

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

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

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

Korlym (Oral Tablet),T4 - PA; QL

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L		
Lacosamide (Oral Tablet),T1 - QL	Lithium Carbonate (Oral Capsule),T1	
Lactulose (10GM/15ML Oral Solution),T1	Lithium Carbonate ER (Oral Tablet Extended Release),T1	
Lamivudine (100MG Oral Tablet),T1	Livalo (Oral Tablet),T2 - QL	
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL	Lokelma (Oral Packet),T2 - QL	
Lamotrigine (Oral Tablet Immediate Release),T1	Loperamide HCl (Oral Capsule),T1	
Lantus (Subcutaneous Solution),T2	Lorazepam (Oral Tablet),T1 - QL	
Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2	Lorazepam Intensol (Oral Concentrate),T1 - QL	
Latanoprost (Ophthalmic Solution),T1	Losartan Potassium (Oral Tablet),T1 - QL	
Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL	Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	
Leflunomide (Oral Tablet),T1	Lotemax (Ophthalmic Ointment),T3	
Letrozole (Oral Tablet),T1	Lotemax SM (Ophthalmic Gel),T3	
Leucovorin Calcium (Oral Tablet),T1	Lovastatin (Oral Tablet),T1 - QL	
Leukeran (Oral Tablet),T4	Lumigan (Ophthalmic Solution),T2	
Levemir (Subcutaneous Solution),T2	Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA; QL	
Levetiracetam (Oral Tablet Immediate Release),T1	Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA; QL	
Levobunolol HCl (Ophthalmic Solution),T1	Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA; QL	
Levocarnitine (Oral Tablet),T1	Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA; QL	
Levocetirizine Dihydrochloride (Oral Tablet),T1	Lurasidone HCl (Oral Tablet),T1 - QL	
Levofloxacin (Oral Tablet),T1	Lysodren (Oral Tablet),T4	
Levothyroxine Sodium (Oral Tablet),T1	Lyumjev (Injection Solution),T2	
Lidocaine (5% External Patch),T1 - PA; QL	Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2	
Lidocaine HCl (4% External Solution),T1	M	
Lidocaine-Prilocaine (External Cream),T1	Malathion (External Lotion),T1	
Linzess (Oral Capsule),T2 - QL	Maraviroc (Oral Tablet),T1 - QL	
Liothyronine Sodium (Oral Tablet),T1	Mavyret (Oral Packet),T4 - PA; QL	
Lisinopril (Oral Tablet),T1 - QL	Mavyret (Oral Tablet),T4 - PA; QL	
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Mayzent (Oral Tablet),T4 - QL	

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Meclizine HCl (12.5MG Oral Tablet, 25MG Oral 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

Mesnex (Oral Tablet),T3

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

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

Methimazole (Oral Tablet),T1

Methotrexate Sodium (Oral Tablet),T1

Methscopolamine Bromide (Oral Tablet),T1 - HRM

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

Methylprednisolone (Oral Tablet),T1

Metoclopramide HCl (Oral Tablet),T1

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

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

Metronidazole (External Cream),T1

Metronidazole (External Gel),T1

Metronidazole (External Lotion),T1

Metronidazole (Oral Tablet),T1

Midodrine HCl (Oral Tablet),T1

Minocycline HCl (Oral Capsule),T1

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1

Mirtazapine ODT (Oral Tablet Dispersible),T1

Misoprostol (Oral Tablet),T1

Mitigare (Oral Capsule),T2

Modafinil (Oral Tablet),T1 - PA; QL

Mometasone Furoate (Nasal Suspension),T1

Montelukast Sodium (Oral Packet),T1 - QL

Montelukast Sodium (Oral Tablet),T1 - QL

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

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

Movantik (Oral Tablet),T2 - QL

Multaq (Oral Tablet),T2

Myrbetriq (Oral Suspension Reconstituted ER),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Naloxone HCl (0.4MG/ML Injection Solution),T1

