



Enrollment guide 2022

Medicare Advantage plan
with prescription drugs

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

Erickson Advantage® Champion (HMO-POS C-SNP)

H5652-004-000



Plan Year: January 1, 2022 through December 31, 2022

**United
Healthcare**

 **Erickson**
SENIOR LIVING®
ERICKSON ADVANTAGE®

Take advantage of the experience and expertise UnitedHealthcare® has to offer



More choice and more guidance

When it comes to Medicare, one size does not fit all. That's why we offer a broad range of Medicare products, so you have options to fit your health care needs. Our experienced advisors and licensed sales agents will guide you through choosing the plan that's right for you.



Get the care you need

Whether it's a virtual appointment with your doctor, a 3 a.m. call with a nurse or a wellness visit in the comfort of your own home, we make it easier to connect you with care — when, where and how you need it, so you can stay on top of your health.



1-on-1 help using your Medicare plan

It's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.

Renew, our health and wellness program

Renew can help by inspiring you to take charge of your health and wellness every day. It provides a wide variety of useful resources and activities — including brain games, healthy recipes, learning courses, fitness activities and more. All at no additional cost.¹

¹Renew by UnitedHealthcare is not available in all plans. Resources may vary.
Y0066_INTRO_2022_C

Table of contents

Start with Medicare basics..... 4

Eligibility and helpful resources

Plan information

Benefit highlights 10

Your drug coverage 14

Explore your additional services 17

Optional supplemental benefits 18

Your additional benefits..... 35

 Routine vision benefit

 Renew Active®

 Routine hearing benefit

Summary of benefits 41

Plan ratings 54

Drug list

Drug list..... 58

Alternative covered drugs 97

Ready to enroll

Plan recap 100

How to enroll 102

Scope of appointment confirmation form 103

Chronic condition pre-assessment form 105

Enrollment request form 107

Enrollment receipt..... 121

Take advantage of what’s next 131

Questions? We're here to help.



www.EricksonAdvantage.com



Call toll-free **1-866-774-9671**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Start with Medicare basics

Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



Hospital stays and inpatient care.
This is called Part A



Doctor visits. This is called Part B –
you pay a monthly premium for it.

Original Medicare does NOT include prescription drug coverage



Prescription drug coverage. This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D.

Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

Option 1: Enroll in a Medicare Advantage plan



Also called Part C

They combine Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug insurance is all in one plan



Extras

Some plans may include extra benefits not included with Original Medicare

Option 2: Add one or both of these to Original Medicare



Medicare Supplement

Helps pay for some of the costs not covered by Original Medicare



Medicare Part D plan

Helps pay for prescription drugs and helps you avoid that 1% penalty

Use this book to get familiar with and enroll in a Medicare Advantage plan. Speak with your agent if you are interested in a Medicare Supplement or stand-alone Part D plan.

Enroll in a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

This plan has a network of quality doctors, hospitals and other care providers, designed to help you get the care you need.

For certain services, your plan also lets you see out-of-network providers if they accept Medicare, but keep in mind your costs may be higher. See your Evidence of Coverage for a list of covered services.

Here's how this HMO-POS plan works



Get care from providers in the network or visit out-of-network providers for certain covered services.



Emergency and urgently needed services are covered no matter where you go.



Select a primary care provider (PCP).

This plan requires you to select a PCP to oversee and help manage your care.



No referral is needed to see a network specialist or other provider.



You pay your plan copay or coinsurance when you visit a network provider*.

If you see a provider outside the network for certain covered services, your costs may be higher.



There's an out-of-pocket spending limit for network care each plan year.

If you reach your limit the plan will pay 100% of your costs for Medicare-covered services for the rest of the year.



This plan includes prescription drug coverage.

*Plan copay or coinsurance amounts apply. You can find a complete listing of network providers and facilities within your plan on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.

Are you eligible to enroll in this plan?

You can enroll in a Chronic Condition Special Needs Plan (CSNP) if you're enrolled in Original Medicare Parts A and B and have diabetes, heart failure and/or a cardiovascular disorder. This plan helps connect you to people and services that can meet the health care needs of people with your condition. CSNP plans usually include routine foot care, routine vision and hearing coverage and care management services provided by a dedicated team of nurses. Our goal is to give you the support you need to help manage your health and help maintain your independence.

To be eligible to enroll in this plan you must have been diagnosed with:

At least one of these conditions

- ☐ Chronic heart failure
- ☐ Diabetes mellitus

Or, one of the following Cardiovascular disorders

- ☐ Cardiac arrhythmias
- ☐ Coronary artery disease
- ☐ Peripheral vascular disease
- ☐ Chronic venous thromboembolic disorder

Helpful Resources

Medicare Made Clear®

An educational program developed by UnitedHealthcare to help you better understand Medicare.



MedicareMadeClear.com

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- ☐ The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- ☐ Your state Medicaid office



Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

Y0066_SWMB_2022_M H5652004000

EREX22PO5008323_000

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Plan information

Benefit highlights

Erickson Advantage® Champion (HMO-POS C-SNP)

This is a short description of your 2022 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	\$199
----------------------	-------

Medical Benefits

	In-Network	Out-of-Network
Annual Medical Deductible	No deductible	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$3,400 In-Network	Unlimited Out-of-Network
Doctor's office visit	Primary Care Provider: \$0 copay	Primary Care Provider: 30% coinsurance
	Specialist: \$25 copay (no referral needed)	Specialist: 30% coinsurance (no referral needed)
	Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive services	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
Inpatient hospital care	\$0 copay per stay for unlimited days	30% coinsurance per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$188 copay per day: days 21-39 \$0 copay per day: days 40-100	30% coinsurance per stay, up to 100 days
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$50 copay	30% coinsurance
Mental health (outpatient and virtual)	Group therapy: \$0 copay	Group therapy: 30% coinsurance
	Individual therapy: \$0 copay - \$30 copay	Individual therapy: 30% coinsurance
	Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Diabetes monitoring supplies	\$0 copay	30% coinsurance

Medical Benefits

	In-Network	Out-of-Network
Diagnostic radiology services (such as MRIs, CT scans)	\$50 copay	30% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	30% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$15 copay	\$20 copay
Ambulance	\$165 copay for ground or air	\$165 copay for ground or air
Emergency care	\$75 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$30 copay (\$0 copay for urgently needed services outside the United States) per visit	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Routine eye exams	\$0 copay; 1 every year*	30% coinsurance; 1 every year*
Routine eyewear	\$0 copay; up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay
Hearing - routine exam	\$0 copay; 1 per year*	30% coinsurance; 1 per year*
Hearing aids	\$375 - \$1,425 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing.	
Fitness program	Renew Active fitness membership, classes and online brain exercises at no cost to you.	

	In-Network	Out-of-Network
Routine Transportation	\$0 copay; 24 one-way trips per year to or from approved locations	No coverage
Foot care - routine	\$0 copay; unlimited visits per plan year*	30% coinsurance; unlimited visits per plan year*
Falls prevention program	Learn how to help reduce falls, prevent injuries and improve your balance and strength	No coverage

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription (Part D) deductible	\$0	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic	\$5 copay	\$0 copay
Tier 2: Generic¹	\$15 copay	\$0 copay
Tier 3: Preferred Brand	\$45 copay	\$125 copay
Select Insulin Drugs²	\$35 copay	\$95 copay
Tier 4: Non-Preferred Drug	\$85 copay	\$245 copay
Tier 5: Specialty Tier	33% coinsurance	N/A ³
Coverage gap stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,430, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,050, you will pay the greater of \$3.95 copay for generic (Including brand drugs treated as generic), \$9.85 copay for all other drugs, or 5% coinsurance	

¹ Tier includes enhanced drug coverage

² For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

³ Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information



This information is not a complete description of benefits. Contact the plan for more information.

Y0066_MABH_2022_M H5652004000

EREX22PO5001888_000

Your drug coverage

Make sure your drugs are covered

Review the Drug List (Formulary) in this Enrollment Guide to make sure your prescription drugs are covered by the plan. You should also review the Benefit Highlights in this guide for copays and supply amounts.

The amount you pay for covered drugs depends on these 4 things:

1. Drug tiers

Many plans group covered drugs into tiers. Generally, the lower the tier, the less you'll pay. All drugs in the Drug List are assigned to one of these tiers.



¹ And select insulin drugs

It's important to know not all generic drugs are lower cost. There are generic drugs in each tier. Be sure to check the Drug List to find out which tier your generic drug is in.

If your drug is in a higher, more expensive tier, ask your doctor if a lower cost alternative could work for you.

2. Where you fill your prescriptions

There are thousands of national and local pharmacies in our network. You'll need to use network pharmacies to have the plan pay their share for your prescriptions. Visit www.myUHCMedicare.com to find a location near you.



Simplify with prescriptions delivered to your door

You have a \$0 copay for a 90-day supply of Tier 1 and Tier 2 drugs with OptumRx, our preferred home delivery pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Save time by registering online at www.OptumRx.com to order new prescriptions, request refills and more.

3. Prescription drug payment stages

The amount you pay for prescription drugs may change during the year depending on which drug payment stage you’re in. Members move through the stages in the order below.

Annual Deductible	Your plan has no deductible. Your coverage starts in the Initial Coverage stage.
Initial Coverage	In this stage, you will pay a copay or coinsurance for your drugs until the total drug cost (the amount paid by you and your plan) reaches \$4,430.
Coverage Gap (Donut Hole)	After your total drug costs reach \$4,430, you will pay no more than 25% coinsurance for generic or brand name drugs, for any drug tier during the Coverage Gap. If you use a covered insulin, you will continue to pay a flat copay through the Coverage Gap.
Catastrophic Coverage	After your total out-of-pocket costs reach \$7,050, you will pay the greater of \$3.95 copay for generic (including brand drugs treated as generic), \$9.85 copay for all other drugs or 5% coinsurance.

4. Extra Help from Medicare

People with limited incomes may qualify for Extra Help to pay for their prescription drugs. If you qualify, Medicare could pay for some, or all of, your drug costs including premiums, deductibles and copays. Additionally, if you qualify, you won’t have a Coverage Gap or a late enrollment penalty. Many people qualify for these savings and don’t even know it.

For more information about Extra Help, contact your local Social Security office or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.



Additional drug coverage is available with this plan

Part D Senior Savings Model: This plan has lower, stable out-of-pocket costs for covered insulin. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or “Donut Hole” stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”).

Bonus Drug Coverage: This plan covers some prescription drugs that are not covered by Medicare Part D. This includes Vitamin D (50,000), Sildenafil (generic Viagra), Cyanocobalamin (Vitamin B-12) and Folic Acid (1 mg). These drugs are covered in Tier 2 and are in addition to the ones listed in the plan’s Drug List and may not be available with other plans.



Other pharmacies are available in our network.

\$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic coverage stage. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication.

EREX22HM5016769_000

Explore your additional services

Get all the benefits of Original Medicare and more

With this plan, you get additional services designed to help you live a healthier life. Limitations, exclusions and restrictions may apply. For more detailed information, please contact Customer Service at the phone number on the back of this book.

Social and Government Referral Assistance Program

At UnitedHealthcare, we care about the people we serve. But it's how we care that makes us different. We know the health care system can be difficult to navigate — that's why we work to make it easier for you.

Get connected to the care and support you need

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to connect you to discounts and services that make your life easier—all at no added cost to you. These services may help you:

- Save on utility bills, prescription drug expenses and even home repair costs
- Find low-cost, easy-to-use transportation
- Determine Medicaid eligibility, depending on your income
- Find local support groups
- Learn about Veterans' Services and Support

Questions? We are here to help.

If you are a veteran, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

Supplemental benefit

Routine Dental vs. Platinum Dental Rider

Additional coverage that may make you smile

As a UnitedHealthcare member, you may have routine dental benefits included in the plan you select. For an additional monthly premium, change your plan to get up to \$1500 for dental through the Platinum Dental Rider. You can enroll in a dental rider at the time you enroll in your plan or within 3 months after the effective date of your plan. If you enroll in the rider at the time you enroll in your plan you will have access to rider coverage on your plan effective date. If you wait to enroll within the 3 months after your plan effective date you will be able to start using your rider coverage on the first day of the month after the rider is purchased.

Call Customer Service at **1-866-774-9671** to learn more or tell us you'd like to enroll in the rider. For current members, please call the number on the back of your Member ID card. You can also enroll in the Platinum Dental Rider through the Coverage & Benefits section of your digital member portal at **www.medicare.uhc.com**.

With routine dental you get:

- No deductible.
- \$0 copays on preventive dental care including exams, routine cleanings, x-rays and fluoride from our network.
- Access to Medicare Advantage's largest dental network.
- Freedom to see any dentist you choose. Seeing an out-of-network dentist may cost more.*

For \$40 a month (in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), you'll get access to dental coverage that includes:

- No deductible.
- Up to \$1,500 per year for covered dental services.
- \$0 copay for network exams, x-rays, cleanings, fluoride and covered fillings. 50% coinsurance on crowns, bridges, root canals, extractions, dentures and all other covered comprehensive services from our network.
- Access to Medicare Advantage's largest dental network, the UHC Dental National Medicare Advantage Network. Out-of-network coverage is available but seeing an out-of-network dentist may cost more.
- Other comprehensive dental services as listed in the chart below.

To find a network dentist in your area, go to www.UHCMedicareSolutions.com and click on 'Search Dentists' located under the 'Shop For a Plan' tab. When prompted, select the National Medicare Advantage Network.

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Exams					
D0120	Routine periodic exam completed during check-up	Two procedures per plan year	Covers periodic, limited, comprehensive and detailed/ extensive oral exams. Does not cover periodontal exams separate from periodic, limited or comprehensive exams. Only one exam code covered per appointment.	\$0 *	\$0 *
D0140	Limited exam to evaluate a problem	One procedure per plan year		n/a	\$0 *
D0150	Comprehensive exam (for a new patient or an established patient after 3 or more years of inactivity from dental treatment)	One procedure every three plan years		\$0 *	\$0 *
D0160	Detailed and extensive problem focused exam	One procedure per plan year		n/a	\$0 *
X-rays					
D0210	Full-mouth/ Complete x-ray set for evaluation of the teeth and mouth	One procedure every three plan years	Covers intraoral complete series of radiographs. Does not cover CTs, cephalograms or MRIs.	\$0 *	\$0 *
D0220, D0230	X-rays for closer evaluation around the roots of teeth	Unlimited per plan year	Covers periapical x-rays. Does not cover CTs, cephalograms or MRIs. Not covered on the same day as intraoral complete series of radiographs (D0210).	n/a	\$0 *

