



# Plan Guide 2023

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

**The Episcopal Church Medical Trust**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 16241, 16242



**Effective:** January 1, 2023 through December 31, 2023

**United  
Healthcare**



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# Introducing the Plan

## UnitedHealthcare® Group Medicare Advantage (PPO) plan

Dear ECMT Medicare-Eligible,

The Episcopal Church Medical Trust (Medical Trust) has chosen a UnitedHealthcare Group Medicare Advantage (PPO) plan that offers both medical and prescription drug coverage for you and your eligible dependents.

This plan delivers the benefits of Original Medicare (Parts A and B) and prescription drug coverage (Part D) in a single plan, not only providing you with an improved benefits experience, but also lowering your cost.

As a UnitedHealthcare Group Medicare Advantage plan member, you'll have a team committed to understanding your needs as a retiree and helping you get the right care.

### Let us help you

- Learn about this new plan and the many benefits it offers, such as UnitedHealthcare Hearing, UnitedHealthcare Global Travel and Renew Active®
- Get tools and resources to help you be in more control of your health
- Find ways to save money on healthcare so you can focus more on what matters to you
- Get access to care when you need it

To speak with someone about plan choices and benefits, contact UnitedHealthcare at **1-866-519-5401**, TTY **711**, 8 AM–8 PM local time, 7 days a week

### In this book, you will find

- A description of this plan and its two options:
  - GMA Premium (PPO) 16242— annual medical out of pocket maximum\* of \$1,500 (per member)
  - GMA Comprehensive (PPO) 16241— annual medical out of pocket maximum\* of \$2,000 (per member)
- Information on benefits, programs and services — and how much they cost
- What you can expect after your enrollment

## Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Fitness Program



Health & Wellness Experience

 [retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)



Call toll-free **1-866-519-5401**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week

## How to enroll

Please review your options and choose a medical plan that best meets your healthcare needs.

### To enroll:

- 1 **Read your UnitedHealthcare Plan Guide.** The guide will include details on the GMA Premium (PPO) and GMA Comprehensive (PPO) plan options.
- 2 **Complete the enrollment form to make your benefits elections.** You can find the form in the retirement information sent to you from the Church Pension Group. You can also access the enrollment form at [cpg.org/gmaenrollmentform](http://cpg.org/gmaenrollmentform)
- 3 **Please sign the enrollment form** and return it to us in the enclosed self-addressed envelope. To prevent a delay in processing, please return it to us 60 days prior to your effective date.

### Need help enrolling?

Please contact The Medical Trust at **1-800-480-9967**, 8:30 AM–8 PM ET, Monday–Friday.

You will automatically retain your 2022 dental and medical plan selections in 2023.

### Learn more

You can find plan information online at [retiree.uhc.com/ECMT](http://retiree.uhc.com/ECMT)

You will need your Group Number, found on the front cover of this book, to access your plan materials.

To learn about the other benefits, including dental, available to you as a retiree of the Medical Trust, visit [cpg.org/otherbenefits](http://cpg.org/otherbenefits)

## Questions? We're here to help.



[retiree.uhc.com/ECMT](http://retiree.uhc.com/ECMT)



Call toll-free **1-866-519-5401**, TTY **711**,  
8 AM–8 PM local time, 7 days a week

\*An out-of-pocket maximum places a limit on how much money you pay out of pocket for your medical expenses in a calendar year. This does not include prescription drug costs or plan premiums.

# Plan Information

# Benefit Highlights

## The Episcopal Church Medical Trust 16241

Effective January 1, 2023 to December 31, 2023

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

### Plan costs

	In-network and out-of-network
<b>Annual medical deductible</b>	No deductible
<b>Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 for this plan year.

### Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$5 copay
Specialist	\$10 copay
Virtual visits	\$5 copay
<b>Preventive services</b> Medicare-covered	\$0 copay
<b>Inpatient hospital care</b>	\$0 copay per stay
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day up to 100 days
<b>Outpatient surgery</b>	\$0 copay
<b>Outpatient rehabilitation</b> Physical, occupational, or speech/ language therapy	\$0 copay
<b>Outpatient mental health</b>	
Group therapy	\$10 copay
Individual therapy	\$10 copay
Virtual visits	\$10 copay
<b>Diagnostic radiology services</b> such as MRIs, CT scans	\$0 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient X-rays</b>	\$0 copay

## Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Therapeutic radiology services</b> such as radiation treatment for cancer	\$0 copay
<b>Ambulance</b>	\$25 copay
<b>Emergency care</b>	\$100 copay (worldwide)
<b>Urgently needed services</b>	\$10 copay (worldwide)

## Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
<b>Routine physical</b>	\$0 copay; 1 per plan year*
<b>Acupuncture - routine</b>	\$10 copay, 12 visits per plan year*
<b>Chiropractic - routine</b>	\$10 copay for each visit*
<b>Foot care - routine</b>	\$10 copay, 6 visits per plan year*
<b>Hearing - routine exam</b>	\$0 copay, 1 exam per plan year*
<b>Hearing aids</b> UnitedHealthcare Hearing	Plan pays a \$3,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
<b>Fitness program</b> Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
<b>Post-Discharge Meal Delivery</b> Mom's Meals	\$0 copay for 84 home-delivered meals immediately following one inpatient hospitalization or SNF stay when referred by a UnitedHealthcare Engagement Specialist
<b>Telephonic nurse services</b>	Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>In-home non-medical care</b> CareLinx	\$0 copay for 8 hours of personal care services each month.
<b>Post-discharge routine transportation</b> ModivCare	\$0 copay for unlimited rides up to 30 days following an inpatient hospital or SNF stay when referred by a UnitedHealthcare Engagement Specialist
<b>Global travel assistance</b> <b>UnitedHealthcare Global</b>	\$0 copay for 24-hour travel and medical assistance services

\*Benefits are combined in and out-of-network

## Prescription drugs

	Your cost	
<b>Initial coverage stage</b>	Network pharmacy (31-day retail supply)	Mail service pharmacy (90-day supply)
<b>Tier 1: Preferred Generic</b>	\$10 copay	\$25 copay
<b>Tier 2: Preferred Brand</b>	\$30 copay	\$70 copay
<b>Tier 3: Non-preferred Drug</b>	\$50 copay	\$120 copay
<b>Tier 4: Specialty Tier</b>	\$50 copay	\$120 copay
<b>Coverage gap stage</b>	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
<b>Catastrophic coverage stage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the catastrophic coverage stage. In this stage, you will continue to pay the same cost share that you paid in the initial coverage stage	

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

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

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



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# Benefit Highlights

## The Episcopal Church Medical Trust 16242

Effective January 1, 2023 to December 31, 2023

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### Plan costs

	In-network and out-of-network
<b>Annual medical deductible</b>	No deductible
<b>Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 for this plan year.

### Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$5 copay
Specialist	\$10 copay
Virtual visits	\$5 copay
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<b>Tier 3: Non-preferred Drug</b>	\$40 copay	\$100 copay
<b>Tier 4: Specialty Tier</b>	\$40 copay	\$100 copay
<b>Coverage gap stage</b>	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
<b>Catastrophic coverage stage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the catastrophic coverage stage. In this stage, you will continue to pay the same cost share that you paid in the initial coverage stage	

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

# Plan Details

## UnitedHealthcare® Group Medicare Advantage (PPO)

The Episcopal Church Medical Trust (Medical Trust) has chosen a UnitedHealthcare® Group Medicare Advantage plan, which includes medical and prescription drug coverage. The word “Group” means this plan is designed specifically for the Medical Trust. Only eligible retirees and their dependents can enroll in this plan.

