

2019 PLAN GUIDE

What you need to know about your Medicare Advantage Plan.

Public Education Employees' Health Insurance Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Effective: January 1, 2019 through December 31, 2019

Group Number: 15500



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Introducing the UnitedHealthcare® Medicare Advantage Plan

Dear Medicare-eligible PEEHIP Retiree,

The Public Education Employees' Health Insurance Plan (PEEHIP) has selected UnitedHealthcare to offer a Medicare Advantage plan that includes both medical and prescription drug coverage for all eligible retirees and their eligible dependents. At UnitedHealthcare, we believe you should have more than just a good insurance plan to help maintain your health and well-being. We want to work with you to help you live a healthier life.

Let us help you:

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

In this book you will find:

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

Enrolling is easy

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

If you do not want this plan

You have the option not to enroll in this plan. If you do not want to be enrolled in this plan, you must call or return your opt out form to PEEHIP prior to your effective date. If you do not call or return your form before your effective date, you will be automatically enrolled in this plan. Please review your options carefully before making your selection. If you have questions about what opting out means for you and your dependents, please contact PEEHIP toll-free at 1-877-517-0020.

Healthy extras by UnitedHealthcare



HOUSECALLS



GYM MEMBERSHIP



HEALTH & WELLNESS EXPERIENCE

Visit us online anytime

Learn more at
www.UHCRetiree.com/peehip

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

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Plan Information

Benefit Highlights

Public Education Employees' Health Insurance Plan 15500
Effective January 1, 2019 to December 31, 2019

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

	Network	Out-of-Network
Annual medical deductible	Your plan has an annual combined network and out-of-network medical deductible of \$183 [◇] each plan year.	

[◇] This cost share amount is set by Medicare.

Medical Benefits

Benefits covered by Original Medicare and your plan

	Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$13 copay Specialist: \$18 copay	Primary Care Provider: \$13 copay Specialist: \$18 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$200 copay per day: day 1 \$25 copay per day: days 2-5 \$0 copay per day after that [†]	\$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 [†]	\$0 copay per day: days 1-20 \$161 copay per additional day up to 100 days [†]
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Lab services	\$0 copay [†]	\$0 copay [†]
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$35 copay (worldwide) [†]	
Urgently needed services	\$18 copay (worldwide) [†]	\$18 copay (worldwide) [†]

Medical Benefits

Benefits covered by Original Medicare and your plan

	Network	Out-of-Network
Annual medical out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$6,700 each plan year	

Additional benefits and programs not covered by Original Medicare

	Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*†	\$0 copay; 1 per plan year*†
Chiropractic care - routine	20% coinsurance (Up to 18 visits per plan year)*†	20% coinsurance (Up to 18 visits per plan year)*†
Foot care - routine	\$18 copay (Up to 6 visits per plan year)*†	\$18 copay (Up to 6 visits per plan year)*†
Hearing - routine exam	\$0 copay (1 exam every 12 months)*†	\$0 copay (1 exam every 12 months)*†
Hearing aids	Plan pays up to \$500 (every 3 years)*†	Plan pays up to \$500 (every 3 years)*†
Vision - routine eye exams	\$18 copay (1 exam every 12 months)*†	\$18 copay (1 exam every 12 months)*†
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week at no extra cost to you	
Virtual Behavioral Visits	\$18 copay See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com/peehip .	
Virtual Visits	\$0 copay See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com/peehip .†	

*Benefits are combined in and out-of-network

†The deductible does not apply to these services.

Prescription Drugs Costs

	Non-maintenance Drugs	Maintenance Drugs		
	Network Retail Pharmacy (up to a 30-day supply of non-maintenance drugs)	Network Retail Pharmacy (up to a 30-day supply of maintenance drugs**)	Network Retail Pharmacy (31 to 60-day supply of maintenance drugs**)	Network Retail Pharmacy (61 to 90-day supply of maintenance drugs**)
Initial Coverage Stage	You begin in this stage when you fill your first prescription of the year.			
Tier 1 - Preferred Generic	\$6 copay	\$6 copay	\$12 copay	\$12 copay
Tier 2 - Preferred Brand	\$40 copay	\$40 copay	\$80 copay	\$120 copay
Tier 3 - Non-preferred Drug	\$60 copay	\$60 copay	\$120 copay	\$180 copay
Tier 4 - Specialty Tier	\$60 copay	\$60 copay	\$120 copay	\$180 copay
Coverage gap stage	After your total drug costs reach \$3,820, ^{††} you will continue to pay the same cost share that you paid in the Initial Coverage Stage.			
Catastrophic coverage stage	When your out-of-pocket costs reach the \$5,100 ^{††} limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.			

^{††} The drug stage amounts are set by Medicare.

** Please see the Additional Drug Coverage document for a list of the plan's maintenance drugs. Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your drug list (formulary). Please see your Additional Drug Coverage list for more information.

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

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

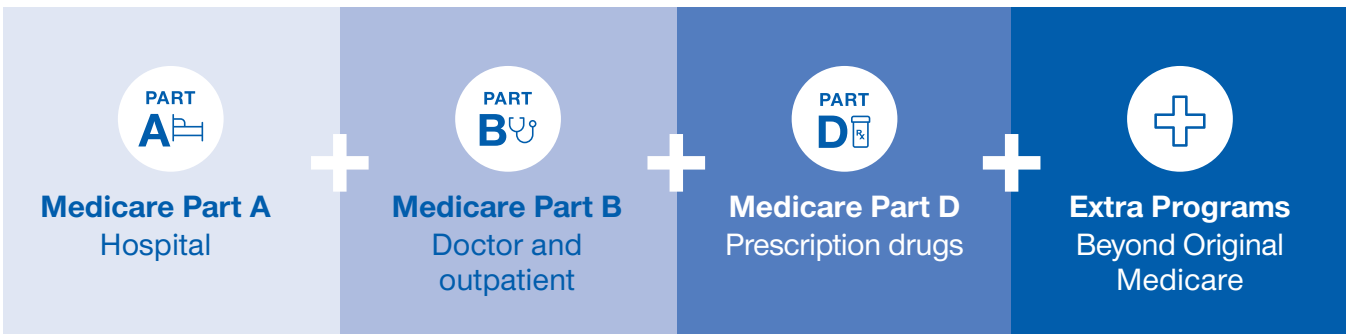
Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

The Public Education Employees’ Health Insurance Plan (PEEHIP) has chosen a UnitedHealthcare® Group Medicare Advantage plan to be your medical and prescription drug coverage. The word “Group” means this is a plan designed exclusively 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).

There are multiple coverage options



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 your local Social Security office. To find an office where you live, visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- You must continue paying your Medicare Part B premium to keep your coverage under this group-sponsored plan. If you stop your payments, you may be disenrolled from this plan.

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



Remember: If you drop your PEEHIP group-sponsored retiree health coverage, you will not be able to re-enroll until the next PEEHIP Open Enrollment period of July 1 through August 31 for an October 1 effective date.

Visit us online anytime

Learn more at
www.UHCRetiree.com/peehip

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

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How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan. You have access to our nationwide coverage of providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare.

	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	
Do I need to choose a primary care provider (PCP)?	No, but recommended.	No
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	
Is there a limit on how much I 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 protected from any balance billing when seeing physicians or health care providers who have not opted out of Medicare.	

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.

View your plan information online



Once your plan is effective, create your secure online account at:
www.UHCRetiree.com/peehip

You'll be able to view benefit information and plan materials, look up your latest claim information, review your personal health record, and access lifestyle and learning articles, recipes, educational videos and more.

How your prescription drug coverage works

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

Here are answers to common questions



What pharmacies can I use?

You can choose from over 68,000 pharmacies across the United States, including national chain, regional and independent local retail pharmacies.



What is a drug cost tier?

Drugs are divided into different cost tiers. In general, the higher the tier, the higher the cost of the drug.



What will I pay for my prescription drugs?

What you pay will depend on the coverage your employer group or plan sponsor has arranged and on what drug cost tier your prescription belongs to. 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 Part D prescription drug plan 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.

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

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Prescription drug coverage plan basics



What is IRMAA?

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



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

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

When you become a member, your employer group or plan sponsor will be asked to confirm that you have had continuous Medicare Part D coverage. If your employer group or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC), which you will get in your Welcome Packet.

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.



Toll-free call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 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. Unlike many other PPO plans, with this plan, you pay the same share of cost in- and out-of-network. 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 a specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

If you need to find a new doctor or specialist, consider a doctor in our network. 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.



