



Additional **DRUG COVERAGE**

Lower-cost Medicare prescription drugs

Your plan covers some of your Medicare prescription drugs and supplies at a lower drug tier or co-pay than in your formulary (drug list). If you have questions, see your Evidence of Coverage (EOC).

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

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

\$0 Co-Pay

Vaccines except those used for foreign travel, e.g. Japanese Encephalitis, Typhoid, and Yellow Fever

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

Bonus Drug List

The North Carolina State Health Plan for Teachers and State Employees offers a bonus drug list. The prescription drugs in this list are covered in addition to the drugs in the plan's formulary (drug list).

The cost tier for each prescription drug is shown in the list.

Although you pay the same co-pay or co-insurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amounts you pay for these additional prescription drugs **do not apply to your Medicare Part D out-of-pocket costs**. However, these costs will apply to your annual drug out-of-pocket maximum.

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

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

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. For a complete list, please call Customer Service using the information on the cover of this book.

Drug	Tier	Quantity Limits
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Choline & Magnesium Salicylates	1	
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anesthetics - drugs for numbing		
Lidocaine Cream 3%	1	
Central nervous system agents - anxiolytics, sedatives, hypnotics		
Weight Loss		
Phentermine	1	Maximum of 1 per day
Dermatological agents - drugs to treat skin conditions		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Dry, Itchy Scalp		
Sulfacetamide Sodium	1	
Sulfacetamide Sodium w/Sulfur	1	
Dry Skin		
Urea 40% Cream	1	
Fungal Infections		
Alcortin A	3	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Irritable Bowel		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	
Irritable Bowel or Ulcers		
Donnatal	3	
Hemorrhoids		
Analpram-HC	3	
Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	
Pramoxine/Hydrocortisone	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Urinary Tract Infection		
Urogesic Blue	3	
Ustell	1	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Cyanocobalamin Injection (Vitamin B12)	1	
Folgard Rx	3	
Folic Acid 1mg (Rx only)	1	
Galzin	3	
Mephyton	3	
Nephrocaps	3	
NephPlex Rx	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
Potassium Supplement		
K-Phos Tab	3	
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Otic agents - drugs to treat ear conditions		
Ear Pain		
Antipyrine/Benzocaine Otic Solution	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Quantity Limits
Hydrocodone Polyst/Chlorphen CR Susp (generic for Tussionex)	1	
Hydrocodone/Homatropine	1	
Promethazine/Codeine Syrup	1	
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

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

Benefits and/or co-payments/co-insurance may change each plan/benefit year.

The formulary may change any time. You will receive notice when necessary.

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