

Plan Guide 2021

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

Waukesha County

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 12686

Effective: January 1, 2021 through December 31, 2021



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Introducing the Plan

UnitedHealthcare® Group Medicare Advantage plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare® to offer health care coverage for all eligible retirees. As a UnitedHealthcare® Medicare Advantage plan member, you'll have a team committed to understanding your needs and helping you get the care you need.

Let us help you:

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

In this book you will find:

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

How to enroll

- 1 Find the Enrollment Request Form(s) in the “Enrollment” section of this book
- 2 Fill out the form(s) completely — make sure you sign and date the form(s)
- 3 Return your completed form(s) in the enclosed envelope before your enrollment deadline

You can get 2021 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your plan materials.

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness Experience

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-714-0178**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

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Plan Information

Benefit Highlights

Waukesha County 12686

Effective January 1, 2021 to December 31, 2021

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

	In-Network	Out-of-Network
Annual medical deductible	No deductible	
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	\$4,000	\$10,000
	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$10,000 each plan year.	

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$35 copay
	Specialist: \$35 copay	Specialist: \$60 copay
	Virtual Doctor Visits: \$0 copay using Doctor on Demand and AmWell. \$10 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	Virtual Doctor Visits: \$35 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
Preventive services	\$0 copay for Medicare-covered in-network preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$200 copay per day: days 1-8 \$0 copay per day after that	40% coinsurance per day
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$100 copay per additional day up to 100 days	\$175 copay per day up to 100 days
	Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient surgery	\$200 copay	40% coinsurance
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	5% coinsurance	40% coinsurance

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Mental health (outpatient and virtual)	Group therapy: \$10 copay	Group therapy: \$35 copay
	Individual therapy: \$35 copay	Individual therapy: \$60 copay
	Virtual visits: \$35 copay	Virtual visits: \$60 copay
Diagnostic radiology services (such as MRIs, CT scans)	5% coinsurance	40% coinsurance
Lab services	5% coinsurance	\$13 copay
Outpatient x-rays	5% coinsurance	40% coinsurance
Therapeutic radiology services (such as radiation treatment for cancer)	5% coinsurance	40% coinsurance
Ambulance	\$150 copay	\$150 copay
Emergency care	\$90 copay (worldwide)	
Urgently needed services	\$35 copay (worldwide)	\$35 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	40% coinsurance; 1 per plan year*
Foot care - routine	\$35 copay (Up to 6 visits per plan year)*	\$60 copay (Up to 6 visits per plan year)*
Hearing - routine exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
Hearing aids	Through UnitedHealthcare Hearing, the plan pays up to a \$500 allowance for hearing aids every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision - routine eye exams	\$35 copay (1 exam every 12 months)*	\$60 copay (1 exam every 12 months)*

	In-Network	Out-of-Network
Fitness program through RenewActive™	You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network. To get started, log in to your plan website, go to Health & Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.	
NurseLine	Receive access to nurse consultations and additional clinical resources at no additional cost.	

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Generic	\$15 copay	\$30 copay
Tier 3: Preferred Brand	\$47 copay	\$94 copay
Tier 4: Non-preferred Drug	\$100 copay	\$200 copay
Tier 5: Specialty Tier	\$100 copay	\$200 copay
Coverage gap stage	After your total drug costs reach \$4,130, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

Your former employer or plan sponsor has chosen a UnitedHealthcare® Group Medicare Advantage plan. The word “Group” means this is a plan designed just for a former employer or plan sponsor, like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan.

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



Make sure you know what parts of Medicare you have

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

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

Medicare Advantage coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Medicare Part D
Prescription drugs

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

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

✓ One plan at a time

- You may be enrolled in only one Medicare Advantage plan 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 these plans.
- Any eligible family members may also be disenrolled from their group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor or former employer.



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

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-714-0178**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan

This type of plan generally provides more flexibility to let you choose your doctors and hospitals. You are typically not required to have a referral to see a specialist, and you can see doctors outside the network without having to pay the entire cost yourself.

	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	You may pay a larger share of the cost for services. ²
Do I need to choose a primary care provider (PCP)?	No, but recommended.	No, but recommended.
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard copay or coinsurance for the services you get. ²	You will pay your standard copay or coinsurance for the services you get (though the amount may be higher). 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 not responsible for any balance billing when seeing health care providers who have not opted out of Medicare.	

View your plan information online

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

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

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

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

How your prescription drug coverage works

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

Here are answers to common questions:

- **What pharmacies can I use?**

You can choose from over 67,000 national chain, regional and independent local retail pharmacies.

- **What is a drug cost tier?**

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

- **What will I pay for my prescription drugs?**

What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug cost tier your prescription falls in 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 plan that includes prescription drug coverage at a time. If you enroll in another Medicare Part D prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you will be disenrolled from this plan.

Questions? We're here to help.

 www.UHCRetiree.com



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

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

Ways to save on your prescription drugs

- ✓ **You may save on the medications you take regularly**
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.

- ✓ **Get a 3-month¹ supply at retail pharmacies**
In addition to OptumRx® Home Delivery, most retail pharmacies offer 3-month supplies for some prescription drugs.

Check your UnitedHealthcare pharmacy directory to see if a retail pharmacy offers 3-month supplies noted with a pill symbol. An online pharmacy directory is available at: www.UHCRetiree.com

To request a printed directory, call Customer Service toll-free at: **1-877-714-0178**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week

- ✓ **Ask your doctor about trial supplies**
A trial supply allows you to fill a prescription for less than 30 days. This way you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.

- ✓ **Explore lower cost options**
Each covered drug in your drug list is assigned to a drug cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.

- ✓ **Have an annual medication review**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.



The UnitedHealthcare Savings Promise

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

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



What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount Social Security determines you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit. This extra amount is paid directly to Social Security, not to 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 former employer or plan sponsor will be asked to confirm that you have had continuous Medicare Part D coverage. If your former employer or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty.

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



Call Social Security to see if you qualify for Extra Help

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

Toll-free call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.

Questions? We're here to help.



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Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network.
- Even though it's not required it's important to have a primary care provider.
- You may pay a larger share of the cost when you see a non-network health care provider.
- 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?

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

An out-of-network provider does not have a contract with us. With the UnitedHealthcare® Group Medicare Advantage (PPO) plan you can see any out-of-network provider that participates in Medicare and accepts the plan. You pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

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

Filling your prescriptions is convenient

UnitedHealthcare has over 67,000 national chain, regional and independent local retail pharmacies in our network.¹

¹2020 Internal Report Data

Take advantage of UnitedHealthcare's additional support and programs



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

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



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

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

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.



NurseLine

Receive access to nurse consultations and additional clinical resources at no additional cost to you.



Special programs for people with chronic or complex health needs

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

¹A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

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



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone you can download the Doctor on Demand or AmWell apps.

Virtual Doctor Visits

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

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

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

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



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

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in-person at any of our 5,500 UnitedHealthcare Hearing providers nationwide¹ or through home delivery — so you'll get the care you need to hear better and live life to the fullest.



And so much more to help you live a healthier life

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

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

Tools and resources to help put you in control



Go online for valuable plan information

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

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



Renew Active™

Renew Active is our fitness program for body and mind that's designed for you and your goals at no additional cost. With Renew Active, you'll receive a free gym membership with access to an extensive network of gyms and fitness locations, an online brain health program and access to the Fitbit® Community for Renew Active members, including access to thousands of workout videos. Renew Active can help you stay fit, focused and ready for what's next.



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

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.¹ Renew, our member-only Health & Wellness Experience, includes:

- Inspiring lifestyle tips, coloring pages, recipe library, streaming music
- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards*

As a UnitedHealthcare member you can explore all that Renew has to offer by logging in to your member website.