Filling your prescriptions is convenient

UnitedHealthcare has over 68,000 national, regional, local chains and independent neighborhood pharmacies in its network.¹

¹2018 Internal Report Data

Visit us online anytime

Learn more at
www.UHCRetiree.com/peehip

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Additional support and programs at no additional cost³



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

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Together, you can identify the preventive screenings you may need, review your medications and talk about any health concerns. You may even get a reward for completing your Annual Wellness Visit.



Enjoy a clinical visit in the privacy of your own home

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

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health

HouseCalls may not be available in all areas.



You are never alone with NurseLine

Health questions can come up anytime. NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns as well as:

- Questions about a medication
- Finding a doctor or specialist
- Understanding an ongoing health condition or new diagnosis



Virtual Visits

Virtual Doctor Visits

See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you're able to live video chat with a doctor from your computer, tablet or smartphone — anytime, day or night. You can ask questions, get a diagnosis, or even get medication prescribed² and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomach ache

¹If additional tests are required, there may be a copay or coinsurance.

²Doctors can't prescribe medications in all states.

³Virtual Behavioral Health visits are subject to a cost share.

Virtual Behavioral Health Visits

Talk to a behavioral health specialist anytime using live video chat using your computer, tablet or smartphone anytime, day or night.

Virtual Behavioral Health Visits may be best for:

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



Special programs for people with chronic or complex health needs

UnitedHealthcare offers special programs to help members who are living with chronic diseases, like diabetes or heart disease. The patients get personal attention and their doctors get up-to-date information to help them make decisions.



Solutions for Caregivers

Make caring for a loved one easier. At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning.

- Get helpful advice, and assistance finding services and programs from a professional care manager
- Have a registered nurse perform an in-person assessment of your situation
- Receive a personalized care plan with recommendations and resources

You will also have access to our Caregiver Partners website to explore our library of articles and caregiver-related products and services.



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 additional information soon after your coverage becomes effective.

Tools and resources to put you in control



Valuable information is just a few clicks away

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

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



Get active and have fun with a SilverSneakers® gym membership

Designed for all fitness levels and abilities, SilverSneakers includes:

- Access to exercise equipment
- Group classes and more at 14,000+ fitness locations¹
- Signature classes led by certified instructors trained specifically in adult fitness

Classes, equipment, facilities and services may vary by location.

¹At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

Ways to save on your 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 tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.

Have an annual medication review

Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.

The UnitedHealthcare Savings Promise



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

Plans are 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.

2019 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Public Education Employees' Health Insurance Plan
Group Number: 15500

H2001-816

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



www.UHCRetiree.com/peehip



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

Summary of Benefits

January 1, 2019 - December 31, 2019

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

About this plan.

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

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed inside the cover, 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).

About providers and network pharmacies.

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

You can go to www.UHCRetiree.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.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits	Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Annual Medical Deductible	\$183 per year for some network and out-of-network services.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$6,700 annually for Medicare-covered services you receive from any provider.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the 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>	

◇This cost share amount is set by Medicare.

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits		Network	Out-of-Network
Inpatient Hospital		\$200 copay for day 1 \$25 copay per day: for days 2-5 \$0 copay per day: for days 6 and beyond	\$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 Hospital, Including Observation		\$0 copay	\$0 copay
Doctor Visits	Primary	\$13 copay	\$13 copay
	Specialists	\$18 copay	\$18 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	

Benefits		Network	Out-of-Network
		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%.	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.		\$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Worldwide coverage is included when medical services are needed right away because of an illness, injury, or condition that you did not expect or anticipate, and you can’t wait until you are back in our plan’s service area to obtain services.		\$18 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$18 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay 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)	\$0 copay	\$0 copay
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay	\$0 copay

Benefits		Network	Out-of-Network
	Therapeutic Radiology	\$0 copay	\$0 copay
	Outpatient x-rays	\$0 copay	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$18 copay	\$18 copay
	Routine hearing exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
	Hearing Aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$18 copay	\$18 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$18 copay (1 exam every 12 months)*	\$18 copay (1 exam every 12 months)*
Mental Health	Inpatient visit	\$200 copay: for day 1 \$25 copay per day: for days 2-5 \$0 copay per day: for days 6 and beyond	\$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 group therapy visit	\$18 copay	\$18 copay
	Outpatient individual therapy visit	\$18 copay	\$18 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: days 1-20 \$161 copay per day: days 21-100	\$0 copay per day: days 1-20 \$161 copay per day: days 21-100

Benefits		Network	Out-of-Network
		Our plan covers up to 100 days in a SNF.	
Physical Therapy and speech and language therapy visit		\$0 copay	\$0 copay
Ambulance		\$0 copay	\$0 copay
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay	\$0 copay
	Other Part B drugs	\$0 copay	\$0 copay

*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.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. Once you are enrolled in this plan, you will receive a separate document called the “Certificate of Coverage” with more information about this supplemental drug coverage.

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. 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.

Prescription Drugs Your Costs

	Non-maintenance Drugs	Maintenance Drugs		
	Network Retail Pharmacy (up to a 30-day supply of non-maintenance drugs)	Network Retail Pharmacy (up to a 30-day supply of maintenance drugs**)	Network Retail Pharmacy (31- to 60-day supply of maintenance drugs**)	Network Retail Pharmacy (61- to 90-day supply of maintenance drugs**)
Initial Coverage Stage	You begin in this stage when you fill your first prescription of the year.			
Tier 1: Preferred Generic	\$6 copay	\$6 copay	\$12 copay	\$12 copay
Tier 2: Preferred Brand	\$40 copay	\$40 copay	\$80 copay	\$120 copay
Tier 3: Non-preferred Drug	\$60 copay	\$60 copay	\$120 copay	\$180 copay
Tier 4: Specialty Tier	\$60 copay	\$60 copay	\$120 copay	\$180 copay
Coverage gap stage	After your total drug costs reach \$3,820, [†] you will continue to pay the same cost share that you paid in the Initial Coverage Stage.			
Catastrophic coverage stage	When your out-of-pocket costs reach the \$5,100 [†] limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.			

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

[†]The drug stage amounts are set by Medicare.

Additional Benefits		Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 copay	\$0 copay
	Routine chiropractic care	20% coinsurance (Up to 18 visits per plan year)*	20% coinsurance (Up to 18 visits per plan year)*
Diabetes Management	Diabetes monitoring supplies	<p>\$0 copay</p> <p>We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.</p>
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay

Additional Benefits		Network	Out-of-Network
Fitness program through SilverSneakers®		<p>\$0 membership fee.</p> <p>Access to a basic fitness membership offered through SilverSneakers® participating locations.</p> <p>If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga. At-home kits are offered for members who can't get to a fitness location due to injury, illness or being homebound.</p>	
Foot Care (podiatry services)	Foot exams and treatment	\$18 copay	\$18 copay
	Routine foot care*	\$18 copay for each visit (Up to 6 visits per plan year)*	\$18 copay for each visit (Up to 6 visits per plan year)*
Home Health Care		<p>\$0 copay</p> <p>Restrictions apply</p> <p>Please refer to the Evidence of Coverage for additional information.</p>	<p>\$0 copay</p> <p>Restrictions apply</p> <p>Please refer to the Evidence of Coverage for additional information.</p>
Hospice		<p>You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.</p>	
NurseLine		<p>Speak with a registered nurse (RN) 24 hours a day, 7 days a week at no extra cost to you</p>	
Occupational Therapy Visit		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$18 copay	\$18 copay
	Outpatient individual therapy visit	\$18 copay	\$18 copay
Outpatient surgery		\$0 copay	\$0 copay
Renal Dialysis		\$0 copay	\$0 copay

Additional Benefits	Network	Out-of-Network
Virtual Behavioral Visits	\$18 copay See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com/peehip .	
Virtual Doctor Visits	\$0 copay See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com/peehip .	