It is a Preferred Provider Organization (PPO) plan that allows you to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare.

“Medicare Advantage” is also known as Medicare Part C. The UnitedHealthcare® Group Medicare Advantage (PPO) plan has all the benefits of Medicare Part A (hospital coverage), Medicare Part B (doctor and outpatient care), and includes Medicare Part D (drug coverage), plus additional benefits including hearing aids, travel and fitness.



### 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](http://www.ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- You must continue paying your Medicare Part B premium to be eligible for coverage under 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 the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you or any eligible family member enrolls in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan *after* your enrollment in the UnitedHealthcare GMA Premium (PPO) or GMA Comprehensive (PPO) plan, you will be disenrolled from these plans. This means that you and your family may not have hospital/medical or drug coverage through the Medical Trust.



**Remember:** If you drop or are disenrolled from another 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.



[retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)



Call toll-free **1-866-519-5401**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

## How your medical coverage works

### The UnitedHealthcare Group Medicare Advantage (PPO) – is a Preferred Provider Organization (PPO) plan

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

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

### View your plan information online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: [retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)

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

<sup>1</sup>This 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.

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

## How your prescription drug coverage works

The Medicare Part D prescription drug coverage included in your plan covers thousands of brand-name and generic prescription drugs. Check the plan's drug list to see if your drugs are covered. The plan's drug list can be found at [retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT).

### Here are answers to common questions:

#### What pharmacies can I use?

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

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

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

#### 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.

#### Is there an option to have prescriptions delivered to my home?

Yes, prescriptions can be delivered to your home from Optum® Home Delivery through OptumRx, a UnitedHealth Group company.

### Questions? We're here to help.







 [retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)



Call toll-free **1-866-519-5401**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week



## Ways to help save on your prescription drugs

-  **You may save on the medications you take regularly**  
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications from Optum® Home Delivery through OptumRx. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
-  **Get a 3-month<sup>1</sup> supply at retail pharmacies**  
In addition to Optum Home Delivery through OptumRx pharmacy, most retail pharmacies offer 3-month supplies for some prescription drugs.
-  **Ask your doctor about trial supplies**  
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
-  **Explore lower-cost options**  
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
-  **Have an annual medication review**  
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.
-  **Filling your prescriptions is convenient**  
UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.<sup>2</sup>



### 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 the plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

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

<sup>2</sup>Network size varies by market.



## What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount Social Security determines you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.



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

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

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

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



## Call Social Security to see if you qualify for Extra Help

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

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

## Questions? We're here to help.



[retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)



Call toll-free **1-866-519-5401**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week

# Getting the healthcare coverage you may need

## Your care begins with your doctor

- If your healthcare provider accepts Medicare, they likely participate in this plan.
- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network. See below for why you should use a network doctor.
- Even though it's not required, it's important to have a primary care provider.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out of the network as long as they participate in Medicare and have not been excluded or precluded from the Medicare Program.
- With your UnitedHealthcare Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.
- If your doctor has questions, they can contact UnitedHealthcare directly at **1-866-519-5401**.

## Finding a doctor is easy

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

### Why use a UnitedHealthcare network doctor?

**A network doctor or healthcare 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 healthcare decisions. You pay your copay or coinsurance according to the plan benefits. Your provider will bill us for the rest.

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

**If a provider refuses to directly bill us** and have not opted out of or been excluded or precluded from the Medicare Program, they may ask that you pay the full allowable amount up front. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.

# Take advantage of UnitedHealthcare's additional support and programs



## Annual Physical and Wellness Visit<sup>1</sup>

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



## In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare® HouseCalls<sup>2</sup>, you get a yearly in-home visit from one of our healthcare practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

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

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

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



## 24/7 Nurse Support

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



## Chronic Conditions Programs

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



## Virtual Visits

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

### Virtual doctor visits

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

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

### Virtual behavioral health visits

May be best for:

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



## In-Home Care

What would make your day easier? Maybe it's having some extra help in your home with things like making meals, bathing, medication reminders or even transportation around your community. **CareLinx** provides a network of pre-screened, professional caregivers you can trust, which can give you greater peace of mind with in-home care support services at no additional cost.



## Global Travel Assistance

UnitedHealthcare Global is a service that provides travel and medical assistance 24 hours a day while you're traveling outside your country or over 100 miles from your home. It's available to you at no additional cost.

Register for a UHC Global account at: [members.uhcglobal.com](https://members.uhcglobal.com)



## Custom-Programmed Hearing Aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids—available in person at any of our 7,000+<sup>3</sup> UnitedHealthcare Hearing providers nationwide<sup>4</sup> or delivered to your doorstep with direct delivery and virtual care (select products only)—so you'll get the care you need to hear better and live life to the fullest.



### **Get to Post-Hospitalization Health-Related Appointments**

Our transportation program gives you a lift to and from medically related visits such as doctors' appointments, pharmacy trips and more after you have been discharged from the hospital or skilled nursing facility. The program offers unlimited rides up to 30 days following hospital or skilled nursing facility discharges when referred by a UnitedHealthcare Engagement Specialist.



### **Post-Discharge Meals**

Our post-discharge meal delivery program provides 84 prepared meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost. A referral from a UnitedHealthcare Engagement Specialist is required.



### **UnitedHealthcare Fitness Program**

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



### **And so much more to help you live a healthier life**

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

## Tools and resources to help put you in control



### Go online for valuable plan information

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

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



### Live Healthier with Renew

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

- Brain games, healthy recipes, fitness activities, learning courses and more — all at no additional cost.
- Rewards — Once you become a member you can earn rewards by completing an Annual Wellness Visit and/or specific healthcare screenings. After the plan's, effective date, members will receive information from UnitedHealthcare about the rewards program and how to sign up.

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

<sup>2</sup>HouseCalls may not be available in all areas.

<sup>3</sup>Network size varies by market.

<sup>4</sup>Please refer to your Summary of Benefits for details regarding your benefit coverage.

<sup>5</sup>Renew by UnitedHealthcare is not available in all plans.

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



# Summary of Benefits 2023

## **GMA Comprehensive (PPO)**

Group Name (Plan Sponsor): The Episcopal Church Medical Trust

Group Number: 16241

H2001-847-000

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



Toll-free **1-866-519-5401**, TTY **711**

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



**[retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)**

# United Healthcare

Y0066\_SB\_H2001\_847\_000\_2023\_M



# Summary of Benefits

## January 1, 2023 - December 31, 2023

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

### About this plan

GMA Comprehensive (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

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

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

### About providers and network pharmacies

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

You can go to [retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT) 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.

# GMA Comprehensive (PPO)

## Premiums and Benefits

	In-network and out-of-network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 for this plan year.
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

# GMA Comprehensive (PPO)

## Benefits

		In-network and out-of-network
<b>Inpatient Hospital Care<sup>1</sup></b>		\$0 copay per stay  Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient Hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$5 copay
	Virtual Doctor Visits	\$5 copay
	Specialists <sup>1</sup>	\$10 copay
<b>Preventive Services</b>	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening

## Benefits

		In-network and out-of-network
		<p>Kidney disease education</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>
	Routine physical	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$100 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		<p>\$10 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$0 copay
	Lab services <sup>1</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay

## Benefits

		In-network and out-of-network
	Therapeutic radiology <sup>1</sup>	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$10 copay
	Routine hearing exam <sup>^</sup>	\$0 copay, 1 exam per plan year*
	Hearing Aids <sup>^</sup> UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$3,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$10 copay
	Eyewear after cataract surgery	\$0 copay
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$10 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay
	Virtual Behavioral Visits	\$10 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.

