



# 2020 Formulary

## (List of Covered Prescription Drugs for Urgent Care in the US)

### PLEASE READ

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE  
COVER IN THE FOLLOWING PLANS:

#### Small Group Plans

- ) P5 Platinum HMO Plan
- ) P20 Platinum HMO Plan
- ) PM Platinum HMO Plan
- ) GM Gold HMO Plan

#### Large Group Plans

- ) VP5 HMO Plan
- ) VP10 HMO Plan
- ) VP20 HMO Plan
- ) MEP HMO Plan
- ) QEP HMO Plan

This formulary was last updated on 2/3/2020 and is subject to change. Please be advised that any previous version of this formulary no longer applies.

For more recent information or additional questions, please contact  
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