*Benefits are combined in and out-of-network

Required Information

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

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 <https://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 Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

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.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

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 the customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2018. 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. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Preferred brand
 - Tier 3: Non-preferred drug
 - Tier 4: Specialty tier
- Each tier has a copay or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy

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. 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 Medicare members 65 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.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

A

Abacavir/Lamivudine (Tablet),T1 - QL	Alfuzosin HCl ER (Tablet Extended-Release 24 Hour),T1
Acamprosate Calcium DR (Tablet Delayed-Release),T1	Allopurinol (Tablet),T1
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet),T1 - 7D,DL,QL,MME	Alosetron HCl (Tablet),T1 - PA
Acetazolamide (Tablet Immediate-Release),T1	Alprazolam (Tablet Immediate-Release),T1 - QL
Acetazolamide ER (Capsule Extended-Release 12 Hour),T1	Alrex (Suspension),T3
Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet, 5% Ointment),T1	Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup),T1
Adacel (Injection),T1	Amiloride HCl (Tablet),T1
Advair HFA (Aerosol),T2 - QL	Amiodarone HCl (Tablet),T1
Albenza (Tablet),T4 - QL	Amitiza (Capsule),T2 - QL
Alcohol Prep Pads,T1	Amitriptyline HCl (Tablet),T1 - PA,HRM
Alendronate Sodium (Tablet, Oral Solution),T1	Amlodipine Besylate (Tablet),T1
	Amlodipine Besylate/Benazepril HCl (Capsule),T1 - QL
	Ammonium Lactate (12% Cream, 12% Lotion),T1
	Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml

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

Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet),T1	Avonex (Injection),T4
Amphetamine/Dextroamphetamine (Tablet Immediate-Release, Capsule Extended-Release 24 Hour),T1 - QL	Azathioprine (Tablet),T1 - B/D,PA
Anagrelide HCl (Capsule),T1	Azelastine HCl (0.05% Ophthalmic Solution),T1
Anastrozole (Tablet),T1	Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1
Androderm (Patch 24 Hour),T2	Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection),T1
Anoro Ellipta (Aerosol Powder),T2 - QL	Azithromycin (1gm Packet),T1
Apriso (Capsule Extended-Release 24 Hour),T2 - QL	Azopt (Suspension),T2
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T4 - PA	B
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection),T3 - PA	Baclofen (Tablet),T1
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution),T1 - QL	Balsalazide Disodium (Capsule),T1
Arnuity Ellipta (Aerosol Powder),T2 - QL	Belsomra (Tablet),T2 - QL
Atazanavir Sulfate (Capsule),T1 - QL	Benazepril HCl (Tablet),T1 - QL
Atenolol (Tablet),T1	Benazepril HCl/Hydrochlorothiazide (Tablet),T1 - QL
Atomoxetine (Capsule),T1	Benzotropine Mesylate (Tablet),T1 - PA,HRM
Atorvastatin Calcium (Tablet),T1 - QL	Bepreve (Ophthalmic Solution),T3
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone),T1	Berinert (Injection),T4 - PA,LA
Atripla (Tablet),T4 - QL	Betaseron (Injection),T4
Atrovent HFA (Aerosol Solution),T3	Bethanechol Chloride (Tablet),T1
Aubagio (Tablet),T4 - QL,LA	Bicalutamide (Tablet),T1
Auryxia (Tablet),T4 - PA	Binosto (Tablet Effervescent),T3
	Bisoprolol Fumarate (Tablet),T1
	Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T1 - QL
	Breo Ellipta (Aerosol Powder),T2 - QL
	Brilinta (Tablet),T2 - QL
	Brimonidine Tartrate (0.15% Ophthalmic Solution),T1
	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

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.

Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution),T4 - QL

Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension),T1 - B/D,PA

Budesonide (3mg Capsule Delayed-Release),T1

Bumetanide (Tablet, Injection),T1

Buprenorphine HCl (Tablet Sublingual),T1 - QL

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

Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet),T1

Buspiron HCl (Tablet),T1

Butrans (Patch Weekly),T2 - 7D,DL,QL

Bystolic (Tablet),T2 - QL

C

Cabergoline (Tablet),T1

Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution),T1 - B/D,PA

Calcium Acetate (667mg Capsule, 667mg Tablet),T1

Captopril (Tablet),T1 - QL

Carafate (1gm/10ml Suspension),T3

Carbaglu (Tablet),T4 - LA

Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T1

Carbidopa/Levodopa ODT (Tablet Dispersible),T1

Carbidopa/Levodopa, Carbidopa/Levodopa ER (Tablet),T1

Carbidopa/Levodopa/Entacapone (Tablet),T1

Carvedilol (Tablet),T1

Cayston (Inhalation Solution),T4 - PA,LA

Cefuroxime Axetil (Tablet),T1

Celecoxib (Capsule),T1 - QL

Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule, 250mg Tablet, 500mg Tablet),T1

Chantix (Tablet),T2

Chlorhexidine Gluconate Oral Rinse (Solution),T1

Chlorthalidone (Tablet),T1

Cholestyramine Light (Powder),T1

Cilostazol (Tablet),T1

Cimetidine (Tablet),T1

Cinryze (Injection),T4 - PA,LA

Ciprodex (Otic Suspension),T2

Ciprofloxacin HCl (100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet),T1

Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral Solution),T1

Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet),T1

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

Clonazepam, Clonazepam ODT,T1 - QL

Clonidine HCl (0.1mg Tablet Immediate-Release, 0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly, 0.2mg Tablet, 0.3mg Tablet),T1

Clopidogrel (Tablet),T1 - QL

Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T1

Clozapine ODT (Tablet Dispersible),T1

Colchicine (0.6mg Capsule) (Generic Mitigare),T2 - QL

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Colchicine (0.6mg Tablet) (Generic Colcrys),T2 - QL	Digoxin (125mcg Tablet),T1 - QL,HRM	
Combigan (Ophthalmic Solution),T2	Digoxin (250mcg Tablet),T1 - PA,HRM	
Combivent Respimat (Aerosol Solution),T2	Dihydroergotamine Mesylate (Nasal Solution),T1	
Cosentyx (Injection), Cosentyx Sensoready Pen (Injection),T4 - PA,LA	Diltiazem HCl (Capsule Extended-Release, Tablet Immediate-Release),T1	
Creon (Capsule Delayed-Release),T2	Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid),T1 - PA,HRM	
Crixivan (Capsule),T2 - QL	Disulfiram (Tablet),T1	
Cromolyn Sodium (100mg/5ml Concentrate),T1	Divalproex Capsule, Divalproex DR Tablet, Divalproex ER Tablet,T1	
Cromolyn Sodium (20mg/2ml Nebulized Solution),T1 - B/D,PA	Donepezil HCl (Tablet), Donepezil HCl ODT (Tablet Dispersible),T1 - QL	
Cromolyn Sodium (4% Ophthalmic Solution),T1	Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T1	
Cyclophosphamide (Capsule),T1 - B/D,PA	Doxazosin Mesylate (Tablet),T1	
D		
Daliresp (Tablet),T3 - PA	Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 75mg Tablet Immediate-Release, 20mg Tablet Immediate-Release),T1	
Dapsone (Tablet),T1	Dronabinol (Capsule),T1 - PA	
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution),T1	Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release),T1 - QL	
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet),T1	Durezol (Emulsion),T2	
Dexilant (Capsule Delayed-Release),T3 - QL	Dutasteride (Capsule),T1 - QL	
Dextrose 5%/NaCl 0.2% (Injection),T1	E	
Dextrose 5%/NaCl 0.225% (Injection),T1	Edarbi (Tablet),T3 - QL	
Dextrose 5%/NaCl 0.33% (Injection),T1	Edarbyclor (Tablet),T3 - QL	
Dextrose 5%/NaCl 0.45% (Injection),T1	Elidel (Cream),T3 - ST	
Dextrose 5%/NaCl 0.9% (Injection),T1 - B/D,PA	Eliquis (Tablet),T2 - QL	
Diazepam (1mg/ml Oral Solution),T1	Elmiron (Capsule),T4	
Diazepam Intensol (5mg/ml Concentrate),T1 - QL	Embeda (Capsule Extended-Release),T2 - 7D,DL,QL,MME	
Diclofenac Tablet , Diclofenac DR Tablet, Diclofenac ER Tablet,T1	Enalapril Maleate (Tablet),T1 - QL	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet),T1 - HRM		
Digoxin (0.05mg/ml Oral Solution),T1 - PA,QL,HRM		

