



## Additional drug coverage

### Lower-cost Medicare prescription drugs and supplies

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

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

These drugs are part of your Medicare prescription drug coverage.<sup>1</sup>

#### \$0 Copay

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

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<sup>1</sup>Information about the appeals and grievance process for these prescription drugs can be found in your Evidence of Coverage.

## Bonus Drug List

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

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

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amounts you pay for these additional prescription drugs **does 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 on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

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

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

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

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

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

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

Drug	Tier	Quantity Limits
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
Cyanocobalamin Injection (Vitamin B12)	1	
<b>Folgard Rx</b>	3	
Folic Acid 1mg (Rx only)	1	
<b>Galzin</b>	3	
<b>Mephyton</b>	3	
<b>Nephrocaps</b>	3	
<b>NephPlex Rx</b>	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	
Hydrocodone Polyst/Chlorphen ER 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

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

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

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

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

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