## Benefits

		In-network and out-of-network
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay
<b>Ambulance<sup>2</sup></b>		\$25 copay
<b>Post-Discharge Routine Transportation</b> ModivCare		\$0 copay for up to 30 days upon referral from a UnitedHealthcare Engagement Specialist, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through ModivCare to plan approved, medically related appointments (locations). Restrictions apply. Call or go online to schedule your trip after you've received your referral from a UnitedHealthcare Engagement Specialist. 1-833-219-1182, TTY 1-844-488-9724, or visit <a href="http://modivcare.com/BookNow">modivcare.com/BookNow</a>
<b>Medicare Part B Drugs</b>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>1</sup>	20% coinsurance
	Other Part B drugs <sup>1</sup>	20% coinsurance

## Prescription Drugs

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

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

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

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	Since you have no deductible, this payment stage doesn't apply.	
<b>Stage 2: Initial Coverage</b> (After you pay your deductible, if applicable)	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>31-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic	\$10 copay	\$25 copay
Tier 2: Preferred Brand	\$30 copay	\$70 copay
Tier 3: Non-preferred Drug	\$50 copay	\$120 copay
Tier 4: Specialty Tier	\$50 copay	\$120 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
<b>Stage 4: Catastrophic Coverage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

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

## Additional Benefits

		In-network and out-of-network
<b>Acupuncture Services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$10 copay
	Routine Acupuncture Services <sup>^</sup>	\$10 copay, up to 12 visits per plan year*
<b>Chiropractic Services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$10 copay
	Routine chiropractic services <sup>^</sup>	\$10 copay, unlimited visits per plan year*
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay



## Additional Benefits

		In-network and out-of-network
	Therapeutic shoes or inserts <sup>1</sup>	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance
<b>Fitness program</b> Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from our nationwide network, online classes, brain games and fun social activities. Visit <a href="http://UHCRenewActive.com">UHCRenewActive.com</a> to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health &amp; Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$10 copay
	Routine foot care <sup>^</sup>	\$10 copay, 6 visits per plan year*
<b>Global Travel Assistance</b> UnitedHealthcare Global		<p>\$0 copay for UnitedHealthcare Global, a service that provides travel and medical assistance to Medicare members while they're away from home. It includes 24-hour a day access while you're traveling outside your country or over 100 miles away from your home.</p> <p>You'll receive a separate ID card for UnitedHealthcare Global that includes contact information for the Emergency Response Center (ERC). 1-410-453-6330 or email <a href="mailto:assistance@uhcglobal.com">assistance@uhcglobal.com</a>.</p> <p>Register for an Intelligence Center account at: <a href="http://members.uhcglobal.com">members.uhcglobal.com</a>.</p>

## Additional Benefits

		In-network and out-of-network
<b>Home Health Care<sup>1</sup></b>		\$0 copay
<b>Hospice</b>		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.
<b>In-Home Non-Medical Care</b> CareLinx		\$0 copay; Coverage includes 8 hours of in-home, non-medical care per month through provider CareLinx. Unused hours do not roll over. Some restrictions and limitations apply. To access your benefit, contact CareLinx at 1-833-253-5403 8 a.m. - 7 p.m. CT, Monday - Friday & 10 a.m. - 6 p.m. CT, Saturday and Sunday or by visiting <a href="http://www.carelinx.com/uhcgroup">www.carelinx.com/uhcgroup</a> .
<b>Post-Discharge Meal Delivery</b> Mom's Meals		\$0 copay for 84 home-delivered meals immediately following one inpatient hospitalization or SNF stay when referred by a UnitedHealthcare Engagement Specialist. This benefit can be used once per year through Mom's Meals. Restrictions apply. Call Customer Service to request a referral. Call Mom's Meals for more information once you have been referred. 1-866-204-6111, TTY 711
<b>Telephonic Nurse Services</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Opioid Treatment Program Services<sup>1</sup></b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$10 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay
<b>Renal Dialysis<sup>1</sup></b>		\$20 copay

<sup>1</sup> 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.

<sup>2</sup> 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

^Covered services that do not count toward your maximum out-of-pocket amount.

## 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](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-519-5401 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-519-5401, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

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



# Summary of Benefits 2023

## **GMA Premium (PPO)**

Group Name (Plan Sponsor): The Episcopal Church Medical Trust

Group Number: 16242

H2001-847-000

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



Toll-free **1-866-519-5401**, TTY **711**

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



**[retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)**

# United Healthcare

Y0066\_SB\_H2001\_847\_000\_2023\_M

# Summary of Benefits

## January 1, 2023 - December 31, 2023

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

## About this plan

GMA Premium (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

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

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

## About providers and network pharmacies

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

You can go to [retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT) 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.

# GMA Premium (PPO)

## Premiums and Benefits

	In-network and out-of-network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 for this plan year.
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

# GMA Premium (PPO)

## Benefits

		In-network and out-of-network
<b>Inpatient Hospital Care<sup>1</sup></b>		\$0 copay per stay  Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient Hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$5 copay
	Virtual Doctor Visits	\$5 copay
	Specialists <sup>1</sup>	\$10 copay
<b>Preventive Services</b>	Medicare-covered	\$0 copay  Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening

## Benefits

		In-network and out-of-network
		<p>Kidney disease education</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>
	Routine physical	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		<p>\$10 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$0 copay
	Lab services <sup>1</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay



## Benefits

		In-network and out-of-network
	Therapeutic radiology <sup>1</sup>	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$10 copay
	Routine hearing exam <sup>^</sup>	\$0 copay, 1 exam per plan year*
	Hearing Aids <sup>^</sup> UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$4,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$10 copay
	Eyewear after cataract surgery	\$0 copay
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$10 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay
	Virtual Behavioral Visits	\$10 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.

## Benefits

		In-network and out-of-network
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay
<b>Ambulance<sup>2</sup></b>		\$25 copay
<b>Post-Discharge Routine Transportation</b> ModivCare		\$0 copay for up to 30 days upon referral from a UnitedHealthcare Engagement Specialist, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through ModivCare to plan approved, medically related appointments (locations). Restrictions apply. Call or go online to schedule your trip after you've received your referral from a UnitedHealthcare Engagement Specialist. 1-833-219-1182, TTY 1-844-488-9724, or visit <a href="http://modivcare.com/BookNow">modivcare.com/BookNow</a>
<b>Medicare Part B Drugs</b> Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>1</sup>	10% coinsurance
	Other Part B drugs <sup>1</sup>	10% coinsurance

## Prescription Drugs

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

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

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

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	Since you have no deductible, this payment stage doesn't apply.	
<b>Stage 2: Initial Coverage</b> (After you pay your deductible, if applicable)	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>31-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic	\$5 copay	\$12 copay
Tier 2: Preferred Brand	\$25 copay	\$60 copay
Tier 3: Non-preferred Drug	\$40 copay	\$100 copay
Tier 4: Specialty Tier	\$40 copay	\$100 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
<b>Stage 4: Catastrophic Coverage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