Naloxone HCl (Injection Solution Cartridge),T1

Naloxone HCl (Injection Solution Prefilled Syringe),T1

Naltrexone HCl (Oral Tablet),T1

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

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

Naproxen (250MG Oral Tablet Immediate Release, 375MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

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Nayzilam (Nasal Solution),T3 - PA; QL	NovoLog PenFill (Subcutaneous Solution Cartridge),T2
Neomycin Sulfate (Oral Tablet),T1	
Neomycin-Polymyxin-HC (Otic Suspension),T1	Novolin 70/30 (Subcutaneous Suspension),T2
Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA	Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2
Neupogen (Injection Solution Prefilled Syringe),T4 - ST	Novolin N (Subcutaneous Suspension),T2
Neupogen (Injection Solution),T4 - ST	Novolin N FlexPen (Subcutaneous Suspension Pen-Injector),T2
Nexium (2.5MG Oral Packet, 5MG Oral Packet),T2	Novolin R (Injection Solution),T2
Nexletol (Oral Tablet),T2 - PA; QL	Novolin R FlexPen (Injection Solution Pen-Injector),T2
Nexlizet (Oral Tablet),T2 - PA; QL	Nubeqa (Oral Tablet),T4 - PA
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Nimodipine (Oral Capsule),T1	Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM	Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL
Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM	Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL
Nitroglycerin (Tablet Sublingual),T1	Nystatin (External Cream),T1
Nivestym (Injection Solution Prefilled Syringe),T4 - ST	Nystatin (External Ointment),T1
Nivestym (Injection Solution),T4 - ST	Nystatin (External Powder),T1 - QL
Nizatidine (Oral Capsule),T1	Nyvepria (Subcutaneous Solution Prefilled Syringe),T4 - PA
Norethindrone Acetate (5MG Oral Tablet),T1	O
Nortriptyline HCl (Oral Capsule),T1 - HRM	Odomzo (Oral Capsule),T4 - PA
NovoLog (Injection Solution),T2	Ofev (Oral Capsule),T4 - PA; QL
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2	Ofloxacin (Ophthalmic Solution),T1
NovoLog Mix 70/30 (Subcutaneous Suspension),T2	Ofloxacin (Otic Solution),T1
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2	Olanzapine (Oral Tablet),T1 - QL
	Olopatadine HCl (0.1% Ophthalmic Solution),T1
	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1

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B/D = Medicare Part B or Part D

HRM = High-risk medication

LA = Limited access

MME = Morphine milligram equivalent

7D = 7-day limit

DL = Dispensing limit

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Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1	P
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T1 - B/D,PA; QL	Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL
Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA; QL	Pegasys (Subcutaneous Solution),T4 - PA
Opsumit (Oral Tablet),T4 - PA	Penicillamine (Oral Tablet),T1
Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA	Penicillin V Potassium (Oral Tablet),T1
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	Permethrin (External Cream),T1
Orgovyx (Oral Tablet),T4 - PA; QL	Perseris (Subcutaneous Prefilled Syringe),T4
Oseltamivir Phosphate (Oral Capsule),T1	Phenelzine Sulfate (Oral Tablet),T1
Osphena (Oral Tablet),T2 - PA; QL	Phenytoin Sodium Extended (Oral Capsule),T1
Otezla (Oral Tablet Therapy Pack),T4 - PA; QL	Phoslyra (667MG/5ML Oral Solution),T2
Otezla (Oral Tablet),T4 - PA; QL	Pilocarpine HCl (Oral Tablet),T1
Oxcarbazepine (Oral Tablet),T1	Pimecrolimus (External Cream),T1 - QL
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1	Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet),T1 - PA; QL
Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL	Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL
Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - 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	Pomalyst (2MG Oral Capsule, 3MG Oral Capsule, 4MG Oral Capsule),T4 - PA
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL	Potassium Chloride ER (Oral Capsule Extended Release),T1
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA;	Potassium Chloride ER (Oral Tablet Extended Release),T1
	Potassium Citrate ER (Oral Tablet Extended Release),T1
	Pradaxa (Oral Capsule),T3 - QL
	Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; QL
	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1
	Pravastatin Sodium (Oral Tablet),T1 - QL
	Prazosin HCl (Oral Capsule),T1