T1 = Tier 1

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T4 = Tier 4

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Enalapril Maleate/Hydrochlorothiazide (Tablet),T1 - QL	Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment),T1
Enbrel (Injection),T4 - PA	Fluocinolone Acetonide (0.01% Otic Oil),T1
Entacapone (Tablet),T1	Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/5ml Elixir, 2.5mg/ml Injection, 5mg/ml Concentrate),T1
Entecavir (Tablet),T1	Fluticasone Propionate (0.005% Ointment, 0.05% Cream),T1
Epclusa (Tablet),T4 - PA,QL	Fluticasone Propionate (50mcg/act Suspension),T1
Eplerenone (Tablet),T1	Forteo (Injection),T4 - PA
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1	Furosemide (10mg/ml Injection),T1 - B/D,PA
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly),T1 - PA,QL,HRM	Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet),T1
Estradiol (0.1mg/gm Cream, 10mcg Tablet),T1	Fuzeon (Injection),T4 - QL
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace),T1 - PA,HRM	Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet),T3
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution),T1	
Exjade (Tablet Soluble),T4 - PA	
Extavia (Injection),T4	
Ezetimibe (Tablet),T1	
	G
	Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet),T1
F	Gammagard Liquid (Injection),T4 - PA
Famotidine (20mg Tablet, 40mg Tablet, 40mg/5ml Suspension),T1	Gemfibrozil (Tablet),T1
Fareston (Tablet),T4	Genotropin (12mg Injection, 5mg Injection),T4 - PA
Fenofibrate (Tablet),T1	Genotropin Miniquick (0.2mg Injection),T3 - PA
Fentanyl (Patch 72 Hour),T1 - 7D,DL,QL,MME	Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T4 - PA
Finasteride (5mg Tablet) (Generic Proscar),T1	Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution),T1
Firazyr (Injection),T4 - PA,QL,LA	Gilenya (Capsule),T4 - QL
Flovent Diskus (Aerosol Powder),T2	
Flovent HFA (Aerosol),T2 - QL	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension),T1	

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Glatiramer Acetate (Solution Prefilled Syringe),T1

Glimepiride (Tablet),T1 - QL

Glipizide, Glipizide ER (Tablet),T1 - QL

GlucaGen HypoKit (Injection),T3

Glucagon Emergency Kit (Injection),T2

Guanidine HCl (Tablet),T2

H

Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate),T1

Harvoni (Tablet),T4 - PA,QL

Humalog (Injection),T2

Humalog Mix (Injection),T2

Humira (Injection),T4 - PA

Humulin 70/30 Vial (Injection),T2

Humulin N Vial (Injection),T2

Humulin R Vial (Injection),T2

Hydralazine HCl (Tablet),T1

Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet),T1

Hydrocodone /Acetaminophen (Tablet, Oral Solution),T1 - 7D,DL,QL,MME

Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection),T1 - 7D,DL

Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release),T1 - 7D,DL,QL,MME

Hydromorphone HCl (2mg/ml Injection),T1 - 7D,DL

Hydroxychloroquine Sulfate (Tablet),T1

Hydroxyurea (Capsule),T1

Hydroxyzine HCl (10mg/5ml Syrup),T1 - PA,HRM

I

Ibandronate Sodium (Tablet),T1

Ibuprofen (Tablets, Suspension),T1

Ilevro (Suspension),T2

Imatinib Mesylate (Tablet),T1 - PA,QL

Imiquimod (Cream),T1

Insulin Syringes, Needles,T1

Intence (100mg Tablet, 200mg Tablet),T4 - QL

Intron A (Injection),T4 - PA,LA

Invanz (Injection),T4

Invokamet, Invokamet XR (Tablet),T2 - QL

Invokana (Tablet),T2 - QL

Ipratropium Bromide (0.02% Inhalation Solution),T1 - B/D,PA

Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T1

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

Irbesartan (Tablet),T1 - QL

Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL

Isentress (100mg Tablet Chewable, 400mg Tablet),T4 - QL

Isoniazid (100mg Tablet, 300mg Tablet, 50mg/5ml Syrup),T1

Isosorbide Dinitrate (Tablet Immediate-Release, Tablet Extended-Release),T1

Isosorbide Mononitrate (Tablet Immediate-Release, Tablet Extended-Release 24 Hour),T1

Ivermectin (Tablet),T1

J

Jadenu (Tablet),T4 - PA

Janumet, Janumet XR (Tablet),T2 - QL

Januvia (Tablet),T2 - QL

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Jardiance (Tablet),T2 - QL

Jentadueto, Jentadueto XR (Tablet),T2 - QL

Jublia (External Solution),T3

K

Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet),T4 - PA,LA

Ketoconazole (2% Cream, 2% Foam, 2% Shampoo, 200mg Tablet),T1

Ketorolac Tromethamine (Ophthalmic Solution),T1

Klor-Con 10, Klor-Con 8 (Tablet),T1

Klor-Con M20 (Tablet Extended-Release),T1

Kombiglyze XR (Tablet Extended-Release 24 Hour),T3 - QL

Korlym (Tablet),T4 - PA,LA

L

Lactulose (Oral Solution),T1

Lamivudine (100mg Tablet),T1

Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet),T1 - QL

Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable),T1

Lantus Injection (SoloStar, Vial),T2

Latanoprost (Ophthalmic Solution),T1

Latuda (Tablet),T4 - QL

Leflunomide (Tablet),T1

Letrozole (Tablet),T1

Leucovorin Calcium (Tablet),T1

Leukeran (Tablet),T4

Levetiracetam (1000mg Tablet, 250mg Tablet, 500mg Tablet, 750mg Tablet, 100mg/ml Oral

Solution),T1

Levocarnitine (1gm/10ml Oral Solution),T1

Levocarnitine (330mg Tablet),T1

Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution, 5mg Tablet),T1

Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution),T1

Levothyroxine Sodium (Tablet),T1

Lidocaine (5% Patch),T1 - PA,QL

Lidocaine HCl (4% External Solution, 2% Viscous Solution),T1

Lidocaine/Prilocaine (Cream),T1

Lindane (Shampoo),T1

Linzess (Capsule),T2 - QL

Liothyronine Sodium (Tablet),T1

Lisinopril (Tablet),T1 - QL

Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL

Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T1

Loperamide HCl (Capsule),T1

Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate),T1 - QL

Losartan Potassium (Tablet),T1 - QL

Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL

Lotemax (0.5% Ointment, 0.5% Suspension),T3

Lovastatin (Tablet),T1 - QL

Lumigan (Ophthalmic Solution),T2

Lupron Depot (Injection),T4 - PA

Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution),T2 - QL

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Lysodren (Tablet),T4

M

Mavyret (Tablet),T4 - PA,QL

Meclizine HCl (12.5mg Tablet),T1 - PA,HRM

Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection),T1

Meloxicam (Tablet),T1

Memantine HCl (Tablet),T1 - PA,QL

Mercaptopurine (Tablet),T1

Meropenem (Injection),T1

Metformin HCl (Tablet Immediate-Release),T1 - QL

Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL

Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME

Methazolamide (Tablet),T1

Methimazole (Tablet),T1

Methotrexate (Tablet),T1

Methscopolamine Bromide (Tablet),T1

Methyldopa (Tablet),T1 - PA,HRM

Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin), 10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable,T1 - QL

Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1

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

Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release,

50mg Tablet Immediate-Release),T1

Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 375mg Capsule Immediate-Release),T1

Migergot (Suppository),T4

Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule, 100mg Tablet, 75mg Tablet, 50mg Tablet),T1

Minoxidil (Tablet),T1

Mirtazapine, Mirtazapine ODT (Tablet),T1

Misoprostol (Tablet),T1

Modafinil (Tablet),T1 - PA,QL

Mometasone Furoate (Suspension),T1

Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable),T1 - QL

Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin),T1 - 7D,DL,QL,MME

Multaq (Tablet),T2

Myrbetriq (Tablet Extended-Release 24 Hour),T2

N

Nadolol (Tablet),T1

Naloxone (Injection),T1

Naltrexone HCl (Tablet),T1

Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour),T2 - PA,QL

Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release),T1

Narcan (Nasal Spray),T2

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Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension),T1	Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T1 - QL	
Niacin ER (Tablet Extended-Release),T1	Omeprazole (20mg Capsule Delayed-Release),T1	
Niacor (Tablet),T1	Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution),T1 - B/D,PA	
Nicotrol Inhaler (Inhaler),T3	Ondansetron ODT (Tablet Dispersible),T1 - B/D,PA	
Nitrofurantoin Macrocrystals (Capsule) (Generic Macrochantin),T1 - HRM	Onglyza (Tablet),T3 - QL	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid),T1 - HRM	Opsumit (Tablet),T4 - PA,LA	
Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution),T1	Orenitram (0.125mg Tablet Extended-Release),T3 - PA,LA	
Norethindrone Acetate (5mg Tablet),T1	Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release),T4 - PA,LA	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution),T1 - PA,HRM	Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension),T1 - QL	
Norvir (100mg Capsule, 80mg/ml Oral Solution),T3 - QL	Osphena (Tablet),T3 - PA,QL	
Nucynta ER (Tablet Extended-Release 12 Hour),T2 - 7D,DL,QL,MME	Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet, 300mg/5ml Suspension),T1	
Nuedexta (Capsule),T3 - PA	OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent),T2 - 7D,DL,QL,MME	
Nutropin AQ (Injection),T4 - PA	Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour),T1 - QL	
Nystatin (Cream, Ointment, Powder, Suspension, Tablet),T1	Oxycodone HCl (100mg/5ml Concentrate, 10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME	
O		
Olanzapine (10mg Injection),T1	Oxycodone/Acetaminophen (Tablet),T1 - 7D,DL,QL,MME	
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet),T1 - QL	P	
Olmesartan Medoxomil (Tablet),T1 - QL	Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release),T1 - QL	
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet),T1 - QL		
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T1 - QL		
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza),T1		