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

## Additional Benefits

		In-network and out-of-network
<b>Acupuncture Services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$10 copay
	Routine Acupuncture Services <sup>^</sup>	\$10 copay, up to 12 visits per plan year*
<b>Chiropractic Services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$10 copay
	Routine chiropractic services <sup>^</sup>	\$10 copay, unlimited visits per plan year*
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay

## Additional Benefits

		In-network and out-of-network
	Therapeutic shoes or inserts <sup>1</sup>	10% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	10% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	10% coinsurance
<b>Fitness program</b> Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from our nationwide network, online classes, brain games and fun social activities. Visit <a href="http://UHCRenewActive.com">UHCRenewActive.com</a> to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health &amp; Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$10 copay
	Routine foot care <sup>^</sup>	\$10 copay, 6 visits per plan year*
<b>Global Travel Assistance</b> UnitedHealthcare Global		<p>\$0 copay for UnitedHealthcare Global, a service that provides travel and medical assistance to Medicare members while they're away from home. It includes 24-hour a day access while you're traveling outside your country or over 100 miles away from your home.</p> <p>You'll receive a separate ID card for UnitedHealthcare Global that includes contact information for the Emergency Response Center (ERC). 1-410-453-6330 or email <a href="mailto:assistance@uhcglobal.com">assistance@uhcglobal.com</a>.</p> <p>Register for an Intelligence Center account at: <a href="http://members.uhcglobal.com">members.uhcglobal.com</a>.</p>

## Additional Benefits

		In-network and out-of-network
<b>Home Health Care</b> <sup>1</sup>		\$0 copay
<b>Hospice</b>		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.
<b>In-Home Non-Medical Care</b> CareLinx		\$0 copay; Coverage includes 8 hours of in-home, non-medical care per month through provider CareLinx. Unused hours do not roll over. Some restrictions and limitations apply. To access your benefit, contact CareLinx at 1-833-253-5403 8 a.m. - 7 p.m. CT, Monday - Friday & 10 a.m. - 6 p.m. CT, Saturday and Sunday or by visiting <a href="http://www.carelinx.com/uhcgroup">www.carelinx.com/uhcgroup</a> .
<b>Post-Discharge Meal Delivery</b> Mom's Meals		\$0 copay for 84 home-delivered meals immediately following one inpatient hospitalization or SNF stay when referred by a UnitedHealthcare Engagement Specialist. This benefit can be used once per year through Mom's Meals. Restrictions apply. Call Customer Service to request a referral. Call Mom's Meals for more information once you have been referred. 1-866-204-6111, TTY 711
<b>Telephonic Nurse Services</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Opioid Treatment Program Services</b> <sup>1</sup>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$10 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay
<b>Renal Dialysis</b> <sup>1</sup>		\$20 copay

<sup>1</sup> 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.

<sup>2</sup> 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

^Covered services that do not count toward your maximum out-of-pocket amount.

## 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](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-519-5401 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-519-5401, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

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

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](mailto: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.

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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# Drug List

# Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

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

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**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.

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**QL**  
**Quantity limits**

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

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**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.

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**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.

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**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.

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<b>LA Limited access</b>	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
<b>MME Morphine milligram equivalent</b>	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.
<b>7D 7-day limit</b>	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.
<b>DL Dispensing limit</b>	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

**Alphagan P (0.1% Ophthalmic Solution),T2**

**Alphagan P (0.15% Ophthalmic Solution),T3**

Alprazolam (Oral Tablet Immediate Release),T1 - QL

**Alrex (Ophthalmic Suspension),T3**

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T1 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL

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

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

Anagrelide HCl (Oral Capsule),T1

Anastrozole (Oral Tablet),T1

**Androderm (Transdermal Patch 24 Hour),T2**

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

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

**Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe,**

**200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA**

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

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

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

Aripiprazole (Oral Tablet),T1 - QL

**Aristada (Intramuscular Prefilled Syringe),T4**

**Aristada Initio (Intramuscular Prefilled Syringe),T4**

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

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

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

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

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

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL

Atazanavir Sulfate (Oral Capsule),T1 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T1

Atorvastatin Calcium (Oral Tablet),T1 - QL

Atovaquone-Proguanil HCl (Oral Tablet),T1

**Atrovent HFA (Inhalation Aerosol Solution),T3**

**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.

**Aubagio (Oral Tablet),T4 - QL**

**Auryxia (Oral Tablet),T4 - PA**

**Austedo (Oral Tablet),T4 - PA; QL**

**Avonex Pen (Intramuscular Auto-Injector Kit),T4**

**Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4**

**Azasite (Ophthalmic Solution),T3**

Azathioprine (50MG Oral Tablet),T1 - B/D,PA

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1

Azelastine HCl (Ophthalmic Solution),T1

Azithromycin (Oral Packet),T1

Azithromycin (Oral Tablet),T1

**B**

**BRIVIACT (Oral Solution),T4 - PA**

**BRIVIACT (Oral Tablet),T4 - PA**

Baclofen (Oral Tablet),T1

Balsalazide Disodium (Oral Capsule),T1

**Baqsimi One Pack (Nasal Powder),T2**

**Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST**

**Belsomra (Oral Tablet),T2 - QL**

Benazepril HCl (Oral Tablet),T1 - QL

Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Benzotropine Mesylate (Oral Tablet),T1 - PA; HRM

**Bepreve (Ophthalmic Solution),T3**

**Berinert (Intravenous Kit),T4 - PA**

**Besivance (Ophthalmic Suspension),T3**

**Betaseron (Subcutaneous Kit),T4**

Bethanechol Chloride (Oral Tablet),T1

**Betimol (Ophthalmic Solution),T3**

**Bevespi Aerosphere (Inhalation Aerosol),T3 - ST**

Bexarotene (Oral Capsule),T1 - PA

Bicalutamide (Oral Tablet),T1

**Bijuva (Oral Capsule),T3 - PA; HRM**

Bisoprolol Fumarate (Oral Tablet),T1

Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL

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

**Breztri Aerosphere (Inhalation Aerosol),T2 - QL**

**Brilinta (Oral Tablet),T2 - QL**

Brimonidine Tartrate (Ophthalmic Solution),T1

Budesonide (Inhalation Suspension),T1 - B/D,PA

Budesonide (Oral Capsule Delayed Release Particles),T1

Buprenorphine (Transdermal Patch Weekly),T1 - 7D; DL; QL

Buprenorphine HCl (Tablet Sublingual),T1 - QL

Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL

Bupropion HCl (Oral Tablet Immediate Release),T1

Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3

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

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

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

Buspirone HCl (Oral Tablet),T1

**Bydureon BCise (Subcutaneous Auto-**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

**Injector),T3 - QL**

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

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

**Bystolic (Oral Tablet),T3 - QL**

**C**

Cabergoline (Oral Tablet),T1

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

Calcium Acetate (667MG Oral Tablet),T1

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

**Calquence (Oral Capsule),T4 - PA; QL**

Carbamazepine (Oral Tablet Immediate Release),T1

Carbidopa (Oral Tablet),T1

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

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

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1

Carbidopa-Levodopa-Entacapone (Oral Tablet),T1

Carvedilol (Oral Tablet),T1

Cefdinir (Oral Capsule),T1

Celecoxib (Oral Capsule),T1 - QL

**Celontin (Oral Capsule),T3**

Cephalexin (Oral Capsule),T1

Cephalexin (Oral Tablet),T1

**Chemet (Oral Capsule),T4**

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Chlorzoxazone (500MG Oral Tablet, 750MG Oral