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Prednisolone Acetate (Ophthalmic Suspension),T1	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1
Prednisone (5MG/5ML Oral Solution),T1	Pyridostigmine Bromide ER (Oral Tablet Extended Release),T1
Prednisone (Oral Tablet),T1	Q
Premarin (Oral Tablet),T3 - HRM; QL	QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL
Premarin (Vaginal Cream),T2	Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release),T1 - QL
Prenatal (27-1MG Oral Tablet),T1	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T1 - QL
Prezcobix (Oral Tablet),T4 - QL	Quinapril HCl (Oral Tablet),T1 - QL
Primidone (250MG Oral Tablet, 50MG Oral Tablet),T1	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Privigen (20GM/200ML Intravenous Solution),T4 - PA	R
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2	Raloxifene HCl (Oral Tablet),T1
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA	Ramipril (Oral Capsule),T1 - QL
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA	Ranolazine ER (Oral Tablet Extended Release 12 Hour),T1
Procto-Med HC (External Cream),T1	Rasagiline Mesylate (Oral Tablet),T1
Proctosol HC (External Cream),T1	Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA
Progesterone (Oral Capsule),T1	Rayaldee (Oral Capsule Extended Release),T4 - QL
Prograf (Oral Packet),T3 - B/D,PA	Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST
Prolastin-C (Intravenous Solution Reconstituted),T4 - PA	Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST
Prolensa (Ophthalmic Solution),T3	Regranex (External Gel),T4 - PA
Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL	Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL
Propranolol HCl (Oral Tablet),T1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T1	
Propylthiouracil (Oral Tablet),T1	

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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

Rhopressa (Ophthalmic Solution),T2 - ST

Ribavirin (Oral Tablet),T1

Rifabutin (Oral Capsule),T1

Rifampin (300MG Oral Capsule),T1

Riluzole (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 - 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

Roflumilast (500MCG Oral Tablet),T1

Ropinirole HCl (Oral Tablet Immediate

Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Rukobia (Oral Tablet Extended Release 12 Hour),T4 - QL