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
D0270, D0272, D0273, D0274, D0277	Bitewing x-rays for evaluation of the teeth and bone	One procedure per plan year	Not covered in the same year as a full mouth set of x-rays (D0210)	\$0*	\$0*
D0330	Panoramic x-ray for evaluation of the teeth and mouth	One procedure every three plan years	Covers panoramic radiographs. Does not cover CTs, cephalograms or MRIs.	\$0*	\$0*
Cleanings					
D1110	Standard adult dental cleaning	Two procedures per plan year	Covers adult prophylaxis. Not covered on the same day as D4910 or D4355.	\$0*	\$0*
D4910	Routine dental cleaning for an adult who has documented history of gum disease	Three procedures per plan year	Covers periodontal maintenance. Only covered with history of scaling and root planing (deep cleaning) or periodontal surgery.	\$0*	\$0*
Other preventive services					
D1206, D1208	Fluoride	Two procedures per plan year	Covers topical application of fluoride (either varnish or excluding varnish)	\$0*	\$0*
D1310	Nutritional Counseling	One procedure per plan year	Covers counseling on dietary habits as a part of treatment and control of gum disease and/or cavities	\$0*	\$0*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
D1354	Application of medication to a tooth to stop or inhibit cavity formation	Unlimited per plan year	Covers application of interim caries arresting medicament-per tooth to a non-symptomatic carious tooth	\$0*	\$0*
Fillings					
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2940	Metal or tooth-colored fillings placed directly into the mouth on front, middle or back teeth.	Unlimited per plan year	Covers amalgam and resin-based composite fillings. Does not cover gold foil fillings, sealants or preventive resin restorations.	n/a	\$0*
D3110, D3120	Medicine placed under fillings to promote pulp healing	Unlimited per plan year	Covers pulp capping for an exposed or nearly exposed pulp. Does not cover bases and liners when all caries has been removed.	n/a	\$0*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Crowns, inlays and onlays					
D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794	Cap (crown) or partial crown called an inlay or onlay—made of metal, porcelain/ceramic, porcelain fused to metal or titanium. Made outside the mouth and then placed into the mouth.	One procedure per tooth every five plan years	Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps. Veneers are not covered. Implant crowns are not covered. Does not cover "3/4" crowns.	n/a	50%*
Other restorative services					
D2920	Recementing a crown that has fallen off	Unlimited per plan year	Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery.	n/a	50%*
D2949	Small filling needed prior to fitting a tooth with a crown	One procedure per tooth every five plan years	Has to be performed together with a crown	n/a	50%*
D2950	Filling or pins placed when preparing a tooth for a crown	One procedure per tooth every five plan years		n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
D2952, D2953, D2954, D2957	Buildup of filling around a post to prepare the tooth for a crown	One D2952 and D2953 or one D2954 and D2957 per tooth every five plan years	Has to be performed together with a crown. Tooth also has to have had root canal treatment. Covers both indirectly fabricated and prefabricated posts and cores.	n/a	50%*
Root canals (endodontic services)					
D3310, D3320, D3330, D3346, D3347, D3348	Root canal treatment for a front, middle or back tooth (excluding filling or crown needed after the root canal)	One initial root canal procedure (D3310, D3320 or D3330) and one retreatment procedure (D3346, D3347 or D3348) per tooth per lifetime of the member	This is a root canal performed on a tooth for the first time or as retreatment to a tooth that had a root canal completed previously. Does not include root canals performed from the root tip by access through the gums, incomplete root canal treatment or internal root repair of perforation defects.	n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Scaling and root planing					
D4341	Deep cleaning for 4 or more teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the x-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning.	n/a	50%*
D4342	Deep cleaning for 1-3 teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years		n/a	50%*
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	One procedure every three plan years	Used when there is extensive buildup that needs to be removed in order to perform an exam. Cannot be performed same day as a dental cleaning (D1110 or D4910)	n/a	50%*
D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	Unlimited per plan year	Cannot be used same day as scaling and root planing (D4341 or D4342)	n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Complete dentures					
D5110	Complete upper denture	One procedure every five plan years	Denture covered when there are no erupted teeth remaining in the mouth	n/a	50%*
D5120	Complete lower denture	One procedure every five plan years		n/a	50%*
D5130	Complete upper denture delivered at the time of extracting remaining upper teeth	One procedure per lifetime of member		n/a	50%*
D5140	Complete lower denture delivered at the time of extraction of remaining lower teeth	One procedure per lifetime of member		n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Partials (removable partial dentures)					
D5211	Upper partial denture—resin base	One procedure every five plan years	Partial denture covered when remaining/ supporting teeth are free of cavities and have good bone to support the partial denture. Includes retentive/clasping materials, rests and teeth.	n/a	50%*
D5212	Lower partial denture—resin base	One procedure every five plan years		n/a	50%*
D5213	Upper partial dentures—cast metal framework with resin denture bases	One procedure every five plan years		n/a	50%*
D5214	Lower partial denture—cast metal framework with resin denture base	One procedure every five plan years		n/a	50%*
D5221	Upper partial denture delivered at the time of extractions—resin base	One procedure every five plan years		n/a	50%*
D5222	Lower partial denture delivered at the time of extractions—resin base	One procedure every five plan years		n/a	50%*
D5225	Upper partial denture—flexible base	One procedure every five plan years		n/a	50%*
D5226	Lower partial denture—flexible base	One procedure every five plan years		n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Adjustments and repairs for complete dentures					
D5410, D5411, D5850, D5851	Denture adjustments or tissue conditioning for complete upper and/or lower denture	Two of each type of procedure per denture per plan year	Covers adjustments, relines, repairs, tissue conditioning and replacing of missing or broken teeth for complete dentures. Cannot be billed within 6 months of delivery of the new denture.	n/a	50%*
D5511, D5512, D5520, D5730, D5731, D5750, D5751	Repairs and relines for broken complete upper and/or lower dentures	One of each type of procedure per denture per plan year		n/a	50%*
Adjustments and repairs for partial dentures					
D5421, D5422	Adjustment of upper and/or lower partial denture	Two procedures per denture per plan year	Covers partial denture adjustments and relines.	n/a	50%*
D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5740, D5741, D5760, D5761	Repair or reline for upper and/or lower partial denture	One procedure of each procedure type per partial denture per plan year	Covers repairs to framework of the partial denture, repair or replacement of missing or broken partial denture teeth and addition of clasps or denture teeth to an existing partial denture. Cannot be billed within 6 months of delivery of the new partial denture.	n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Bridges					
D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245	Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	One procedure per tooth every five plan years	Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominantly base or noble metal; full cast high noble, predominantly base or noble metal; and titanium. Does not cover any part of an implant supported bridge.	n/a	50%*
D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6794,	Crowns that are placed on teeth supporting the bridge (retainer crowns)	One procedure per tooth every five plan years	Only covers crowns that are part of a bridge. Does not support any part of an implant supported bridge.	n/a	50%*
D6930	Re-cementing a bridge that has fallen off	Unlimited per plan year	Does not cover cementing a bridge on the day of initial bridge delivery	n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
Extractions and oral surgery procedures					
D7111, D7140, D7210, D7250	Extractions	One procedure per tooth per lifetime of the member	Covers extraction of erupted permanent teeth, exposed tooth roots and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth.	n/a	50%*
D7310, D7311, D7320, D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	One procedure per quadrant per plan year, up to four procedures on different/unique quadrants per plan year	Covers alveoloplasty either in conjunction with or not in conjunction with extractions.	n/a	50%*
D7510, D7511	Surgical drainage of an abscess	Unlimited per plan year	Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral).	n/a	50%*
Emergency treatment of pain and Other					
D9110	Minor procedure for emergency treatment of dental pain	Unlimited per plan year	Covered for an urgent or emergent visit only	n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
D9910	Application of desensitizing agent to a tooth or teeth	Unlimited per plan year	Covered once per visit. Does not cover bases, liners or adhesives used under restorations.	n/a	50%*
Nitrous oxide and sedation					
D9219	Evaluation for sedation or general anesthesia	Unlimited per plan year	Covers administration of, evaluation for, and monitoring for intravenous moderate (conscious) sedation/analgesia, deep sedation/general anesthesia and nitrous oxide/analgesia—	n/a	50%*
D9222, D9223	Deep Sedation/General Anesthesia	Unlimited per plan year	anxiolysis. Medications used for these procedures is considered included in the procedure code and cannot be billed for separately.	n/a	50%*
D9230	Nitrous Oxide	Unlimited per plan year		n/a	\$0*
D9239, D9243	IV sedation	Unlimited per plan year		n/a	50%*
Splints					
D7880	Splint used to treat the TMJ	One procedure every three plan years	Covers occlusal orthotic devices provided for treatment of TMJ dysfunction	n/a	50%*
D9943	Adjustment of occlusal guard	Two procedures per plan year	Not covered within 6 months of occlusal guard delivery	n/a	50%*

Routine vs. Platinum Dental Rider covered services

American Dental Association (ADA) codes:	Description of dental procedure:	Frequency:	Criteria and exclusions:	Routine Dental copay:	Platinum Dental copay:
D9944	Top or bottom, full-arch hard occlusal guard	One procedure every three plan years	Only covered in association with documented tooth clenching or grinding. Does not cover any type of sleep apnea, snoring or TMD appliances.	n/a	50%*

*\$0 cost-share for network dental care, specified services only. If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay. Generally, an out-of-network provider will submit a claim on your behalf. If your provider does not submit the claim on your behalf and you pay for out-of-network services, please call the number on the back of your UnitedHealthcare ID card for assistance on how to submit your request for reimbursement.

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.

12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice.
14. Any services not listed above are not covered.



UnitedHealthcare contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

The provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Y0066_RoutvPlat_2022_M

EREX22PO5011222_000

[illegible]

Routine vision benefit

UnitedHealthcare Vision benefits provide services that help protect your eyesight and save you money on eyewear. From low-cost savings to high-end value, we give you the choices you want.

Some of the many ways to take advantage of our vision benefits:



\$0 copay for yearly comprehensive eye exam and a \$100 allowance toward frames or contacts every year



Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating



Savings on lens upgrades include tinting, UV/anti-reflective coating and polycarbonate lenses



Medicare Advantage's largest nationwide vision network, including in-store and online retailers



Home delivered eyewear available through online providers, including Warby Parker, GlassesUSA and others



To get started: To find an UnitedHealthcare Vision provider go to medicare.myuhcvision.com



Network size varies by market. Vision benefits vary by plan and are not available with all plans. Additional charges may apply for out-of-network items and services. Annual routine eye exam and allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Limitations and exclusions apply. Savings on lens compared to retail and eyewear allowance. Other vision providers are available in our network.

Y0066_RVB_2022_M

UHEX22PP5010088_000

[illegible]

Renew Active®

Stay fit. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind – available at no additional cost. Stay active with a free gym membership, a personalized fitness plan, group fitness classes, an online brain health program and more. If you don't want to go to the gym, there are ways for you to stay active at home.

Renew Active includes:



A free gym membership with access to our nationwide network of gym and fitness locations. It's the largest of all Medicare fitness programs including many premium gyms



An annual personalized fitness plan



Access to thousands of on-demand workout videos and live streaming fitness classes



Social activities at local health and wellness classes and events and through the online Fitbit® Community for Renew Active — no Fitbit® device is needed. Joining the community also provides access to Fitbit Premium™



An online brain health program from AARP® Staying Sharp®, including a brain health assessment and exclusive content for Renew Active members



To get started: To learn more about all Renew Active has to offer, visit **UHCRenewActive.com** or contact your sales representative



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, discounts, 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. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March, 2021. 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.

Y0066_RA_2022_M

UHCO22HM5006389_000

Routine hearing benefit

With UnitedHealthcare Hearing, you'll have personal help every step of the way, from arranging a hearing exam to finding the right hearing aid.

Hearing benefits that are music to your ears:



\$0 copay for routine hearing exam and copays as low as \$375 for broad selection of brand-name hearing aids



One of the largest nationwide networks of hearing professionals, with more than 7,000 locations



Access to top hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™, and Widex®



Up to 80% off industry prices with UnitedHealthcare Hearing's brand, Relate™



Convenient home delivery on select hearing aids



One-on-one support, including on-demand video chats with hearing providers and hearing aid adjustments, plus online tutorials and more



To get started: Take an online hearing test and learn about hearing aid options at uhchearing.com/Medicare



Network size varies by market. Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Hearing aid savings calculated based on comparison to retail. The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any question about a medical condition.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

Erickson Advantage® Champion (HMO-POS C-SNP)
H5652-004-000

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 1-866-774-9671, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.EricksonAdvantage.com

**United
Healthcare**

 **Erickson**
SENIOR LIVING®
ERICKSON ADVANTAGE®

Summary of benefits

January 1st, 2022 - December 31st, 2022

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

About this plan.

Erickson Advantage® Champion (HMO-POS C-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Erickson Advantage® Champion (HMO-POS C-SNP) is a Chronic or Disabling Condition Special Needs Plan designed to specifically help people who have one or more of the following conditions: Cardiovascular Disorders, Chronic Heart Failure, and Diabetes mellitus.

Our service area includes these counties in:

Colorado: Douglas;

Florida: Collier;

Kansas: Johnson;

Maryland: Baltimore, Montgomery, Prince George's;

Massachusetts: Essex, Plymouth;

Michigan: Oakland;

New Jersey: Monmouth, Morris, Union;

North Carolina: Mecklenburg;

Pennsylvania: Bucks, Delaware;

Texas: Collin, Harris;

Virginia: Fairfax, Loudoun.

Use network providers and pharmacies.

Erickson Advantage® Champion (HMO-POS C-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

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

Erickson Advantage® Champion (HMO-POS C-SNP)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	\$199	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$3,400 annually for Medicare-covered services you receive from in-network providers.	Unlimited Out-of-Network
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.	

Erickson Advantage® Champion (HMO-POS C-SNP)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital ²		\$0 copay per stay	30% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay for a diagnostic colonoscopy \$50 copay otherwise	30% coinsurance
	Outpatient Hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy \$50 copay otherwise	30% coinsurance
	Outpatient Hospital Observation Services ²	\$50 copay	30% coinsurance
Doctor Visits	Primary Care Provider	\$0 copay	30% coinsurance
	Specialists ²	\$25 copay	30% coinsurance
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive Care	Medicare-covered	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring	

Benefits

		In-Network	Out-of-Network
		Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
	Routine physical	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Emergency Care		\$75 copay (\$0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.	
Urgently Needed Services		\$30 copay (\$0 copay for urgently needed services outside the United States) per visit	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	\$0 copay for each diagnostic mammogram \$50 copay otherwise	30% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay	30% coinsurance
	Therapeutic Radiology ²	\$30 copay per service	30% coinsurance
	Outpatient X-rays ²	\$15 copay per service	\$20 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	30% coinsurance
	Routine hearing exam	\$0 copay; 1 per year*	30% coinsurance; 1 per year*
	Hearing aid ²	\$375 - \$1,425 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing.	
Routine Dental Benefits	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	
	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	30% coinsurance
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay; 1 every year*	30% coinsurance; 1 every year*
	Routine eyewear	\$0 copay; up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Mental Health	Inpatient visit ²	\$0 copay per stay	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$0 copay	30% coinsurance
	Outpatient individual therapy visit ²	\$0 copay - \$30 copay	30% coinsurance
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Skilled Nursing Facility (SNF) ²		\$0 copay per day: for days 1-20 \$188 copay per day: for days 21-39 \$0 copay per day: for days 40-100	30% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit ²		\$0 copay	30% coinsurance

Benefits

		In-Network	Out-of-Network
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$165 copay for ground \$165 copay for air	\$165 copay for ground \$165 copay for air
Routine Transportation		\$0 copay; 24 one-way trips per year to or from approved locations	Not covered
Medicare Part B Prescription Drugs	Chemotherapy drugs ²	10% coinsurance	30% coinsurance
	Other Part B drugs ²	\$0 copay for allergy antigens 10% coinsurance for all others	\$0 copay for allergy antigens 30% coinsurance for all others

Prescription Drugs

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

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible for Part D drugs, this payment stage doesn't apply.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic	\$5 copay	\$15 copay	\$0 copay	\$15 copay
Tier 2: Generic ³	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 3: Preferred Brand	\$45 copay	\$135 copay	\$125 copay	\$135 copay
Select Insulin Drugs ⁴	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drug	\$85 copay	\$255 copay	\$245 copay	\$255 copay
Tier 5: Specialty Tier	33% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵
Stage 3: Coverage Gap Stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,430, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: □ 5% coinsurance, or □ \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.			

³ Tier includes enhanced drug coverage.

⁴ For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

⁵ Limited to a 30-day supply

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$20 copay	50% coinsurance
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay	30% coinsurance
	Diabetes Self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts ²	20% coinsurance	30% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	30% coinsurance
Falls Prevention Program		Learn how to help reduce falls, prevent injuries and improve your balance and strength	Not covered
Fitness program		Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.	
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay	30% coinsurance
	Routine foot care	\$0 copay for unlimited visits every year*	30% coinsurance for unlimited visits every year*
Home Health Care²		\$0 copay	30% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Occupational Therapy Visit ²		\$0 copay	30% coinsurance
Opioid Treatment Program Services ²		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$30 copay	30% coinsurance
	Outpatient individual therapy visit ²	\$30 copay	30% coinsurance
Renal Dialysis ²		20% coinsurance	20% coinsurance

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Optional Supplemental Benefits

Premiums and Benefits

Platinum Dental Rider	Premium	Additional \$40.00 per month
	Description	The Platinum Dental Rider includes preventive and comprehensive dental benefits.

Required Information

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

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-314-8188 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice 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 1-866-314-8188, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

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

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

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.

2021 Medicare star ratings

UnitedHealthcare - H5652

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan’s performance to other plans. The two main types of Star Ratings are:

- 1. An Overall Star Rating that combines all of our plan’s scores.
- 2. Summary Star Rating that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- ☐ How our members rate our plan’s services and care;
- ☐ How well our doctors detect illnesses and keep members healthy;
- ☐ How well our plan helps our members use recommended and safe prescription medications.

For 2021, UnitedHealthcare received the following Overall Star Rating from Medicare.

★ ★ ★ ★ ★ 5 stars

We received the following Summary Star Rating for UnitedHealthcare’s health/drug plan services:

Health Plan Services: ★ ★ ★ ★ ↘ 4.5 stars

Drug Plan Services: ★ ★ ★ ★ ↘ 4.5 stars

✦ **This plan got MEDICARE'S HIGHEST RATING (5 stars)**

The number of stars shows how well our plan performs.

- ★ ★ ★ ★ ★ 5 stars – Excellent
- ★ ★ ★ ★ 4 stars – Above Average
- ★ ★ ★ 3 stars – Average
- ★ ★ 2 stars – Below Average
- ★ 1 star – Poor

Learn more about our plan and how we are different from other plans at www.medicare.gov. You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **866-774-9671** (toll-free) or **711** (TTY). Current members please call **866-314-8188** (toll-free) or **711** (TTY).

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेबाएं, नि:शुल्क 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 yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'i biká'ígíí bee hodiilnih.