Tablet),T1 - PA; HRM

Cholestyramine (Oral Packet),T1

Cholestyramine Light (Oral Packet),T1

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T1

Cimetidine HCl (Oral Solution),T1

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

Ciprofloxacin-Dexamethasone (Otic Suspension),T1

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T1

**Clenpiq (Oral Solution),T2**

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

Clonazepam (Oral Tablet),T1 - QL

Clonazepam ODT (Oral Tablet Dispersible),T1 - QL

Clonidine (Transdermal Patch Weekly),T1

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1

Clozapine (Oral Tablet),T1

Clozapine ODT (Oral Tablet Dispersible),T1

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

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1

Colesevelam HCl (Oral Tablet),T1

**Combigan (Ophthalmic Solution),T2**

**Combivent Respimat (Inhalation Aerosol Solution),T2 - QL**

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Plain type = Generic drug



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<b>Copaxone (Subcutaneous Solution Prefilled Syringe),T4</b>	<b>Dextrose-NaCl (5-0.2% Intravenous Solution),T1</b>
<b>Corlanor (Oral Solution),T3 - PA; QL</b>	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
<b>Corlanor (Oral Tablet),T3 - PA; QL</b>	Diazepam (5MG/5ML Oral Solution),T1
<b>Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Diazepam Intensol (Oral Concentrate),T1 - QL
<b>Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Diazoxide (Oral Suspension),T1
<b>Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>	Diclofenac Potassium (50MG Oral Tablet),T1
<b>Cosopt PF (Ophthalmic Solution),T3</b>	Diclofenac Sodium (1% External Gel),T1
<b>Creon (Oral Capsule Delayed Release Particles),T2</b>	Diclofenac Sodium (Oral Tablet Delayed Release),T1
Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; HRM	Dicyclomine HCl (Oral Capsule),T1 - HRM
Cyclophosphamide (Oral Capsule),T1 - B/D,PA	Dicyclomine HCl (Oral Tablet),T1 - HRM
<b>D</b>	<b>Dificid (Oral Suspension Reconstituted),T4</b>
<b>DARAPRIM (Oral Tablet),T4</b>	<b>Dificid (Oral Tablet),T4</b>
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL	Digoxin (125MCG Oral Tablet),T1 - HRM; QL
<b>Daliresp (Oral Tablet),T3 - PA</b>	Digoxin (250MCG Oral Tablet),T1 - PA; HRM
Dapsone (Oral Tablet),T1	Dihydroergotamine Mesylate (Nasal Solution),T1 - PA; QL
<b>DayVigo (Oral Tablet),T2 - QL</b>	Diltiazem HCl (Oral Tablet Immediate Release),T1
Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1 - PA	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1
Deferiprone (500MG Oral Tablet),T1 - PA	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1
<b>Delzicol (Oral Capsule Delayed Release),T3</b>	Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1
<b>Depen Titratabs (Oral Tablet),T4</b>	Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL
Desmopressin Acetate (Oral Tablet),T1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1	
Dexamethasone (Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

**Dipentum (Oral Capsule),T4**

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

Divalproex Sodium (Oral Capsule Delayed  
Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed  
Release),T1

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

Donepezil HCl (Oral Tablet),T1 - QL

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

Dorzolamide HCl (Ophthalmic Solution),T1

Dorzolamide HCl-Timolol Maleate (Ophthalmic  
Solution),T1

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (Oral Capsule),T1

Doxycycline Hyclate (Oral Tablet Immediate  
Release),T1

Dronabinol (Oral Capsule),T1 - PA

**Duavee (Oral Tablet),T3 - PA; HRM**

**Dulera (Inhalation Aerosol),T3 - PA; QL**

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

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

**Dupixent (Subcutaneous Solution Prefilled  
Syringe),T4 - PA**

Dutasteride (Oral Capsule),T1

**Dymista (Nasal Suspension),T3**

**E**

**Edarbi (Oral Tablet),T3 - QL**

**Edarbyclor (Oral Tablet),T3 - QL**

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

**Elidel (External Cream),T3 - ST; QL**

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

**Elmiron (Oral Capsule),T4**

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

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

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

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

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 -  
QL

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

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

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

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

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

Entacapone (Oral Tablet),T1

Entecavir (Oral Tablet),T1

**Entresto (Oral Tablet),T2 - QL**

**Envarsus XR (Oral Tablet Extended Release  
24 Hour),T3 - B/D,PA**

**Epclusa (Oral Packet),T4 - PA; QL**

**Epclusa (Oral Tablet),T4 - PA; QL**

**EpiPen 2-Pak (Injection Solution Auto-  
Injector),T3 - QL**

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**EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL**

**Epiduo (External Gel),T3**

**Epiduo Forte (External Gel),T3 - ST**

Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL

Eplerenone (Oral Tablet),T1

Ergoloid Mesylates (Oral Tablet),T1 - PA; HRM

Ergotamine-Caffeine (Oral Tablet),T1

**Erivedge (Oral Capsule),T4 - PA**

**Erleada (Oral Tablet),T4 - PA**

Ertapenem Sodium (Injection Solution Reconstituted),T1

Erythromycin (Ophthalmic Ointment),T1

**Esbriet (Oral Capsule),T4 - PA; QL**

**Esbriet (Oral Tablet),T4 - PA; QL**

Escitalopram Oxalate (Oral Tablet),T1

Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL

Estradiol (Oral Tablet),T1 - PA; HRM

Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL

Estradiol (Transdermal Patch Weekly),T1 - PA; HRM; QL

Estradiol (Vaginal Cream),T1

Eszopiclone (Oral Tablet),T1 - PA; HRM; QL

Ethambutol HCl (400MG Oral Tablet),T1

Ethosuximide (Oral Capsule),T1

Ethosuximide (Oral Solution),T1

Etravirine (200MG Oral Tablet),T1 - QL

**Eucria (External Ointment),T3 - PA; QL**

**Extavia (Subcutaneous Kit),T4**

Ezetimibe (Oral Tablet),T1

Ezetimibe-Simvastatin (Oral Tablet),T1 - QL

## F

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1

**Farxiga (Oral Tablet),T2 - QL**

**Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA**

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

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

**Finacea (External Foam),T3 - QL**

**Finacea (External Gel),T3 - QL**

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

**Flarex (Ophthalmic Suspension),T3**

**Flector (External Patch),T3 - PA; QL**

**FloLipid (Oral Suspension),T3 - QL**

**Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2**

**Flovent HFA (Inhalation Aerosol),T2 - QL**

Fluconazole (Oral Tablet),T1

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

Fluphenazine HCl (Oral Tablet),T1

Fluticasone Propionate (Nasal Suspension),T1

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

**Fragmin (Subcutaneous Solution Prefilled Syringe),T4**

**Fragmin (Subcutaneous Solution),T4**

Furosemide (Oral Tablet),T1

**Fuzeon (Subcutaneous Solution**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Reconstituted),T4 - QL

**G**

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

Gabapentin (Oral Capsule),T1

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

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

Gemfibrozil (Oral Tablet),T1

**Genotropin (12MG Subcutaneous Cartridge),T4 - PA**

**Genotropin (5MG Subcutaneous Cartridge),T3 - PA**

**Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T4 - PA**

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

**Gilenya (0.5MG Oral Capsule),T4 - QL**

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1

Glatopa (Subcutaneous Solution Prefilled Syringe),T1

Glimepiride (Oral Tablet),T1 - PA; HRM; QL

Glipizide (Oral Tablet Immediate Release),T1 - QL

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

Glucagon (Injection Kit) (Lilly),T1

Glycopyrrolate (Oral Solution) (Generic Cuvposa),T1 - PA

**Glyxambi (Oral Tablet),T2 - QL**

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

**Gvoke Kit (Subcutaneous Solution),T2**

**Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2**

**H**

**Haegarda (Subcutaneous Solution Reconstituted),T4 - PA**

Haloperidol (Oral Tablet),T1

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

**Harvoni (Oral Packet),T4 - PA; QL**

**Humalog (Injection Solution),T2**

**Humalog (Subcutaneous Solution Cartridge),T2**

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

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

**Humalog Mix 50/50 (Subcutaneous Suspension),T2**

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

**Humalog Mix 75/25 (Subcutaneous Suspension),T2**

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

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

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

**Humulin 70/30 (Subcutaneous Suspension),T2**

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

**Humulin N (Subcutaneous Suspension),T2**

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

**Humulin R (Injection Solution),T2**

**Humulin R U-500 (Concentrated)**

**Bold type = Brand name drug**

Plain type = Generic drug

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**(Subcutaneous Solution),T2**