¹Renew by UnitedHealthcare is not available in all plans. *Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

Summary of Benefits 2021

Medicare Advantage Plan
with Prescription Drugs

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): Waukesha County
Group Number: 12686

H2001-825-000

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



Toll-free **1-877-714-0178**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com



Summary of Benefits

January 1, 2021 - December 31, 2021

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 or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

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

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

Our service area includes these counties in:

Alabama: Elmore, Madison, Montgomery, Talladega;

Arkansas: Benton, Crawford, Faulkner, Madison, Newton;

California: Yolo;

Colorado: Boulder, Broomfield, Costilla, Custer, Huerfano, Park;

Florida: Leon;

Georgia: Baker, Chatham, Clayton, DeKalb, Henry, Whitfield;

Hawaii: Honolulu, Maui;

Idaho: Boundary, Canyon;

Illinois: Bond, Madison, Monroe, Peoria, St. Clair;

Indiana: Allen, Huntington, Whitley;

Iowa: Dallas, Polk, Woodbury;

Kansas: Ford;

Kentucky: Rowan, Wayne;

Massachusetts: Franklin;

Michigan: Allegan, Calhoun, Kent, Saginaw;

Minnesota: Blue Earth, Carver, Dakota, Isanti, Ramsey, St. Louis, Scott, Washington;

Missouri: Boone, Cape Girardeau, Christian, Cole, Crawford, Dallas, Douglas, Franklin, Greene, Jefferson, McDonald, Osage, Polk, St. Charles, St. Louis, Saline, Warren, Washington, Webster, St. Louis City;

Nebraska: Lancaster;

New Mexico: Bernalillo, Cibola, Colfax, Luna, Taos;

New York: Erie, Franklin, Genesee, Hamilton, Livingston, Monroe, Ontario;

North Carolina: Alamance, Guilford, Haywood, Hyde, Johnston, Madison, Orange, Randolph, Rockingham;

Ohio: Lake, Licking;

Oregon: Washington;

Pennsylvania: Allegheny, Beaver, Butler, Erie, Lackawanna, Lebanon, Mercer, Westmoreland;

South Carolina: Richland, Spartanburg;

South Dakota: Yankton;

Tennessee: Anderson, Blount, Carter, Cocke, Hamilton, Knox, Sevier, Sullivan, Union, Washington;

Texas: Brewster, El Paso, Hudspeth;

Virginia: Arlington, Scott, Washington, Portsmouth City, Roanoke City;

Washington: Clark, Pierce, Snohomish, Thurston, Yakima;

West Virginia: Kanawha, Putnam;

Wisconsin: Brown, Calumet, Dane, Oconto, Outagamie, Winnebago.

Use network providers and pharmacies.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$4,000 annually for Medicare-covered services from in-network providers.	\$10,000 annually for Medicare-covered services from out-of-network providers.
	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$10,000 each plan year.	
	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.	
	Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$200 copay per day: for days 1-8 \$0 copay per day: for days 9 and beyond	40% coinsurance per day
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$200 copay	40% coinsurance
	Outpatient surgery	\$200 copay	40% coinsurance
	Outpatient hospital services, including observation	\$200 copay	40% coinsurance
Doctor Visits	Primary Care Provider	\$10 copay	\$35 copay
	Specialists ¹	\$35 copay	\$60 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell. \$10 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$35 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
Preventive Care	Medicare-covered	\$0 copay	\$0 - \$60 copay or 40% coinsurance depending on the service
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening	

Benefits

		In-Network	Out-of-Network
		<p>Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	40% coinsurance; 1 per plan year*
Emergency Care		<p>\$90 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p>	

Benefits

		In-Network	Out-of-Network
Urgently Needed Services		<p>\$35 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p>	<p>\$35 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	5% coinsurance	40% coinsurance
	Lab services ¹	5% coinsurance	\$13 copay
	Diagnostic tests and procedures ¹	5% coinsurance	40% coinsurance
	Therapeutic Radiology ¹	5% coinsurance	40% coinsurance
	Outpatient x-rays ¹	5% coinsurance	40% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$35 copay	\$60 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	Through UnitedHealthcare Hearing, the plan pays up to a \$500 allowance for hearing aid(s) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$35 copay	\$60 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$35 copay (1 exam every 12 months)*	\$60 copay (1 exam every 12 months)*
Mental Health	Inpatient visit ¹	\$175 copay per day: days 1-8 \$0 copay per day: days 9-190	40% coinsurance per day: days 1-190
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$10 copay	\$35 copay
	Outpatient individual therapy visit ¹	\$35 copay	\$60 copay
	Virtual Behavioral Visits	\$35 copay	\$60 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-20 \$100 copay per day: days 21-100	\$175 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.	
Physical Therapy and speech and language therapy visit¹		5% coinsurance	40% coinsurance
Ambulance²		\$150 copay	\$150 copay
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	5% coinsurance	40% coinsurance

Benefits

		In-Network	Out-of-Network
	Other Part B drugs ¹	5% coinsurance	40% coinsurance

Prescription Drugs

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

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

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

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	One-month supply	Three-month supply
Tier 1: Preferred Generic	\$15 copay	\$30 copay
Tier 2: Generic	\$15 copay	\$30 copay
Tier 3: Preferred Brand	\$47 copay	\$94 copay
Tier 4: Non-preferred Drug	\$100 copay	\$200 copay
Tier 5: Specialty Tier	\$100 copay	\$200 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs. 	

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	\$10 copay	\$15 copay
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	\$10 copay	\$15 copay
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	40% coinsurance

Additional Benefits

		In-Network	Out-of-Network
	Therapeutic shoes or inserts ¹	5% coinsurance	40% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	5% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	5% coinsurance	40% coinsurance
Fitness program through RenewActive™		<p>You have access to Renew Active™ at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health & Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$35 copay	\$60 copay
	Routine foot care	\$35 copay for each visit (Up to 6 visits per plan year)*	\$60 copay for each visit (Up to 6 visits per plan year)*
Home Health Care¹		\$0 copay	20% coinsurance
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>Receive access to nurse consultations and additional clinical resources at no additional cost.</p>	
Occupational Therapy Visit¹		5% coinsurance	40% coinsurance
Opioid Treatment Program Services¹		\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$10 copay	\$35 copay
	Outpatient individual therapy visit ¹	\$35 copay	\$60 copay
Renal Dialysis¹		5% coinsurance	5% coinsurance

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

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

*Benefits are combined in and out-of-network

Required Information

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

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

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

UnitedHealthcare 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 available for free in other languages. Please call our Customer Service number located on the first page 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, 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.

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

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

You must continue to pay your Medicare Part B premium.

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

The 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.

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

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

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

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

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

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

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

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

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

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee 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.

Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2020. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Covered drugs are placed in tiers. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Generic
 - Tier 3: Preferred brand
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- Each tier has a copay or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Y0066_200423_093000_M

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

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T4 - QL	Syringe),T5 - PA
Abilify Maintena (Intramuscular Prefilled Syringe),T5	Actemra ACTPen (Subcutaneous Solution Auto-Injector),T5 - PA
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5	Acyclovir (Oral Capsule),T2
Abiraterone Acetate (Oral Tablet),T5 - PA	Acyclovir (Oral Tablet),T2
Acamprosate Calcium (Oral Tablet Delayed Release),T4	Adacel (Intramuscular Suspension),T3 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T2 - 7D; MME; DL; QL	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T3 - QL
Acetazolamide (Oral Tablet),T3	Advair HFA (Inhalation Aerosol),T3 - QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T3	Aimovig (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Actemra (Subcutaneous Solution Prefilled	Albendazole (Oral Tablet),T5 - QL
	Alcohol Prep Pads,T3
	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
	Alfuzosin HCl ER (Oral Tablet Extended Release