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Pazeo (Ophthalmic Solution),T2	ProAir RespiClick (Aerosol Powder),T2
Pegasys (Injection),T4 - PA	Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T3 - PA
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet),T1	Procrit (20000unit/ml Injection, 40000unit/ml Injection),T4 - PA
Perforomist (Nebulized Solution),T3 - B/D,PA,QL	Proctosol HC (Cream),T1
Permethrin (Cream),T1	Progesterone (Capsule),T1
Phenytoin Sodium Extended (Capsule),T1	Prolensa (Ophthalmic Solution),T3
Phoslyra (Oral Solution),T2	Prolia (Injection),T3 - QL
Picato (Gel),T2	Promethazine HCl (12.5mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet),T1 - PA,HRM
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution),T1	Propranolol HCl (Oral Solution, Tablet Immediate-Release, Capsule Extended-Release 24 Hour),T1
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet),T1	Propylthiouracil (Tablet),T1
Pioglitazone HCl (Tablet),T1 - QL	Pyridostigmine Bromide (Tablet Immediate-Release),T1
Polyethylene Glycol 3350 Powder (Generic MiraLAX),T1	
Pomalyst (Capsule),T4 - PA,QL	Q
Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release),T1	Quetiapine Fumarate (Tablet Immediate-Release),T1 - QL
Potassium Citrate ER (Tablet Extended-Release),T1	Quinapril HCl (Tablet),T1 - QL
Pradaxa (Capsule),T3 - QL	Quinapril/Hydrochlorothiazide (Tablet),T1 - QL
Pramipexole Dihydrochloride (Tablet Immediate-Release),T1	R
Pravastatin Sodium (Tablet),T1 - QL	Raloxifene HCl (Tablet),T1
Prazosin HCl (Capsule),T1	Ramipril (Capsule),T1 - QL
Prednisolone Acetate (Suspension),T1	Ranexa (Tablet Extended-Release 12 Hour),T2
Prednisone (Therapy Pack, Tablet, Oral Solution),T1	Ranitidine HCl (150mg Capsule, 300mg Capsule, 150mg Tablet, 300mg Tablet, 75mg/5ml Syrup),T1
Premarin (Vaginal Cream),T2	Rapaflo (Capsule),T2 - QL
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet),T4 - QL	Rasagiline Mesylate (Tablet),T1
Prezista (150mg Tablet, 75mg Tablet),T3 - QL	Rasuvo (Injection),T3 - PA

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Rebif (Injection),T4	50mg Tablet, 20mg/ml Concentrate),T1
Renagel (400mg Tablet),T3	Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet),T1
Renagel (800mg Tablet),T4	Shingrix (Injection),T1 - PA
Restasis (Emulsion),T2 - QL	Sildenafil (20mg Tablet) (Generic Revatio),T1 - PA
Revlimid (Capsule),T4 - PA,QL,LA	Silver Sulfadiazine (Cream),T1
Reyataz (50mg Packet),T4 - QL	Simbrinza (Suspension),T2
Rifabutin (Capsule),T1	Simvastatin (Tablet),T1 - QL
Rifampin (150mg Capsule, 300mg Capsule, 600mg Injection),T1	Sodium Polystyrene Sulfonate (Powder),T1
Riluzole (Tablet),T1	Sotalol HCl, Sotalol HCl AF (Tablet),T1
Rimantadine HCl (Tablet),T1	Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet, 1mg/ml Oral Solution),T1	Spiro lactone (Tablet),T1
Rivastigmine Tartrate (Capsule),T1 - QL	Sprycel (Tablet),T4 - PA
Rizatriptan Benzoate ODT (Tablet Dispersible),T1 - QL	Stiolto Respimat (Aerosol Solution),T2
Rizatriptan, Rizatriptan ODT (Tablet),T1 - QL	Suboxone (Film),T3 - QL
Ropinirole HCl (Tablet Immediate-Release),T1	Sucralfate (Tablet),T1
Rosuvastatin Calcium (Tablet),T1 - QL	Sulfamethoxazole/Trimethoprim DS (Tablet),T1
Rozerem (Tablet),T3	Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T1
S	Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet, 4mg/0.5ml Injection, 6mg/0.5ml Injection),T1 - QL
Sancuso (Patch),T4	Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T2
Santyl (Ointment),T3	Suprax (400mg Capsule),T2
Saphris (Tablet Sublingual),T4 - QL	Suprax (500mg/5ml Suspension),T3
Savella (Tablet),T2	Sym linPen (Injection),T4 - PA
Scopolamine (Patch 72 Hour),T1 - PA,HRM	Synjardy (Tablet),T2 - QL
Selegiline HCl (5mg Capsule, 5mg Tablet),T1	Synthroid (Tablet),T2
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T4 - QL	T
Sensipar (Tablet),T4 - B/D,PA,QL	Tamoxifen Citrate (Tablet),T1
Serevent Diskus (Aerosol Powder),T2 - QL	Tamsulosin HCl (Capsule),T1
Sertraline HCl (100mg Tablet, 25mg Tablet,	

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Targretin (1% Gel),T4 - PA	Cream, 0.1% Cream),T1 - PA
Tasigna (Capsule),T4 - PA,QL	Tretinoin (10mg Capsule),T1
Tecfidera (Capsule Delayed-Release),T4 - QL,LA	Triamcinolone Acetonide (55mcg/act Aerosol),T1
Telmisartan (Tablet),T1 - QL	Triamcinolone Acetonide (Cream, Lotion, Ointment),T1
Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL	Triamterene/Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet),T1
Tenofovir Disoproxil Fumarate (Tablet),T1 - QL	Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet),T1 - PA,HRM
Terazosin HCl (Capsule),T1	Trintellix (Tablet),T3 - QL
Testosterone (25mg/2.5gm Gel, 50mg/5gm 1% Gel),T1	Trulicity (Injection),T2 - QL
Testosterone Cypionate (Injection),T1	Truvada (Tablet),T4 - QL
Testosterone Pump (1% Gel),T1	Tymlos (Injection),T4 - PA,QL
Theophylline (Oral Solution),T1	U
Theophylline CR, Theophylline ER (Tablet),T1	Uloric (Tablet),T2 - ST
Timolol Maleate Ophthalmic Gel Forming (Solution),T1	Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule),T1
Tivicay (25mg Tablet, 50mg Tablet),T4 - QL	V
Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule, 2mg Tablet, 4mg Tablet),T1	Valacyclovir HCl (Tablet),T1 - QL
Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection),T1	Valganciclovir (Tablet),T1 - QL
Tobramycin/Dexamethasone (Ophthalmic Suspension),T1	Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T1
Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release),T1	Valsartan (Tablet),T1 - QL
Toujeo SoloStar (Injection),T2	Valsartan/Hydrochlorothiazide (Tablet),T1 - QL
Tradjenta (Tablet),T2 - QL	Vascepa (Capsule),T3
Tramadol HCl (Tablet Immediate-Release),T1 - 7D,DL,QL,MME	Velphoro (Tablet Chewable),T4
Tranexamic Acid (Tablet),T1	Verapamil HCl (Capsule Extended-Release),T1
Travatan Z (Ophthalmic Solution),T2	Verapamil HCl (Tablet Immediate-Release, Tablet Extended-Release),T1
Trazodone HCl (Tablet),T1	Versacloz (Suspension),T4
Tretinoin (0.01% Gel, 0.025% Cream, 0.05%	Victoza (Injection),T2 - QL
	Viibryd (Tablet),T3 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution),T3 - QL

Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder),T4 - QL

Vosevi (Tablet),T4 - PA,QL

W

Warfarin Sodium (Tablet),T1

X

Xarelto (Tablet),T2 - QL

Xiidra (Ophthalmic Solution),T3 - QL

Xolair (Injection),T4 - PA,LA

Xtandi (Capsule),T4 - PA,LA

Z

Zafirlukast (Tablet),T1

Zaleplon (Capsule),T1 - PA,QL,HRM

Zenpep (Capsule Delayed-Release),T2

Zirgan (Gel),T3

Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T1 - PA,QL,HRM

Zonisamide (Capsule),T1

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Additional Drug Coverage

Additional prescription drug coverage

Your plan includes extra coverage for certain drugs and supplies as shown below.