Rybelsus (Oral Tablet),T2 - PA; QL

Rytary (Oral Capsule Extended Release),T3 - ST

S

SPS (Oral Suspension),T1

Sancuso (Transdermal Patch),T4 - QL

Santyl (External Ointment),T2

Savella (Oral Tablet),T2

Selegiline HCl (Oral Capsule),T1

Selegiline HCl (Oral Tablet),T1

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

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T1

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

Sevelamer HCl (Oral Tablet),T1

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

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

Silver Sulfadiazine (External Cream),T1

Simbrinza (Ophthalmic Suspension),T2

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

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

Simvastatin (Oral Tablet),T1 - QL

Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge),T4 - PA; QL

Skyrizi (Subcutaneous Solution Prefilled

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Syringe),T4 - PA; QL	Release),T1
Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL
Sodium Oxybate (Oral Solution),T4 - PA; QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector),T1 - QL
Sodium Polystyrene Sulfonate (Oral Powder),T1	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T1 - QL
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution),T1	Sutab (Oral Tablet),T2
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	Symbicort (Inhalation Aerosol),T3 - QL
Solifenacin Succinate (Oral Tablet),T1 - QL	Symtuza (Oral Tablet),T4 - QL
Soliqua (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Synjardy (Oral Tablet Immediate Release),T2 - QL
Sotalol HCl (Oral Tablet),T1	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Sotalol HCl AF (Oral Tablet),T1	Synribo (Subcutaneous Solution Reconstituted),T4 - PA
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Synthroid (Oral Tablet),T2
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	T
Spironolactone (Oral Tablet),T1	TOBI Podhaler (Inhalation Capsule),T4 - PA; QL
Sprycel (Oral Tablet),T4 - PA	Tabrecta (Oral Tablet),T4 - PA; QL
Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA; QL
Stelara (Subcutaneous Solution),T4 - PA; QL	Tamoxifen Citrate (Oral Tablet),T1
Stiolto Respimat (Inhalation Aerosol Solution),T2 - QL	Tamsulosin HCl (Oral Capsule),T1
Striverdi Respimat (Inhalation Aerosol Solution),T2 - QL	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL
Sucralfate (Oral Suspension),T1	Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL
Sucralfate (Oral Tablet),T1	Terazosin HCl (Oral Capsule),T1
Sulfadiazine (Oral Tablet),T1	Terbinafine HCl (Oral Tablet),T1 - QL
Sulfamethoxazole-Trimethoprim (800MG-160MG 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
Sulfasalazine (Oral Tablet Delayed Release),T1	
Sulfasalazine (Oral Tablet Immediate	

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Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1	Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Testosterone Cypionate (Intramuscular Solution),T1	Tranexamic Acid (Oral Tablet),T1
Tetrabenazine (Oral Tablet),T1 - PA	Tranylcypramine Sulfate (Oral Tablet),T1
Theophylline (Oral Solution),T1	Travoprost (BAK Free) (Ophthalmic Solution),T1
Theophylline ER (Oral Tablet Extended Release 12 Hour),T1	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Theophylline ER (Oral Tablet Extended Release 24 Hour),T1	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1	Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL
Timolol Maleate (Oral Tablet),T1	Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1	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),T1 - PA
Tizanidine HCl (Oral Tablet),T1	Tretinoin (Oral Capsule),T1
Tobramycin (300MG/5ML Inhalation Nebulization Solution),T1 - B/D,PA; QL	Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1
Tobramycin-Dexamethasone (Ophthalmic Suspension),T1	Triamcinolone Acetonide (External Cream),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T1	Triamterene-HCTZ (Oral Capsule),T1
Topiramate (Oral Tablet),T1	Triamterene-HCTZ (Oral Tablet),T1
Toremifene Citrate (Oral Tablet),T1	Trientine HCl (Oral Capsule),T1 - QL
Torseamide (Oral Tablet),T1	Trihexyphenidyl HCl (Oral Solution),T1 - HRM
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trihexyphenidyl HCl (Oral Tablet),T1 - HRM
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Tracleer (Oral Tablet Soluble),T4 - PA; QL	Trintellix (Oral Tablet),T3 - QL
Tradjenta (Oral Tablet),T2 - QL	Trulicity (Subcutaneous Solution Pen-Injector),T2 - PA; QL
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA
	U
	Udenyca (Subcutaneous Solution Prefilled

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Syringe),T4 - PA	Vosevi (Oral Tablet),T4 - PA; QL
Ursodiol (300MG Oral Capsule),T1	Vyzulta (Ophthalmic Solution),T3
Ursodiol (Oral Tablet),T1	W
V	Warfarin Sodium (Oral Tablet),T1
Valacyclovir HCl (Oral Tablet),T1 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL
Valganciclovir HCl (Oral Tablet),T1 - QL	X
Valsartan (Oral Tablet),T1 - QL	Xarelto (Oral Suspension Reconstituted),T2 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Xarelto (Oral Tablet),T2 - QL
Varenicline Tartrate (Oral Tablet),T1	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - PA; QL
Vascepa (Oral Capsule),T3	Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack),T3 - PA; QL
Velphoro (Oral Tablet Chewable),T4	Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack),T4 - PA; QL
Veltassa (Oral Packet),T3 - QL	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T4 - PA; QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T4 - PA; QL
Ventolin HFA (Inhalation Aerosol Solution),T2	Xeljanz (Oral Solution),T4 - PA; QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xeljanz (Oral Tablet Immediate Release),T4 - 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),T1	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - PA; QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Verquvo (Oral Tablet),T3 - PA; QL	Xiidra (Ophthalmic Solution),T3 - QL
Versacloz (Oral Suspension),T4	Xofluza (40MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Viberzi (Oral Tablet),T4 - PA; QL	Xofluza (80MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Victoza (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Xolair (Subcutaneous Solution Prefilled
Viibryd (Oral Tablet),T3 - QL	
Vitrakvi (Oral Capsule),T4 - PA; QL	
Vitrakvi (Oral Solution),T4 - PA; QL	