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

Drug list

Drug list

This is a complete alphabetical list of prescription drugs covered by the plan as of October 1, 2021. This list can change throughout the year. Call us or go online for the most 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
- ❑ Your plan may have an annual prescription deductible
- ❑ Covered drugs are placed in tiers. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Generic
 - Tier 3: Preferred brand
 - Select Insulin Drugs*
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- ❑ This plan participates in the Insulin Senior Savings Program*. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or “Donut Hole” stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”)
- ❑ 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. For more information, please contact us or view the complete drug list on our website

A	
Abacavir Sulfate (Oral Solution),T4	Accutane (20MG Oral Capsule, 30MG Oral Capsule, 40MG Oral Capsule),T4
Abacavir Sulfate (Oral Tablet),T4	Acebutolol HCl (Oral Capsule),T2
Abacavir Sulfate-Lamivudine (Oral Tablet),T4	Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule),T4
Abacavir-Lamivudine-Zidovudine (Oral Tablet),T5	Acetaminophen-Codeine (120-12MG/5ML Oral Solution),T2
Abelcet (Intravenous Suspension),T4	Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T2
Abilify Maintena (Intramuscular Prefilled Syringe),T5	Acetazolamide (Oral Tablet),T3
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T4
Abiraterone Acetate (250MG Oral Tablet),T4	Acetic Acid (Otic Solution),T2
Abiraterone Acetate (500MG Oral Tablet),T5	Acetylcysteine (Inhalation Solution),T2
Acamprosate Calcium (Oral Tablet Delayed Release),T4	Acitretin (Oral Capsule),T4
Acarbose (Oral Tablet),T1	

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5
*Insulin Senior Savings Program

Y0066_DL_22_M

ActHIB (Intramuscular Solution Reconstituted),T3	Alcohol Prep Pads,T2
Actemra (Subcutaneous Solution Prefilled Syringe),T5	Alecensa (Oral Capsule),T5
Actemra ACTPen (Subcutaneous Solution Auto-Injector),T5	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
Actimmune (Subcutaneous Solution),T5	Alendronate Sodium (Oral Solution),T4
Acyclovir (External Ointment),T4	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2
Acyclovir (Oral Capsule),T2	Aliskiren Fumarate (Oral Tablet),T1
Acyclovir (Oral Suspension),T3	Allopurinol (Oral Tablet),T1
Acyclovir (Oral Tablet),T1	Alocril (Ophthalmic Solution),T4
Acyclovir Sodium (Intravenous Solution),T4	Alomide (Ophthalmic Solution),T4
Adacel (Intramuscular Suspension),T3	Alosetron HCl (Oral Tablet),T5
Adapalene (0.1% External Gel),T3	Alphagan P (0.1% Ophthalmic Solution),T3
Adapalene (External Cream),T4	Alprazolam (Oral Tablet Immediate Release),T1
Adefovir Dipivoxil (Oral Tablet),T4	Altavera (Oral Tablet),T4
Adempas (Oral Tablet),T5	Alunbrig (Oral Tablet Therapy Pack),T5
Advair Diskus (Inhalation Aerosol Powder Breath Activated),T3	Alunbrig (Oral Tablet),T5
Advair HFA (Inhalation Aerosol),T3	Alyacen 1/35 (Oral Tablet),T4
Afinitor (10MG Oral Tablet),T5	Alyq (Oral Tablet),T4
Afinitor Disperz (Oral Tablet Soluble),T5	AmBisome (Intravenous Suspension Reconstituted),T5
Aimovig (Subcutaneous Solution Auto-Injector),T4	Amantadine HCl (Oral Capsule),T3
Ala-Cort (External Cream),T2	Amantadine HCl (Oral Syrup),T2
Albendazole (Oral Tablet),T4	Amantadine HCl (Oral Tablet),T3
Albuterol Sulfate (Inhalation Nebulization Solution),T2	Ambrisentan (Oral Tablet),T5
Albuterol Sulfate (Oral Syrup),T4	Amethia (Oral Tablet),T4
Albuterol Sulfate (Oral Tablet Immediate Release),T4	Amikacin Sulfate (500MG/2ML Injection Solution),T4
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T2	Amiloride HCl (Oral Tablet),T2
Alclometasone Dipropionate (External Cream),T3	Amiloride-Hydrochlorothiazide (Oral Tablet),T2
Alclometasone Dipropionate (External Ointment),T3	Aminosyn II (15% Intravenous Solution),T4
	Aminosyn-PF (7% Intravenous Solution),T4
	Amiodarone HCl (200MG Oral Tablet),T1
	Amitriptyline HCl (Oral Tablet),T4
	Amlodipine Besylate (Oral Tablet),T1
	Amlodipine-Atorvastatin (Oral Tablet),T1
	Amlodipine-Benazepril (Oral Capsule),T1
	Amlodipine-Olmesartan (Oral Tablet),T1

Bold type = Brand name drug
 *Insulin Senior Savings Program

Plain type = Generic drug

Amlodipine-Valsartan (Oral Tablet),T1	Apokyn (Subcutaneous Solution Cartridge),T5
Amlodipine-Valsartan-HCTZ (Oral Tablet),T1	Apraclonidine HCl (Ophthalmic Solution),T3
Ammonium Lactate (External Cream),T3	Aprepitant (Oral Therapy Pack, Oral Capsule),T4
Ammonium Lactate (External Lotion),T3	Apri (Oral Tablet),T4
Amnesteem (Oral Capsule),T4	Apriso (Oral Capsule Extended Release 24 Hour),T3
Amoxapine (Oral Tablet),T3	Aptiom (Oral Tablet),T5
Amoxicillin (Oral Capsule),T1	Aptivus (Oral Capsule),T5
Amoxicillin (Oral Suspension Reconstituted),T1	Aralast NP (1000MG Intravenous Solution Reconstituted),T5
Amoxicillin (Oral Tablet Chewable),T1	Aranelle (Oral Tablet),T4
Amoxicillin (Oral Tablet Immediate Release),T1	Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe),T5
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted),T2	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T5
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable),T2	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release),T2	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour),T4	Arcalyst (Subcutaneous Solution Reconstituted),T5
Amphetamine-Dextroamphetamine (Oral Tablet),T3	Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet),T3
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4	Aripiprazole (1MG/ML Oral Solution),T4
Amphotericin B (Intravenous Solution Reconstituted),T4	Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible),T5
Ampicillin (Oral Capsule),T2	Aristada (Intramuscular Prefilled Syringe),T5
Ampicillin Sodium (10GM Intravenous Solution Reconstituted),T4	Aristada Initio (Intramuscular Prefilled Syringe),T5
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted),T4	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted),T4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted),T4	
Anagrelide HCl (Oral Capsule),T3	
Anastrozole (Oral Tablet),T1	
Androderm (Transdermal Patch 24 Hour),T3	
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Armodafinil (Oral Tablet),T4

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Asenapine Maleate (Tablet Sublingual),T4

Ashlyna (Oral Tablet),T4

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3

Atazanavir Sulfate (Oral Capsule),T4

Atenolol (Oral Tablet),T1

Atenolol-Chlorthalidone (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T4

Atorvastatin Calcium (Oral Tablet),T1

Atovaquone (Oral Suspension),T5

Atovaquone-Proguanil HCl (Oral Tablet),T3

Atropine Sulfate (1% Ophthalmic Solution),T3

Atrovent HFA (Inhalation Aerosol Solution),T4

Aubagio (Oral Tablet),T5

Aubra EQ (Oral Tablet),T4

Auryxia (Oral Tablet),T5

Austedo (Oral Tablet),T5

Aviane (Oral Tablet),T4

Avonex Pen (Intramuscular Auto-Injector Kit),T5

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5

Ayvakit (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet),T5

Azathioprine (Oral Tablet),T2

Azelaic Acid (External Gel),T4

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3

Azelastine HCl (Ophthalmic Solution),T3

Azelastine-Fluticasone (Nasal Suspension),T4

Azithromycin (Intravenous Solution Reconstituted),T4

Azithromycin (Oral Suspension Reconstituted),T1

Azithromycin (Oral Tablet),T1

Aztreonam (1GM Injection Solution

Bold type = Brand name drug

*Insulin Senior Savings Program

Reconstituted),T4

B

BCG Vaccine (Injection),T3

BIVIGAM (Intravenous Solution),T5

BRIVIACT (Oral Solution),T5

BRIVIACT (Oral Tablet),T5

Bacitracin (Ophthalmic Ointment),T2

Bacitracin-Polymyxin B (Ophthalmic Ointment),T2

Baclofen (Oral Tablet),T2

Balsalazide Disodium (Oral Capsule),T4

Balversa (Oral Tablet),T5

Balziva (Oral Tablet),T4

Baqsimi One Pack (Nasal Powder),T3

Baraclude (Oral Solution),T5

Belsomra (Oral Tablet),T3

Benazepril HCl (Oral Tablet),T1

Benazepril-Hydrochlorothiazide (Oral Tablet),T1

Benlysta (Subcutaneous Solution Auto-Injector),T5

Benlysta (Subcutaneous Solution Prefilled Syringe),T5

Benznidazole (Oral Tablet),T4

Benzoyl Peroxide-Erythromycin (External Gel),T4

Benztropine Mesylate (Oral Tablet),T2

Bepotastine Besilate (Ophthalmic Solution),T4

Bepreve (Ophthalmic Solution),T4

Berinert (Intravenous Kit),T5

Besivance (Ophthalmic Suspension),T4

Betamethasone Dipropionate (External Cream),T3

Betamethasone Dipropionate (External Lotion),T3

Betamethasone Dipropionate (External Ointment),T3

Betamethasone Dipropionate Aug (External Cream),T3

Betamethasone Dipropionate Aug (External

Plain type = Generic drug

Gel),T3	Brilinta (Oral Tablet),T3
Betamethasone Dipropionate Aug (External Lotion),T3	Brimonidine Tartrate (0.15% Ophthalmic Solution),T4
Betamethasone Dipropionate Aug (External Ointment),T3	Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
Betamethasone Valerate (External Cream),T3	Brinzolamide (Ophthalmic Suspension),T3
Betamethasone Valerate (External Lotion),T3	Bromocriptine Mesylate (Oral Capsule),T3
Betamethasone Valerate (External Ointment),T3	Bromocriptine Mesylate (Oral Tablet),T3
Betaseron (Subcutaneous Kit),T5	Brukinsa (Oral Capsule),T5
Betaxolol HCl (Ophthalmic Solution),T3	Budesonide (Inhalation Suspension),T4
Betaxolol HCl (Oral Tablet),T3	Budesonide (Oral Capsule Delayed Release Particles),T4
Bethanechol Chloride (Oral Tablet),T2	Budesonide ER (Oral Tablet Extended Release 24 Hour),T5
Betimol (Ophthalmic Solution),T4	Bumetanide (Injection Solution),T4
Bevespi Aerosphere (Inhalation Aerosol),T3	Bumetanide (Oral Tablet),T1
Bexarotene (Oral Capsule),T5	Buprenorphine (Transdermal Patch Weekly),T4
Bexsero (Intramuscular Suspension Prefilled Syringe),T3	Buprenorphine HCl (Tablet Sublingual),T2
BiDil (Oral Tablet),T3	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4
Bicalutamide (Oral Tablet),T2	Buprenorphine HCl-Naloxone HCl (Tablet Sublingual),T2
Bicillin C-R (Intramuscular Suspension),T4	Bupropion HCl (Oral Tablet Immediate Release),T2
Bicillin C-R 900/300 (Intramuscular Suspension),T4	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Bicillin L-A (Intramuscular Suspension),T4	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Biktarvy (Oral Tablet),T5	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Bisoprolol Fumarate (Oral Tablet),T1	Buspirone HCl (Oral Tablet),T2
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1	Butalbital-Acetaminophen-Caffeine (Oral Tablet),T3
Blisovi 24 Fe (Oral Tablet),T4	Butalbital-Aspirin-Caffeine (Oral Capsule),T3
Blisovi Fe 1.5/30 (Oral Tablet),T4	Butorphanol Tartrate (Nasal Solution),T3
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension),T3	Bydureon BCise (Subcutaneous Auto-Injector),T3
Bosentan (Oral Tablet),T5	Byetta 10MCG Pen (Subcutaneous Solution
Bosulif (Oral Tablet),T5	
Braftovi (Oral Capsule),T5	
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3	
Breztri Aerosphere (Inhalation Aerosol),T3	
Briellyn (Oral Tablet),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Pen-Injector),T4	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T4	Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T2
Bystolic (Oral Tablet),T3	Carbidopa-Levodopa-Entacapone (Oral Tablet),T4
C	Carteolol HCl (Ophthalmic Solution),T2
Cabergoline (Oral Tablet),T3	Cartia XT (Oral Capsule Extended Release 24 Hour),T2
Cablivi (Injection Kit),T5	Carvedilol (Oral Tablet),T1
Cabometyx (Oral Tablet),T5	Cayston (Inhalation Solution Reconstituted),T5
Calcipotriene (External Cream),T4	Caziant (Oral Tablet),T4
Calcipotriene (External Ointment),T4	Cefaclor (Oral Capsule),T3
Calcipotriene (External Solution),T3	Cefadroxil (Oral Capsule),T2
Calcitonin Salmon (Nasal Solution),T3	Cefadroxil (Oral Suspension Reconstituted),T2
Calcitriol (External Ointment),T4	Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4
Calcitriol (Oral Capsule),T2	Cefdinir (Oral Capsule),T3
Calcitriol (Oral Solution),T2	Cefdinir (Oral Suspension Reconstituted),T3
Calcium Acetate (667MG Oral Tablet),T3	Cefepime HCl (Injection Solution Reconstituted),T4
Calcium Acetate (Phosphate Binder) (Oral Capsule),T3	Cefixime (Oral Capsule),T3
Calquence (Oral Capsule),T5	Cefixime (Oral Suspension Reconstituted),T4
Camila (Oral Tablet),T4	Cefotetan Disodium (Injection Solution Reconstituted),T4
Camrese Lo (Oral Tablet),T4	Cefoxitin Sodium (Injection Solution Reconstituted),T4
Candesartan Cilexetil (Oral Tablet),T1	Cefoxitin Sodium (Intravenous Solution Reconstituted),T4
Candesartan Cilexetil-HCTZ (Oral Tablet),T1	Cefpodoxime Proxetil (Oral Suspension Reconstituted),T4
Caplyta (Oral Capsule),T5	Cefpodoxime Proxetil (Oral Tablet),T4
Caprelsa (Oral Tablet),T5	Cefprozil (Oral Suspension Reconstituted),T3
Captopril (Oral Tablet),T1	Cefprozil (Oral Tablet),T3
Carbaglu (Oral Tablet),T5	Ceftazidime (Injection Solution Reconstituted),T4
Carbamazepine (Oral Suspension),T3	Ceftriaxone Sodium (10GM Intravenous Solution
Carbamazepine (Oral Tablet Chewable),T3	
Carbamazepine (Oral Tablet Immediate Release),T3	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour),T3	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour),T3	
Carbidopa (Oral Tablet),T4	
Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Reconstituted),T4	Ciloxan (Ophthalmic Ointment),T4
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4	Cimduo (Oral Tablet),T5
Cefuroxime Axetil (Oral Tablet),T2	Cimetidine (Oral Tablet),T3
Cefuroxime Sodium (Injection Solution Reconstituted),T4	Cimetidine HCl (300MG/5ML Oral Solution),T3
Cefuroxime Sodium (Intravenous Solution Reconstituted),T4	Cimzia (Subcutaneous Kit),T5
Celecoxib (Oral Capsule),T3	Cimzia Prefilled (Subcutaneous Kit),T5
Celontin (Oral Capsule),T4	Cinacalcet HCl (30MG Oral Tablet),T4
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2	Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T5
Cephalexin (750MG Oral Capsule),T3	Cinryze (Intravenous Solution Reconstituted),T5
Cephalexin (Oral Suspension Reconstituted),T2	Cipro HC (Otic Suspension),T4
Cetirizine HCl (1MG/ML Oral Solution),T2	Ciprofloxacin HCl (100MG Oral Tablet Immediate Release),T4
Chantix (Oral Tablet),T3	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
Chantix Continuing Month Pak (Oral Tablet),T3	Ciprofloxacin HCl (Ophthalmic Solution),T2
Chantix Starting Month Pak (Oral Tablet),T3	Ciprofloxacin in D5W (200MG/100ML Intravenous Solution),T4
Chemet (Oral Capsule),T3	Ciprofloxacin-Dexamethasone (Otic Suspension),T4
Chenodal (Oral Tablet),T5	Citalopram Hydrobromide (Oral Solution),T3
Chlordiazepoxide HCl (Oral Capsule),T2	Citalopram Hydrobromide (Oral Tablet),T1
Chlorhexidine Gluconate (Mouth Solution),T2	Claravis (Oral Capsule),T4
Chloroquine Phosphate (Oral Tablet),T4	Clarithromycin (Oral Suspension Reconstituted),T4
Chlorpromazine HCl (Oral Tablet),T4	Clarithromycin (Oral Tablet Immediate Release),T3
Chlorthalidone (Oral Tablet),T2	Clarithromycin ER (Oral Tablet Extended Release 24 Hour),T4
Chlorzoxazone (500MG Oral Tablet),T3	Clenpiq (Oral Solution),T3
Cholbam (Oral Capsule),T5	Climara Pro (Transdermal Patch Weekly),T4
Cholestyramine (Oral Packet),T4	Clindacin-P (External Swab),T3
Cholestyramine Light (Oral Packet),T4	Clindamycin HCl (Oral Capsule),T2
Ciclopirox (External Gel),T3	Clindamycin Palmitate HCl (Oral Solution Reconstituted),T4
Ciclopirox (External Shampoo),T3	Clindamycin Phosphate (300MG/2ML Injection
Ciclopirox (External Solution),T3	
Ciclopirox Olamine (External Cream),T3	
Ciclopirox Olamine (External Suspension),T3	
Cilostazol (Oral Tablet),T2	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution),T4	Clotrimazole-Betamethasone (External Cream),T3
Clindamycin Phosphate (External Gel),T3	Clotrimazole-Betamethasone (External Lotion),T4
Clindamycin Phosphate (External Lotion),T3	Clovique (Oral Capsule),T5
Clindamycin Phosphate (External Solution),T3	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3
Clindamycin Phosphate (External Swab),T3	Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T4
Clindamycin Phosphate (Vaginal Cream),T3	Coartem (Oral Tablet),T4
Clindamycin Phosphate in D5W (Intravenous Solution),T4	Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet),T4
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel),T4	Codeine Sulfate (30MG Oral Tablet),T4
Clobazam (Oral Suspension),T4	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3
Clobazam (Oral Tablet),T4	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3
Clobetasol Propionate (External Cream),T4	Colesevelam HCl (Oral Packet),T3
Clobetasol Propionate (External Gel),T4	Colesevelam HCl (Oral Tablet),T3
Clobetasol Propionate (External Ointment),T4	Colestipol HCl (Oral Packet),T4
Clobetasol Propionate (External Shampoo),T4	Colestipol HCl (Oral Tablet),T3
Clobetasol Propionate (External Solution),T3	Colistimethate Sodium (CBA) (Injection Solution Reconstituted),T5
Clobetasol Propionate Emollient Base (External Cream),T4	Combigan (Ophthalmic Solution),T3
Clodan (External Shampoo),T4	Combivent Respimat (Inhalation Aerosol Solution),T3
Clomipramine HCl (Oral Capsule),T4	Cometriq (100MG Daily Dose) (Oral Kit),T5
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2	Cometriq (140MG Daily Dose) (Oral Kit),T5
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T4	Cometriq (60MG Daily Dose) (Oral Kit),T5
Clonidine (Transdermal Patch Weekly),T4	Complera (Oral Tablet),T5
Clonidine HCl (Oral Tablet Immediate Release),T1	Compro (Rectal Suppository),T4
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour),T3	Constulose (Oral Solution),T2
Clopidogrel Bisulfate (75MG Oral Tablet),T1	Copiktra (Oral Capsule),T5
Clorazepate Dipotassium (Oral Tablet),T3	Cordran (External Tape),T4
Clotrimazole (External Cream),T2	Corlanor (Oral Solution),T4
Clotrimazole (External Solution),T2	Corlanor (Oral Tablet),T4
Clotrimazole (Mouth/Throat Troche),T2	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5	Danazol (Oral Capsule),T4
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5	Dantrolene Sodium (Oral Capsule),T4
Cotellic (Oral Tablet),T5	Dapsone (Oral Tablet),T3
Creon (Oral Capsule Delayed Release Particles),T3	Daptacel (Intramuscular Suspension),T3
Crinone (Vaginal Gel),T4	Daptomycin (Intravenous Solution Reconstituted),T5
Cromolyn Sodium (Inhalation Nebulization Solution),T5	Daurismo (Oral Tablet),T5
Cromolyn Sodium (Ophthalmic Solution),T2	Deblitane (Oral Tablet),T4
Cromolyn Sodium (Oral Concentrate),T3	Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade),T4
Cryselle-28 (Oral Tablet),T4	Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade),T5
Cuvposa (Oral Solution),T4	Deferasirox (Oral Tablet) (Generic Jadenu),T3
Cyclafem 1/35 (Oral Tablet),T4	Deferasirox Granules (Oral Packet),T5
Cyclafem 7/7/7 (Oral Tablet),T4	Deferiprone (Oral Tablet),T5
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2	Delstrigo (Oral Tablet),T5
Cyclobenzaprine HCl (7.5MG Oral Tablet),T4	Demeclocycline HCl (Oral Tablet),T4
Cyclophosphamide (25MG Oral Tablet),T3	Demser (Oral Capsule),T5
Cyclophosphamide (50MG Oral Tablet),T3	Depo-Estradiol (Intramuscular Oil),T4
Cyclophosphamide (Oral Capsule),T3	Descovy (Oral Tablet),T5
Cycloset (Oral Tablet),T4	Desipramine HCl (Oral Tablet),T3
Cyclosporine (Oral Capsule),T3	Desmopressin Acetate (Oral Tablet),T3
Cyclosporine Modified (Oral Capsule),T3	Desmopressin Acetate Spray (Nasal Solution),T4
Cyclosporine Modified (Oral Solution),T3	Desogestrel-Ethinyl Estradiol (Oral Tablet),T4
Cyproheptadine HCl (Oral Syrup),T4	Desonide (External Ointment),T4
Cyproheptadine HCl (Oral Tablet),T4	Desoximetasone (External Cream),T4
Cyred EQ (Oral Tablet),T4	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3
Cystadane (Oral Powder),T5	Dexamethasone (Oral Elixir),T2
Cystagon (Oral Capsule),T4	Dexamethasone (Oral Tablet),T2
Cystaran (Ophthalmic Solution),T5	Dexamethasone Sodium Phosphate (Ophthalmic Solution),T2
D	Dexilant (Oral Capsule Delayed Release),T4
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T3	Dexmethylphenidate HCl (Oral Tablet),T3
Daliresp (Oral Tablet),T4	Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour),T4
Dalvance (Intravenous Solution Reconstituted),T5	Dextroamphetamine Sulfate (Oral Tablet),T4
	Dextroamphetamine Sulfate ER (Oral Capsule