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.

Lower-cost Medicare prescription drugs and supplies

Your plan covers some of your Medicare prescription drugs and supplies at a lower drug copay than in your drug list (formulary).

The amount you pay for these prescription drugs and supplies **does apply to your Medicare prescription drug out-of-pocket costs**. Payments for these prescription drugs (made by you or the plan) are treated the same as payments made for drugs in your plan's drug list (formulary).¹

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

Drug Name	\$0 Copay
Certain diabetic supplies for the administration of insulin	
Insulin Syringes and Pen Needles	✓
Birth Control	
Kyleena (intrauterine device)	✓
Liletta (intrauterine device)	✓
Medroxyprogesterone 150mg/ml Injection	✓
Mirena (intrauterine device)	✓
Nexplanon (contraceptive implant)	✓
NuvaRing (vaginal ring)	✓
Oral contraceptives (generic only)	✓
Skyla (intrauterine device)	✓
Xulane (patch)	✓
Emergency Birth Control	
Ella	✓
Breast Cancer Preventative Medications	
Raloxifene	✓

Drug Name	\$0 Copay
Tamoxifen	✓
Shingles Vaccine	
Shingrix	✓
Zostavax	✓
Tobacco Cessation Medications	
Bupropion 150mg SR	✓
Chantix	✓
Nicotrol Inhaler	✓
Nicotrol Nasal Spray	✓

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).

If you get Extra Help from Medicare to pay for your drugs, it will not apply to these additional covered drugs.

Drug Name	\$0 Copay
Vitamins	
Folic Acid 1mg	✓

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.

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 having the pharmacy contact the plan.
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.

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Drug	Tier	Coverage Rules or Limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Bladder Pain		
Belladonna Alkaloids & Opium Suppositories	3	7D, DL, MME
Inflammation		
Choline & Magnesium Salicylates Liquid	1	
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Scalp		
Sulfacetamide Sodium	1	
Sulfacetamide Sodium w/Sulfur	1	
Dry Skin		
Urea 40% Cream	1	
Urea/Lactic Acid/Zinc Undecylenate	1	
Psoriasis		
Zithranol	3	
Skin Infections		
Iodoquinol/Hydrocortisone	1	
Fertility agents - drugs to treat ovulation disorders		
Clomiphene Citrate	1	50% cost-share up to \$2500 lifetime maximum
Cetrotide Kit	3	50% cost-share up to \$2500 lifetime maximum

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Follistim AQ	3	50% cost-share up to \$2500 lifetime maximum
Gonal-F	3	50% cost-share up to \$2500 lifetime maximum

Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions

Irritable Bowel or Ulcers

Clidinium & Chlordiazepoxide	1	
Donnatal Elixir	3	
Hyoscyamine Sulfate	1	
Phenobarb/Scopolamine/Atropine/ Hyoscyamine Tabs (generic Donnatal)	1	

Hemorrhoids

Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone Cream	1	

Genitourinary agents - drugs to treat bladder, genital and kidney conditions

Kidney & Urinary Conditions

Potassium Citrate & Citric Acid Solution	1	
Sodium Citrate & Citric Acid Solution	1	

Urinary Tract Infection

Methenamine/Hyoscamine/Methylene Blue/ Sodium Phosphate	1	
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate	1	
Urimar-T	3	

Hormonal agents - hormone replacement/modifying drugs

Thyroid Supplement

Armour Thyroid	3	
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Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Nature-Throid	3	
Westhroid	3	
WP Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Calcifol	3	
Cyanocobalamin Injection (Vitamin B12)	1	
Ferrous Fumarate w/Folic Acid 1 MG	1	
Folbee	1	
Folbic	1	
Folgard OS	3	
Folic Acid 1mg (Rx only)	1	
Folic Acid/Cholecalciferol	3	
Folic Acid/Vitamin B6/Vitamin B12	1	
Fusion Plus	3	
Galzin	3	
Multigen	3	
Multiple Vitamins w/ Minerals & Folic Acid 1.25mg	1	
Phytonadione Tab	1	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin B-Complex w/C & Folic Acid 1mg	1	
Vitamin D (Rx only)	1	
Potassium Supplement		
Effer-K	3	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate	1	
Guaifenesin/Codeine Syrup	1	DL
Guaifenesin/Codeine/Pseudoephedrine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Phenylephrine-Promethazine w/ Codeine Syrup	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

Maintenance Drug List

Members can receive quantities up to but not more than a 90-day supply of maintenance drugs and supplies. Prior authorization may be required for certain drugs. See your Evidence of Coverage for information about copays.

Drug Name	Drug Name
Acamprosate DR Tablet	Amlodipine/Olmesartan Tablet
Acarbose Tablet	Amlodipine/Valsartan Tablet
Acebutolol Capsule	Amlodipine/Valsartan/Hydrochlorothiazide Tablet
Acetazolamide ER Capsule & Tablet	Anagrelide Capsule
Advair HFA	Anastrozole Tablet
Afeditab CR Tablet	Anoro Ellipta
Albuterol Inhalation, Syrup & (ER) Tablet	Apri Tablet
Alcohol Swabs	Apriso Capsule
Alendronate Solution & Tablet	Aptiom Tablet
Alfuzosin Tablet	Aranelle Tablet
Allopurinol Tablet	Aripiprazole Solution & (ODT) Tablet
Alphagan P Ophthalmic Solution	Armour Thyroid Tablets
Altavera Tablet	Arnuity Ellipta
Alyacen Tablet	Asacol HD Tablet
Amantadine Capsule, Syrup & Tablet	Ashlyna Tablet
Amethia (Lo) Tablet	Aspirin/Dipyridamole Capsule
Amethyst Tablet	Astagraf XL Capsule
Amiloride Tablet	Atenolol Tablet
Amiloride/Hydrochlorothiazide Tablet	Atenolol/Chlorthalidone Tablet
Amiodarone Tablet	Atorvastatin Tablet
Amitiza Capsule	Atrovent HFA
Amlodipine Tablet	Aubagio Tablet
Amlodipine/Atorvastatin Tablet	Aubra Tablet
Amlodipine/Benazepril Capsule	Auryxia Tablet

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Drug Name
Avandia Tablet
Aviane Tablet
Avonex Injection
Azathioprine Tablet
Azopt Ophthalmic Suspension
Azurette Tablet
Baclofen Tablet
Balziva Tablet
Bekyree Tablet
Benazepril Tablet
Benazepril/Hydrochlorothiazide Tablet
Betaseron Injection
Betaxolol Ophthalmic Solution & Tablet
Binosto Tablet
Bisoprolol Fumarate Tablet
Bisoprolol/Hydrochlorothiazide Tablet
Blisovi (Fe) Tablet
Breo Ellipta
Briellyn Tablet
Brilinta Tablet
Brimonidine Ophthalmic Solution
Brintellix Tablet
Briviact Solution & Tablet
Bromocriptine Capsule & Tablet
Brovana Inhalation
Budesonide Inhalation
Bumetanide Tablet
Bupropion (ER, SR & XL) Tablet