Bold type = Brand name drug

Plain type = Generic drug

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

24 Hour),T2	Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe),T5 - PA
Allopurinol (Oral Tablet),T1	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T5 - PA
Alsetron HCl (Oral Tablet),T5 - PA	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA
Alphagan P (0.1% Ophthalmic Solution),T3	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4 - PA
Alprazolam (Oral Tablet Immediate Release),T2 - QL	Aripiprazole (Oral Tablet),T2 - QL
Alyq (Oral Tablet),T4 - PA	Aristada (Intramuscular Prefilled Syringe),T5
Amantadine HCl (Oral Capsule),T3	Aristada Initio (Intramuscular Prefilled Syringe),T5
Amantadine HCl (Oral Syrup),T2	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL
Amantadine HCl (Oral Tablet),T3	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T4 - QL
Ambrisentan (Oral Tablet),T5 - PA; LA; QL	Atazanavir Sulfate (Oral Capsule),T4 - QL
Amiloride HCl (Oral Tablet),T2	Atenolol (Oral Tablet),T1
Amiodarone HCl (200MG Oral Tablet),T2	Atomoxetine HCl (Oral Capsule),T4
Amitiza (Oral Capsule),T3 - QL	Atorvastatin Calcium (Oral Tablet),T1 - QL
Amitriptyline HCl (Oral Tablet),T4 - HRM	Atovaquone-Proguanil HCl (Oral Tablet),T3
Amlodipine Besylate (Oral Tablet),T1	Atripla (Oral Tablet),T5 - QL
Amlodipine-Benazepril (Oral Capsule),T2 - QL	Atrovent HFA (Inhalation Aerosol Solution),T4
Ammonium Lactate (External Cream),T2	Aubagio (Oral Tablet),T5 - LA; QL
Ammonium Lactate (External Lotion),T2	Auryxia (Oral Tablet),T5 - PA
Amoxicillin (Oral Capsule),T2	
Amoxicillin (Oral Tablet Immediate Release),T2	
Amphetamine-Dextroamphetamine (Oral Tablet),T3 - QL	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T3 - QL	
Anagrelide HCl (Oral Capsule),T3	
Anastrozole (Oral Tablet),T2	
Androderm (Transdermal Patch 24 Hour),T3	
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL	
Apokyn (Subcutaneous Solution Cartridge),T5 - PA; LA; QL	
Apriso (Oral Capsule Extended Release 24 Hour),T3 - QL	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Austedo (Oral Tablet),T5 - PA; LA; QL	Bosentan (Oral Tablet),T5 - PA; LA; QL
Avonex Pen (Intramuscular Auto-Injector Kit),T5	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5	Brilinta (Oral Tablet),T3 - QL
Azathioprine (Oral Tablet),T2 - B/D,PA	Brimonidine Tartrate (0.15% Ophthalmic Solution),T4
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3	Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
Azelastine HCl (Ophthalmic Solution),T2	Budesonide (Inhalation Suspension),T4 - B/D,PA
Azithromycin (Oral Tablet),T2	Budesonide (Oral Capsule Delayed Release Particles),T4
Azopt (Ophthalmic Suspension),T3	Bumetanide (Oral Tablet),T3
B	Buprenorphine (Transdermal Patch Weekly),T3 - 7D; DL; QL
BRIVIACT (Oral Solution),T5 - PA; QL	Buprenorphine HCl (Tablet Sublingual),T2 - QL
BRIVIACT (Oral Tablet),T5 - PA; QL	Bupropion HCl (Oral Tablet Immediate Release),T2
Baclofen (Oral Tablet),T2	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Balsalazide Disodium (Oral Capsule),T4	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Baqsimi Two Pack (Nasal Powder),T3	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Belsomra (Oral Tablet),T3 - QL	Buspironone HCl (Oral Tablet),T2
Benazepril HCl (Oral Tablet),T1 - QL	Butrans (Transdermal Patch Weekly),T3 - 7D; DL; QL
Benazepril-Hydrochlorothiazide (Oral Tablet),T3 - QL	Bydureon (Subcutaneous Pen-Injector),T4 - QL
Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM	Bydureon BCise (Subcutaneous Auto-Injector),T4 - QL
Bepreve (Ophthalmic Solution),T4	Bystolic (Oral Tablet),T3 - QL
Berinert (Intravenous Kit),T5 - PA; LA	C
Besivance (Ophthalmic Suspension),T4	Cabergoline (Oral Tablet),T3
Betaseron (Subcutaneous Kit),T5	Calcitriol (External Ointment),T4
Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet),T3	
Bethanechol Chloride (50MG Oral Tablet),T4	
Betimol (Ophthalmic Solution),T4	
Bicalutamide (Oral Tablet),T2	
Bisoprolol Fumarate (Oral Tablet),T2	
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL	

Bold type = Brand name drug

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Calcitriol (Oral Capsule),T2 - B/D,PA	Cholestyramine (Oral Packet),T4
Calcium Acetate (Phosphate Binder) (Oral Capsule),T3	Cholestyramine Light (Oral Powder),T4
Calcium Acetate (Phosphate Binder) (Oral Tablet),T3	Cilostazol (Oral Tablet),T2
Captopril (100MG Oral Tablet, 50MG Oral Tablet),T4 - QL	Cinacalcet HCl (30MG Oral Tablet),T4 - B/D,PA; QL
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet),T3 - QL	Cinacalcet HCl (90MG Oral Tablet),T5 - B/D,PA; QL
Carbaglu (Oral Tablet),T5 - LA	Cinryze (Intravenous Solution Reconstituted),T5 - PA; LA
Carbamazepine (Oral Tablet Immediate Release),T3	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
Carbidopa-Levodopa (Oral Tablet Immediate Release),T2	Citalopram Hydrobromide (Oral Tablet),T1
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T3	Clarithromycin (Oral Tablet Immediate Release),T3
Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T4	Clenpiq (Oral Solution),T3
Carbidopa-Levodopa-Entacapone (Oral Tablet),T4	Climara Pro (Transdermal Patch Weekly),T4 - PA; HRM
Carvedilol (Oral Tablet),T1	Clonazepam (Oral Tablet Immediate Release),T2 - QL
Cayston (Inhalation Solution Reconstituted),T5 - PA; LA	Clonazepam ODT (0.5MG Oral Tablet Dispersible),T3 - QL
Cefuroxime Axetil (Oral Tablet),T2	Clonidine (0.1MG/24HR Transdermal Patch Weekly),T3
Celecoxib (Oral Capsule),T3 - QL	Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T4
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2	Clonidine HCl (Oral Tablet Immediate Release),T2
Cephalexin (750MG Oral Capsule),T4	Clopidogrel Bisulfate (75MG Oral Tablet),T2 - QL
Cephalexin (Oral Tablet),T3	Clozapine (Oral Tablet Immediate Release),T3
Chantix (Oral Tablet),T3	Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T4
Chantix Continuing Month Pak (Oral Tablet),T3	Clozapine ODT (12.5MG Oral Tablet Dispersible,
Chantix Starting Month Pak (Oral Tablet),T3	
Chlorhexidine Gluconate (Mouth Solution),T2	
Chlorthalidone (Oral Tablet),T2	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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25MG Oral Tablet Dispersible),T3	Solution),T3
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2 - QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3	Diazepam (5MG/5ML Oral Solution),T2
Colesevelam HCl (Oral Tablet),T4	Diazepam Intensol (5MG/ML Oral Concentrate),T3 - QL
Combigan (Ophthalmic Solution),T3	Diclofenac Potassium (Oral Tablet),T3
Combivent Respimat (Inhalation Aerosol Solution),T3 - QL	Diclofenac Sodium (1% Transdermal Gel),T3
Corlanor (Oral Solution),T4 - PA; QL	Diclofenac Sodium (Oral Tablet Delayed Release),T2
Corlanor (Oral Tablet),T4 - PA; QL	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA	Dicyclomine HCl (Oral Capsule),T2 - HRM
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5 - PA; LA	Dicyclomine HCl (Oral Tablet),T2 - HRM
Coumadin (Oral Tablet),T4	Dificid (Oral Tablet),T5
Creon (Oral Capsule Delayed Release Particles),T3	Digoxin (125MCG Oral Tablet),T4 - HRM; QL
Crixivan (Oral Capsule),T3 - QL	Digoxin (250MCG Oral Tablet),T4 - PA; HRM
Cromolyn Sodium (Inhalation Nebulization Solution),T5 - B/D,PA	Dihydroergotamine Mesylate (Nasal Solution),T5 - PA; QL
Cromolyn Sodium (Oral Concentrate),T3	Diltiazem HCl (Oral Tablet Immediate Release),T2
Cyclophosphamide (Oral Capsule),T3 - B/D,PA	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T3
Cyproheptadine HCl (Oral Tablet),T4 - PA; HRM	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T2
D	Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T2
DARAPRIM (Oral Tablet),T5	Dipentum (Oral Capsule),T5
Dapsone (Oral Tablet),T3	Diphenoxylate-Atropine (Oral Tablet),T4 - PA; HRM
Deferasirox (Oral Tablet Soluble) (Generic Exjade),T5 - PA	Disulfiram (Oral Tablet),T3
Depen Titratabs (Oral Tablet),T5	
Desmopressin Acetate (Oral Tablet),T3	
Desvenlafaxine Succinate ER (50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3	
Dextrose-NaCl (5-0.2% Intravenous	