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Extended Release 24 Hour),T4	Dihydroergotamine Mesylate (Nasal Solution),T5
Dextrose (10% Intravenous Solution),T4	Dilantin (Oral Capsule),T3
Dextrose (5% Intravenous Solution),T4	Dilantin INFATABS (Oral Tablet Chewable),T3
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution),T4	Dilt-XR (Oral Capsule Extended Release 24 Hour),T2
Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution),T4	Diltiazem HCl (Oral Tablet Immediate Release),T1
Dextrose-NaCl (5-0.9% Intravenous Solution),T4	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2
Diacomit (Oral Capsule),T5	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T2
Diacomit (Oral Packet),T5	Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T2
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2	Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour),T2
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel),T4	Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release),T5
Diazepam (5MG/5ML Oral Solution),T2	Dimethyl Fumarate Starter Pack (Oral Capsule),T5
Diazepam Intensol (5MG/ML Oral Concentrate),T2	Dipentum (Oral Capsule),T5
Diazoxide (Oral Suspension),T4	Diphenoxylate-Atropine (Oral Liquid),T4
Diclofenac Epolamine (External Patch),T4	Diphenoxylate-Atropine (Oral Tablet),T4
Diclofenac Potassium (Oral Tablet),T2	Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension),T3
Diclofenac Sodium (1% External Gel),T3	Disulfiram (Oral Tablet),T3
Diclofenac Sodium (3% External Gel),T4	Diuril (Oral Suspension),T4
Diclofenac Sodium (Ophthalmic Solution),T2	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2
Diclofenac Sodium (Oral Tablet Delayed Release),T2	Divalproex Sodium (Oral Tablet Delayed Release),T2
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Dicloxacillin Sodium (Oral Capsule),T2	
Dicyclomine HCl (Oral Capsule),T2	
Dicyclomine HCl (Oral Solution),T2	
Dicyclomine HCl (Oral Tablet),T2	
Difcid (Oral Suspension Reconstituted),T5	
Difcid (Oral Tablet),T5	
Diflunisal (Oral Tablet),T3	
Digitek (Oral Tablet),T2	
Digox (Oral Tablet),T2	
Digoxin (Oral Solution),T3	
Digoxin (Oral Tablet),T1	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Dofetilide (Oral Capsule),T3	Dutasteride (Oral Capsule),T3
Dolishale (Oral Tablet),T4	Dymista (Nasal Suspension),T4
Donepezil HCl (Oral Tablet),T1	E
Donepezil HCl ODT (Oral Tablet Dispersible),T2	Econazole Nitrate (External Cream),T4
Dorzolamide HCl (Ophthalmic Solution),T2	Edarbi (Oral Tablet),T4
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2	Edarbyclor (Oral Tablet),T4
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution),T4	Edurant (Oral Tablet),T5
Dovato (Oral Tablet),T5	Efavirenz (Oral Capsule),T4
Doxazosin Mesylate (Oral Tablet),T2	Efavirenz (Oral Tablet),T4
Doxepin HCl (External Cream),T4	Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T5
Doxepin HCl (Oral Capsule),T3	Efavirenz-Lamivudine-Tenofovir (Oral Tablet),T5
Doxepin HCl (Oral Concentrate),T3	Egrifta SV (2MG Subcutaneous Solution Reconstituted),T5
Doxercalciferol (Oral Capsule),T4	Elestrin (Transdermal Gel),T4
Doxy 100 (Intravenous Solution Reconstituted),T4	Eliquis (Oral Tablet),T3
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3	Eliquis Starter Pack (Oral Tablet),T3
Doxycycline Hyclate (Oral Capsule),T3	Elmiron (Oral Capsule),T5
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule),T3	EluRyng (Vaginal Ring),T4
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3	Emcyt (Oral Capsule),T5
Doxycycline Monohydrate (Oral Suspension Reconstituted),T4	Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle),T4	Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4
Dronabinol (Oral Capsule),T4	Emgality (Subcutaneous Solution Auto-Injector),T4
Drospirenone-Ethinyl Estradiol (Oral Tablet),T4	Emoquette (Oral Tablet),T4
Droxia (Oral Capsule),T4	Emsam (Transdermal Patch 24 Hour),T5
Droxidopa (Oral Capsule),T5	Emtricitabine (Oral Capsule),T4
Duavee (Oral Tablet),T4	Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T5
Dulera (Inhalation Aerosol),T4	Emtriva (Oral Solution),T4
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2	Enalapril Maleate (Oral Tablet),T1
	Enalapril-Hydrochlorothiazide (Oral Tablet),T1
	Enbrel (Subcutaneous Solution Prefilled Syringe),T5
	Enbrel (Subcutaneous Solution Reconstituted),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Enbrel (Subcutaneous Solution),T5	Release Particles),T4
Enbrel Mini (Subcutaneous Solution Cartridge),T5	Erythromycin Base (Oral Tablet Delayed Release),T4
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5	Erythromycin Base (Oral Tablet Immediate Release),T4
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3	Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted),T4
Engerix-B (Injection Suspension),T3	Erythromycin Ethylsuccinate (Oral Tablet),T4
Enoxaparin Sodium (Subcutaneous Solution),T4	Esbriet (Oral Capsule),T5
Enpresse-28 (Oral Tablet),T4	Esbriet (Oral Tablet),T5
Enskyce (Oral Tablet),T4	Escitalopram Oxalate (Oral Solution),T2
Entacapone (Oral Tablet),T4	Escitalopram Oxalate (Oral Tablet),T1
Entecavir (Oral Tablet),T4	Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium),T3
Entresto (Oral Tablet),T3	Esomeprazole Magnesium (Oral Packet),T3
Enulose (Oral Solution),T2	Estarylla (Oral Tablet),T4
Envarsus XR (Oral Tablet Extended Release 24 Hour),T4	Estradiol (Oral Tablet),T1
Epclusa (Oral Tablet),T5	Estradiol (Transdermal Patch Weekly),T3
Epidiolex (Oral Solution),T5	Estradiol (Vaginal Cream),T3
Epinastine HCl (Ophthalmic Solution),T3	Estradiol (Vaginal Tablet),T4
Epinephrine (Injection Solution Auto-Injector),T3	Estradiol Valerate (Intramuscular Oil),T4
Epitol (Oral Tablet),T3	Estring (Vaginal Ring),T4
Epivir HBV (Oral Solution),T4	Eszopiclone (Oral Tablet),T3
Eplerenone (Oral Tablet),T3	Ethacrynic Acid (Oral Tablet),T4
Ergotamine-Caffeine (Oral Tablet),T3	Ethambutol HCl (Oral Tablet),T3
Erivedge (Oral Capsule),T5	Ethosuximide (Oral Capsule),T3
Erleada (Oral Tablet),T5	Ethosuximide (Oral Solution),T3
Erlotinib HCl (Oral Tablet),T5	Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet),T4
Errin (Oral Tablet),T4	Etodolac (Oral Capsule),T3
Ertapenem Sodium (Injection Solution Reconstituted),T4	Etodolac (Oral Tablet Immediate Release),T3
Ery (External Pad),T3	Etodolac ER (Oral Tablet Extended Release 24 Hour),T4
Erythrocin Lactobionate (Intravenous Solution Reconstituted),T4	Etonogestrel-Ethinyl Estradiol (Vaginal Ring),T4
Erythromycin (External Gel),T4	Euthyrox (Oral Tablet),T3
Erythromycin (External Solution),T2	Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet),T5
Erythromycin (Ophthalmic Ointment),T2	Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T5
Erythromycin Base (Oral Capsule Delayed	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Evotaz (Oral Tablet),T5	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T4
Exemestane (Oral Tablet),T4	
Ezetimibe (Oral Tablet),T1	
Ezetimibe-Simvastatin (Oral Tablet),T1	
F	
FML (Ophthalmic Ointment),T4	Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle),T5
FML Forte (Ophthalmic Suspension),T4	
Falmina (Oral Tablet),T4	Fentanyl Citrate (200MCG Buccal Lozenge On A Handle),T4
Famciclovir (Oral Tablet),T3	Feriprox (Oral Solution),T5
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2	Feriprox (Oral Tablet),T5
Famotidine (Oral Suspension Reconstituted),T4	Fetzima (120MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour),T4
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5	Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack),T4
Fanapt Titration Pack (Oral Tablet),T4	Finacea (External Foam),T4
Farxiga (Oral Tablet),T3	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Farydak (Oral Capsule),T5	Fintepla (Oral Solution),T5
Fasenra (Subcutaneous Solution Prefilled Syringe),T5	Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted),T5
Fasenra Pen (Subcutaneous Solution Auto-Injector),T5	Firmagon (80MG Subcutaneous Solution Reconstituted),T4
Fayosim (Oral Tablet),T4	Flac (Otic Oil),T4
Febuxostat (Oral Tablet),T3	Flarex (Ophthalmic Suspension),T4
Felbamate (Oral Suspension),T5	Flebogamma DIF (5GM/50ML Intravenous Solution),T5
Felbamate (Oral Tablet),T4	Flecainide Acetate (Oral Tablet),T2
Felodipine ER (Oral Tablet Extended Release 24 Hour),T1	Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3
Femring (Vaginal Ring),T4	Flovent HFA (Inhalation Aerosol),T3
Femynor (Oral Tablet),T4	Fluconazole (Oral Suspension Reconstituted),T2
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2	Fluconazole (Oral Tablet),T2
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1	Fluconazole in Sodium Chloride (Intravenous
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule),T2	
Fenofibric Acid (Oral Capsule Delayed Release),T3	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Solution),T4	Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated),T3
Flucytosine (Oral Capsule),T5	Fluvastatin Sodium (Oral Capsule),T1
Fludrocortisone Acetate (Oral Tablet),T2	Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Flunisolide (Nasal Solution),T1	Fluvoxamine Maleate (Oral Tablet),T3
Fluocinolone Acetonide (External Cream),T3	Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution),T5
Fluocinolone Acetonide (External Ointment),T3	Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution),T4
Fluocinolone Acetonide (External Solution),T3	Forteo (Subcutaneous Solution Pen-Injector),T5
Fluocinolone Acetonide (Otic Oil),T4	Fosamprenavir Calcium (Oral Tablet),T5
Fluocinolone Acetonide Scalp (External Oil),T4	Fosinopril Sodium (Oral Tablet),T1
Fluocinonide (0.05% External Cream),T3	Fosinopril Sodium-HCTZ (Oral Tablet),T1
Fluocinonide (External Gel),T3	Fotivda (Oral Capsule),T5
Fluocinonide (External Ointment),T3	Furosemide (Injection Solution),T4
Fluocinonide (External Solution),T3	Furosemide (Oral Solution),T1
Fluocinonide Emulsified Base (External Cream),T3	Furosemide (Oral Tablet),T1
Fluorometholone (Ophthalmic Suspension),T3	Fuzeon (Subcutaneous Solution Reconstituted),T5
Fluorouracil (5% External Cream),T4	Fyavolv (Oral Tablet),T4
Fluorouracil (External Solution),T3	Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T2	Fycompa (2MG Oral Tablet),T4
Fluoxetine HCl (20MG/5ML Oral Solution),T2	Fycompa (Oral Suspension),T5
Fluoxetine HCl (90MG Oral Capsule Delayed Release),T4	G
Fluphenazine Decanoate (Injection Solution),T4	Gabapentin (250MG/5ML Oral Solution),T3
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2	Gabapentin (Oral Capsule),T2
Fluphenazine HCl (2.5MG/5ML Oral Elixir),T4	Gabapentin (Oral Tablet),T2
Fluphenazine HCl (2.5MG/ML Injection Solution),T4	Galantamine Hydrobromide (Oral Solution),T4
Fluphenazine HCl (5MG/ML Oral Concentrate),T3	Galantamine Hydrobromide (Oral Tablet),T4
Flurbiprofen (100MG Oral Tablet),T2	Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour),T4
Flurbiprofen Sodium (Ophthalmic Solution),T2	Gammagard (2.5GM/25ML Injection Solution),T5
Flutamide (Oral Capsule),T3	
Fluticasone Propionate (External Cream),T3	
Fluticasone Propionate (External Ointment),T3	
Fluticasone Propionate (Nasal Suspension),T2	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5	Glassia (Intravenous Solution),T5
Gammaked (1GM/10ML Injection Solution),T5	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution),T5	Glatopa (Subcutaneous Solution Prefilled Syringe),T5
Gamunex-C (1GM/10ML Injection Solution),T5	Glimepiride (Oral Tablet),T1
Gardasil 9 (Intramuscular Suspension Prefilled Syringe),T3	Glipizide (Oral Tablet Immediate Release),T1
Gardasil 9 (Intramuscular Suspension),T3	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1
Gatifloxacin (Ophthalmic Solution),T3	Glipizide-Metformin HCl (Oral Tablet),T1
Gattex (Subcutaneous Kit),T5	GlucaGen HypoKit (Injection Solution Reconstituted),T4
Gauze (Non-medicated 2X2 Pad),T2	Glucagon (Injection Kit) (Lilly),T3
GaviLyte-C (Oral Solution Reconstituted),T2	Glyxambi (Oral Tablet),T3
GaviLyte-G (Oral Solution Reconstituted),T2	Granisetron HCl (Oral Tablet),T4
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted),T2	Griseofulvin Microsize (Oral Suspension),T4
Gavreto (Oral Capsule),T5	Griseofulvin Microsize (Oral Tablet),T4
Gemfibrozil (Oral Tablet),T2	Griseofulvin Ultramicrosize (Oral Tablet),T4
Generlac (Oral Solution),T2	Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour),T4
Gengraf (Oral Capsule),T3	Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T3
Gengraf (Oral Solution),T3	Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3
Genotropin (Subcutaneous Solution Reconstituted),T5	H
Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5	Haegarda (Subcutaneous Solution Reconstituted),T5
Gentak (Ophthalmic Ointment),T2	Hailey 24 Fe (Oral Tablet),T4
Gentamicin Sulfate (40MG/ML Injection Solution),T4	Halobetasol Propionate (External Cream),T4
Gentamicin Sulfate (External Cream),T3	Halobetasol Propionate (External Ointment),T4
Gentamicin Sulfate (External Ointment),T3	Haloperidol (Oral Tablet),T2
Gentamicin Sulfate (Ophthalmic Solution),T2	Haloperidol Decanoate (Intramuscular Solution),T4
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution),T4	Haloperidol Lactate (Injection Solution),T4
Genvoya (Oral Tablet),T5	Haloperidol Lactate (Oral Concentrate),T2
Gilenya (0.5MG Oral Capsule),T5	Havrix (Intramuscular Suspension),T3
Gilotrif (Oral Tablet),T5	Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Heparin Sodium (1000UNIT/ML Injection Solution),T3	Humulin R (Injection Solution),T3*
HepatAmine (8% Intravenous Solution),T4	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3*
Hetlioz (Oral Capsule),T5	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3*
Hetlioz LQ (Oral Suspension),T5	Hydralazine HCl (Oral Tablet),T1
Hiberix (Injection Solution Reconstituted),T3	Hydrochlorothiazide (Oral Capsule),T1
Humalog (Subcutaneous Solution Cartridge),T3*	Hydrochlorothiazide (Oral Tablet),T1
Humalog (Subcutaneous Solution),T3*	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocodone-Acetaminophen (7.5-325MG/ 15ML Oral Solution),T3
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet),T3
Humalog Mix 50/50 (Subcutaneous Suspension),T3*	Hydrocortisone (1% External Cream),T2
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone (1% External Ointment, 2.5% External Ointment),T2
Humalog Mix 75/25 (Subcutaneous Suspension),T3*	Hydrocortisone (2.5% External Lotion),T3
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone (Oral Tablet),T3
Humira (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone (Perianal) (2.5% External Cream),T2
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone (Rectal Enema),T4
Humira Pen (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Butyrate (External Ointment),T3
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Valerate (External Cream),T4
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Valerate (External Ointment),T4
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone-Acetic Acid (Otic Solution),T3
Humulin 70/30 (Subcutaneous Suspension),T3*	Hydromorphone HCl (1MG/ML Oral Liquid),T4
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release),T2
Humulin N (Subcutaneous Suspension),T3*	Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour),T4
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydromorphone HCl Preservative Free (10MG/ ML Injection Solution, 50MG/5ML Injection Solution),T4
	Hydroxychloroquine Sulfate (Oral Tablet),T2
	Hydroxyurea (Oral Capsule),T2
	Hydroxyzine HCl (Oral Syrup),T3

