

2021 Preventive Medication List for Consumer Driven Health Plans Expanded List

This is a list of **Preventive Medications** that may be covered under your plan. If your plan covers these Preventive Medications, your insurance benefit is applied before you meet your deductible.

Some medications may have other requirements or limits depending on your benefit plan and are noted below. To find out if a drug is covered, please check your plan benefits on the health plan's member website. Or, call the toll-free phone number on your health plan ID card. This list may not be all-inclusive. Brand and generic drugs may not always be available due to market changes.

CDH preventive drug lists may also be used with non-CDH plans

Effective May 1, 2021

Therapeutic Drug Classes	Requirements & Limits
Breast Cancer Prevention	
Anastrozole	
Arimidex	E
Aromasin	E
Exemestane	
Fareston	E
Femara	E
Letrozole	
Soltamox	E
Tamoxifen	
Toremifene	
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy	
Aggrenox	
Arixtra	

Therapeutic Drug Classes	Requirements & Limits
Aspirin-Dipyridamole	
Bevyxxa	
Brilinta	
Cilostazol	
Clopidogrel	
Coumadin	
Dipyridamole	
Effient	E
Eliquis	
Enoxaparin	
Fondaparinux	
Fragmin	
Heparin	
Jantoven	

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

¹Coverage is provided for oral formulations.

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits
Lovenox	E
Persantine	
Plavix	E
Pletal	
Pradaxa	
Prasugrel	
Savaysa	
Ticlopidine	
Warfarin	
Xarelto	
Zontivity	
Cardiovascular/Heart Disease: High Blood Pressure	
Accupril	
Accuretic	
Acebutolol	
Aceon	
Adalat CC	
Afeditab	
Aldactazide	
Aldactone	
Aliskiren	
Altace	
Amiloride	
Amiloride-Hydrochlorothiazide	
Amlodipine	
Amlodipine-Benazepril	
Amlodipine-Olmesartan	E
Amlodipine-Olmesartan-Hydrochlorothiazide	E
Amlodipine-Valsartan	
Amlodipine-Valsartan-Hydrochlorothiazide	E
Amturnide	E
Atacand	E

Therapeutic Drug Classes	Requirements & Limits
Atacand HCT	
Atenolol	
Atenolol-Chlorthalidone	
Avalide	
Avapro	E
Azor	E
Benazepril	
Benazepril-Hydrochlorothiazide	
Benicar	E
Benicar HCT	E
Betaxolol ¹	
Bidil	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
Bystolic	E
Byvalson	
Calan	
Calan SR	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
Cardene SR	
Cardizem	E
Cardizem CD	E
Cardizem LA	E
Cardura	
Carospir	
Cartia XT	
Carvedilol	
Carvedilol ER	E

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Catapres		Enalapril-Hydrochlorothiazide	
Catapres TTS		Epaned	
Chlorothiazide		Eplerenone	
Clonidine		Eprosartan	
Clonidine Patch		Ethacrynic Acid	
Clorpress		Exforge	E
Conjupri	E	Exforge HCT	E
Coreg		Felodipine ER	
Coreg CR	E	Fosinopril	
Corgard		Fosinopril-Hydrochlorothiazide	
Corzide		Furosemide	
Covera HS		Guanfacine	
Cozaar	E	Hydralazine	
Demadex		Hydrochlorothiazide	
Dilacor XR		Hyzaar	
Dilt CD		Indapamide	
Dilt XR		Inderal	
Diltia XT		Inderal LA	E
Diltiazem		Inderal XL	E
Diltiazem ER		Innopran XL	E
Diltzac ER		Inspra	
Diovan	E	Irbesartan	
Diovan HCT	E	Irbesartan - Hydrochlorothiazide	
Diuril		Isoptin SR	
Doxazosin		Isradipine	
Dutoprol	E	Kaspargo	
Dyazide		Katerzia	
Dynacirc CR		Labetalol	
Dyrenium		Lasix	
Edarbi		Levatol	
Edarbyclor		Lisinopril	
Edecrin		Lisinopril-Hydrochlorothiazide	
Enalapril		Lopressor	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Lopressor HCT		Olmesartan	
Losartan		Olmesartan-Hydrochlorothiazide	
Losartan-Hydrochlorothiazide		Perindopril	
Lotensin		Pindolol	
Lotensin HCT		Prazosin	
Lotrel	E	Prestalia	E
Matzim LA		Prinivil	
Mavik		Procardia	
Maxzide		Procardia XL	
Methyclothiazide		Propranolol	
Methyldopa		Propranolol-Hydrochlorothiazide	
Methyldopa-Hydrochlorothiazide		Qbrelis	E
Metolazone		Quinapril	
Metoprolol 37.5, 75 mg	E	Quinapril-Hydrochlorothiazide	
Metoprolol Succinate		Ramipril	
Metoprolol Tartrate		Reserpine	
Metoprolol-Hydrochlorothiazide		Sectral	
Micardis	E	Spirolactone	
Micardis HCT	E	Spirolactone-Hydrochlorothiazide	
Microzide		Sular	
Midamor		Tarka	
Minipress		Taztia XT	
Minoxidil		Tekturna	
Moexipril		Tekturna HCT	
Moexipril-Hydrochlorothiazide		Telmisartan	
Nadolol		Telmisartan-Amlodipine	E
Nadolol-Bendroflumethazide		Telmisartan-Hydrochlorothiazide	
Nicardipine		Tenex	
Nifedipine		Tenoretic	E
Nifedipine ER		Tenormin	E
Nimodipine		Terazosin	
Nisoldipine		Teveten	
Norvasc	E	Teveten HCT	