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Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T3	Injector),T4 - PA; QL
Divalproex Sodium (Oral Tablet Delayed Release),T2	Enalapril Maleate (Oral Tablet),T1 - QL
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2	Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T2 - QL	Enbrel (Subcutaneous Solution Prefilled Syringe),T5 - PA
Donepezil HCl ODT (Oral Tablet Dispersible),T2 - QL	Enbrel (Subcutaneous Solution Reconstituted),T5 - PA
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2	Enbrel Mini (Subcutaneous Solution Cartridge),T5 - PA
Doxazosin Mesylate (Oral Tablet),T2	Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5 - PA
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3	Entacapone (Oral Tablet),T4
Doxycycline Hyclate (Oral Capsule),T3	Entecavir (Oral Tablet),T4
Dronabinol (Oral Capsule),T4 - PA	Entresto (Oral Tablet),T3 - QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2 - QL	Envarsus XR (Oral Tablet Extended Release 24 Hour),T4 - B/D,PA
Dutasteride (Oral Capsule),T3	Epclusa (Oral Tablet),T5 - PA; QL
Dymista (Nasal Suspension),T4	Epinephrine (Injection Solution Auto-Injector),T3 - QL
E	Eplerenone (25MG Oral Tablet),T3
Edarbi (Oral Tablet),T4 - QL	Eplerenone (50MG Oral Tablet),T4
Edarbyclor (Oral Tablet),T4 - QL	Ergotamine-Caffeine (Oral Tablet),T3
Eliquis (Oral Tablet),T3 - QL	Erleada (Oral Tablet),T5 - PA
Eliquis Starter Pack (Oral Tablet),T3 - QL	Ertapenem Sodium (Injection Solution Reconstituted),T4
Elmiron (Oral Capsule),T5	Escitalopram Oxalate (Oral Tablet),T2
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Estradiol (Oral Tablet),T3 - PA; HRM
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL
Emgality (Subcutaneous Solution Auto-	Estradiol (Vaginal Cream),T4
	Ethosuximide (Oral Capsule),T3
	Ethosuximide (Oral Solution),T3
	Ezetimibe (Oral Tablet),T2

T1 = Tier 1

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Ezetimibe-Simvastatin (10-80MG Oral Tablet),T4 - QL

F

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T3

Farxiga (Oral Tablet),T3 - QL

Fasenra (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA

Fasenra Pen (Subcutaneous Solution Auto-Injector),T5 - PA; LA

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T3

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T2

Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T4 - 7D; MME; DL; QL

Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL

Finacea (External Foam),T4

Finasteride (5MG Oral Tablet) (Generic Proscar),T2

Flac (Otic Oil),T4

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3

Flovent HFA (Inhalation Aerosol),T3 - QL

Fluconazole (Oral Tablet),T2

Fluocinolone Acetonide (External Cream),T3

Fluocinolone Acetonide (External Ointment),T3

Fluocinolone Acetonide (Otic Oil),T3

Fluphenazine HCl (Oral Tablet),T4

Fluticasone Propionate (External Cream),T3

Fluticasone Propionate (External Ointment),T3

Fluticasone Propionate (Nasal Suspension),T2

Forteo (Subcutaneous Solution Pen-Injector),T5 - PA

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T5 - QL

Fycompa (Oral Suspension),T5 - QL

Fycompa (Oral Tablet),T5 - QL

G

Gabapentin (Oral Capsule),T2

Gabapentin (Oral Tablet),T2

Gammagard (2.5GM/25ML Injection Solution),T5 - PA

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5 - PA

Gemfibrozil (Oral Tablet),T2

Genotropin (Subcutaneous Solution Reconstituted),T5 - PA

Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5 - PA

Gentamicin Sulfate (Ophthalmic Solution),T2

Gilenya (0.5MG Oral Capsule),T5 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5

Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe),T5

Glimepiride (Oral Tablet),T1 - QL

Glipizide (Oral Tablet Immediate Release),T1 - QL

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

GlucaGen HypoKit (Injection Solution Reconstituted),T4

Glucagon (Injection Kit) (Lilly),T3

Glyxambi (Oral Tablet),T3 - QL

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Guanidine HCl (Oral Tablet),T4	Humulin N (Subcutaneous Suspension),T3
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3
H	Humulin R (Injection Solution),T3
Haegarda (Subcutaneous Solution Reconstituted),T5 - PA; LA	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3
Haloperidol (Oral Tablet),T2	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3
Humalog (Subcutaneous Solution Cartridge),T3	Hydralazine HCl (Oral Tablet),T2
Humalog (Subcutaneous Solution),T3	Hydrochlorothiazide (Oral Capsule),T1
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3	Hydrochlorothiazide (Oral Tablet),T1
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3 - 7D; MME; DL; QL
Humalog Mix 50/50 (Subcutaneous Suspension),T3	Hydromorphone HCl (Oral Tablet Immediate Release),T2 - 7D; MME; DL; QL
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3	Hydroxychloroquine Sulfate (Oral Tablet),T2 - QL
Humalog Mix 75/25 (Subcutaneous Suspension),T3	Hydroxyurea (Oral Capsule),T2
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3	Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM
Humira (Subcutaneous Prefilled Syringe Kit),T5 - PA	I
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T5 - PA	Ibandronate Sodium (Oral Tablet),T2
Humira Pen (Subcutaneous Pen-Injector Kit),T5 - PA	Ibu (800MG Oral Tablet),T2
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5 - PA	Ibuprofen (Oral Tablet),T2
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5 - PA	Ilevro (Ophthalmic Suspension),T3
Humulin 70/30 (Subcutaneous Suspension),T3	Imatinib Mesylate (Oral Tablet),T5 - PA; QL
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3	Imiquimod (5% External Cream),T3 - QL
	Imiquimod Pump (3.75% External Cream),T5 - PA
	Imvexxy Maintenance Pack (Vaginal Insert),T3 - PA
	Imvexxy Starter Pack (Vaginal Insert),T3 - PA
	Ingrezza (Oral Capsule Therapy Pack),T5 - PA; QL
	Ingrezza (Oral Capsule),T5 - PA; QL

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Insulin Syringes, Needles,T3	QL
Intence (100MG Oral Tablet, 200MG Oral Tablet),T5 - QL	Janumet XR (Oral Tablet Extended Release 24 Hour),T3 - QL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5	Januvia (Oral Tablet),T3 - QL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4	Jardiance (Oral Tablet),T3 - QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5	Jentaduetto (Oral Tablet Immediate Release),T3 - QL
Ipratropium Bromide (Inhalation Solution),T2 - B/D,PA	Jentaduetto XR (Oral Tablet Extended Release 24 Hour),T3 - QL
Ipratropium Bromide (Nasal Solution),T3	Jublia (External Solution),T4
Ipratropium-Albuterol (Inhalation Solution),T2 - B/D,PA	K
Irbesartan (Oral Tablet),T1 - QL	Kalydeco (50MG Oral Packet, 75MG Oral Packet),T5 - PA; LA
Irbesartan-Hydrochlorothiazide (Oral Tablet),T2 - QL	Kalydeco (Oral Tablet),T5 - PA; LA
Isentress (Oral Tablet),T5 - QL	Ketoconazole (External Cream),T2 - QL
Isoniazid (Oral Tablet),T2	Ketorolac Tromethamine (Ophthalmic Solution),T3
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2	Klor-Con 10 (Oral Tablet Extended Release),T2
Isosorbide Mononitrate (Oral Tablet Immediate Release),T2	Klor-Con 8 (Oral Tablet Extended Release),T2
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2	Klor-Con M10 (Oral Tablet Extended Release),T2
Ivermectin (Oral Tablet),T2	Klor-Con M20 (Oral Tablet Extended Release),T2
J	Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T4 - QL
Janumet (Oral Tablet Immediate Release),T3 -	Korlym (Oral Tablet),T5 - PA; LA
	L
	Lactulose (10GM/15ML Oral Solution),T2
	Lamivudine (100MG Oral Tablet),T3
	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3 - QL
	Lamotrigine (Oral Tablet Immediate Release),T2
	Lantus (Subcutaneous Solution),T3
	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3