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

Hydralazine HCl (Oral Tablet),T1

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

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

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

Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL

Hydroxyurea (Oral Capsule),T1

Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM

Hydroxyzine HCl (Oral Tablet),T1 - PA; HRM

**I**

Ibandronate Sodium (Oral Tablet),T1

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

Icatibant Acetate (Subcutaneous Solution),T1 - PA; QL

**Ilvivo (Ophthalmic Suspension),T2**

Imatinib Mesylate (Oral Tablet),T1 - PA

**Imbruvica (Oral Capsule),T4 - PA; QL**

**Imbruvica (Oral Tablet),T4 - PA; QL**

Imiquimod (5% External Cream),T1 - QL

Imiquimod Pump (3.75% External Cream),T1 - PA

**Invexxy Maintenance Pack (Vaginal Insert),T2 - PA**

**Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL**

**Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL**

**Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL**

**Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2**

**Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2**

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

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

Insulin Syringes, Needles,T2

**Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4**

**Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4**

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

**Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4**

**Inveltys (Ophthalmic Suspension),T3**

**Invokamet (Oral Tablet Immediate Release),T3 - ST; QL**

**Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL**

**Invokana (Oral Tablet),T3 - ST; QL**

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

Ipratropium Bromide (Nasal Solution),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



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

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

**Isentress (Oral Tablet),T4 - QL**

Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (Oral Tablet Immediate Release),T1

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

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

**Isturisa (Oral Tablet),T4 - PA**

Ivermectin (Oral Tablet),T1 - PA

**J**

**Janumet (Oral Tablet Immediate Release),T2 - QL**

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

**Januvia (Oral Tablet),T2 - QL**

**Jardiance (Oral Tablet),T2 - QL**

**Jentaduetto (Oral Tablet Immediate Release),T2 - QL**

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

**Jublia (External Solution),T3**

**K**

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T1

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

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

**Klisyri (External Ointment),T4 - PA; QL**

**Klor-Con 10 (Oral Tablet Extended Release),T1**

**Klor-Con 8 (Oral Tablet Extended Release),T1**

Klor-Con M10 (Oral Tablet Extended Release),T1

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

**Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL**

**Korlym (Oral Tablet),T4 - PA**

**Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL**

**L**

Lacosamide (Oral Tablet),T1 - QL

Lactulose (10GM/15ML Oral Solution),T1

Lactulose (Oral Packet),T1

Lamivudine (100MG Oral Tablet),T1

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL

Lamotrigine (Oral Tablet Immediate Release),T1

**Lantus (Subcutaneous Solution),T2**

**Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2**

Latanoprost (Ophthalmic Solution),T1

**Latuda (Oral Tablet),T4 - QL**

Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL

Leflunomide (Oral Tablet),T1

Letrozole (Oral Tablet),T1

Leucovorin Calcium (Oral Tablet),T1

**Leukeran (Oral Tablet),T4**

**Levemir (Subcutaneous Solution),T2**

**Levemir FlexTouch (Subcutaneous Solution Pen-Injector),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.**

Levetiracetam (Oral Tablet Immediate Release),T1	<b>Lotemax SM (Ophthalmic Gel),T3</b>
Levobunolol HCl (Ophthalmic Solution),T1	Lovastatin (Oral Tablet),T1 - QL
<b>Levocarnitine (Oral Tablet),T1</b>	<b>Lumigan (Ophthalmic Solution),T2</b>
Levocetirizine Dihydrochloride (Oral Tablet),T1	<b>Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA</b>
Levofloxacin (Oral Tablet),T1	<b>Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA</b>
Levothyroxine Sodium (Oral Tablet),T1	<b>Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA</b>
<b>Lialda (Oral Tablet Delayed Release),T4 - ST; QL</b>	<b>Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA</b>
<b>Licart (External Patch 24 Hour),T3 - PA; QL</b>	<b>Luzu (External Cream),T3 - QL</b>
Lidocaine (5% External Ointment),T1 - QL	<b>Lysodren (Oral Tablet),T4</b>
Lidocaine (5% External Patch),T1 - PA; QL	<b>Lyumjev (Injection Solution),T2</b>
Lidocaine HCl (4% External Solution),T1	<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
Lidocaine-Prilocaine (External Cream),T1	
<b>Linzess (Oral Capsule),T2 - QL</b>	<b>M</b>
Liothyronine Sodium (Oral Tablet),T1	Malathion (External Lotion),T1
Lisinopril (Oral Tablet),T1 - QL	Maraviroc (Oral Tablet),T1 - QL
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	<b>Mavyret (Oral Packet),T4 - PA; QL</b>
Lithium Carbonate (Oral Capsule),T1	<b>Mavyret (Oral Tablet),T4 - PA; QL</b>
Lithium Carbonate ER (Oral Tablet Extended Release),T1	<b>Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL</b>
<b>Livalo (Oral Tablet),T2 - QL</b>	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
<b>Lokelma (Oral Packet),T3 - QL</b>	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
<b>Lonhala Magnair (Inhalation Solution),T4 - QL</b>	Medroxyprogesterone Acetate (Oral Tablet),T1
Loperamide HCl (Oral Capsule),T1	Meloxicam (Oral Tablet),T1
Lorazepam (Oral Tablet),T1 - QL	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Lorazepam Intensol (Oral Concentrate),T1 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Losartan Potassium (Oral Tablet),T1 - QL	Mercaptopurine (Oral Tablet),T1
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Meropenem (Intravenous Solution)
<b>Lotemax (Ophthalmic Gel),T3</b>	
<b>Lotemax (Ophthalmic Ointment),T3</b>	
<b>Lotemax (Ophthalmic Suspension),T3</b>	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Reconstituted),T1	Midodrine HCl (Oral Tablet),T1
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL	Minocycline HCl (Oral Capsule),T1
<b>Mesnex (Oral Tablet),T3</b>	Minocycline HCl (Oral Tablet Immediate Release),T1
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1 - QL	Minoxidil (Oral Tablet),T1
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL	Mirtazapine (Oral Tablet),T1
Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL	Mirtazapine ODT (Oral Tablet Dispersible),T1
Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL	<b>Mirvaso (External Gel),T3</b>
Methamphetamine HCl (Oral Tablet),T1 - PA; QL	Misoprostol (Oral Tablet),T1
Methimazole (Oral Tablet),T1	<b>Mitigare (Oral Capsule),T2</b>
Methotrexate Sodium (Oral Tablet),T1	Modafinil (Oral Tablet),T1 - PA; QL
Methscopolamine Bromide (Oral Tablet),T1 - PA; HRM	Mometasone Furoate (Nasal Suspension),T1
Methylphenidate HCl (Oral Tablet Chewable),T1 - QL	Montelukast Sodium (Oral Packet),T1 - QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL	Montelukast Sodium (Oral Tablet),T1 - QL
Methylprednisolone (Oral Tablet),T1	Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian),T1 - 7D; MME; DL; QL
Metoclopramide HCl (Oral Tablet),T1	Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	<b>Motegrity (Oral Tablet),T3 - QL</b>
<b>Metrogel (External Gel),T3</b>	<b>Movantik (Oral Tablet),T2 - QL</b>
Metronidazole (External Cream),T1	<b>MoviPrep (Oral Solution Reconstituted),T3</b>
Metronidazole (External Gel),T1	<b>Multaq (Oral Tablet),T2</b>
Metronidazole (External Lotion),T1	<b>Myrbetriq (Oral Tablet Extended Release 24 Hour),T2</b>
Metronidazole (Oral Capsule),T1	<b>N</b>
Metronidazole (Oral Tablet),T1	<b>Naftin (External Gel),T3</b>
	Naloxone HCl (0.4MG/ML Injection Solution),T1
	Naloxone HCl (Injection Solution Cartridge),T1
	Naloxone HCl (Injection Solution Prefilled