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Hydroxyzine HCl (Oral Tablet),T3	Infanrix (Intramuscular Suspension),T3
Hydroxyzine Pamoate (Oral Capsule),T3	Ingrezza (40MG Oral Capsule, 80MG Oral Capsule),T5
I	Ingrezza (Oral Capsule Therapy Pack),T5
IDHIFA (Oral Tablet),T5	Inlyta (Oral Tablet),T5
IPOL (Injection),T3	Inqovi (Oral Tablet),T5
Ibandronate Sodium (Oral Tablet),T2	Inrebic (Oral Capsule),T5
Ibrance (Oral Capsule),T5	Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*
Ibrance (Oral Tablet),T5	Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T3*
Ibu (600MG Oral Tablet, 800MG Oral Tablet),T2	Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T2	Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T3*
Ibuprofen (Oral Suspension),T2	Insulin Syringes, Needles,T2
Icatibant Acetate (Subcutaneous Solution),T5	Intence (100MG Oral Tablet, 200MG Oral Tablet),T5
Iclevia (Oral Tablet),T4	Intence (25MG Oral Tablet),T4
Iclusig (Oral Tablet),T5	Intralipid (Intravenous Emulsion),T4
Icosapent Ethyl (Oral Capsule),T4	Intron A (Injection Solution Reconstituted),T5
Ilevro (Ophthalmic Suspension),T3	Intron A (Injection Solution),T5
Imatinib Mesylate (Oral Tablet),T5	Introvale (Oral Tablet),T4
Imbruvica (Oral Capsule),T5	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5
Imbruvica (Oral Tablet),T5	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4
Imipenem-Cilastatin (Intravenous Solution Reconstituted),T4	Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5
Imipramine HCl (Oral Tablet),T4	Invirase (Oral Tablet),T5
Imipramine Pamoate (Oral Capsule),T4	Ipratropium Bromide (Inhalation Solution),T2
Imiquimod (3.75% External Cream),T5	
Imiquimod (5% External Cream),T4	
Imovax Rabies (Intramuscular Injectable),T3	
Impavido (Oral Capsule),T5	
Imvexxy Maintenance Pack (Vaginal Insert),T3	
Imvexxy Starter Pack (Vaginal Insert),T3	
Incassia (Oral Tablet),T4	
Increlex (Subcutaneous Solution),T5	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3	
Indapamide (Oral Tablet),T1	
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release),T2	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Ipratropium Bromide (Nasal Solution),T2
Ipratropium-Albuterol (Inhalation Solution),T1
Irbesartan (Oral Tablet),T1
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1
Iressa (Oral Tablet),T5
Isentress (100MG Oral Tablet Chewable),T5
Isentress (25MG Oral Tablet Chewable),T3
Isentress (Oral Packet),T4
Isentress (Oral Tablet),T5
Isentress HD (Oral Tablet),T5
Isibloom (Oral Tablet),T4
Isolyte-P in D5W (Intravenous Solution),T4
Isolyte-S pH 7.4 (Intravenous Solution),T4
Isoniazid (Oral Syrup),T4
Isoniazid (Oral Tablet),T2
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1
Isotretinoin (Oral Capsule),T4
Isturisa (Oral Tablet),T5
Itraconazole (Oral Capsule),T4
Itraconazole (Oral Solution),T5
Ivermectin (Oral Tablet),T3
Ixiaro (Intramuscular Suspension),T3
J
Jakafi (Oral Tablet),T5
Jantoven (Oral Tablet),T1
Janumet (Oral Tablet Immediate Release),T3
Janumet XR (Oral Tablet Extended Release 24 Hour),T3
Januvia (Oral Tablet),T3
Jardiance (Oral Tablet),T3

Bold type = Brand name drug
 *Insulin Senior Savings Program

Jasmiel (Oral Tablet),T4
Jentaduo (Oral Tablet Immediate Release),T3
Jentaduo XR (Oral Tablet Extended Release 24 Hour),T3
Jinteli (Oral Tablet),T4
Jublia (External Solution),T4
Juleber (Oral Tablet),T4
Juluca (Oral Tablet),T5
Junel 1.5/30 (Oral Tablet),T4
Junel 1/20 (Oral Tablet),T4
Junel Fe 1.5/30 (Oral Tablet),T4
Junel Fe 1/20 (Oral Tablet),T4
Junel Fe 24 (Oral Tablet),T4
Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule),T5
K
KCI in Dextrose-NaCl (Intravenous Solution),T4
KCI-Lactated Ringers-D5W (Intravenous Solution),T4
Kaitlib Fe (Oral Tablet Chewable),T4
Kaletra (100-25MG Oral Tablet),T4
Kaletra (200-50MG Oral Tablet),T5
Kalydeco (Oral Packet),T5
Kalydeco (Oral Tablet),T5
Kariva (Oral Tablet),T4
Kelnor 1/35 (Oral Tablet),T4
Kelnor 1/50 (Oral Tablet),T4
Ketoconazole (External Cream),T2
Ketoconazole (External Shampoo),T2
Ketoconazole (Oral Tablet),T2
Ketoprofen (50MG Oral Capsule Immediate Release, 75MG Oral Capsule Immediate Release),T3
Ketorolac Tromethamine (Ophthalmic Solution),T3
Kineret (Subcutaneous Solution Prefilled

Plain type = Generic drug

Syringe),T5	Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release),T2
Kinrix (Intramuscular Suspension),T3	Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable),T3
Kisqali (200MG Dose) (Oral Tablet),T5	Lanoxin (Oral Tablet),T4
Kisqali (400MG Dose) (Oral Tablet),T5	Lansoprazole (Oral Capsule Delayed Release),T2
Kisqali (600MG Dose) (Oral Tablet),T5	Lanthanum Carbonate (Oral Tablet Chewable),T5
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack),T5	Lantus (Subcutaneous Solution),T3*
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack),T5	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3*
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack),T5	Lapatinib Ditosylate (Oral Tablet),T5
Klor-Con (Oral Packet),T3	Larissia (Oral Tablet),T4
Klor-Con 10 (Oral Tablet Extended Release),T2	Lastacraft (Ophthalmic Solution),T3
Klor-Con 8 (Oral Tablet Extended Release),T2	Latanoprost (Ophthalmic Solution),T1
Klor-Con M10 (Oral Tablet Extended Release),T2	Latuda (Oral Tablet),T5
Klor-Con M15 (Oral Tablet Extended Release),T2	Layolis Fe (Oral Tablet Chewable),T4
Klor-Con M20 (Oral Tablet Extended Release),T2	Leena (Oral Tablet),T4
Korlym (Oral Tablet),T5	Leflunomide (Oral Tablet),T2
Koselugo (Oral Capsule),T5	Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack),T5
Kurvelo (Oral Tablet),T4	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack),T5
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T5	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack),T5
L	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN 1.5/30 (Oral Tablet),T4	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN 1/20 (Oral Tablet),T4	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN Fe 1.5/30 (Oral Tablet),T4	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack),T5
LARIN Fe 1/20 (Oral Tablet),T4	Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack),T5
Labetalol HCl (Oral Tablet),T2	Lessina (Oral Tablet),T4
Lacrisert (Ophthalmic Insert),T4	
Lactulose (10GM/15ML Oral Solution),T2	
Lamivudine (100MG Oral Tablet),T3	
Lamivudine (10MG/ML Oral Solution),T3	
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3	
Lamivudine-Zidovudine (Oral Tablet),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Letrozole (Oral Tablet),T2	Levothyroxine Sodium (Oral Tablet),T1
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet),T3	Levoxyl (Oral Tablet),T3
Leucovorin Calcium (25MG Oral Tablet),T4	Lexiva (Oral Suspension),T4
Leukeran (Oral Tablet),T5	Lidocaine (5% External Ointment),T3
Leukine (Injection Solution Reconstituted),T5	Lidocaine (5% External Patch),T4
Leuprolide Acetate (Injection Kit),T4	Lidocaine HCl (4% External Solution),T4
Levalbuterol HCl (Inhalation Nebulization Solution),T4	Lidocaine Viscous (2% Mouth/Throat Solution),T2
Levemir (Subcutaneous Solution),T3*	Lidocaine-Prilocaine (External Cream),T3
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3*	Linezolid (Intravenous Solution),T4
Levetiracetam (Oral Solution),T2	Linezolid (Oral Suspension Reconstituted),T5
Levetiracetam (Oral Tablet Immediate Release),T2	Linezolid (Oral Tablet),T4
Levetiracetam ER (Oral Tablet Extended Release 24 Hour),T3	Linzess (Oral Capsule),T3
Levo-T (Oral Tablet),T3	Liothyronine Sodium (Oral Tablet),T2
Levobunolol HCl (Ophthalmic Solution),T2	Lisinopril (Oral Tablet),T1
Levocarnitine (1GM/10ML Oral Solution),T3	Lisinopril-Hydrochlorothiazide (Oral Tablet),T1
Levocarnitine (330MG Oral Tablet),T3	Lithium (8MEQ/5ML Oral Solution),T3
Levocetirizine Dihydrochloride (Oral Tablet),T1	Lithium Carbonate (Oral Capsule),T2
Levofloxacin (0.5% Ophthalmic Solution),T3	Lithium Carbonate (Oral Tablet Immediate Release),T2
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet),T1	Lithium Carbonate ER (Oral Tablet Extended Release),T2
Levofloxacin (25MG/ML Intravenous Solution),T4	Lithostat (Oral Tablet),T5
Levofloxacin (25MG/ML Oral Solution),T4	Livalo (Oral Tablet),T3
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution),T4	Lokelma (Oral Packet),T4
Levonest (Oral Tablet),T4	Lonhala Magnair (Inhalation Solution),T5
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet),T4	Lonsurf (Oral Tablet),T5
Levonorgestrel-Ethinyl Estradiol (Oral Tablet),T4	Loperamide HCl (Oral Capsule),T2
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet),T4	Lopinavir-Ritonavir (Oral Solution),T4
Levora 0.15/30 (28) (Oral Tablet),T4	Lorazepam (Oral Tablet),T1
Levorphanol Tartrate (Oral Tablet),T5	Lorazepam Intensol (Oral Concentrate),T2
	Lorbrena (Oral Tablet),T5
	Loryna (Oral Tablet),T4
	Losartan Potassium (Oral Tablet),T1
	Losartan Potassium-HCTZ (Oral Tablet),T1
	Lotemax (Ophthalmic Gel),T4
	Lotemax (Ophthalmic Ointment),T4
	Lotemax (Ophthalmic Suspension),T4

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Lotemax SM (Ophthalmic Gel),T4	Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T5
Loteprednol Etabonate (Ophthalmic Gel),T4	
Loteprednol Etabonate (Ophthalmic Suspension),T4	Mayzent Starter Pack (Oral Tablet Therapy Pack),T5
Lovastatin (Oral Tablet),T1	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T2
Low-Ogestrel (Oral Tablet),T4	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Loxapine Succinate (Oral Capsule),T2	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe),T4
Lubiprostone (Oral Capsule),T3	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4
Lumigan (Ophthalmic Solution),T3	Mefloquine HCl (Oral Tablet),T2
Lupaneta Pack (Combination Kit),T5	Megestrol Acetate (40MG/ML Oral Suspension),T3
Lupron Depot (1-Month) (Intramuscular Kit),T5	Megestrol Acetate (625MG/5ML Oral Suspension),T4
Lupron Depot (3-Month) (Intramuscular Kit),T5	Megestrol Acetate (Oral Tablet),T3
Lupron Depot (4-Month) (Intramuscular Kit),T5	Mekinist (Oral Tablet),T5
Lupron Depot (6-Month) (Intramuscular Kit),T5	Mektovi (Oral Tablet),T5
Lutera (Oral Tablet),T4	Meloxicam (Oral Tablet),T1
Lyleq (Oral Tablet),T4	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2
Lynparza (Oral Tablet),T5	Memantine HCl (2MG/ML Oral Solution),T4
Lysodren (Oral Tablet),T5	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3
Lyumjev (Injection Solution),T3*	Memantine HCl Titration Pak (Oral Tablet),T2
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T3*	MenQuadfi (Intramuscular Injectable),T3
Lyza (Oral Tablet),T4	Menactra (Intramuscular Injectable),T3
M	Menest (Oral Tablet),T3
M-M-R II (Injection Solution Reconstituted),T3	Mentax (External Cream),T4
Magnesium Sulfate (50% (10ML Syringe) Injection Solution),T4	Menveo (Intramuscular Solution Reconstituted),T3
Magnesium Sulfate (50% Injection Solution),T4	Mercaptopurine (Oral Tablet),T3
Malathion (External Lotion),T4	Meropenem (Intravenous Solution Reconstituted),T4
Marlissa (Oral Tablet),T4	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3
Marplan (Oral Tablet),T4	Mesalamine (Rectal Enema),T4
Matulane (Oral Capsule),T5	
Matzim LA (Oral Tablet Extended Release 24 Hour),T2	
Mavyret (Oral Tablet),T5	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Mesalamine (Rectal Suppository),T4	Metoprolol Tartrate (Oral Tablet),T1
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso),T3	Metoprolol-Hydrochlorothiazide (Oral Tablet),T2
Mesnex (Oral Tablet),T4	Metronidazole (0.75% External Cream),T4
Metformin HCl (Oral Solution),T1	Metronidazole (0.75% External Gel, 1% External Gel),T4
Metformin HCl (Oral Tablet Immediate Release),T1	Metronidazole (0.75% External Lotion),T4
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1	Metronidazole (0.75% Vaginal Gel),T3
Methadone HCl (Oral Solution),T3	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2
Methadone HCl (Oral Tablet),T3	Metronidazole in NaCl 0.79% (Intravenous Solution),T4
Methazolamide (Oral Tablet),T4	Metyrosine (Oral Capsule),T5
Methenamine Hippurate (Oral Tablet),T3	Mexiletine HCl (Oral Capsule),T3
Methimazole (Oral Tablet),T1	Mibelas 24 Fe (Oral Tablet Chewable),T4
Methocarbamol (Oral Tablet),T3	Micafungin Sodium (Intravenous Solution Reconstituted),T4
Methotrexate (Oral Tablet),T2	Miconazole 3 (Vaginal Suppository),T3
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe),T2	Microgestin 1.5/30 (Oral Tablet),T4
Methotrexate Sodium (50MG/2ML Injection Solution),T2	Microgestin 1/20 (Oral Tablet),T4
Methoxsalen Rapid (Oral Capsule),T5	Microgestin Fe 1.5/30 (Oral Tablet),T4
Methscopolamine Bromide (Oral Tablet),T4	Microgestin Fe 1/20 (Oral Tablet),T4
Methyldopa (Oral Tablet),T1	Midodrine HCl (Oral Tablet),T3
Methylphenidate HCl (Oral Solution),T4	Migergot (Rectal Suppository),T5
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3	Miglitol (Oral Tablet),T4
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release),T4	Miglustat (Oral Capsule),T5
Methylprednisolone (Oral Tablet Therapy Pack),T2	Mili (Oral Tablet),T4
Methylprednisolone (Oral Tablet),T2	Minitran (Transdermal Patch 24 Hour),T2
Metoclopramide HCl (5MG/5ML Oral Solution),T2	Minocycline HCl (Oral Capsule),T2
Metoclopramide HCl (Oral Tablet),T1	Minocycline HCl (Oral Tablet Immediate Release),T4
Metolazone (Oral Tablet),T1	Minoxidil (Oral Tablet),T2
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	Mirtazapine (Oral Tablet),T2
	Mirtazapine ODT (Oral Tablet Dispersible),T2
	Mirvaso (External Gel),T4
	Misoprostol (Oral Tablet),T3
	Modafinil (Oral Tablet),T3
	Moexipril HCl (Oral Tablet),T1
	Molindone HCl (Oral Tablet),T4