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Lastacaft (Ophthalmic Solution),T3	Lokelma (Oral Packet),T4 - QL
Latanoprost (Ophthalmic Solution),T1	Lonhala Magnair (Inhalation Solution),T5 - QL
Latuda (Oral Tablet),T5 - QL	Loperamide HCl (Oral Capsule),T2
Leflunomide (Oral Tablet),T3	Lorazepam (Oral Tablet),T2 - QL
Letrozole (Oral Tablet),T2	Lorazepam Intensol (Oral Concentrate),T2 - QL
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T3	Losartan Potassium (Oral Tablet),T1 - QL
Leucovorin Calcium (25MG Oral Tablet),T4	Losartan Potassium-HCTZ (Oral Tablet),T1 - QL
Leucovorin Calcium (5MG Oral Tablet),T2	Lotemax (Ophthalmic Gel),T4
Leukeran (Oral Tablet),T5	Lotemax (Ophthalmic Ointment),T4
Levemir (Subcutaneous Solution),T3	Lotemax (Ophthalmic Suspension),T4
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3	Lotemax SM (Ophthalmic Gel),T4
Levetiracetam (Oral Tablet Immediate Release),T2	Lovastatin (Oral Tablet),T1 - QL
Levocarnitine (Oral Tablet),T3	Lumigan (Ophthalmic Solution),T3
Levocetirizine Dihydrochloride (Oral Tablet),T2	Lupron Depot (1-Month) (Intramuscular Kit),T5 - PA
Levofloxacin (Oral Tablet),T2	Lupron Depot (3-Month) (Intramuscular Kit),T5 - PA
Levothyroxine Sodium (Oral Tablet),T1	Lupron Depot (4-Month) (Intramuscular Kit),T5 - PA
Lidocaine (5% External Patch),T4 - PA; QL	Lupron Depot (6-Month) (Intramuscular Kit),T5 - PA
Lidocaine HCl (4% External Solution),T3	Lysodren (Oral Tablet),T5
Lidocaine HCl (External Gel),T2	M
Lidocaine Viscous (2% Mouth/Throat Solution),T2	Mavyret (Oral Tablet),T5 - PA; QL
Lidocaine-Prilocaine (External Cream),T3	Mayzent (Oral Tablet),T5 - LA; QL
Linzess (Oral Capsule),T3 - QL	Meclizine HCl (12.5MG Oral Tablet),T2 - HRM
Liothyronine Sodium (Oral Tablet),T2	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4
Lisinopril (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Oral Tablet),T2
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Meloxicam (Oral Tablet),T1
Lithium Carbonate (Oral Capsule),T2	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2 - PA; QL
Lithium Carbonate ER (Oral Tablet Extended Release),T2	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T4 - PA; QL
Livalo (Oral Tablet),T3 - QL	

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Mercaptopurine (Oral Tablet),T3	Minocycline HCl (Oral Capsule),T2
Meropenem (1GM Intravenous Solution Reconstituted),T4	Minocycline HCl (Oral Tablet Immediate Release),T4
Meropenem (500MG Intravenous Solution Reconstituted),T3	Minoxidil (Oral Tablet),T2
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T4 - QL	Mirtazapine (Oral Tablet),T2
Metformin HCl (Oral Tablet Immediate Release),T1 - QL	Mirtazapine ODT (Oral Tablet Dispersible),T3
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL	Mirvaso (External Gel),T4
Methadone HCl (10MG/5ML Oral Solution),T2 - 7D; MME; DL; QL	Misoprostol (Oral Tablet),T3
Methadone HCl (Oral Tablet),T2 - 7D; MME; DL; QL	Modafinil (Oral Tablet),T3 - PA; QL
Methazolamide (Oral Tablet),T4	Mometasone Furoate (Nasal Suspension),T4
Methimazole (Oral Tablet),T2	Montelukast Sodium (Oral Packet),T3 - QL
Methotrexate (Oral Tablet),T2	Montelukast Sodium (Oral Tablet),T2 - QL
Methscopolamine Bromide (Oral Tablet),T4	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL
Methylidopa (Oral Tablet),T3 - PA; HRM	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4 - 7D; MME; DL; QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3 - QL	Multaq (Oral Tablet),T3
Metoclopramide HCl (Oral Tablet),T2	Myrbetriq (Oral Tablet Extended Release 24 Hour),T3
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T2	N
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	Nadolol (Oral Tablet),T3
Metronidazole (0.75% External Cream),T3	Naloxone HCl (0.4MG/ML Injection Solution),T2
Metronidazole (0.75% External Gel, 1% External Gel),T4	Naloxone HCl (Injection Solution Cartridge),T2
Metronidazole (0.75% External Lotion),T4	Naloxone HCl (Injection Solution Prefilled Syringe),T2
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2	Naltrexone HCl (Oral Tablet),T3
Migergot (Rectal Suppository),T5	Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3 - PA; QL
	Namzaric (Oral Capsule Extended Release 24 Hour),T3 - PA; QL
	Naproxen (Oral Tablet Immediate Release),T2

