



Co-insurance waiver benefit for High Deductible Health Plan (HDHP)

2023 Open Enrollment | [whyuhc.com/shbp](https://www.whyuhc.com/shbp)

State Health Benefit Plan (SHBP) members not enrolled in a Disease Management Program as of Jan. 1, 2023, may contact UnitedHealthcare using our toll-free number, **888-364-6352**. Ask to speak with a nurse in order to be enrolled in a Disease Management Program.

OR

A UnitedHealthcare nurse will reach out to qualified SHBP members to enroll them in a Disease Management Program.

Once a member has met the Disease Management Pharmacy Co-insurance Waiver Program requirements and enrolls, UnitedHealthcare will notify CVS Caremark® of the member's enrollment and the following will occur:

- Enrolled HDHP members will pay for their qualified program medications (see medication list below) out of pocket until the initial deductible requirement (\$1,500 individual/\$3,000 family) has been met
- UnitedHealthcare will credit the member's Health Incentive Account (HIA) in the amount of the co-insurance paid to purchase the qualified medication for future reimbursement
- Once the member has satisfied their initial deductible requirement (\$1,500 individual/\$3,000 family), UnitedHealthcare will reimburse the member from their HIA for future eligible medical and pharmacy expenses
- Once the HDHP member has fully satisfied their deductible, CVS Caremark® will waive the pharmacy co-insurance at the point of sale for qualified medications

To be eligible for the program:

- An SHBP member must be actively participating in the Coronary Artery Disease (CAD), Diabetes, Asthma Disease Management Programs and/or Medication for Addiction Treatment Programs
- Active participation includes, but is not limited to:
 - Monthly follow up with a UnitedHealthcare nurse
 - Scheduled physician appointments on a regular basis
 - Obtaining needed testing and sharing results with a UnitedHealthcare nurse
 - + Diabetes Program requirements include A1C testing twice yearly and annual cholesterol screenings
 - + CAD Program requirements include annual cholesterol screenings
 - + Asthma Program requirements include testing as required by the member's physician
 - Taking medications as prescribed
 - Completing the RealAge® Test online through Sharecare at [BeWellSHBP.com](https://www.BeWellSHBP.com)
 - Setting goals to improve health
- The eligible member should allow 14 days before the enrollment is active

The 2023 State Health Benefit Plan Co-pay/Co-insurance Waiver Medication List

Asthma

Advair Diskus
 Advair HFA
 Breo Ellipta Budesonide
 Nebulizer Susp
 Flovent HFA *(Thru 6/30/2023)*
 Ipratropium Bromide
 Ipratropium-Albuterol
 Pulmicort Flexhaler
 Spiriva Handihaler
 Spiriva Respimat
 Symbicort
 Trelegy Ellipta

Coronary Artery Disease

Benazepril HCL
 Benazepril & HCTZ
 Captopril
 Catopril & HCTZ
 Enalapril Maleate
 Enalapril & HCTZ
 Fosinopril
 Fosinopril & HCTZ
 Lisinopril
 Lisinopril & HCTZ
 Moexipril
 Moexipril & HCTZ

Perindopril Erbumine
 Quinapril
 Quinapril & HCTZ
 Ramipril
 Trandolapril

Diabetes

Accu-Chek Compact
 Test Strips *(Thru 6/30/2023)*
 Accu-Chek Aviva Test Strips
 Accu-Chek Smart Test Strips
 Accu-Chek Guide Test Strips
 Basaglar KwikPen
 Chloropamide
 Dexcom G6 Sensors,
 Transmitters
 and Receivers
 Farxiga
 Fiasp
 Glimepiride
 Glipizide
 Glipizide ER
 Glipizide XL
 Glipizide-Metformin
 Glyburide
 Glyburide Micronized
 Glyburide-Metformin
 Glyxambi
 Humulin R U-500

Insulin Syringes and Needles*
 Janumet/Janumet XR
 Januvia
 Jardiance
 Lancets
 Levemir Pen
 Levemir Vial
 Metformin
 Metformin ER (PA Required)
 Mounjaro (PA)
 Nateglinide
 Novolog Cartridge
 Novolog Mix 70/30 Pen
 Novolog Mix 70/30 Vial
 Novolog Pen
 Novolog Vial
 Novolin Mix 70/30 Pen
 Novolin Mix 70/30 Vial
 Novolin N Pen
 Novolin N Vial
 Novolin R Vial
 Omnipod Insulin Pump
 OneTouch Verio Test Strips
 OneTouch Verio Flex Test
 Strips
 OneTouch Verio Reflect Test
 Strips
 OneTouch Ultra Test Strips
 Ozempic (PA Required)
 Pioglitazone

Pioglitazone-Metformin
 Pioglitazone-Glimepiride
 Repaglinide
 Repaglinide-Metformin
 Rybelsus (PA Required)
 Soliqua
 Symlin (PA Required)
 Synjardy/Synjardy XR
 Tolazamide
 Tolbutamide
 Toujeo
 Tresiba Flextouch
 Trijardy XR
 Trulicity (PA Required)
 Victoza (PA Required)
 Xigduo XR
 Xultophy

Medication for Addiction Treatment

Acamprosate Calcium DR
 Buprenorphine HCL SL
 Buprenorphine HCL/Naloxone
 Disulfiram
 Naltrexone HCL

*BD ULTRAFINE syringes and needles are the only preferred options.

The symbol (PA Required) next to a drug name indicates that a prior authorization is required for coverage. All rights in the product names of all third-party products listed, whether or not appearing with the trademark symbol, belong exclusively to their respective owners.

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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。

SHBP Open Enrollment

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