Bold type = Brand name drug
 *Insulin Senior Savings Program

Plain type = Generic drug

Mometasone Furoate (External Cream),T2	Myrbetriq (Oral Tablet Extended Release 24 Hour),T3
Mometasone Furoate (External Ointment),T2	N
Mometasone Furoate (External Solution),T2	Nabumetone (Oral Tablet),T2
Mometasone Furoate (Nasal Suspension),T4	Nadolol (Oral Tablet),T4
Mondoxyne NL (100MG Oral Capsule),T3	Nafcillin Sodium (10GM Intravenous Solution Reconstituted),T4
Montelukast Sodium (Oral Packet),T2	Nafcillin Sodium (Injection Solution Reconstituted),T4
Montelukast Sodium (Oral Tablet Chewable),T2	Naftifine HCl (External Cream),T4
Montelukast Sodium (Oral Tablet),T1	Naftin (2% External Gel),T4
Morphine Sulfate (10MG/5ML Oral Solution, 100MG/5ML Oral Solution, 20MG/5ML Oral Solution),T3	Naloxone HCl (0.4MG/ML Injection Solution),T2
Morphine Sulfate (Oral Tablet Immediate Release),T3	Naloxone HCl (Injection Solution Cartridge),T2
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3	Naloxone HCl (Injection Solution Prefilled Syringe),T2
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4	Naltrexone HCl (Oral Tablet),T3
Motegrity (Oral Tablet),T4	Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3
Movantik (Oral Tablet),T3	Namzaric (Oral Capsule Extended Release 24 Hour),T3
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox),T4	Naproxen (Oral Suspension),T5
Moxifloxacin HCl (Oral Tablet),T3	Naproxen (Oral Tablet Immediate Release),T2
Moxifloxacin HCl in NaCl (Intravenous Solution),T4	Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn),T2
Multaq (Oral Tablet),T3	Naratriptan HCl (Oral Tablet),T3
Mupirocin (External Ointment),T2	Narcan (Nasal Liquid),T3
Mupirocin Calcium (External Cream),T4	Natacyn (Ophthalmic Suspension),T4
Myalept (Subcutaneous Solution Reconstituted),T5	Nateglinide (Oral Tablet),T1
Mycophenolate Mofetil (Oral Capsule),T3	Natpara (Subcutaneous Cartridge),T5
Mycophenolate Mofetil (Oral Suspension Reconstituted),T5	Nayzilam (Nasal Solution),T4
Mycophenolate Mofetil (Oral Tablet),T3	Necon 0.5/35 (28) (Oral Tablet),T4
Mycophenolate Sodium (Oral Tablet Delayed Release),T4	Nefazodone HCl (Oral Tablet),T4
Myorisan (Oral Capsule),T4	Neomycin Sulfate (Oral Tablet),T2
	Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment),T3
	Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment),T3
	Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension),T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment),T2	Macrobid),T3
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution),T3	Nitroglycerin (Tablet Sublingual),T1
Neomycin-Polymyxin-HC (1% Otic Solution),T3	Nitroglycerin (Transdermal Patch 24 Hour),T2
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4	Nitroglycerin (Translingual Solution),T3
Neomycin-Polymyxin-HC (Otic Suspension),T3	Nitrostat (Tablet Sublingual),T3
Nerlynx (Oral Tablet),T5	Nizatidine (Oral Capsule),T3
Neulasta (Subcutaneous Solution Prefilled Syringe),T5	Nora-BE (Oral Tablet),T4
Neupro (Transdermal Patch 24 Hour),T4	Norethindrone (0.35MG Oral Tablet),T4
Nevirapine (Oral Suspension),T4	Norethindrone Acetate (5MG Oral Tablet),T2
Nevirapine (Oral Tablet Immediate Release),T3	Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet),T4
Nevirapine ER (Oral Tablet Extended Release 24 Hour),T4	Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable),T4
Nexavar (Oral Tablet),T5	Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet),T4
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T3	Norgestimate-Ethinyl Estradiol (Oral Tablet),T4
Niacor (Oral Tablet),T4	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet),T4
Nicardipine HCl (Oral Capsule),T4	Nortrel 0.5/35 (28) (Oral Tablet),T4
Nicotrol (Inhalation Inhaler),T4	Nortrel 1/35 (21) (Oral Tablet),T4
Nicotrol NS (Nasal Solution),T4	Nortrel 1/35 (28) (Oral Tablet),T4
Nifedipine ER (Oral Tablet Extended Release 24 Hour),T1	Nortrel 7/7/7 (Oral Tablet),T4
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	Nortriptyline HCl (Oral Capsule),T2
Nikki (Oral Tablet),T4	Nortriptyline HCl (Oral Solution),T2
Nilutamide (Oral Tablet),T5	Norvir (Oral Packet),T4
Nimodipine (Oral Capsule),T4	Norvir (Oral Solution),T4
Ninlaro (Oral Capsule),T5	Nubeqa (Oral Tablet),T5
Nitazoxanide (Oral Tablet),T5	Nucala (Subcutaneous Solution Auto-Injector),T5
Nitisinone (Oral Capsule),T5	Nucala (Subcutaneous Solution Prefilled Syringe),T5
Nitro-Bid (Transdermal Ointment),T4	Nucala (Subcutaneous Solution Reconstituted),T5
Nitrofurantoin (Oral Suspension),T5	Nucynta ER (Oral Tablet Extended Release 12 Hour),T3
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3	Nuedexta (Oral Capsule),T5
Nitrofurantoin Monohydrate (Generic	

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Nuplazid (Oral Capsule),T5	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1
Nuplazid (Oral Tablet),T5	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T1
Nutrilipid (Intravenous Emulsion),T4	Olopatadine HCl (Ophthalmic Solution),T3
Nyamyc (External Powder),T2	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T4
Nylia 7/7/7 (Oral Tablet),T4	Omeprazole (10MG Oral Capsule Delayed Release),T2
Nymalize (6MG/ML Oral Solution),T5	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2
Nymyo (Oral Tablet),T4	Ondansetron HCl (Oral Solution),T4
Nystatin (External Cream),T2	Ondansetron HCl (Oral Tablet),T2
Nystatin (External Ointment),T2	Ondansetron ODT (Oral Tablet Dispersible),T2
Nystatin (External Powder),T2	Onureg (Oral Tablet),T5
Nystatin (Mouth/Throat Suspension),T2	Opsumit (Oral Tablet),T5
Nystatin (Oral Tablet),T2	Orencia (Subcutaneous Solution Prefilled Syringe),T5
Nystop (External Powder),T2	Orencia ClickJect (Subcutaneous Solution Auto-Injector),T5
O	Orenitram (0.125MG Oral Tablet Extended Release),T4
Ocaliva (Oral Tablet),T5	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5
Ocella (Oral Tablet),T4	Orfadin (20MG Oral Capsule),T5
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution),T5	Orfadin (Oral Suspension),T5
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution),T5	Orgovyx (Oral Tablet),T5
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution),T4	Orkambi (Oral Packet),T5
Odefsey (Oral Tablet),T5	Orkambi (Oral Tablet),T5
Odomzo (Oral Capsule),T5	Orsythia (Oral Tablet),T4
Ofev (Oral Capsule),T5	Oseltamivir Phosphate (Oral Capsule),T3
Ofloxacin (Ophthalmic Solution),T2	Oseltamivir Phosphate (Oral Suspension Reconstituted),T3
Ofloxacin (Oral Tablet),T3	Osphena (Oral Tablet),T3
Ofloxacin (Otic Solution),T3	Otezla (Oral Tablet Therapy Pack),T5
Olanzapine (10MG Intramuscular Solution Reconstituted),T4	Otezla (Oral Tablet),T5
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T2	Oxacillin Sodium (Injection Solution Reconstituted),T4
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible),T4	
Olmesartan Medoxomil (Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Oxacillin Sodium (Intravenous Solution Reconstituted),T4	Panzyga (Intravenous Solution),T5
Oxacillin Sodium in Dextrose (Intravenous Solution),T4	Paricalcitol (Oral Capsule),T4
Oxandrolone (10MG Oral Tablet),T4	Paromomycin Sulfate (Oral Capsule),T4
Oxandrolone (2.5MG Oral Tablet),T3	Paroxetine HCl (Oral Tablet Immediate Release),T2
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet),T3	Paser (Oral Packet),T4
Oxcarbazepine (300MG/5ML Oral Suspension),T4	Paxil (Oral Suspension),T4
Oxybutynin Chloride (Oral Syrup),T2	Pediarix (Intramuscular Suspension),T3
Oxybutynin Chloride (Oral Tablet Immediate Release),T2	Pedvax HIB (Intramuscular Suspension),T3
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2	Pegasys (Subcutaneous Solution),T5
Oxycodone HCl (100MG/5ML Oral Concentrate),T4	Pemazyre (Oral Tablet),T5
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2	Penicillamine (250MG Oral Capsule),T5
Oxycodone HCl (5MG/5ML Oral Solution),T4	Penicillamine (250MG Oral Tablet),T5
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3	Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted),T4
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T3	Penicillin G Procaine (Intramuscular Suspension),T4
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector),T3	Penicillin G Sodium (Injection Solution Reconstituted),T5
P	Penicillin V Potassium (Oral Solution Reconstituted),T2
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY),T2	Penicillin V Potassium (Oral Tablet),T2
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY),T2	Pentamidine Isethionate (Inhalation Solution Reconstituted),T4
Pacerone (200MG Oral Tablet),T1	Pentamidine Isethionate (Injection Solution Reconstituted),T4
Paliperidone ER (Oral Tablet Extended Release 24 Hour),T4	Pentasa (Oral Capsule Extended Release),T4
Pantoprazole Sodium (Oral Tablet Delayed Release),T1	Pentoxifylline ER (Oral Tablet Extended Release),T2
	Perforomist (Inhalation Nebulization Solution),T4
	Perindopril Erbumine (Oral Tablet),T1
	Periogard (Mouth Solution),T2
	Permethrin (External Cream),T3
	Perphenazine (Oral Tablet),T4
	Perseris (Subcutaneous Prefilled Syringe),T5
	Phenelzine Sulfate (Oral Tablet),T3
	Phenobarbital (Oral Elixir),T2
	Phenobarbital (Oral Tablet),T2

Bold type = Brand name drug
 *Insulin Senior Savings Program

Plain type = Generic drug

Phenoxybenzamine HCl (Oral Capsule),T5	Posaconazole (Oral Tablet Delayed Release),T5
Phenytek (Oral Capsule),T2	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution),T4
Phenytoin (125MG/5ML Oral Suspension),T2	Potassium Chloride (20 MEQ/15ML(10%) Oral Solution, 40 MEQ/15ML(20%) Oral Solution),T3
Phenytoin (Oral Tablet Chewable),T2	Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution),T4
Phenytoin Sodium Extended (Oral Capsule),T2	Potassium Chloride (Oral Packet),T3
Phoslyra (Oral Solution),T3	Potassium Chloride CR (Oral Tablet Extended Release),T2
Picato (0.015% External Gel, 0.05% External Gel),T3	Potassium Chloride ER (Oral Capsule Extended Release),T2
Pifeltro (Oral Tablet),T5	Potassium Chloride in Dextrose (Intravenous Solution),T4
Pilocarpine HCl (Ophthalmic Solution),T3	Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution),T4
Pilocarpine HCl (Oral Tablet),T4	Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution),T4
Pimecrolimus (External Cream),T4	Potassium Citrate ER (Oral Tablet Extended Release),T3
Pimozide (Oral Tablet),T4	Praluent (Subcutaneous Solution Auto-Injector),T3
Pimtrea (Oral Tablet),T4	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2
Pindolol (Oral Tablet),T3	Prasugrel HCl (Oral Tablet),T3
Pioglitazone HCl (Oral Tablet),T1	Pravastatin Sodium (Oral Tablet),T1
Pioglitazone HCl-Glimepiride (Oral Tablet),T1	Praziquantel (Oral Tablet),T4
Pioglitazone HCl-Metformin HCl (Oral Tablet),T1	Prazosin HCl (Oral Capsule),T2
Piperacillin-Tazobactam (Intravenous Solution Reconstituted),T4	Pred Mild (Ophthalmic Suspension),T4
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack),T5	Pred-G (Ophthalmic Suspension),T4
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack),T5	Pred-G S.O.P. (Ophthalmic Ointment),T4
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack),T5	Prednicarbate (External Ointment),T4
Pirmella 1/35 (Oral Tablet),T4	Prednisolone (Oral Solution),T2
Piroxicam (Oral Capsule),T3	Prednisolone Acetate (Ophthalmic Suspension),T3
Plasma-Lyte 148 (Intravenous Solution),T4	Prednisolone Sodium Phosphate (1%
Plasma-Lyte A (Intravenous Solution),T4	
Plenamine (Intravenous Solution),T4	
Podofilox (External Solution),T3	
Polymyxin B Sulfate (Injection Solution Reconstituted),T4	
Polymyxin B-Trimethoprim (Ophthalmic Solution),T2	
Pomalyst (Oral Capsule),T5	
Portia-28 (Oral Tablet),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Ophthalmic Solution),T2	Probenecid-Colchicine (Oral Tablet),T3
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution),T2	Procalamine (Intravenous Solution),T4
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack),T1	Prochlorperazine (Rectal Suppository),T4
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1	Prochlorperazine Maleate (Oral Tablet),T2
Prednisone (5MG/5ML Oral Solution),T2	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4
Prednisone Intensol (Oral Concentrate),T2	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5
Pregabalin (Oral Capsule),T3	Procto-Med HC (External Cream),T2
Pregabalin (Oral Solution),T3	Procto-Pak (External Cream),T2
Premarin (Oral Tablet),T4	Proctosol HC (2.5% External Cream),T2
Premarin (Vaginal Cream),T3	Proctozone-HC (External Cream),T2
Premasol (Intravenous Solution),T4	Procysbi (Oral Packet),T5
Premphase (Oral Tablet),T4	Progesterone (Oral Capsule),T2
Prempro (Oral Tablet),T4	Prograf (Oral Packet),T4
Prenatal (27-1MG Oral Tablet),T3	Prolastin-C (Intravenous Solution Reconstituted),T5
Prevalite (Oral Packet),T4	Prolensa (Ophthalmic Solution),T4
Previfem (Oral Tablet),T4	Prolia (Subcutaneous Solution Prefilled Syringe),T4
Prevymis (Oral Tablet),T5	Promacta (Oral Packet),T5
Prezcobix (Oral Tablet),T5	Promacta (Oral Tablet),T5
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T5	Promethazine HCl (Oral Syrup),T3
Prezista (75MG Oral Tablet),T4	Promethazine HCl (Oral Tablet),T3
Prezista (Oral Suspension),T5	Promethazine HCl (Rectal Suppository),T4
Priftin (Oral Tablet),T4	Promethegan (25MG Rectal Suppository),T4
Primaquine Phosphate (Oral Tablet),T4	Propafenone HCl (Oral Tablet),T2
Primidone (Oral Tablet),T2	Propafenone HCl ER (Oral Capsule Extended Release 12 Hour),T4
Privigen (20GM/200ML Intravenous Solution),T5	Proparacaine HCl (Ophthalmic Solution),T2
ProAir HFA (Inhalation Aerosol Solution),T3	Propranolol HCl (Oral Solution),T2
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3	Propranolol HCl (Oral Tablet),T2
ProQuad (Subcutaneous Suspension Reconstituted),T3	Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2
Probenecid (Oral Tablet),T3	Propylthiouracil (Oral Tablet),T2
	Prosol (Intravenous Solution),T4
	Protriptyline HCl (Oral Tablet),T4