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Syringe),T1	Norethindrone Acetate (5MG Oral Tablet),T1
Naltrexone HCl (Oral Tablet),T1	Nortriptyline HCl (Oral Capsule),T1 - PA; HRM
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL</b>	<b>NovoLog (Injection Solution),T3 - PA</b>
<b>Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL</b>	<b>NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA</b>
Naproxen (Oral Tablet Immediate Release),T1	<b>NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA</b>
<b>Narcan (Nasal Liquid),T2</b>	<b>NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA</b>
<b>Nayzilam (Nasal Solution),T3 - PA; QL</b>	<b>NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA</b>
Neomycin Sulfate (Oral Tablet),T1	<b>Novolin 70/30 (Subcutaneous Suspension),T3 - PA</b>
Neomycin-Polymyxin-HC (Otic Suspension),T1	<b>Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA</b>
<b>Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>	<b>Novolin N (Subcutaneous Suspension),T3 - PA</b>
<b>Neupro (Transdermal Patch 24 Hour),T3</b>	<b>Novolin R (Injection Solution),T3 - PA</b>
<b>Nevanac (Ophthalmic Suspension),T3</b>	<b>Nubeqa (Oral Tablet),T4 - PA</b>
<b>Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2</b>	<b>Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
<b>Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL</b>	<b>Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>
<b>Nexletol (Oral Tablet),T3 - PA; QL</b>	<b>Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL</b>
<b>Nexlizet (Oral Tablet),T3 - PA; QL</b>	<b>Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour),T4 - PA; 7D; MME; DL; QL</b>
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	<b>Nucynta ER (50MG Oral Tablet Extended Release 12 Hour),T3 - PA; 7D; MME; DL; QL</b>
Nimodipine (Oral Capsule),T1	<b>Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL</b>
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM	<b>Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA</b>
Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM	
Nitroglycerin (Tablet Sublingual),T1	
<b>Nivestym (Injection Solution Prefilled Syringe),T4 - ST</b>	
<b>Nivestym (Injection Solution),T4 - ST</b>	
Nizatidine (Oral Capsule),T1	

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

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

**Nuzyra (Intravenous Solution Reconstituted),T4 - PA**

**Nuzyra (Oral Tablet),T4 - PA; QL**

Nystatin (External Cream),T1

Nystatin (External Ointment),T1

Nystatin (External Powder),T1 - QL

**O**

**Odomzo (Oral Capsule),T4 - PA**

**Ofev (Oral Capsule),T4 - PA; QL**

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T1

Olanzapine (Oral Tablet),T1 - QL

Olopatadine HCl (Ophthalmic Solution),T1

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

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

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

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

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

**Onglyza (Oral Tablet),T3 - ST; QL**

**Opsumit (Oral Tablet),T4 - PA**

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

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

**Orgovyx (Oral Tablet),T4 - PA**

**Orilissa (Oral Tablet),T4 - PA; QL**

Oseltamivir Phosphate (Oral Capsule),T1

**Osphena (Oral Tablet),T2 - PA; QL**

Oxandrolone (Oral Tablet),T1 - PA

Oxcarbazepine (Oral Tablet),T1

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

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

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

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

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

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

**P**

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

**Pegasys (Subcutaneous Solution),T4 - PA**

Penicillin V Potassium (Oral Tablet),T1

**Pentasa (250MG Oral Capsule Extended Release),T3 - QL**

**Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL**

Permethrin (External Cream),T1

**Perseris (Subcutaneous Prefilled Syringe),T4**

Phenelzine Sulfate (Oral Tablet),T1

Phenytoin Sodium Extended (Oral Capsule),T1

**Phoslyra (Oral Solution),T2**

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

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T3 = Tier 3

T4 = Tier 4

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<b>R</b>
Raloxifene HCl (Oral Tablet),T1
Ramipril (Oral Capsule),T1 - QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour),T1
Rasagiline Mesylate (Oral Tablet),T1
<b>Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA</b>
<b>Rayaldee (Oral Capsule Extended Release),T4 - QL</b>
<b>Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST</b>
<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST</b>
<b>Regranex (External Gel),T4 - PA</b>
<b>Relistor (Oral Tablet),T4 - PA</b>
<b>Relistor (Subcutaneous Solution),T4 - PA</b>
<b>Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL</b>
<b>Repatha Pushtonex System (Subcutaneous Solution Cartridge),T2 - PA; QL</b>
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL</b>
<b>Restasis MultiDose (Ophthalmic Emulsion),T2 - QL</b>
<b>Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL</b>
<b>Retacrit (Injection Solution),T3 - PA</b>
<b>Rexulti (Oral Tablet),T4 - QL</b>
<b>Reyvow (Oral Tablet),T3 - PA; QL</b>
<b>Rhopressa (Ophthalmic Solution),T2 - ST</b>
Ribavirin (Oral Tablet),T1
Rifabutin (Oral Capsule),T1
Riluzole (Oral Tablet),T1
Rimantadine HCl (Oral Tablet),T1

**Bold type = Brand name drug**

<b>Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL</b>
<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3</b>
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4</b>
Risperidone (Oral Tablet),T1
Ritonavir (Oral Tablet),T1 - QL
Rivastigmine (Transdermal Patch 24 Hour),T1 - ST; QL
Rivastigmine Tartrate (Oral Capsule),T1
Rizatriptan Benzoate (Oral Tablet),T1 - QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL
<b>Rocklatan (Ophthalmic Solution),T2 - ST</b>
Ropinirole HCl (Oral Tablet Immediate Release),T1
Rosuvastatin Calcium (Oral Tablet),T1 - QL
<b>Rybelsus (Oral Tablet),T2 - QL</b>
<b>Rytary (Oral Capsule Extended Release),T3 - ST</b>
<b>S</b>
SPS (Oral Suspension),T1
<b>Sancuso (Transdermal Patch),T4 - QL</b>
<b>Santyl (External Ointment),T3</b>
<b>Saphris (10MG Tablet Sublingual),T4</b>
<b>Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3</b>
<b>Savella (Oral Tablet),T2</b>
Selegiline HCl (Oral Capsule),T1
Selegiline HCl (Oral Tablet),T1

