Broward County Employee Benefit Services
115 S Andrews Avenue, Ste. 514, Fort Lauderdale FL 33301
Office: 954-357-6700 | Secured Facsimile: 954-728-2777
Email: Benefits@broward.org | Website: Broward.org/Benefits

2020 PHARMACY WAIVER PROGRAM ELIGIBILITY FORM

The Pharmacy Waiver Program is designed to benefit eligible employees and spouses/domestic partners enrolled in the County's Consumer Driven Health Plan (CDH). Once the insurance carrier verifies that the Eligibility Requirements are met, the program will waive the cost of generic and preferred formulary medications for the following disease states. Only drugs that are classified in the drug therapeutic class for the eligible disease-state will be covered.

- Asthma
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension

Once approved the waiver will remain in effect through **December 31, 2020**.

Eligibility Requirements:

- Enroll in a CDH plan for year 2020 **AND**
- Complete the online UHC Health Survey located at www.myuhc.com **AND**
- Complete an annual physical at your Physician's office in the current calendar year

---

Note:
1. Applicants enrolled in the County's High Deductible Health Plans (HDHP) are not eligible for this program. HDHP applicants are eligible for the medications listed in the 2020 Preventive Drug List.
2. Community Care Plan provides personalized support for members who are enrolled in their CareGuardian Program

Community Care Plan	866-224-6701	member.services@ccpcares.org
United HealthCare Advocate	954-357-7191 or 7192	marc_dormeus@uhc.com; danila_montgomery@uhc.com

Florida Statute 817.234 clearly states that any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Any person committing such fraud will be subject to appropriate action by Broward County, health plan manager, and/or the third party administrator.

Continue to the next page

2020 PHARMACY WAIVER PROGRAM ELIGIBILITY FORM
(Guideline on next page)

EMPLOYEE INFORMATION

Name: ______________________________ County ID#: ______________________

PATIENT INFORMATION

First Name: ______________________________ Last Name: ______________________

Insurance Carrier: **United HealthCare** UHC ID#: ______________________

Relationship to Employee: ☐ Self ☐ Spouse/Domestic Partner

I am applying for the Broward County Pharmacy Waiver Program (generic and preferred formulary tiers only) for 2020 for the following disease states: (check all that applies)

- ☐ Asthma
- ☐ Chronic Kidney Disease
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Congestive Heart Failure (CHF)
- ☐ Coronary Artery Disease (CAD)
- ☐ Diabetes
- ☐ Hypertension

I have completed the Pharmacy Waiver Program requirements as indicated below:

- ☐ I am enrolled in the Consumer Driven Health High Plan
- ☐ I am enrolled online at myuhc.com
- ☐ I have completed my online the Rally Survey on myUHC.com
- ☐ I have completed a preventive screenings/exam in the current calendar year

---

By signing this document, you agree to allow UnitedHealthcare to provide your name and list of eligible disease states to Broward County Government, Employee Benefit Services confirming completion of the Pharmacy Waiver Program Requirements and to implement the pharmacy waiver with the County's self-insured pharmacy provider, OptumRx. You also understand that this program expires December 31, 2020 and is valid only for generic and preferred (formulary) brand drugs within the program's identified disease states; asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, congestive heart failure (CHF) and hypertension. Only drugs that are classified in the drug therapeutic class for the eligible disease state will be covered. If you would like to revoke this authorization at any time, written notice must be provided to the Broward County Employee Benefits Office. However, any actions taken by the Broward County, Employee Benefit Services Section in reliance on your authorization before you revoked it will not be affected by the revocation.

Applicant's Signature: ______________________________________Date ____________________

Complete and return to UHC onsite HealthCare Advocates at
Governmental Center, Room 514 | Benefits@broward.org | Secure Facsimile: 954-728-2777

Office Use Only: Information Verification

Insurance Carrier: ______________________________________Date: ____________________