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Pulmozyme (Inhalation Solution),T5	Syringe),T5
Purixan (Oral Suspension),T5	Rebif Rebidoso (Subcutaneous Solution Auto-Injector),T5
Pyrazinamide (Oral Tablet),T4	Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector),T5
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5
Pyridostigmine Bromide (Oral Solution),T5	Reclipsen (Oral Tablet),T4
Pyridostigmine Bromide ER (Oral Tablet Extended Release),T4	Recombivax HB (Injection Suspension),T3
Pyrimethamine (Oral Tablet),T5	Rectiv (Rectal Ointment),T4
Q	Regranex (External Gel),T5
Qinlock (Oral Tablet),T5	Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated),T3
Quadracel (Intramuscular Suspension),T3	Relistor (Oral Tablet),T5
Quetiapine Fumarate (Oral Tablet Immediate Release),T2	Relistor (Subcutaneous Solution),T5
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T3	Repaglinide (Oral Tablet),T1
Quinapril HCl (Oral Tablet),T1	Repatha (Subcutaneous Solution Prefilled Syringe),T3
Quinapril-Hydrochlorothiazide (Oral Tablet),T1	Repatha Pushttronex System (Subcutaneous Solution Cartridge),T3
Quinidine Gluconate ER (Oral Tablet Extended Release),T4	Repatha SureClick (Subcutaneous Solution Auto-Injector),T3
Quinidine Sulfate (Oral Tablet),T2	Restasis Single-Use Vials (Ophthalmic Emulsion),T3
Quinine Sulfate (Oral Capsule),T4	Retacrit (Injection Solution),T4
R	Retevmo (Oral Capsule),T5
RAVICTI (Oral Liquid),T5	Revlimid (Oral Capsule),T5
RabAvert (Intramuscular Suspension Reconstituted),T3	Rexulti (Oral Tablet),T5
Rabeprazole Sodium (Oral Tablet Delayed Release),T3	Reyataz (Oral Packet),T5
Raloxifene HCl (Oral Tablet),T3	Rhopressa (Ophthalmic Solution),T3
Ramelteon (Oral Tablet),T4	Ribavirin (Oral Tablet),T3
Ramipril (Oral Capsule),T1	Ridaura (Oral Capsule),T5
Ranolazine ER (Oral Tablet Extended Release 12 Hour),T2	Rifabutin (Oral Capsule),T4
Rasagiline Mesylate (Oral Tablet),T4	Rifampin (150MG Oral Capsule, 300MG Oral Capsule),T3
Rasuvo (Subcutaneous Solution Auto-Injector),T4	Rifampin (600MG Intravenous Solution Reconstituted),T4
Rayaldee (Oral Capsule Extended Release),T5	Riluzole (Oral Tablet),T3
Rebif (Subcutaneous Solution Prefilled	Rimantadine HCl (Oral Tablet),T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Rinvoq (Oral Tablet Extended Release 24 Hour),T5
Risedronate Sodium (Oral Tablet Immediate Release),T3
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet),T2
Risperidone (1MG/ML Oral Solution),T4
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible),T4
Ritonavir (Oral Tablet),T3
Rivastigmine (Transdermal Patch 24 Hour),T4
Rivastigmine Tartrate (Oral Capsule),T3
Rivelsa (Oral Tablet),T4
Rizatriptan Benzoate (Oral Tablet),T3
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3
Rocklatan (Ophthalmic Solution),T3
Ropinirole HCl (Oral Tablet Immediate Release),T2
Rosuvastatin Calcium (Oral Tablet),T1
RotaTeq (Oral Solution),T3
Rotarix (Oral Suspension Reconstituted),T3
Roweepra (Oral Tablet Immediate Release),T2
Rozlytrek (Oral Capsule),T5
Rubraca (Oral Tablet),T5
Ruconest (Intravenous Solution Reconstituted),T5
Rufinamide (Oral Suspension),T5

Bold type = Brand name drug

*Insulin Senior Savings Program

Rufinamide (Oral Tablet),T5
Rukobia (Oral Tablet Extended Release 12 Hour),T5
Rybelsus (Oral Tablet),T3
Rydapt (Oral Capsule),T5
Rytary (Oral Capsule Extended Release),T4
S
SPS (Oral Suspension),T3
SSD (External Cream),T3
Sancuso (Transdermal Patch),T5
Sandimmune (Oral Solution),T4
Santyl (External Ointment),T4
Sapropterin Dihydrochloride (Oral Packet),T5
Sapropterin Dihydrochloride (Oral Tablet),T5
Savella (Oral Tablet),T3
Savella Titration Pack (Oral Tablet),T3
Scopolamine (Transdermal Patch 72 Hour),T4
Secuado (Transdermal Patch 24 Hour),T5
Selegiline HCl (Oral Capsule),T3
Selegiline HCl (Oral Tablet),T3
Selenium Sulfide (External Lotion),T2
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T5
Selzentry (25MG Oral Tablet),T3
Selzentry (Oral Solution),T5
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3
Serostim (Subcutaneous Solution Reconstituted),T5
Sertraline HCl (Oral Concentrate),T4
Sertraline HCl (Oral Tablet),T1
Setlakin (Oral Tablet),T4
Sevelamer Carbonate (Oral Packet),T5
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4
Sharobel (Oral Tablet),T4
Shingrix (Intramuscular Suspension Reconstituted),T3

Plain type = Generic drug

Signifor (Subcutaneous Solution),T5	Sotalol HCl AF (Oral Tablet),T2
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3	Sovaldi (400MG Oral Tablet),T5
Silodosin (Oral Capsule),T3	Sovaldi (Oral Packet),T5
Silver Sulfadiazine (External Cream),T3	Spiriva HandiHaler (Inhalation Capsule),T3
Simbrinza (Ophthalmic Suspension),T3	Spiriva Respimat (Inhalation Aerosol Solution),T3
Simponi (Subcutaneous Solution Auto-Injector),T5	Spironolactone (Oral Tablet),T1
Simponi (Subcutaneous Solution Prefilled Syringe),T5	Spironolactone-HCTZ (Oral Tablet),T1
Simvastatin (Oral Tablet),T1	Sprintec 28 (Oral Tablet),T4
Sirolimus (Oral Solution),T5	Spritam ODT (Oral Tablet Disintegrating Soluble),T4
Sirolimus (Oral Tablet),T4	Sprycel (Oral Tablet),T5
Sirturo (Oral Tablet),T5	Sronyx (Oral Tablet),T4
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T5	Stelara (Subcutaneous Solution Prefilled Syringe),T5
Skyrizi (Subcutaneous Solution Prefilled Syringe),T5	Stelara (Subcutaneous Solution),T5
Skyrizi Pen (Subcutaneous Solution Auto-Injector),T5	Stiolto Respimat (Inhalation Aerosol Solution),T3
Sodium Chloride (0.45% Intravenous Solution),T4	Stivarga (Oral Tablet),T5
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution),T4	Streptomycin Sulfate (Intramuscular Solution Reconstituted),T5
Sodium Chloride (5% Intravenous Solution),T4	Stribild (Oral Tablet),T5
Sodium Chloride (Irrigation Solution),T3	Suboxone (Sublingual Film),T4
Sodium Fluoride (Oral Tablet),T2	Sucraid (Oral Solution),T5
Sodium Phenylbutyrate (Oral Powder),T5	Sucrafate (Oral Suspension),T4
Sodium Phenylbutyrate (Oral Tablet),T5	Sucrafate (Oral Tablet),T2
Sodium Polystyrene Sulfonate (Oral Powder),T3	Sulfacetamide Sodium (Ophthalmic Ointment),T2
Sofosbuvir-Velpatasvir (Oral Tablet),T5	Sulfacetamide Sodium (Ophthalmic Solution),T2
Solifenacin Succinate (Oral Tablet),T3	Sulfacetamide-Prednisolone (Ophthalmic Solution),T2
Soliqua (Subcutaneous Solution Pen-Injector),T3*	Sulfadiazine (Oral Tablet),T4
Soltamox (Oral Solution),T5	Sulfamethoxazole-Trimethoprim (Oral Suspension),T3
Somavert (Subcutaneous Solution Reconstituted),T5	Sulfamethoxazole-Trimethoprim (Oral Tablet),T2
Sorine (Oral Tablet),T2	Sulfamylon (External Cream),T4
Sotalol HCl (Oral Tablet),T2	Sulfasalazine (Oral Tablet Delayed Release),T2
	Sulfasalazine (Oral Tablet Immediate Release),T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Sulindac (Oral Tablet),T2	Tabrecta (Oral Tablet),T5
Sumatriptan (Nasal Solution),T4	Tacrolimus (External Ointment),T4
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2	Tacrolimus (Oral Capsule),T3
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector),T4	Tadalafil (PAH) (20MG Oral Tablet),T4
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T4	Tafinlar (Oral Capsule),T5
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge),T4	Tagrisso (Oral Tablet),T5
Suprax (500MG/5ML Oral Suspension Reconstituted),T3	Talzenna (Oral Capsule),T5
Suprax (Oral Tablet Chewable),T3	Tamoxifen Citrate (Oral Tablet),T2
Suprep Bowel Prep Kit (Oral Solution),T3	Tamsulosin HCl (Oral Capsule),T1
Sutent (Oral Capsule),T5	Targretin (External Gel),T5
Syeda (Oral Tablet),T4	Tarina 24 Fe (Oral Tablet),T4
Symbicort (Inhalation Aerosol),T3	Tarina Fe 1/20 EQ (Oral Tablet),T4
SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5	Tasigna (Oral Capsule),T5
SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5	Tazarotene (External Cream),T4
Sympazan (10MG Oral Film, 20MG Oral Film),T5	Tazicef (Injection Solution Reconstituted),T4
Sympazan (5MG Oral Film),T4	Taztia XT (Oral Capsule Extended Release 24 Hour),T2
Symtuza (Oral Tablet),T5	Tazverik (Oral Tablet),T5
Synarel (Nasal Solution),T5	Tecfidera (Oral Capsule Delayed Release),T5
Synjardy (Oral Tablet Immediate Release),T3	Tecfidera Starter Pack (Oral),T5
Synjardy XR (Oral Tablet Extended Release 24 Hour),T3	Teflaro (Intravenous Solution Reconstituted),T5
Synribo (Subcutaneous Solution Reconstituted),T5	Tegsedi (Subcutaneous Solution Prefilled Syringe),T5
Synthroid (Oral Tablet),T3	Telmisartan (Oral Tablet),T1
T	Telmisartan-Amlodipine (Oral Tablet),T1
TDVAX (Intramuscular Suspension),T3	Telmisartan-HCTZ (Oral Tablet),T1
TOBI Podhaler (Inhalation Capsule),T5	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2
TPN Electrolytes (Intravenous Concentrate),T4	Temixys (Oral Tablet),T5
Tabloid (Oral Tablet),T4	Tenivac (Intramuscular Injectable),T3
	Tenofovir Disoproxil Fumarate (Oral Tablet),T4
	Tepmetko (Oral Tablet),T5
	Terazosin HCl (Oral Capsule),T2
	Terbinafine HCl (Oral Tablet),T2
	Terconazole (Vaginal Cream),T3
	Terconazole (Vaginal Suppository),T3
	Teriparatide (Recombinant) (Subcutaneous

Bold type = Brand name drug
 *Insulin Senior Savings Program

Plain type = Generic drug

Solution Pen-Injector),T5	Tivicay PD (Oral Tablet Soluble),T5
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel),T4	Tizanidine HCl (Oral Tablet),T2
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel),T3	TobraDex (Ophthalmic Ointment),T3
Testosterone Cypionate (Intramuscular Solution),T2	TobraDex ST (Ophthalmic Suspension),T4
Testosterone Enanthate (Intramuscular Solution),T3	Tobramycin (Inhalation Nebulization Solution),T5
Tetrabenazine (Oral Tablet),T5	Tobramycin (Ophthalmic Solution),T2
Tetracycline HCl (Oral Capsule),T4	Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution),T4
Thalomid (Oral Capsule),T5	Tobramycin-Dexamethasone (Ophthalmic Suspension),T3
Theophylline (Oral Solution),T2	Tobrex (Ophthalmic Ointment),T4
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T2	Tolcapone (Oral Tablet),T5
Theophylline ER (Oral Tablet Extended Release 24 Hour),T2	Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour),T4
Thioridazine HCl (Oral Tablet),T3	Topiramate (Oral Capsule Sprinkle Immediate Release),T2
Thiothixene (Oral Capsule),T3	Topiramate (Oral Tablet),T2
Tiadyt ER (Oral Capsule Extended Release 24 Hour),T2	Toremifene Citrate (Oral Tablet),T5
Tiagabine HCl (Oral Tablet),T4	Torsemide (Oral Tablet),T1
Tibsovo (Oral Tablet),T5	Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3*
Tigecycline (Intravenous Solution Reconstituted),T5	Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3*
Tilia Fe (Oral Tablet),T4	Tracleer (Oral Tablet Soluble),T5
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T1	Tradjenta (Oral Tablet),T3
Timolol Maleate (Oral Tablet),T3	Tramadol HCl (50MG Oral Tablet Immediate Release),T2
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3	Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour),T3
Tinidazole (Oral Tablet),T4	Tramadol HCl ER (Oral Tablet Extended Release 24 Hour),T3
Tivicay (10MG Oral Tablet, 25MG Oral Tablet),T4	Tramadol-Acetaminophen (Oral Tablet),T2
Tivicay (50MG Oral Tablet),T5	Trandolapril (Oral Tablet),T1
	Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release),T1
	Tranexamic Acid (Oral Tablet),T3
	Tranylcyproamine Sulfate (Oral Tablet),T4
	Travasol (Intravenous Solution),T4
	Travoprost (BAK Free) (Ophthalmic Solution),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1	Triamterene-HCTZ (Oral Capsule),T1
Trazodone HCl (300MG Oral Tablet),T2	Triamterene-HCTZ (Oral Tablet),T1
Trecator (Oral Tablet),T4	Triderm (External Cream),T2
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3	Trintene HCl (Oral Capsule),T5
Trelstar Mixject (Intramuscular Suspension Reconstituted),T5	Trifluoperazine HCl (Oral Tablet),T3
Tremfya (Subcutaneous Solution Pen-Injector),T5	Trifluridine (Ophthalmic Solution),T3
Tremfya (Subcutaneous Solution Prefilled Syringe),T5	Trihexyphenidyl HCl (Oral Solution),T2
Tresiba (Subcutaneous Solution),T3*	Trihexyphenidyl HCl (Oral Tablet),T2
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3*	Trijardy XR (Oral Tablet Extended Release 24 Hour),T3
Tretinoin (0.01% External Gel, 0.025% External Gel),T4	Trimethoprim (Oral Tablet),T2
Tretinoin (External Cream),T4	Trimipramine Maleate (Oral Capsule),T4
Tretinoin (Oral Capsule),T5	Trintellix (Oral Tablet),T4
Tretinoin Microsphere (External Gel),T4	Triumeq (Oral Tablet),T5
Trexall (Oral Tablet),T4	Trivora (28) (Oral Tablet),T4
Tri-Estarylla (Oral Tablet),T4	TrophAmine (10% Intravenous Solution),T4
Tri-Legest Fe (Oral Tablet),T4	Trulance (Oral Tablet),T4
Tri-Lo-Estarylla (Oral Tablet),T4	Trulicity (Subcutaneous Solution Pen-Injector),T3
Tri-Lo-Sprintec (Oral Tablet),T4	Trumenba (Intramuscular Suspension Prefilled Syringe),T3
Tri-Mili (Oral Tablet),T4	Tukysa (Oral Tablet),T5
Tri-Nymyo (Oral Tablet),T4	Turalio (Oral Capsule),T5
Tri-Previfem (Oral Tablet),T4	Twinrix (Intramuscular Suspension Prefilled Syringe),T3
Tri-Sprintec (Oral Tablet),T4	Tybost (Oral Tablet),T4
Tri-VyLibra (Oral Tablet),T4	Tymlos (Subcutaneous Solution Pen-Injector),T5
Tri-VyLibra Lo (Oral Tablet),T4	Typhim Vi (Intramuscular Solution),T3
TriLyte (420GM Oral Solution Reconstituted),T2	U
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2	Ukoniq (Oral Tablet),T5
Triamcinolone Acetonide (Dental Paste),T3	Unithroid (Oral Tablet),T3
Triamcinolone Acetonide (External Cream),T2	Ursodiol (Oral Capsule),T3
Triamcinolone Acetonide (External Lotion),T2	Ursodiol (Oral Tablet),T4
Triamterene (Oral Capsule),T4	V
	VAQTA (Intramuscular Suspension),T3
	Valacyclovir HCl (Oral Tablet),T3
	Valchlor (External Gel),T5