Bold type = Brand name drug

Plain type = Generic drug

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

Narcan (Nasal Liquid),T3

Nayzilam (Nasal Solution),T4 - QL

Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4

Neomycin-Polymyxin-HC (Otic Suspension),T3

Neulasta (Subcutaneous Solution Prefilled Syringe),T5 - PA

Neupogen (Injection Solution Prefilled Syringe),T5 - ST

Neupogen (Injection Solution),T5 - ST

Neupro (Transdermal Patch 24 Hour),T4

Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T3

Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T3 - QL

Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release),T4

Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release),T2

Nicotrol (Inhalation Inhaler),T4

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3 - HRM

Nitrofurantoin Monohydrate (Generic Macrobid),T3 - HRM

Nitroglycerin (Tablet Sublingual),T2

Nitrostat (Tablet Sublingual),T3

Nizatidine (Oral Capsule),T3

Norethindrone Acetate (5MG Oral Tablet),T2

Nortriptyline HCl (Oral Capsule),T2 - PA; HRM

Nubeqa (Oral Tablet),T5 - PA; LA

Nucala (Subcutaneous Solution Auto-Injector),T5 - PA; LA; QL

Nucala (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA; QL

Nucala (Subcutaneous Solution Reconstituted),T5 - PA; LA; QL

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

Nuedexta (Oral Capsule),T4 - PA; QL

Nystatin (External Cream),T2

Nystatin (External Ointment),T2

Nystatin (External Powder),T2 - QL

O

Ofloxacin (Ophthalmic Solution),T2

Ofloxacin (Otic Solution),T3

Olanzapine (Oral Tablet),T2 - QL

Olmesartan Medoxomil (Oral Tablet),T2 - QL

Olmesartan Medoxomil-HCTZ (Oral Tablet),T2 - QL

Olmesartan-Amlodipine-HCTZ (Oral Tablet),T4 - QL

Olopatadine HCl (Ophthalmic Solution),T3

Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T3

Omeprazole (10MG Oral Capsule Delayed Release),T2 - QL

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2

Ondansetron HCl (Oral Tablet),T2 - B/D,PA

Ondansetron ODT (Oral Tablet Dispersible),T2 - B/D,PA

Onglyza (Oral Tablet),T4 - QL

Opsumit (Oral Tablet),T5 - PA; LA

Orencia (Subcutaneous Solution Prefilled Syringe),T5 - PA

Orencia ClickJect (Subcutaneous Solution

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Auto-Injector),T5 - PA	Pimecrolimus (External Cream),T4 - ST; QL
Orenitram (0.125MG Oral Tablet Extended Release),T4 - PA; LA	Pioglitazone HCl (Oral Tablet),T1 - QL
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5 - PA; LA	Pomalyst (Oral Capsule),T5 - PA
Oseltamivir Phosphate (Oral Capsule),T3	Potassium Chloride CR (Oral Tablet Extended Release),T2
Osphena (Oral Tablet),T3 - PA; QL	Potassium Chloride ER (Oral Capsule Extended Release),T2
Oxcarbazepine (Oral Tablet),T3	Potassium Citrate ER (Oral Tablet Extended Release),T4
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2	Praluent (Subcutaneous Solution Auto-Injector),T3 - PA; LA; QL
Oxycodone HCl (Oral Tablet Immediate Release),T2 - 7D; MME; DL; QL	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3 - 7D; MME; DL; QL	Pravastatin Sodium (Oral Tablet),T1 - QL
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T3 - QL	Prazosin HCl (Oral Capsule),T2
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector),T3 - QL	Prednisolone Acetate (Ophthalmic Suspension),T3
P	Prednisone (5MG/5ML Oral Solution),T4
Pantoprazole Sodium (Oral Tablet Delayed Release),T2 - QL	Prednisone (Oral Tablet),T2
Pazeo (Ophthalmic Solution),T3	Premarin (Vaginal Cream),T3
Penicillin V Potassium (Oral Tablet),T2	Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T5 - QL
Perforomist (Inhalation Nebulization Solution),T4 - B/D,PA; QL	Prezista (75MG Oral Tablet),T4 - QL
Permethrin (External Cream),T3	Prezista (Oral Suspension),T5 - QL
Perseris (Subcutaneous Prefilled Syringe),T5	Privigen (20GM/200ML Intravenous Solution),T5 - PA
Phenytoin Sodium Extended (Oral Capsule),T2	ProAir HFA (Inhalation Aerosol Solution),T3
Phoslyra (Oral Solution),T3	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3
Picato (External Gel),T3 - QL	Proctosol HC (External Cream),T2
Pilocarpine HCl (Oral Tablet),T4	Progesterone Micronized (Oral Capsule),T3
	Prolastin-C (Intravenous Solution Reconstituted),T5 - PA; LA
	Prolensa (Ophthalmic Solution),T4
	Prolia (Subcutaneous Solution Prefilled

Bold type = Brand name drug

Plain type = Generic drug

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

Syringe),T4 - QL	Regranex (External Gel),T5 - PA
Promethazine HCl (12.5MG Oral Tablet),T3 - PA; HRM	Relistor (Oral Tablet),T5 - PA
Propranolol HCl (Oral Tablet),T2	Relistor (Subcutaneous Solution),T5 - PA
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T3	Repatha (Subcutaneous Solution Prefilled Syringe),T3 - PA; QL
Propylthiouracil (Oral Tablet),T2	Repatha Pushttronex System (Subcutaneous Solution Cartridge),T3 - PA; QL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3	Repatha SureClick (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Q	Restasis Single-Use Vials (Ophthalmic Emulsion),T3 - QL
Quetiapine Fumarate (Oral Tablet Immediate Release),T2 - QL	Retacrit (Injection Solution),T4 - PA
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour),T3 - QL	Revlimid (Oral Capsule),T5 - PA; LA
Quinapril HCl (Oral Tablet),T1 - QL	Rexulti (Oral Tablet),T5 - QL
Quinapril-Hydrochlorothiazide (Oral Tablet),T2 - QL	Reyataz (Oral Packet),T5 - QL
R	Rhopressa (Ophthalmic Solution),T3 - ST
Raloxifene HCl (Oral Tablet),T3	Ribavirin (Oral Tablet),T3
Ramipril (Oral Capsule),T1 - QL	Rifabutin (Oral Capsule),T4
Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T3	Rifampin (Oral Capsule),T3
Rasagiline Mesylate (Oral Tablet),T4	Riluzole (Oral Tablet),T3
Rasuvo (Subcutaneous Solution Auto-Injector),T4 - PA	Rimantadine HCl (Oral Tablet),T4
Royaldee (Oral Capsule Extended Release),T5 - QL	Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4
Rebif (Subcutaneous Solution Prefilled Syringe),T5 - ST	Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5
Rebif Rebidose (Subcutaneous Solution Auto-Injector),T5 - ST	Risperidone (Oral Tablet),T2
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T5 - ST	Ritonavir (Oral Tablet),T3 - QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5 - ST	Rivastigmine Tartrate (Oral Capsule),T3
	Rizatriptan Benzoate (Oral Tablet),T3 - QL
	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Rocklatan (Ophthalmic Solution),T3 - ST	Simvastatin (Oral Tablet),T1 - QL
Ropinirole HCl (Oral Tablet Immediate Release),T2	Sodium Polystyrene Sulfonate (Oral Powder),T3
Rosuvastatin Calcium (Oral Tablet),T2 - QL	Sodium Polystyrene Sulfonate (Oral Suspension),T3
Roweepra (1000MG Oral Tablet Immediate Release),T2	Sofosbuvir-Velpatasvir (Oral Tablet),T5 - PA; QL
Rybelsus (Oral Tablet),T3 - QL	Solifenacin Succinate (Oral Tablet),T3 - QL
Rytary (Oral Capsule Extended Release),T4 - ST	Soliqua (Subcutaneous Solution Pen-Injector),T3 - QL
S	Sotalol HCl (Oral Tablet),T2
Sancuso (Transdermal Patch),T5 - QL	Sotalol HCl AF (120MG Oral Tablet),T2
Santyl (External Ointment),T4	Spiriva HandiHaler (Inhalation Capsule),T3 - QL
Saphris (Tablet Sublingual),T5	Spiriva Respimat (Inhalation Aerosol Solution),T3 - QL
Savella (Oral Tablet),T3	Spirolactone (Oral Tablet),T2
Savella Titration Pack (Oral Tablet),T3	Sprycel (Oral Tablet),T5 - PA
Selegiline HCl (Oral Capsule),T3	Stelara (Subcutaneous Solution Prefilled Syringe),T5 - PA
Selegiline HCl (Oral Tablet),T3	Stelara (Subcutaneous Solution),T5 - PA
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T5 - QL	Stiolto Respimat (Inhalation Aerosol Solution),T3
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3 - QL	Suboxone (Sublingual Film),T4 - QL
Sertraline HCl (Oral Tablet),T1	Sucralfate (Oral Suspension),T4
Sevelamer Carbonate (Oral Packet),T5	Sucralfate (Oral Tablet),T2
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4	Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T2
Sevelamer HCl (800MG Oral Tablet) (Generic Renagel),T4	Sulfasalazine (Oral Tablet Delayed Release),T2
Shingrix (Intramuscular Suspension Reconstituted),T3 - PA; QL	Sulfasalazine (Oral Tablet Immediate Release),T2
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3 - PA	Sumatriptan Succinate (Oral Tablet),T2 - QL
Silodosin (Oral Capsule),T4 - QL	Suprax (500MG/5ML Oral Suspension Reconstituted),T3
Silver Sulfadiazine (External Cream),T2	Suprax (Oral Capsule),T3
Simbrinza (Ophthalmic Suspension),T3	Suprax (Oral Tablet Chewable),T3