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Therapeutic Drug Classes	Requirements & Limits
Thalitone	
Tiazac	
Timolol ¹	
Toprol XL	
Torsemide	
Trandate	
Trandolapril	
Trandolapril-Verapamil	
Triamterene	
Triamterene-Hydrochlorothiazide	
Tribenzor	E
Twynsta	E
Uniretic	
Univasc	
Valsartan	
Valsartan-Hydrochlorothiazide	
Vaseretic	E
Vasotec	E
Verapamil	
Verapamil ER	
Verelan	
Verelan PM	
Zaroxolyn	
Zebeta	
Zestoretic	E
Zestril	E
Ziac	
Cardiovascular/Heart Disease: High Cholesterol	
Altoprev	E
Antara	E
Atorvastatin	
Cholestyramine	
Cholestyramine Light	

Therapeutic Drug Classes	Requirements & Limits
Choline Fenofibrate	E
Colesevelam Tablets, Powder for Suspension	E
Colestid	
Colestipol	
Crestor	E
Ezallor Sprinkle	
Ezetimibe	
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	E
Fenofibrate 40, 48, 120 mg Tablet	E
Fenofibrate 54, 145, 160 mg Tablet	
Fenofibric Acid	E
Fenoglide	E
Fibracor	E
Flolipid	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
Icosapent	E
Lescol	
Lescol XL	E
Lipitor	E
Lipofen	E
Livalo	E
Lofibra	E
Lopid	
Lovastatin	
Lovaza	E
Mevacor	
Nexletol	
Nexlizet	
Niacin Extended-Release	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Niacor	E	Latuda	
Niaspan		Loxapine	
Omega-3 Acid Ethyl Esters		Molindone	
Pravachol		Olanzapine	
Pravastatin		Paliperidone ER	
Prevalite		Perphenazine	
Questran		Quetiapine	
Questran Light		Quetiapine ER	
Rosuvastatin		Rexulti	
Simvastatin		Risperdal	E
Simvastatin/Ezetimibe		Risperidone	
Tricor	E	Saphris	
Triglide	E	Secuado	E
Trilipix	E	Seroquel	E
Vascepa	E	Seroquel XR	E
Vytorin	E	Thioridazine	
Welchol		Thiothixene	
Zetia	E	Trifluoperazine	
Zocor		Vraylar	
Zypitamag	E	Versacloz	E
Central Nervous System: Mental Health		Ziprasidone	
Abilify, Abilify Mycite	E	Zyprexa	E
Aripiprazole		Central Nervous System: Multiple Sclerosis	
Caplyta		Aubagio	
Chlorpromazine		Avonex	
Clozapine		Bafiertam	
Clozaril		Betaseron	
Fanapt		Copaxone	E
FazaClo		Dimethyl Fumarate (generic Tecfidera)	
Fluphenazine		Extavia	E
Geodon	E	Gilenya	
Haloperidol		Glatiramer Acetate [Mylan only (generic Copaxone)]	
Invega	E		