Bold type = Brand name drug

*Insulin Senior Savings Program

Plain type = Generic drug

Valganciclovir HCl (450MG Oral Tablet),T3	Verapamil HCl (Oral Tablet Immediate Release),T1
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted),T5	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),T3
Valproic Acid (Oral Capsule),T2	Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T3
Valproic Acid (Oral Solution),T2	Verapamil HCl ER (Oral Tablet Extended Release),T1
Valsartan (Oral Tablet),T1	Versacloz (Oral Suspension),T5
Valsartan-Hydrochlorothiazide (Oral Tablet),T1	Verzenio (Oral Tablet),T5
Valtoco 10 MG Dose (Nasal Liquid),T5	Vestura (Oral Tablet),T4
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack),T5	Vibramycin (50MG/5ML Oral Syrup),T4
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack),T5	Victoza (Subcutaneous Solution Pen-Injector),T3
Valtoco 5 MG Dose (Nasal Liquid),T5	Vienva (Oral Tablet),T4
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted),T4	Vigabatrin (Oral Packet),T5
Vancomycin HCl (250MG Intravenous Solution Reconstituted),T4	Vigabatrin (Oral Tablet),T5
Vancomycin HCl (Oral Capsule),T4	Vigadrone (Oral Packet),T5
Vandazole (Vaginal Gel),T3	Viibryd (Oral Tablet),T4
Varivax (Subcutaneous Injectable),T3	Viibryd Starter Pack (Oral Kit),T4
Varizig (Intramuscular Solution),T5	Vimpat (Oral Solution),T4
Vascepa (Oral Capsule),T4	Vimpat (Oral Tablet),T4
Velivet (Oral Tablet),T4	Viracept (Oral Tablet),T5
Velphoro (Oral Tablet Chewable),T5	Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet),T5
Veltassa (Oral Packet),T5	Viread (Oral Powder),T5
Vemlidy (Oral Tablet),T5	Vitrakvi (Oral Capsule),T5
Venclexta (100MG Oral Tablet, 50MG Oral Tablet),T5	Vitrakvi (Oral Solution),T5
Venclexta (10MG Oral Tablet),T3	Vivitrol (Intramuscular Suspension Reconstituted),T5
Venclexta Starting Pack (Oral Tablet Therapy Pack),T5	Vizimpro (Oral Tablet),T5
Venlafaxine HCl (Oral Tablet Immediate Release),T3	Voriconazole (Intravenous Solution Reconstituted),T5
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T2	Voriconazole (Oral Suspension)
Ventavis (Inhalation Solution),T5	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Reconstituted),T4	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T5
Voriconazole (Oral Tablet),T4	Xermelo (Oral Tablet),T5
Vosevi (Oral Tablet),T5	Xgeva (Subcutaneous Solution),T5
Votrient (Oral Tablet),T5	Xifaxan (Oral Tablet),T5
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule),T5	Xigduo XR (Oral Tablet Extended Release 24 Hour),T3
Vraylar (Oral Capsule Therapy Pack),T4	Xiidra (Ophthalmic Solution),T4
VyLibra (Oral Tablet),T4	Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack),T3
Vyfemla (Oral Tablet),T4	Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack),T3
Vyndamax (Oral Capsule),T5	Xolair (Subcutaneous Solution Prefilled Syringe),T5
Vyndaqel (Oral Capsule),T5	Xolair (Subcutaneous Solution Reconstituted),T5
Vyvanse (Oral Capsule),T4	Xospata (Oral Tablet),T5
Vyvanse (Oral Tablet Chewable),T4	Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack),T5
Vyzulta (Ophthalmic Solution),T4	Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack),T5
W	Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack),T5
WYMZYA Fe (Oral Tablet Chewable),T4	Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack),T5
Warfarin Sodium (Oral Tablet),T1	Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack),T5
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3	Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack),T5
X	Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack),T5
Xalkori (Oral Capsule),T5	Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3
Xarelto (Oral Tablet),T3	Xtandi (Oral Capsule),T5
Xarelto Starter Pack (Oral Tablet Therapy Pack),T3	Xtandi (Oral Tablet),T5
Xatmep (Oral Solution),T4	Xulane (Transdermal Patch Weekly),T4
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T4	Xyrem (Oral Solution),T5
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T5	Y
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack),T5	YF-Vax (Subcutaneous Injectable),T3
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack),T5	
Xcopri (Oral Tablet),T5	
Xeljanz (Oral Solution),T5	
Xeljanz (Oral Tablet Immediate Release),T5	

Bold type = Brand name drug
 *Insulin Senior Savings Program

Plain type = Generic drug

Yuvaferm (Vaginal Tablet),T4	Syringe),T5
Z	Zileuton ER (Oral Tablet Extended Release 12 Hour),T5
Zafemy (Transdermal Patch Weekly),T4	Ziprasidone HCl (Oral Capsule),T3
Zafirlukast (Oral Tablet),T3	Ziprasidone Mesylate (Intramuscular Solution Reconstituted),T4
Zaleplon (Oral Capsule),T3	Zirgan (Ophthalmic Gel),T4
Zarah (Oral Tablet),T4	Zolinza (Oral Capsule),T5
Zarxio (Injection Solution Prefilled Syringe),T5	Zolpidem Tartrate (Oral Tablet Immediate Release),T2
Zejula (Oral Capsule),T5	Zonisamide (Oral Capsule),T2
Zelapar ODT (Oral Tablet Dispersible),T5	Zorbtive (Subcutaneous Solution Reconstituted),T5
Zelboraf (Oral Tablet),T5	Zortress (1MG Oral Tablet),T5
Zemaira (Intravenous Solution Reconstituted),T5	Zovia 1/35 (28) (Oral Tablet),T4
Zenatane (Oral Capsule),T4	Zyclara (External Cream),T5
Zenpep (Oral Capsule Delayed Release Particles),T3	Zyclara Pump (2.5% External Cream),T5
Zerbaxa (Intravenous Solution Reconstituted),T5	Zydelig (Oral Tablet),T5
Zidovudine (Oral Capsule),T3	Zyflo (Oral Tablet Immediate Release),T5
Zidovudine (Oral Syrup),T3	Zykadia (Oral Tablet),T5
Zidovudine (Oral Tablet),T3	Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted),T4
Ziextenzo (Subcutaneous Solution Prefilled	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

*Insulin Senior Savings Program

Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay when you fill prescriptions for these drugs does not count toward your total drug costs. This means, the amount you pay doesn't help you qualify for catastrophic coverage. Also, if you're receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Restrictions
Vitamins		
Folic Acid (1mg tablet)	2	
Cyanocobalamin (1000mcg/ml vial)	2	
Ergocalciferol (50000mcg capsule)	2	
Erectile Dysfunction		
Sildenafil (25mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (50mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (100mg tablet)	2	Maximum of 4 tablets per 30 days

Drug list

This page is intentionally left blank

Alternative covered drugs

Your plan’s Drug list includes many different types of drugs, but it doesn’t include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan. Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amitiza	Linzess – 3 Lubiprostone – 3 Movantik – 3 Motegrity – 4 Relistor – 4 Trulance – 4
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Cialis and Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 1
Fluoxetine HCL Tablet	Fluoxetine Immediate Release Capsule – 2
Invokana	Farxiga – 3 Jardiance – 3
Invokamet and Invokamet XR	Synjardy and Synjardy XR – 3 Xigduo XR – 3
Kombiglyze XR	Janumet and Janumet XR – 3 Jentadueto and Jentadueto XR – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3 Lyumjev – 3
Onglyza	Januvia – 3 Tadjenta – 3
OxyContin	Xtampza XR – 3
Pradaxa	Eliquis – 3 Xarelto – 3
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
Qvar Redihaler	Arnuity – 3 Flovent – 3
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg – 2
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 Belsomra – 3

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2021 and may be subject to change. Please refer to the drug list for details on drug coverage.

The drug list may change at any time. You will receive notice when necessary.

Y0066_ACD_22_C

UHEX22MP4970412_000

**Ready
to enroll**

Plan recap

We want to make sure you know what to expect with the new plan you've chosen.

✓ Please fill out this plan recap with your Licensed Sales Representative (if applicable).

Plan Information

Here are some details about your new plan.

My new plan is a: ☐ Medicare Advantage plan ☐ Medicare Advantage Special Needs plan
☐ Medicare Supplement Insurance (Medigap) plan ☐ Medicare Part D plan

The name of my new plan is: _____

My plan type is a (circle one): HMO HMO-POS LPPO RPPO PFFS

My plan type: ☐ Requires referrals ☐ Does not require referrals

☐ Includes a medical deductible unless the state or another third party pays it for me

☐ Does not include a medical deductible

My plan will provide: ☐ All Medicare health coverage ☐ All Medicare prescription drug coverage

I have purchased rider(s) as part of my plan: ☐ **Yes** ☐ **No** ☐ N/A

Proposed effective date: - -

I can cancel my enrollment in this plan before my coverage starts. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is _____. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

I must (circle one) **have Medicaid / have a qualifying chronic condition / live in an institution or assisted living facility** to enroll in and/or remain enrolled in this plan. If the plan cannot verify my status, I understand that I may not be enrolled in or may be disenrolled from the plan.

Circle the correct answer: I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time.

Premium Information

What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less.* In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

* Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office



Contact your Licensed Sales Representative. If I have questions about my plan, I will call my Licensed Sales Representative, _____ at _____ or Customer Service at _____.



Network Information

Understanding your network is important.

With my plan, I can get my care and services from network providers. I can also see providers outside the network for certain covered services, but I may pay more of the cost. ☐ **Yes** ☐ **No**

List the doctors and hospitals you use in this table. Be sure to note whether they are part of the provider network and if they require referrals.

Provider Name	Provider Type (PCP/Specialist/Hospital)	Network (Yes/No)	Referral (Yes/No)
---------------	--	---------------------	----------------------



Prescription Drug Coverage

Know how prescription drugs are covered on your plan.

My plan (circle one): **does / does not** have a prescription drug deductible.

If I have a deductible, the amount is \$ _____ and it applies to drugs in (check the answer(s)):

☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Tier 5 or ☐ ALL tiers

List the medications you use in this table. Be sure to note their tier level, whether there are any limits on the drug, and if the prescription drug deductible applies.

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)
------------	-------------------------	----------------------------------	---------------------

¹ My actual out of pocket costs may vary based on: the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail-order), and if I have Extra Help, and if my plan is participating in the Part D Senior Savings Model. ² For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.

I have **opted / not opted** to access some plan documents electronically. I can update or change this anytime. I have **provided / not provided** my email address as another way for the plan to contact me with important information. I can update or change this anytime.



United
Healthcare®

Y0066_PLRCMA_2022_C

UHEX22PO5011789_000

How to enroll

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



By phone

Call one of our Licensed Sales Representatives toll-free at **1-866-774-9671, TTY 711** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face-to-face appointment with a licensed sales representative in your area.



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1170

Enrollment Request Form Checkpoints

- | | |
|---|--|
| ✓ Print your name exactly as it appears on your red, white and blue Medicare card | ✓ Verify your Date of Birth |
| ✓ Make sure you have chosen the plan type that works best for you | ✓ Verify your providers accept the plan you are choosing |
| ✓ Make sure your permanent address is correct | ✓ Provide the name of your primary care provider (PCP) |
| ✓ Sign and date where indicated | ✓ Complete your Chronic Condition Verification form and send with your application |

Scope of appointment confirmation form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative (See the back of this page for definitions.):**

- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Dental-Vision-Hearing Products
- ☐ Stand-alone Medicare Prescription Drug (Part D) Plan
- ☐ Hospital Indemnity Products
- ☐ Medicare Supplement (Medigap) Products

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or authorized representative signature and signature date:

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

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to beneficiary

To be completed by licensed sales representative (please print clearly and legibly)

Licensed sales representative name (First_Last)	Licensed sales representative phone - - - - -	Licensed sales representative ID
Beneficiary name (First_Last)	Beneficiary phone - - - - -	Date appointment will be completed MM - DD - YYYY

Beneficiary address

Initial method of contact	Plan(s) the licensed sales representative will represent during the meeting

Licensed sales representative signature

TEAR HERE

TEAR HERE

Ready to enroll

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare Prescription Drug (Part D) Plan

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Other related products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Authorization for use or disclosure of health information

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal law concerning the privacy of such information.

Failure to provide all information requested may void this authorization

I am applying for enrollment in:

☐ Erickson Advantage® Champion (HMO-POS C-SNP) because I may have one or more of the following qualifying conditions described by this Plan:

- ☐ Diabetes mellitus (pre-diabetes excluded) ☐ Chronic Heart Failure
☐ Cardiovascular disorder

Use and Disclosure Authorization (* indicates required):

I, (insert applicant name) _____, hereby authorize the disclosure of my health information described above by:

Name of provider (last name, first name)*		Provider telephone number*	
Provider address*	City*	State*	ZIP code*

to Erickson Advantage® for the purpose of verifying that I have a qualifying medical condition for enrollment in the Plan. This authorization applies to all the health information maintained by the provider about my medical history or care for the condition or conditions that I have indicated above. This authorization will expire upon the earlier of (1) my not enrolling in the Plan or (2) the termination of my enrollment in the Plan. I understand the following:

- I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf and sent to Erickson Advantage.® My revocation will be effective upon receipt, but will not be effective to the extent that Erickson Advantage® or others have acted in reliance upon this authorization.
- I understand that if I refuse to sign this authorization, the application will be considered incomplete.
- Information disclosed according to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law.

Print name of applicant/member/authorized representative	Medicare ID number (MBI/HICN)
--	-------------------------------

Signature of applicant/member/authorized representative

Today's date

If you are the authorized representative of the applicant, you must provide the following information:

Relationship to applicant	Address	Telephone number
---------------------------	---------	------------------

TEAR HERE

TEAR HERE

Ready to enroll

This page intentionally left blank.



2022 Enrollment Request Form

☐ Erickson Advantage® Champion (HMO-POS C-SNP) H5652-004-000 - EC0

Select optional supplemental benefits in addition to what is included with your plan.

You can add the following benefit rider(s) for an extra cost. You can purchase the rider now while you are enrolling, or within 3 months after your effective date. See the Summary of Benefits for more information, including costs.

☐ **Platinum Dental Rider**

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

Last Name	First Name	Middle Initial
Birth Date		Sex ☐ Male ☐ Female
Home Phone Number () -		Mobile Phone Number () -
Medicare Number		

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

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

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

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

Email Address (optional)

Enrollee Name _____
Agent Name / ID No. _____
Y0066_ERFMA_2022_C EREX22PO4988880_000

TEAR HERE

TEAR HERE

Ready to enroll

This page intentionally left blank.

Do you have other insurance that will cover your prescription drugs? ☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

Name of Other Insurance _____

Member Number	Group Number	RxBin	RxPCN (optional)
---------------	--------------	-------	------------------

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA) Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you
- ☐ I want to pay from my Social Security
- ☐ I want to pay from my Railroad Retirement Board (RRB) check
- ☐ I want to pay directly from a bank account

Account Type ☐ Checking ☐ Savings

Account Holder Name: _____

Bank Routing Number _/_/_/_/_/_/_/_/_/_

Bank Account Number _/_/_/_/_/_/_/_/_/_/_/_

Enrollee Name _____

TEAR HERE

TEAR HERE

Ready to enroll

This page intentionally left blank.

A few questions to help us manage your plan.

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

Please check what you'd like: ☐ Spanish ☐ Braille ☐ Other _____

If you don't see the language or format you want, please call us toll-free at 1-866-774-9671, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.EricksonAdvantage.com for online help.

2. Do you or your spouse work? ☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits) ☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company

Member Number

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

You can find a list on the plan website or in the Provider Directory.

Provider or PCP Full Name

Provider/PCP Number:

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

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

Please read and sign.

By completing this form, I agree to the following:

- ☐ I must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**

Enrollee Name _____
Y0066_ERFMA_2022_C

EREX22PO4988880_000

This page intentionally left blank.

TEAR HERE

- ☐ If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- ☐ **Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- ☐ The information on this form is correct, to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form.

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

Signature of Applicant/Member/Authorized Representative Today's Date

TEAR HERE

If you are the authorized representative, please sign above and complete the information below.

***NOT A SALES AGENT**

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number () -		Relationship to Applicant	

This page intentionally left blank.

For licensed sales representative/agency use only.

Employer Group Name

Employer Group ID		Branch ID	
Licensed Sales Representative/Writing ID		Initial Receipt Date	
Licensed Sales Representative/Agent Name		Proposed Effective Date	

Agent must complete

☐ IEP (MA-PD enrollees)	☐ ICEP (MA enrollees)	☐ IEP (MA-PD enrollees eligible for 2nd IEP)	☐ OEP (Jan1 – Mar 31)
☐ OEP (newly eligible)	☐ SEP (Dual LIS change of status)	☐ SEP (change in residence)	☐ SEP (loss of EGHP coverage)
☐ SEP (Chronic)	☐ SEP (Dual LIS maintaining)	☐ AEP (October 15-December 7)	☐ OEPI
☐ SEP (SEP Reason) _____			

Licensed Sales Representative Signature (optional)

Date:

Please mail or fax this completed form to:

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

Fax: 1-888-950-1170

TEAR HERE

TEAR HERE

Ready to enroll

This page intentionally left blank.

TEAR HERE

TEAR HERE

PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

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

OMB No. 0938-1378
Expires: 7/31/2023
Y0066_ERFMA_2022_C

EREX22PO4988880_000

Ready to enroll

This page intentionally left blank.

Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.
- ✓ This plan is a Chronic Condition Special Needs Plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

TEAR HERE

TEAR HERE

This page left intentionally blank.

2022 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant 1:

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

- - - - -

RxBIN: 610097

Rx PCN: 9999

RxGRP: COS

We're here to help. If you have additional questions you can call Customer Service toll-free at 1-866-774-9671, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.

[illegible]

Take advantage of what's next

Your enrollment application has been submitted. Use this page to track upcoming communications and actions you can take to get the most from your new plan. We're here to help every step of the way.

TEAR HERE

TEAR HERE



You are here
Enrollment submitted



**Quick Start Guide and
member ID card**



**Your plan coverage
begins. You can start
using your plan.**



Once your coverage begins

Once your coverage begins, there are things you can do to get the most out of your plan.

- Schedule your annual physical and wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



Thank you for choosing us

If you have any questions, you can call the Member Service number on your member ID card.

For 1-on-1 support, please contact the plan or your Licensed Sales Representative.



Call toll-free **1-866-774-9671**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.EricksonAdvantage.com

Service area: Colorado - Douglas County

Florida - Collier County

Kansas - Johnson County

Maryland - Baltimore, Montgomery, Prince George's counties

Massachusetts - Essex, Plymouth counties

Michigan - Oakland County

New Jersey - Monmouth, Morris, Union counties

North Carolina - Mecklenburg County

Pennsylvania - Bucks, Delaware counties

Texas - Collin, Harris counties

Virginia - Fairfax, Loudoun counties