



Save on condition-related prescriptions

With the Co-pay/Co-insurance Waiver Program, you may not have to pay any co-pay or co-insurance for certain medications. If you are participating in and meet the requirements of a Disease Management Program for diabetes, asthma, CAD or medication addiction treatment, the program may cover co-pays or co-insurance for certain medications used to treat that condition.

See your health plan documents for additional details or call UnitedHealthcare at **1-888-364-6352**.

2025 Open Enrollment | whyuhc.com/shbp

Co-pay waiver benefit for HMO Plan

State Health Benefit Plan (SHBP) members not enrolled in a Disease Management Program as of Jan. 1, 2025, may contact UnitedHealthcare using our toll-free number, **1-888-364-6352**. 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-pay Waiver Program requirements and enrolls, UnitedHealthcare will notify CVS Caremark® so they can begin waiving the co-pay for the member's qualified medications (see medication list on the next page).

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

State Health Benefit Plan (SHBP) members not enrolled in a Disease Management Program as of Jan. 1, 2025, may contact UnitedHealthcare using our toll-free number, **1-888-364-6352**. 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 on the next page) out of pocket until the initial deductible requirement (\$1,650 individual/\$3,300 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 (\$1,650 individual/\$3,300 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
- Setting goals to improve health
- The eligible member should allow 14 days before the enrollment is active

The 2025 State Health Benefit Plan Co-pay/Co-insurance Waiver Medication List

Asthma

Asmanex HFA
Breo Ellipta¹
Breyna
Budesonide/Formoterol INH²
Budesonide Nebulizer SUSP
Fluticasone Salmeterol Aer Powder³
Ipratropium Bromide – Oral Inhaler
Ipratropium Albuterol
Pulmicort Flexhaler
Spiriva Handihaler
Spiriva Respimat
Trelegy Ellipta
Wixela Inhub

Captopril and HCTZ
Enalapril and HCTZ
Enalapril Maleate
Fosinopril
Fosinopril and HCTZ
Lisinopril
Lisinopril and HCTZ
Moexipril
Moexipril and HCTZ
Perindopril Erbumine
Quinapril
Quinapril and HCTZ
Ramipril
Trandolapril

Accu-Chek Lancets
Accu-Chek Smart Test Strips
Chlorpropamide
Dexcom G6 Sensors, Transmitters and Receivers
Dexcom G7 Sensors and Receivers⁴
Farxiga
Fiasp
Glimepiride
Glipizide
Glipizide ER
Glipizide-Metformin
Glipizide XL
Glyburide
Glyburide-Metformin
Glyburide Micronized
Glyxambi
Humulin R U-500

Coronary Artery Disease

Benazepril HCL
Benazepril and HCTZ
Captopril

Diabetes

Acarbose
Accu-Chek Aviva Test Strips
Accu-Chek Guide Test Strips

¹ Breo Ellipta – Covered NDCs 00173085910, 00173088210, 00173091610

² Generic for SYMBICORT

³ FLUTICASONE- SALMETEROL – Covered NDCs 00054032656, 00093751731, 00054032756, 00093751831, 00093751631

⁴ **FLUTICASONE – SALMETEROL – NOT Covered NDCs 66993058497, 66993058597, 6699305869, 66993008696, 66993008796, 66993008896, 00093360782, 00093360882, 00093360982

⁴ The DEXCOM G7 May be compatible with certain pumps. Please check pump for compatibility.

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.

The 2025 State Health Benefit Plan Co-pay/Co-insurance Waiver Medication List (continued)

Diabetes

Insulin Glargine-YFGN⁵
 Insulin Syringes/Needles⁶
 Jardiance
 Lantus
 Liraglutide⁷
 Metformin
 Metformin ER (PA Required)
 Mounjaro (PA Required)
 Nateglinide
 Novolog Cartridge
 Novolog Mix 70/30 Pen
 Novolog 70/30 Vial
 Novolin N Vial
 Novolin Pen
 Novolin R Vial
 Omnipod Insulin Pump/Dash
 OneTouch Lancets

OneTouch Ultra Test Strips
 OneTouch Verio Flex Test Strips
 OneTouch Verio Reflect Test Strips
 OneTouch Verio Test Strips
 Ozempic (PA Required)
 Pioglitazone
 Pioglitazone-Glimepiride
 Pioglitazone-Metformin
 Rybelsus (PA Required)
 Saxagliptin
 Saxagliptin/Metformin EXT REL
 SITAGLIPTIN
 Soliqua
 Symlin
 Synjardy
 Synjardy XR
 Tolazamide
 Tolbutamide

Toujeo
 Tresiba Flextouch
 Trijardy XR
 Trulicity (PA Required)
 Twiist Kit
 Xigduo XR
 Xultophy
 Zituvio
 Zituvimet/XR

Medication for Addiction Treatment (MAT)

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

Case Management and Medication for Addiction Treatment

Enrollment and participation in the Co-payment/Co-insurance Waiver Program are not required to receive the listed MAT medications at a \$0 cost share. All listed medications are zero co-pay for all members at all times. However, behavioral health case management is also available for free to any members taking medication for addiction treatment to help them achieve their health goals. Call the same number listed above to get connected to a licensed clinician.

United
Healthcare®



⁵Generic for Semglee

⁶BD ULTRAFINE syringes and needles are the only preferred options.

⁷Generic for VICTOZA

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SHBP Open Enrollment

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