Drug Name
Bystolic Tablet
Calcitonin Nasal Spray
Calcitriol Capsule & Solution
Calcium Acetate Capsule & Tablet
Camila Tablet
Camrese (Lo) Tablet
Candesartan Tablet
Candesartan/Hydrochlorothiazide Tablet
Captopril Tablet
Captopril/Hydrochlorothiazide Tablet
Carafate Suspension
Carbamazepine ER Capsule, Suspension & (ER) Tablet
Carbidopa Tablet
Carbidopa/Levodopa (ER & ODT) Tablet
Carbidopa/Levodopa/Entacapone Tablet
Carteolol Ophthalmic Solution
Cartia XT Capsule
Carvedilol Tablet
Caziant Tablet
Celecoxib Capsule
Celontin Capsule
Chateal Tablet
Chlorothiazide Tablet
Chlorpromazine Tablet
Chlorthalidone Tablet
Cholestyramine (Light) Powder
Cilostazol Tablet

Drug Name
Cimetidine Solution & Tablet
Citalopram Solution & Tablet
Clonazepam (ODT) Tablet
Clonidine Patch & Tablet
Clopidogrel Tablet
Clozapine (ODT) Tablet
Colchicine Tablet
Colcrys Tablet
Colesevelem Packet & Tablet
Colestipol Granules & Tablet
Combigan Ophthalmic Solution
Combivent Respimat
Corlanor Tablet
Coumadin Tablet
Creon Capsule
Cromolyn Inhalation & Oral Concentrate
Cryselle Tablet
Cyclafem Tablet
Cycloset Tablet
Cyclosporine Capsule & Solution
Cyred Tablet
Dalfampridin ER Tablet
Daliresp Tablet
Dasetta Tablet
Daysee Tablet
Deblitane Tablet
Delyla Tablet
Delzicol Capsule

Drug Name
Desogestrel/Ethinyl Estradiol Tablet
Desvenlafaxine Succinate ER Tablet
Dexilant DR Capsule
Diclofenac (DR & ER) Tablet
Diclofenac/Misoprostol Tablet
Diflunisal Tablet
Dilantin Capsule, Suspension & Tablet
Diltiazem CD & ER Capsule and (ER) Tablet
Dilt-XR Capsule
Disulfiram Tablet
Diuril Suspension
Divalproex Capsule, DR & ER Tablet
Dofetilide Capsule
Donepezil (ODT) Tablet
Dorzolamide Ophthalmic Solution
Dorzolamide/Timolol Ophthalmic Solution
Doxazosin Tablet
Doxercalciferol Capsule
Drospirenone/Ethinyl Estradiol Tablet
Dulera Aerosol
Duloxetine Capsule
Dutasteride Capsule
Dutasteride/Tamsulosin Capsule
Dyrenium Capsule
Edarbi Tablet
Edarbyclor Tablet
Elinest Tablet
Eliquis Tablet

Drug Name
Emoquette Tablet
Enalapril Tablet
Enalapril/Hydrochlorothiazide Tablet
Enpresse Tablet
Enskyce Tablet
Entacapone Tablet
Entresto Tablet
Envarsus XR Tablet
Epaned Powder for Solution
Epitol Tablet
Eplerenone Tablet
Eprosartan Tablet
Errin Tablet
Escitalopram Tablet & Solution
Esomeprazole DR Capsule
Estarylla Tablet
Estradiol Vaginal Tablet
Estring
Ethosuximide Capsule & Solution
Etodolac Capsule & (ER) Tablet
Exemestane Tablet
Extavia Injection
Ezetimibe Tablet
Ezetimibe/Simvastatin Tablet
Falmina Tablet
Famotidine Tablet
Fareston Tablet
Felbamate Suspension & Tablet

Drug Name
Felodipine ER Tablet
Femring
Fenofibrate Capsule & Tablet
Fenofibric Acid DR Capsule & Tablet
Fenoprofen Tablet
Fetzima Capsule
Finasteride Tablet
Flavoxate Tablet
Flecainide Tablet
Flovent Diskus & HFA
Fludrocortisone Tablet
Fluoxetine (DR) Capsule, Solution & Tablet
Fluphenazine Concentrate, Elixir & Tablet
Flurbiprofen Tablet
Fluvastatin Capsule
Fluvoxamine ER Capsule & Tablet
Folic Acid Tablet
Fosinopril Tablet
Fosinopril/Hydrochlorothiazide Tablet
Fosrenol Oral Powder
Furosemide Solution & Tablet
Fycompa Tablet
Gabapentin Capsule, Solution & Tablet
Galantamine ER Capsule, Solution & Tablet
Gemfibrozil Tablet
Gengraf Capsule & Solution
Gianvi Tablet
Gildagja Tablet

Drug Name	Drug Name
Gilenya Capsule	Januvia Tablet
Glatiramer Injection	Jardiance Tablet
Glatopa Injection	Jencycla Tablet
Glimepiride Tablet	Jentadueto Tablet
Glipizide (ER & XL) Tablet	Jolessa Tablet
Glipizide/Metformin Tablet	Jolivette Tablet
Glyxambi Tablet	Juleber Tablet
Haloperidol Concentrate & Tablet	Junel (Fe) Tablet
Heather Tablet	Kaitlib Fe Tablet
Humalog	Kariva Tablet
Humulin	Kelnor Tablet
Hydralazine Tablet	Ketoprofen (ER) Capsule
Hydrochlorothiazide Capsule & Tablet	Kimidess Tablet
Ibandronate Tablet	Klor-Con Capsule & ER Tablet
Ibuprofen Tablet	Kombiglyze XR Tablet
Indapamide Tablet	Kurvelo Tablet
Insulin Syringes	Labetalol Tablet
Introvale Tablet	Lamotrigine (ER) Tablet
Invokamet (XR) Tablet	Lansoprazole DR Capsule
Invokana Tablet	Lanthanum Carbonate Chewable Tablet
Ipratropium Bromide Inhalation	Lantus
Ipratropium Bromide/Albuterol Inhalation	Larin (Fe) Tablet
Irbesartan Tablet	Latanoprost Ophthalmic Solution
Irbesartan/Hydrochlorothiazide Tablet	Layolis Fe Tablet
Isosorbide (ER) Tablet	Leena Tablet
Isradipine Capsule	Lessina Tablet
Jantoven Tablet	Letrozole Tablet
Janumet (XR) Tablet	Levalbuterol Inhalation

Drug Name
Levetiracetam Solution & (ER) Tablet
Levobunolol Ophthalmic Solution
Levonest Tablet
Levonorgestrel/Ethinyl Estradiol Tablet
Levora Tablet
Levothyroxine Tablet
Levoxyl Tablet
Linzess Capsule
Liothyronine Tablet
Lisinopril Tablet
Lisinopril/Hydrochlorothiazide Tablet
Lithium Carbonate Capsule & (ER) Tablet
Lithium Solution
Livalo Tablet
Lomedia Fe Tablet
Loryna Tablet
Losartan Tablet
Losartan/Hydrochlorothiazide Tablet
Lovastatin Tablet
Low-Ogestrel Tablet
Loxapine Capsule
Lumigan Ophthalmic Solution
Lutera Tablet
Lyrica Capsule & Solution
Lyza Tablet
Maprotiline Tablet
Marlissa Tablet
Marplan Tablet

Drug Name
Matzim LA Tablet
Medroxyprogesterone Acetate Tablet
Mefenamic Acid Capsule
Meloxicam Tablet
Memantine ER Capsule, Solution & Tablet
Mesalamine DR Tablet
Metaproterenol Syrup & Tablet
Metformin (ER) Tablet (Modified Release & Osmotic excluded)
Methazolamide Tablet
Methimazole Tablet
Methylclothiazide Tablet
Metipranolol Ophthalmic Solution
Metolazone Tablet
Metoprolol Succinate ER Tablet
Metoprolol Tartrate Tablet (25mg, 50mg & 100mg)
Metoprolol/Hydrochlorothiazide Tablet
Mexiletine Capsule
Microgestin (Fe) Tablet
Midodrine Tablet
Minitran Patch
Minoxidil Tablet
Mirtazapine (ODT) Tablet
Misoprostol Tablet
Moexipril Tablet
Moexipril/Hydrochlorothiazide Tablet
Mono-Linyah Tablet

Drug Name
Mononessa Tablet
Montelukast Granules & Tablet
Multaq Tablet
Mycophenolate Capsule, Suspension & Tablet
Mycophenolic Acid DR Tablet
Myrbetriq Tablet
Myzilra Tablet
Nabumetone Tablet
Nadolol Tablet
Namzaric Capsule
Naproxen Suspension & (DR) Tablet
Nateglinide Tablet
Nature-Throid Tablet
Necon Tablet
Nefazodone Tablet
Neupro Patch
Nexium Granules
Niacin ER Tablet
Niacor Tablet
Nicardipine Capsule
Nifedical XL Tablet
Nifedipine ER Tablet
Nikki Tablet
Nimodipine Capsule
Nitro-Bid Ointment
Nitroglycerin Patch, Spray & Sublingual Tablet
Nizatidine Capsule & Solution
Nora-BE Tablet