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Syringe),T4 - PA

Xolair (Subcutaneous Solution Reconstituted),T4 - PA

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

Xtandi (Oral Capsule),T4 - PA

Xtandi (Oral Tablet),T4 - PA

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

Z

Zafirlukast (Oral Tablet),T1

Zaleplon (Oral Capsule),T1 - HRM; QL

Zarxio (Injection Solution Prefilled Syringe),T4

Zenpep (Oral Capsule Delayed Release Particles),T2

Zirgan (Ophthalmic Gel),T3

Zolinza (Oral Capsule),T4 - PA

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

Zonisamide (Oral Capsule),T1

Zubsolv (Tablet Sublingual),T2 - QL

Zylet (Ophthalmic Suspension),T3

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Additional Drug Coverage

Additional prescription drug coverage

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

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

Lower-cost Medicare prescription drugs and supplies

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

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

Certain diabetic supplies for the administration of insulin

Insulin Syringes and Pen Needles

Birth Control

All oral contraceptives (generic only)

Annovera (vaginal ring)

Kyleena (intrauterine device)

Liletta (intrauterine device)

Medroxyprogesterone 150mg/mL injection

Mirena (intrauterine device)

Paragard (intrauterine device)

Nexplanon (contraceptive implant)

EluRyng (vaginal ring)

Haloette (vaginal ring)

Skyla (intrauterine device)

Xulane (patch)

Zafemy (patch)

Breast Cancer Preventive Medications

Raloxifene 60mg Tablet

Tamoxifen 10mg & 20mg Tablet

Lower-cost non-Medicare prescription drugs

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

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

The following drugs have a \$0 copay.

Drug name
Folic Acid 1mg Tablet

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

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

Bonus drug list

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

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

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

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

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

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

QL - Quantity limits

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

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

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	
Dermatological agents - drugs to treat skin conditions		
Dry Skin		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Urea 40% Cream	1	
Itching or Pain		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
Fertility agents - drugs to treat ovulation disorders		
Clomiphene Citrate	1	50% cost-share up to \$2500 lifetime maximum
Follistim AQ	3	50% cost-share up to \$2500 lifetime maximum
Gonal-F	3	50% cost-share up to \$2500 lifetime maximum
Menopur	3	50% cost-share up to \$2500 lifetime maximum
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate Suppository 25 mg	1	
Irritable Bowel or Ulcers		
Hyoscyamine Sulfate	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Urinary Tract Infection		

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

Maintenance drug list

January 1, 2024

Members can receive quantities up to, but not more than, a 100-day supply of maintenance drugs and supplies. Prior authorization may be required for certain drugs. Specialty Tier drugs are limited to a 30-day supply. See your Evidence of Coverage for information about copays. Medications **in this list** are subject to change without notice. If your drug is not included in this Maintenance drug list or to confirm that your drugs and supplies are covered, please call Customer Service using the information on the cover of this book.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Start using your plan on your plan's 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 the PEEHIP UnitedHealthcare Group Medicare Advantage (PPO) plan. In addition, it will be helpful to have:

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

Questions? We're here to help.

 retiree.uhc.com/peehip



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

Statements of understanding

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

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

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

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

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

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

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

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

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

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

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

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

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



retiree.uhc.com/peehip

**United
Healthcare®**
Group Medicare Advantage



PEEHIP