Bold type = Brand name drug

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Suprep Bowel Prep Kit (Oral Solution),T3	Testosterone Cypionate (Intramuscular Solution),T2
Symbicort (Inhalation Aerosol),T3 - QL	Theophylline (Oral Solution),T4
SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5 - PA	Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T4
SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5 - PA	Theophylline ER (Oral Tablet Extended Release 24 Hour),T2
Synjardy (Oral Tablet Immediate Release),T3 - QL	Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2
Synjardy XR (Oral Tablet Extended Release 24 Hour),T3 - QL	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3
Synthroid (Oral Tablet),T3	
T	
TOBI Podhaler (Inhalation Capsule),T5 - PA; QL	Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T5 - QL
Tadalafil (PAH) (20MG Oral Tablet),T4 - PA	Tizanidine HCl (Oral Tablet),T2
Tamoxifen Citrate (Oral Tablet),T2	TobraDex ST (Ophthalmic Suspension),T4
Tamsulosin HCl (Oral Capsule),T2	Tobramycin (Ophthalmic Solution),T2
Targretin (External Gel),T5 - PA; QL	Tobramycin-Dexamethasone (Ophthalmic Suspension),T3
Tasigna (Oral Capsule),T5 - PA	Topiramate (Oral Capsule Sprinkle Immediate Release),T3
Tecfidera (Oral Capsule Delayed Release),T5 - LA; QL	Topiramate (Oral Tablet),T2
Tecfidera Starter Pack (Oral),T5 - LA	Toremifene Citrate (Oral Tablet),T5
Telmisartan (Oral Tablet),T2 - QL	Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3
Telmisartan-HCTZ (Oral Tablet),T4 - QL	Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T4 - HRM; QL	Tracleer (Oral Tablet Soluble),T5 - PA; LA; QL
Tenofovir Disoproxil Fumarate (Oral Tablet),T3 - QL	Tradjenta (Oral Tablet),T3 - QL
Terazosin HCl (Oral Capsule),T2	Tramadol HCl (50MG Oral Tablet Immediate Release),T2 - 7D; MME; DL; QL
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T4	Tramadol-Acetaminophen (Oral Tablet),T2 - 7D; MME; DL; QL
	Tranexamic Acid (Oral Tablet),T3
	Trazodone HCl (100MG Oral Tablet, 150MG Oral

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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Tablet, 50MG Oral Tablet),T1	Valsartan (Oral Tablet),T1 - QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL	Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Tresiba (Subcutaneous Solution),T3	Vascepa (Oral Capsule),T4
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3	Veltassa (Oral Packet),T5 - QL
Tretinoin (0.01% External Gel),T4 - PA	Verapamil HCl (Oral Tablet Immediate Release),T2
Tretinoin (External Cream),T4 - PA	Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T4
Tretinoin (Oral Capsule),T5	Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T3
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2	Verapamil HCl ER (Oral Tablet Extended Release),T2
Triamcinolone Acetonide (External Cream),T2	Versacloz (Oral Suspension),T5
Triamterene-HCTZ (Oral Capsule),T2	Victoza (Subcutaneous Solution Pen-Injector),T3 - QL
Triamterene-HCTZ (Oral Tablet),T2	Viibryd (Oral Tablet),T4
Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM	Viibryd Starter Pack (Oral Kit),T4
Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM	Vimpat (Oral Solution),T4 - QL
Trintellix (Oral Tablet),T4	Vimpat (Oral Tablet),T4 - QL
Trulicity (Subcutaneous Solution Pen-Injector),T3 - QL	Vosevi (Oral Tablet),T5 - PA; QL
Truvada (Oral Tablet),T5 - QL	Vyzulta (Ophthalmic Solution),T4
Tymlos (Subcutaneous Solution Pen-Injector),T5 - PA	
U	W
Udenyca (Subcutaneous Solution Prefilled Syringe),T5 - PA	Warfarin Sodium (Oral Tablet),T1
Ursodiol (Oral Capsule),T3	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3 - QL
Ursodiol (Oral Tablet),T4	
V	X
Valacyclovir HCl (Oral Tablet),T3 - QL	Xarelto (Oral Tablet),T3 - QL
Valganciclovir HCl (Oral Tablet),T3 - QL	Xarelto Starter Pack (Oral Tablet Therapy
Valproic Acid (Oral Capsule),T3	
Valproic Acid (Oral Solution),T2	

Bold type = Brand name drug

Plain type = Generic drug

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

Pack),T3 - QL	Deterrent),T3 - 7D; MME; DL; QL
Xifaxan (550MG Oral Tablet),T5 - PA	Xtandi (Oral Capsule),T5 - PA; LA
Xigduo XR (Oral Tablet Extended Release 24 Hour),T3 - QL	Z
Xiidra (Ophthalmic Solution),T4 - QL	Zafirlukast (Oral Tablet),T3
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T3 - QL	Zaleplon (Oral Capsule),T3 - HRM; QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T3 - QL	Zarxio (Injection Solution Prefilled Syringe),T5
Xolair (Subcutaneous Solution Prefilled Syringe),T5 - PA; LA	Zenpep (Oral Capsule Delayed Release Particles),T3
Xolair (Subcutaneous Solution Reconstituted),T5 - PA; LA	Zirgan (Ophthalmic Gel),T4
Xtampza ER (Oral Capsule ER 12 Hour Abuse-	Zolpidem Tartrate (Oral Tablet Immediate Release),T4 - PA; HRM; QL
	Zonisamide (Oral Capsule),T2
	Zostavax (Subcutaneous Suspension Reconstituted),T4 - PA; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment

Quick Start Guide and UnitedHealthcare Member ID Card Once you're enrolled, you will get a Quick Start Guide and a UnitedHealthcare member ID card in the mail to help you start using your new plan.

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

Health Assessment In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call and ask you to complete a short health survey. You can also go to the website below and take the survey online.

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

We're here for you

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

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

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-714-0178**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

How to Enroll

You can enroll by phone, mail or fax. Simply choose the way that is easiest for you and follow the Enrollment Request Form Checkpoints below.



By phone

Contact us at toll-free **1-877-714-0178**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone.



By mail

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax it to:
888-950-1170

Incomplete information may delay your enrollment.

Enrollment Request Form Checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card.
- ✓ Make sure your permanent address is complete and accurate.
- ✓ Sign and date your name where indicated.
- ✓ Provide the name of your Primary Care Provider (PCP).
- ✓ Confirm the Plan Sponsor and Group Numbers are correct.
- ✓ Include the date you expect your proposed coverage to begin.

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2021 Enrollment Request Form

1. Plan information

Plan Sponsor

Waukesha County

Group Number

12686

GPS Employer ID

4317

GPS Branch Number

007

Effective Date Requested: MM – DD – YYYY

(i.e., your proposed effective date, or on what day your coverage should begin)

Plan Sponsor use ONLY: Please date stamp this document to indicate when you received the completed and signed form.

To enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan, please provide the following:

2. Information about you. (Please type or print in black or blue ink.)

<input type="checkbox"/> Mr.	Last Name	First Name	Middle Initial
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

Birth Date MM – DD – YYYY

Sex: Male Female

Daytime Phone Number

() –

Mobile Phone Number

() –

Permanent Residence Street Address (**P.O. Box is not allowed**)

City

State

ZIP Code

County

Mailing Address (**Only if it's different from above. You can give a P.O. Box**)

City

State

ZIP Code

Email Address

TEAR HERE

TEAR HERE

What's Next

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Last Name	First Name	Medicare Number
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Emergency Contact _____

Contact Phone Number () -	Contact Relationship to You
---------------------------------------	-----------------------------

3. Information about your Medicare

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

Name (as it appears on your Medicare card): _____

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Medicare Number: _____

Sex: Male Female

Is Entitled to _____ Effective Date

Hospital (Part A) **MM - DD - YYYY**

Medical (Part B) **MM - DD - YYYY**

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

4. A few questions to help us manage your plan

Would you prefer plan information in another language or an accessible format? Yes No

If **“yes”**, please select from the following:

Spanish Other _____

If you don't see the language or format you want, please call us toll-free at **1-877-714-0178**, (TTY **711**) during 8 a.m. - 8 p.m. local time, 7 days a week.