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Therapeutic Drug Classes	Requirements & Limits
Glatopa	
Kesimpta	
Mavenclad	E
Mayzent	E
Plegridy	
Rebif	
Tecfidera	E
Vumerity	E
Zeposia	E
Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)²	
Celexa	E
Citalopram	
Escitalopram	
Fluoxetine Capsules	
Fluoxetine 10 mg, 20 mg Tablets	
Fluoxetine 60 mg Tablets	E
Fluvoxamine	
Fluvoxamine Extended-Release	
Lexapro	E
Paroxetine	
Paroxetine Extended-Release	
Paxil	
Paxil CR	E
Pexeva	E
Prozac	E
Sertraline	
Zoloft	E
Diabetes: Diabetic Supplies	
Accu-Chek Guide Meters	
Accu-Chek Guide Test Strips	
Contour Next EZ Meters	
Contour Next Meters	

Therapeutic Drug Classes	Requirements & Limits
Contour Next One Meters	
Contour Next Test Strips	
Diabetic Testing - Lancets	
Insulin Needles/Syringes	
OneTouch Diabetic Meters	
OneTouch Diabetic Test Strips	
Diabetes: Insulin	
Admelog, Admelog SoloStar	E
Afrezza	E
Apidra, Apidra SoloStar	E
Basaglar	E
Fiasp, Fiasp FlexTouch	E
Humalog	
Humalog Junior	
Humalog Mix 50/50	
Humalog Mix 75/25	
Humulin 50/50	
Humulin 70/30	
Humulin N	
Humulin R	
Insulin Aspart	E
Insulin Aspart Protamine/Insulin Aspart	E
Insulin Lispro	E
Insulin Lispro Jr.	E
Insulin Lispro Protamine/Insulin Lispro 75/25	E
Lantus	
Levemir	E
Lyumjev	
Novolin 70/30	E
Novolin N	E
Novolin R	E
Novolog	E

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Novolog Mix 70/30	E	Glumetza	E
Semglee	E	Glyburide	
Soliqua		Glyburide Micronized	
Toujeo		Glyburide-Metformin	
Tresiba	E	Glynase	
Diabetes: Non-Insulin		Glyset	
Acarbose		Glyxambi	
ACTOplus Met		Invokamet	E
ACTOplus Met XR		Invokamet XR	E
Actos	E	Invokana	E
Adlyxin		Janumet	E
Alogliptin	E	Janumet XR	E
Alogliptin-Metformin	E	Januvia	E
Alogliptin-Pioglitazone	E	Jardiance	
Amaryl		Jentadueto	
Avandia		Jentadueto XR	
Bydureon		Kazano	
Bydureon BCise		Kombiglyze XR	
Byetta		Metformin	
Cycloset		Metformin ER (generic Fortamet)	E
Diabeta		Metformin ER (generic Glucophage XR)	
Duetact		Metformin ER (generic Glumetza)	E
Farxiga	E	Metformin Solution (generic Riomet)	
Fortamet	E	Miglitol	
Glimepiride		Nateglinide	
Glipizide		Nesina	
Glipizide ER		Onglyza	
Glipizide-Metformin		Oseni	
Glucophage		Ozempic	
Glucophage XR		Pioglitazone	
Glucotrol		Pioglitazone-Glimepiride	
Glucotrol XL		Pioglitazone-Metformin	
Glucovance		PrandiMet	

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Therapeutic Drug Classes	Requirements & Limits
Prandin	
Precose	
Qtern	E
Repaglinide	
Repaglinide-Metformin	
Riomet	E
Riomet ER	
Rybelsus	
Segluromet	E
Starlix	
Steglatro	E
Steglujan	E
SymlinPen	
Synjardy	
Synjardy XR	
Tolbutamide	
Tradjenta	
Trijardy XR	
Trulicity	
Victoza	
Xigduo XR	E
Xultophy	E
HIV	
Abacavir	
Abacavir-Lamivudine	
Abacavir-Lamivudine-Zidovudine	
Aptivus	
Atazanavir	
Atripla	E
Biktarvy	
Cimduo	
Combivir	
Complera	

Therapeutic Drug Classes	Requirements & Limits
Crixivan	
Delstrigo	
Descovy	E
Didanosine	
Dovato	
Edurant	
Efavirenz	
Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate (generic Atripla)	E
Efavirenz-Lamivudine (generic Symfi, Symfi Lo)	
Emtricitabine	
Emtricitabine-Tenofovir Disoproxil Fumarate (generic Truvada)	
Emtriva	
Epivir	
Epzicom	E
Evotaz	
Fosamprenavir	
Fuzeon	
Genvoya	
Intelence	
Invirase	
Isentress	
Isentress HD	
Juluca	
Kaletra	
Lamivudine	
Lamivudine-Zidovudine	
Lexiva	
Lopinavir-Ritonavir	
Nevirapine	
Nevirapine Extended-Release	E
Norvir Tablet	E