Drug Name
Norethindrone Tablet
Norethindrone/Ethinyl Estradiol (Fe) Tablet
Norgestimate/Ethinyl Estradiol Tablet
Norlyroc Tablet
Nortel Tablet
Nuedexta Capsule
Nuvaring
Ocella Tablet
Ogestrel Tablet
Olanzapine (ODT) Tablet
Olanzapine/Fluoxetine Capsule
Olmesartan Tablet
Olmesartan/Amlodipine/Hydrochlorothiazide Tablet
Olmesartan/Hydrochlorothiazide Tablet
Omega-3-Acid Ethyl Esters Capsule
Omeprazole Capsule
Omnipod Supplies
Onglyza Tablet
Orsythia Tablet
Oxaprozin Tablet
Oxcarbazepine Suspension & Tablet
Oxtellar XR Tablet
Oxybutynin Syrup & (ER) Tablet
Pacerone Tablet
Paliperidone ER Tablet
Pantoprazole Tablet
Paricalcitol Capsule

Drug Name
Peganone Tablet
Pen Needles
Pentoxifylline ER Tablet
Perforomist Inhalation
Perindopril Tablet
Perphenazine Tablet
Phenelzine Tablet
Phenytek Capsule
Phenytoin EX Capsule, Suspension & Tablet
Philith Tablet
Phoslyra Solution
Phospholine Iodide Ophthalmic Solution
Pilocarpine Ophthalmic Solution
Pimozide Tablet
Pimtrea Tablet
Pindolol Tablet
Pioglitazone Tablet
Pioglitazone/Glimepiride Tablet
Pioglitazone/Metformin Tablet
Pirmella Tablet
Piroxicam Capsule
Plegridy Injection
Portia Tablet
Potassium Chloride ER Capsule, ER & SR Tablet & Liquid
Pradaxa Capsule
Pramipexole Tablet
Prasugrel Tablet

Drug Name
Pravastatin Tablet
Prazosin Capsule
Premarin Vaginal Cream
Prevalite
Previfem Tablet
Primidone Tablet
Proair HFA & RespiClick
Probenecid Tablet
Probenecid/Colchicine Tablet
Prochlorperazine Tablet
Progesterone Capsule
Propafenone ER Capsule & Tablet
Propranolol ER Capsule, Solution & Tablet
Propranolol/Hydrochlorothiazide Tablet
Propylthiouracil Tablet
Quasense Tablet
Quetiapine (ER) Tablet
Quinapril Tablet
Quinapril/Hydrochlorothiazide Tablet
Quinidine Gluconate CR & ER Tablet
Quinidine Sulfate Tablet
QVAR Aerosol
Rabeprazole Tablet
Raloxifene Tablet
Ramipril Capsule
Ranexa Tablet
Ranitidine Capsule, Syrup & Tablet
Rapaflo Capsule

Drug Name
Rasagiline Tablet
Rebif Injection
Reclipsen Tablet
Renagel Tablet
Repaglinide Tablet
Repaglinide/Metformin Tablet
Riomet Solution
Risedronate Tablet
Risperidone Solution & (ODT) Tablet
Rivastigmine Capsule & Patch
Ropinirole (ER) Tablet
Rosuvastatin Tablet
Roweepra Tablet
Saphris Tablet
Savella Tablet
Selegiline Capsule & Tablet
Serevent Diskus
Sertraline Concentrate & Tablet
Setlakin Tablet
Sevelamer Tablet
Sharobel Tablet
Simbrinza Ophthalmic Suspension
Simvastatin Tablet
Sirolimus Tablet
Sodium Fluoride Cream, Gel, Paste, Rinse, Solution & Tablet
Soliqua Injection
Soltamox Solution

Drug Name
Sorine Tablet
Sotalol (AF) Tablet
Spiriva HandiHaler & Respimat
Spironolactone Tablet
Spironolactone/Hydrochlorothiazide Tablet
Sprintec Tablet
Sronyx Tablet
Stiolto Respimat
Striverdi Respimat
Subvente Injection
Sucralfate Tablet
Sulfasalazine (DR) Tablet
Sulindac Tablet
Syeda Tablet
SymlinPen
Synjardy (XR) Tablet
Synthroid Tablet
Tacrolimus Capsule
Tamoxifen Tablet
Tamsulosin Capsule
Tarina Fe Tablet
Taztia XT Capsule
Tecfidera Capsule
Telmisartan Tablet
Telmisartan/Amlodipine Tablet
Telmisartan/Hydrochlorothiazide Tablet
Terazosin Capsule
Terbutaline Tablet

Drug Name
Theophylline Solution, CR & ER Tablet
Thioridazine Tablets
Thiothixene Capsule
Thyroid Tablet
Tiagabine Tablet
Tilia Fe Tablet
Timolol Ophthalmic Gel & Solution and Tablet
Tizanidine Capsule & Tablet
Tolazamide Tablet
Tolbutamide Tablet
Tolcapone Tablet
Tolmetin Capsule & Tablet
Tolterodine ER Capsule & Tablet
Topiramate (ER) Capsule & Tablet
Toremide Tablet
Toujeo
Toviaz Tablet
Tradjenta Tablet
Trandolapril Tablet
Tranylcypromine Tablet
Travatan Z Ophthalmic Solution
Travoprost Ophthalmic Solution
Trazodone Tablet
Triamterene/Hydrochlorothiazide Capsule & Tablet
Tri-Estarylla Tablet
Trifluoperazine Tablet
Tri-Legest Fe Tablet

Drug Name
Tri-Linyah Tablet
Tri-Lo-Estarylla
Tri-Lo-Marzia
Tri-Lo-Sprintec
Trinessa (Lo) Tablet
Trintellix Tablet
Tri-Previfem Tablet
Tri-Sprintec Tablet
Trivora Tablet
Trokendi XR Capsule
Trospium ER Capsule & Tablet
Trulicity
Tudorza Pressair
Uloric Tablet
Unithroid Tablet
Ursodiol Capsule
Valproic Acid Capsule, Solution & Syrup
Valsartan Tablet
Valsartan/Hydrochlorothiazide Tablet
Vascepa Capsule
Velivet Tablet
Venlafaxine ER Capsule and (ER) Tablet
Verapamil ER & SR Capsule and (ER) Tablet
Vestura Tablet
Victoza
Vienna Tablet
Viibryd Tablet
Vimpat Solution & Tablet

Drug Name
Viorele Tablet
Vraylar Capsule
Vyfemla Tablet
Warfarin Tablet
Wera Tablet
Westhroid Tablet
WP Thyroid Tablet
Wymzya Fe Tablet
Xarelto Tablet

Drug Name
Xulane Patch
Zafirlukast Tablet
Zarah Tablet
Zenchent (Fe) Tablet
Zenpep Capsule
Ziprasidone Capsule
Zonisamide Capsule
Zovia 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.

Plans are 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.

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment





This chart shows you what we'll be sending and how we'll be contacting you in the coming months.

Material Name	Description	Delivery Method
Member ID Card	Watch for your UnitedHealthcare Member ID card in the mail.	
Welcome Packet	Once you're enrolled in the plan, you will get a Welcome Packet to review.	
Website Access	After you receive your Member ID card, you can register online at the website listed below to get access to your plan information.	
Health Assessment	In the first 90 days after your coverage effective date, we'll give you a call. Medicare requires us to call you and ask you to complete a short health survey.	

Start using your plan on your effective date. Remember to use your UnitedHealthcare Member ID card for all your medical and prescription drug needs.

We're here for you

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

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

Visit us online anytime

Learn more at
www.UHCRetiree.com/peehip

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 and has a contract 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. Note: PEEHIP does not pay for Part A or Part B premiums.



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

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



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

- Enrolling in this plan will automatically disenroll me from any other Medicare Advantage or Medicare Part D plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. 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 have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- 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.



If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.



I will get a Plan Details book that includes information on where to go online to find my Evidence of Coverage (EOC).

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.



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.

Questions? We're here to help.



1-877-298-2341, TTY 711
8 a.m. - 8 p.m. local time, Monday - Friday



www.UHCRetiree.com/peehip