Plain type = Generic drug

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

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T1

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

Sevelamer HCl (Oral Tablet),T1

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

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

Silver Sulfadiazine (External Cream),T1

**Simbrinza (Ophthalmic Suspension),T2**

Simvastatin (Oral Tablet),T1 - QL

**Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL**

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

**Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL**

Sodium Polystyrene Sulfonate (Oral Powder),T1

Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL

Solifenacin Succinate (Oral Tablet),T1 - QL

**Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL**

**Soolantra (External Cream),T3 - QL**

Sotalol HCl (Oral Tablet),T1

Sotalol HCl AF (Oral Tablet),T1

**Spiriva HandiHaler (Inhalation Capsule),T2 - QL**

**Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL**

Spirolactone (Oral Tablet),T1

**Sprycel (Oral Tablet),T4 - PA**

**Stelara (Subcutaneous Solution Prefilled**

**Syringe),T4 - PA; QL**

**Stelara (Subcutaneous Solution),T4 - PA; QL**

**Stiolto Respimat (Inhalation Aerosol Solution),T2**

**Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST**

**Suboxone (Sublingual Film),T3 - QL**

Sucralfate (Oral Suspension),T1

Sucralfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T1

Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate Release),T1

Sumatriptan Succinate (Oral Tablet),T1 - QL

Sumatriptan Succinate (Subcutaneous Solution Auto-Injector),T1 - QL

Sumatriptan Succinate (Subcutaneous Solution),T1 - QL

**Sunosi (Oral Tablet),T3 - PA; QL**

**Suprep Bowel Prep Kit (Oral Solution),T2**

**Sutab (Oral Tablet),T3**

**Symbicort (Inhalation Aerosol),T2 - QL**

**Symproic (Oral Tablet),T3 - PA; QL**

**Synjardy (Oral Tablet Immediate Release),T2 - QL**

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

**Synribo (Subcutaneous Solution Reconstituted),T4 - PA**

**Synthroid (Oral Tablet),T2**

**T**

**TOBI Podhaler (Inhalation Capsule),T4 - PA; QL**

T1 = Tier 1

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T4 = Tier 4



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**Tabrecta (Oral Tablet),T4 - PA; QL**

Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1

**Tasigna (Oral Capsule),T4 - PA**

**Tecfidera (Oral Capsule Delayed Release),T4 - QL**

Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL

Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Terazosin HCl (Oral Capsule),T1

Terbinafine HCl (Oral Tablet),T1

**Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA**

Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1

Testosterone Cypionate (Intramuscular Solution),T1

Tetrabenazine (Oral Tablet),T1 - PA

Theophylline (Oral Solution),T1

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

Theophylline ER (Oral Tablet Extended Release 24 Hour),T1

Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T1

Timolol Maleate (Ophthalmic Solution),T1

Timolol Maleate (Oral Tablet),T1

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1

**Timoptic Ocudose (Ophthalmic Solution),T3**

**Tivicay (25MG Oral Tablet),T3 - QL**

**Tivicay (50MG Oral Tablet),T4 - QL**

Tizanidine HCl (Oral Tablet),T1

**TobraDex ST (Ophthalmic Suspension),T3**

Tobramycin (300MG/5ML Inhalation Nebulization Solution),T1 - B/D,PA; QL

Tobramycin-Dexamethasone (Ophthalmic Suspension),T1

Topiramate (Oral Capsule Sprinkle Immediate Release),T1

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T1

Torseמידe (Oral Tablet),T1

**Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2**

**Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2**

**Tracleer (Oral Tablet Soluble),T4 - PA; QL**

**Tracleer (Oral Tablet),T4 - PA; QL**

**Tradjenta (Oral Tablet),T2 - QL**

Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL

Tranexamic Acid (Oral Tablet),T1

Tranylcypramine Sulfate (Oral Tablet),T1

Travoprost (BAK Free) (Ophthalmic Solution),T1

Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1

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

**Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL**

**Tremfya (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 - PA; QL	QL
<b>Tresiba (Subcutaneous Solution),T2</b>	Varenicline Tartrate (Oral Tablet),T1
<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2</b>	<b>Vascepa (Oral Capsule),T3</b>
Tretinoin (External Cream),T1 - PA	<b>Velphoro (Oral Tablet Chewable),T4</b>
Tretinoin (External Gel),T1 - PA	<b>Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL</b>
Tretinoin (Oral Capsule),T1	<b>Veltassa (8.4GM Oral Packet),T3 - QL</b>
Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1
Triamcinolone Acetonide (External Cream),T1	<b>Ventolin HFA (Inhalation Aerosol Solution),T3 - ST</b>
Triamterene-HCTZ (Oral Capsule),T1	Verapamil HCl (Oral Tablet Immediate Release),T1
Triamterene-HCTZ (Oral Tablet),T1	<b>Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T1</b>
Trihexyphenidyl HCl (Oral Solution),T1 - PA; HRM	Verapamil HCl ER (Oral Tablet Extended Release),T1
Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM	<b>Versacloz (Oral Suspension),T4</b>
<b>Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	<b>Viberzi (Oral Tablet),T4 - PA; QL</b>
<b>Trintellix (Oral Tablet),T3</b>	<b>Victoza (Subcutaneous Solution Pen-Injector),T2 - QL</b>
<b>Trulance (Oral Tablet),T3</b>	<b>Viibryd (Oral Tablet),T3</b>
<b>Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL</b>	<b>Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T4 - QL</b>
<b>Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA</b>	<b>Vimpat (50MG Oral Tablet),T3 - QL</b>
<b>U</b>	<b>Vimpat (Oral Solution),T4 - QL</b>
<b>Ubrelvy (Oral Tablet),T4 - PA; QL</b>	<b>Vitrakvi (Oral Capsule),T4 - PA; QL</b>
<b>Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>	<b>Vosevi (Oral Tablet),T4 - PA; QL</b>
Ursodiol (300MG Oral Capsule),T1	<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL</b>
Ursodiol (Oral Tablet),T1	<b>Vyvanse (Oral Capsule),T3</b>
<b>V</b>	
Valacyclovir HCl (Oral Tablet),T1 - QL	
Valganciclovir HCl (Oral Tablet),T1 - QL	
Valsartan (Oral Tablet),T1 - QL	
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 -	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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

**Bold type = Brand name drug**

Plain type = Generic drug

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# Additional Drug Coverage

## Bonus drug list

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

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

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

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

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

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

## QL - Quantity limits

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

## MME - Morphine milligram equivalent

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

## 7D - 7-day limit

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

**DL - Dispensing limit**

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

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

**Bold type = Brand name drug** Plain type = Generic drug

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

**Bold type = Brand name drug** Plain type = Generic drug

<b>Drug name</b>	<b>Drug tier</b>	<b>Coverage rules or limits on use</b>
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione Tab	1	
Reno Cap	1	
Vitamin D 50,000 unit (Rx only)	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

**Bold type = Brand name drug** Plain type = Generic drug

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

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

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

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

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# What's Next

# Here's What You Can Expect Next

## UnitedHealthcare will process your enrollment

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

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

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**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**
- ✓ **Names and addresses for your doctors, clinics and the name and address of your pharmacy**
- ✓ **If you're calling about drug coverage, please have a list of your current prescriptions and dosages ready**

## Questions? We're here to help.

 [retiree.uhc.com/ECMT](https://retiree.uhc.com/ECMT)



Call toll-free **1-866-519-5401**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week



# Statements of Understanding

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

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

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

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

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

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

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

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

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

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

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

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