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Therapeutic Drug Classes	Requirements & Limits
Odefsey	
Pifeltro	
Prezcobix	
Prezista	
Rescriptor	
Retrovir	
Reyataz	E
Ritonavir	
Rukobia	
Selzentry	
Stavudine	
Stribild	
Sustiva	E
Symfi	
Symfi Lo	
Symtuza	E
Temixys	E
Tenofovir	
Tivicay	
Tivicay PD	
Triumeq	
Trizivir	
Truvada	E
Videx	
Videx EC	
Viracept	
Viramune	E
Viramune XR	E
Viread	E
Viteka	
Zerit	
Ziagen	
Zidovudine	

Therapeutic Drug Classes	Requirements & Limits
Immunosuppressant: Organ Rejection	
Astagraf XL	E
Azasan	
Azathioprine	
Cellcept E	
Cyclosporine	
Envarsus XR	E
Everolimus	
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	
Rapamune	E
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	E
Musculoskeletal: Osteoporosis	
Actonel	E
Alendronate	
Atelvia	E
Binosto	E
Boniva	
Calcitonin (salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	E
Fortical	
Fosamax	

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Therapeutic Drug Classes	Requirements & Limits
Fosamax Plus D	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Teriparatide	
Tymlos	
Respiratory: Asthma/COPD	
Accolate	
Accuneb	
Advair Diskus	
Advair HFA	
AirDuo Digihaler	E
AirDuo RespiClick	E
Albuterol HFA (generic ProAir HFA, Proventil HFA)	
Albuterol HFA (Ventolin HFA authorized generic)	E
Albuterol Nebulized Solution	
Albuterol Oral Tablet	
Alvesco	E
Aminophylline	
Anoro Ellipta	
ArmonAir Digihaler	E
ArmonAir RespiClick	E
Arnuity Ellipta	
Asmanex HFA	E
Asmanex Twisthaler	E
Atrovent HFA	
Bevespi Aerosphere	
Breo Ellipta	
Breztri Aerosphere	
Brovana	

Therapeutic Drug Classes	Requirements & Limits
Budesonide/Formoterol (Symbicort Authorized Generic)	E
Budesonide Nebulized Solution	
Combivent RespiMat	
Cromolyn	
Daliresp	
Duaklir Pressair	E
Dulera	E
Duoneb	
Elixophyllin	
Flovent Diskus	
Flovent HFA	
Fluticasone/Salmeterol Diskus	E
Fluticasone/Salmeterol RespiClick	
Foradil	
Gastrocrom	
Incruse Ellipta	E
Ipratropium	
Ipratropium/Albuterol	
Levalbuterol HFA	
Levalbuterol Nebulized Solution	
Lonhala Magnair	E
Lufyllin	
Metaproterenol	
Montelukast	
Perforomist	
ProAir Digihaler	E
Proair HFA	E
Proair RespiClick	E
Proventil HFA	E
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	E
QVAR Redihaler	E

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Therapeutic Drug Classes	Requirements & Limits
Serevent Diskus	
Singular	E
Spiriva HandiHaler	
Spiriva Respimat	
Stiolto Respimat	E
Striverdi Respimat	
Symbicort	
Terbutaline	
Theo-24	
Theophylline	
Theophylline/Guaifenesin	
Trelegy Ellipta	
Tudorza Pressair	E
Ventolin HFA	E
VoSpire ER	
Yupelri	
Xopenex HFA	
Xopenex Nebulized Solution	E
Zafirlukast	
Zyflo	
Zyflo CR	
Vitamins	
Pediatric Fluoride Preparations (for example: Florvite, Poly-Vi-Flor, Tri-Vi-Flor) - Brand Name and Generic Products	
Prenatal Vitamins (for example: Citranatal Assure, Prenate DHA, Stuartnatal) - Brand Name and Generic Products	

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Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of your experience. 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 toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

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**, **1-800-537-7697** (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, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

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 su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: 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 nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

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

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises 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。健康保険証に記載されている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 رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'íizí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

Learn more



Call the toll-free phone number on your health plan ID card to speak with a Customer Service representative.



Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

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If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access myuhc.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.