Do you or your spouse work? _____ Yes No

If **“no”**, what was your retirement date? **MM - DD - YYYY** _____

TEAR HERE

TEAR HERE

What's Next

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Last Name	First Name	Medicare Number
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Are you a resident in a long-term care facility, such as a nursing home? Yes No
 If **“yes”**, please provide the following:

Name of Institution

Address of Institution

City	State	ZIP Code
------	-------	----------

Phone Number of Institution () -	Date of Admission MM - DD - YYYY
--	---

Your answer to the following questions will not keep you from being enrolled in this plan:

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other **prescription drug coverage** in addition to our plan? Yes No

If **“yes”**, please provide the following:

Name of Other Coverage

Member Number for Coverage	Group Number for Coverage
----------------------------	---------------------------

Do you have any **health insurance** other than Medicare, such as private insurance, Worker’s Compensation, VA benefits or other employer coverage? Yes No

If **“yes”**, please provide the following:

Name of the Health Insurance

Member Number for Coverage	Group Number for Coverage
----------------------------	---------------------------

Please give us the name of your primary care provider (PCP), clinic or health center.

Contracting Medical Group/Primary Care Provider (PCP) Name	Phone number () -
--	-------------------------------

Contracting Medical Group/PCP Number

--	--	--	--	--	--	--	--	--	--	--

(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don’t include dashes.)

Are you now seeing or have you recently seen this doctor? Yes No

TEAR HERE

TEAR HERE

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Last Name	First Name	Medicare Number
-----------	------------	-----------------

5. ATTENTION – please sign and date

I understand that my signature on this Enrollment Request Form means that I have read and understood the contents of this Enrollment Request Form, including the Statements of Understanding, and that the information provided by me is accurate and complete. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

This Enrollment Request Form must be signed, dated and received prior to your desired effective date. Upon receipt, the plan will process the form according to Medicare guidelines.

Signature of applicant/member/authorized representative	Today's Date
_____	MM - DD - YYYY

6. Authorized representative information

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and you have received your UnitedHealthcare member ID card, please call Customer Service at the number on the back of your UnitedHealthcare member ID card to update your authorization information on file.

Signature	Today's Date
_____	MM - DD - YYYY

7. If someone assisted you in completing this form, please have that person complete the information below

Signature (of individual who assisted in completing this form)	Today's Date
_____	MM - DD - YYYY

<input type="checkbox"/> Plan Representative, check here if you signed above and assisted in completing this form.	Relationship to Applicant
--	---------------------------

Sales Representative/Broker, please provide your signature and complete the information below:

Licensed Sales Representative/Broker Signature	Today's Date
_____	MM - DD - YYYY

Licensed Sales Representative/Broker Name (Please Print)

Agent/Broker Number	Referring Broker Number
_____	_____

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What's Next

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Last Name	First Name	Medicare Number
-----------	------------	-----------------

8. For office use only

Agent Name

Agent Number	NIPR Number
--------------	-------------

Effective Date MM-DD-YYYY	Group Number	PBP Number
-------------------------------------	--------------	------------

SEP
 Employer Group SEP
 ICEP/IEP
 AEP (type) _____

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What's Next

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

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la primera página de este libro.

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Outpatient Prescription Drug Plan Enrollment Form

(Please Print)

Underwritten by
UnitedHealthcare Insurance Company

Required Information

Employer/Former Employer Name: Waukesha County	
Employer ID #: 12686	Employer Subsidy Group #: 4317
Employer Billing #: 007	

Please complete the entire form. Incomplete information can delay the enrollment process. (Please Print – If you need more room for your answers to any questions, please use a separate sheet of paper.)

Date of Retiree's Retirement MM - DD - YYYY	Source of Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Newly Eligible <input type="checkbox"/> Special Enrollment
---	--

1. Personal Information

Applicant Last Name	Applicant First Name	MI	Suffix
---------------------	----------------------	----	--------

Date of Birth MM - DD - YYYY	Marital Status of Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	<input type="checkbox"/> Male <input type="checkbox"/> Female
--	---	--

Name of Retiree	Relation to Retiree: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
-----------------	--

Medicare #	Part A Effective Date MM - DD - YYYY	Part B Effective Date MM - DD - YYYY	Part D Effective Date MM - DD - YYYY
------------	--	--	--

Permanent Residence Street Address (P.O. Box is not allowed)

City	State	Zip
------	-------	-----

E-mail Address

Home Telephone # ()	Alternate Telephone # ()
-------------------------	------------------------------

In the future, would you be willing to receive materials through electronic means? Yes No

If you are currently a resident of an institution (e.g., skilled nursing facility, rehabilitation hospital, etc.), please provide the requested information on the next three lines. Providing this information will not affect your eligibility to enroll.

Institution Name	Date of Admission MM - DD - YYYY	Telephone # ()
------------------	--	--------------------

Address

City	State	Zip
------	-------	-----

Doctor's Name	Doctor's Telephone # ()
---------------	-----------------------------

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Applicant Last Name

Applicant First Name

MI

Medicare #

2. Benefit Coordination / Other Insurance Carrier Information

1. Do you have other health insurance? Yes No If Yes, complete Section 1a. – 1e. below.

2. Are you permanently disabled? Yes No If Yes, complete the following:

2a. Date disability began: **MM - DD - YYYY**

3. Do you have a disability affecting your ability to communicate or read? Yes No

If you have special needs, this document may be available in other formats or languages upon request. Please contact us at **1-877-714-0178**, TTY users should call **711**. Our office hours are 8 a.m. - 8 p.m. local time, 7 days a week.

Do you work or plan to work? Yes No

1a. Name	1b. Insurance Company Name	1c. Policy #	1d. Effective Date	1e. Other Employer Name and Address
			MM - DD - YYYY	
			MM - DD - YYYY	

FOR OFFICE USE ONLY

Retiree

Yes No

Spouse or child

Yes No

Group # _____

Plan Code _____

Verification _____

Date ____ - ____ - ____

Initial _____

FOR EMPLOYER USE ONLY

Enrollee is eligible for retiree coverage

Effective Date

____ - ____ - ____

Initial _____

TEAR HERE

TEAR HERE

What's Next

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Applicant Last Name

Applicant First Name

MI

Medicare #

3. Terms and Conditions

I am requesting enrollment under the UnitedHealthcare Insurance Company (“UnitedHealthcare”) Group Retiree Policy. By signing this Enrollment Form, I agree to and understand the following:

1. All coverage is subject to the terms and conditions of the UnitedHealthcare Group Policy.
2. UnitedHealthcare or its designee shall have access and use of my medical records for purposes of utilization review surveys, processing of claims, financial audit or other purposes reasonably related to the performance of this Enrollment Form.
3. Any material omission or intentional misrepresentation in answering the questions on this Enrollment Form may result in the denial of benefits and the termination of my coverage.
4. Coverage shall not begin until acceptance of this Enrollment Form by UnitedHealthcare. Acceptance will not occur until after UnitedHealthcare validates Medicare coverage and eligibility for coverage under the group retiree plan. Upon acceptance of this Enrollment Form, UnitedHealthcare shall be bound by the terms of my UnitedHealthcare Group Policy and the Amendments thereto (if applicable).
5. My current prescription drug coverage under Part D is provided by a UnitedHealthcare plan. I understand that if my coverage under the Part D plan ends, this coverage will also end.
6. All statements and descriptions in this enrollment form are deemed to be representations and not warranties.

I certify that I have read the Terms and Conditions printed on this Enrollment Form and that I accept them and will abide by them. I further certify that the information provided in the Enrollment Form is true and complete to the best of my knowledge and belief.

Print Name of Applicant:

Signature of Applicant or Authorized Representative:

Today’s Date:

MM - DD - YYYY



Authorized Representative Information

If you are the authorized representative (Responsible Party, Power of Attorney, Family Member, etc.), you must sign above and provide the following information:

Name _____ Date _____

Address _____ City _____ State _____ Zip code _____

Relationship to Enrollee _____

TEAR HERE

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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. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area.**

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

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

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I 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 get a letter making me aware of the penalty and what the next steps are.

- ✓ **I will receive information on how to get an 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.

NOTES

Lined area for writing notes.



1-877-714-0178, TTY 711

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



www.UHCRetiree.com



**United
Healthcare®**