



MIIA Town of Maynard  
Effective: 7/1/2019



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Plan Education

## Plan Options

### Medical

Blue Care Elect Preferred

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Network Blue New England

[View Summary](#) [View SBC](#)

### Ancillary

Blue 20/20 Hearing Discounts

Blue 20/20 Exam Plus Integrated Insight

## Helpful Resources

### Plan Info

- [Emergency Room Alternatives](#)
- [ahealthyme](#)
- [Nurse Hotline](#)
- [2019 Fitness Reimbursement \\$150](#)
- [2019 Weight Loss Reimbursement \\$150](#)
- [Blue Card Program Brochure](#)
- [Commitment To Confidentiality](#)
- [How To Choose A PCP](#)
- [MyBlue App](#)
- [Member Identity Protection Services](#)
- [SmartShopper®](#)
- [Smart90](#)
- [Diabetes Care Value](#)
- [Mail Service Pharmacy Brochure & Form](#)
- [\\$9 Generic Medications List](#)
- [2019 Pharmacy Formulary](#)
- [3-Tier Pharmacy Program](#)
- [\\$9 Generics Program Fact Sheet](#)

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## SUMMARY OF BENEFITS



# Blue Care<sup>®</sup> Elect Preferred

**Download the MyBlue Member App**—Get instant and secure access to your personal health care information any time you need it. A simple tap connects you to your claims history, your ID card, financial accounts, even your doctor. Download the app from the App Store<sup>®</sup> or Google Play<sup>™</sup>.

 This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

# Your Choice

## When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you’re still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

## How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor)

## When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

You must pay a calendar-year deductible before you can receive coverage for most out-of-network benefits under this plan. The calendar-year deductible begins on January 1 and ends on December 31 of each year. Your deductible is **\$250** per member (or **\$500** per family).

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your benefit description. You may be responsible for any difference between the allowed charge and the provider’s actual billed charge (this is in addition to your deductible and/or your coinsurance).

## Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a calendar year for deductible, copayments, and coinsurance for covered services. Your out-of-pocket maximum for medical benefits is **\$2,500** per member (or **\$5,000** per family) for in-network and out-of-network services combined. Your out-of-pocket maximum for prescription drug benefits is **\$1,000** per member (or **\$2,000** per family).

## Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a copayment per visit for in-network or out-of-network emergency room services. The copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

## Utilization Review Requirements

Certain services require **pre-approval/prior authorization** through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage; this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures, and drugs. You should work with your health care provider to determine if pre-approval is required for any service your provider is suggesting. If your provider, or you, don’t get pre-approval when it’s required, your benefits will be denied, and you may be fully responsible for payment to the provider of the service. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval, Concurrent Review and Discharge Planning, and Individual Case Management.

## Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

# Your Medical Benefits

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
<b>Preventive Care</b> Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> <li>• 10 visits during the first year of life</li> <li>• Three visits during the second year of life (age 1 to age 2)</li> <li>• Two visits for age 2</li> <li>• One visit per calendar year for age 3 and older</li> </ul>	Nothing	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	20% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one per calendar year)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
<b>Outpatient Care</b> Emergency room visits	\$150 per visit (waived if admitted or for observation stay)	\$150 per visit, no deductible (waived if admitted or for observation stay)
Office or health center visits, when performed by: <ul style="list-style-type: none"> <li>• A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, physician assistant, nurse practitioner, limited services clinic, or multi-specialty provider group</li> <li>• Other covered providers</li> </ul>	\$20 per visit	20% coinsurance after deductible
Chiropractors' office visits	\$35 per visit	20% coinsurance after deductible
Mental health or substance abuse treatment	\$20 per visit	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	\$35 per visit	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$35 per visit	20% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing	20% coinsurance after deductible
MRIs, CT scans, PET scans, and nuclear cardiac imaging tests	\$150 per category per service date	20% coinsurance after deductible
Home health care and hospice services	Nothing	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**	40% coinsurance after deductible**
Prosthetic devices	Nothing	20% coinsurance after deductible
Surgery and related anesthesia in an office or health center, when performed by: <ul style="list-style-type: none"> <li>• A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, physician assistant, nurse practitioner, or multi-specialty provider group</li> <li>• Other covered providers</li> </ul>	\$20 per visit***	20% coinsurance after deductible
	\$35 per visit***	20% coinsurance after deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$250 per admission	20% coinsurance after deductible

\* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

\*\* In-network cost share waived for one breast pump per birth (20% coinsurance after deductible out-of-network).

\*\*\* Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
<b>Inpatient Care (including maternity care)</b> General or chronic disease hospital care (as many days as medically necessary)	\$500 per admission	20% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$500 per admission	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing	20% coinsurance after deductible
<b>Prescription Drug Benefits*</b> At designated retail pharmacies** (up to a 30-day formulary supply for each prescription or refill)***	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3	Not covered
Through the designated mail service or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)***	\$20 for Tier 1† \$50 for Tier 2 \$90 for Tier 3	Not covered

\* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

\*\* Specialty drugs available only when obtained from a designated specialty pharmacy.

\*\*\* Cost share may be waived for certain covered drugs and supplies.

† Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to [bluecrossma.com/mail-service-pharmacy](http://bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

Visit us at [bluecrossma.com](http://bluecrossma.com) or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

<b>Wellness Participation Program</b> <b>Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs</b> This fitness benefit applies for fees paid to: a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs. (See your benefit description for details.)	\$150 per calendar year per policy
<b>Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program</b> This weight loss program benefit applies for fees paid to: hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals. (See your benefit description for details.)	\$150 per calendar year per policy
24/7 Nurse Care Line—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

## Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at [bluecrossma.com](http://bluecrossma.com).

Interested in receiving information from us via e-mail? Go to [bluecrossma.com/email](http://bluecrossma.com/email) to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see [www.emiia.org](http://www.emiia.org). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [bluecrossma.com/sbcglossary](http://bluecrossma.com/sbcglossary) or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$0</b> in-network; <b>\$250</b> member / <b>\$500</b> family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Emergency room and emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	For medical benefits, <b>\$2,500</b> member / <b>\$5,000</b> family; and for prescription drug benefits, <b>\$1,000</b> member / <b>\$2,000</b> family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> or call the Member Service number on your ID card for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, nurse practitioner, physician assistant, limited services clinic, or multi-specialty provider group
	<u>Specialist</u> visit	\$35 / visit; \$35 / chiropractor visit	20% coinsurance; 20% coinsurance / chiropractor visit	Deductible applies first for out-of-network
	<u>Preventive care/screening/immunization</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to age-based schedule and / or frequency. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization may be required
	Imaging (CT/PET scans, MRIs)	\$150	20% coinsurance	Deductible applies first for out-of-network; copayment applies per category of test / day; pre-authorization may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> <b>More information about <a href="https://bluecrossma.com/medications">prescription drug coverage</a> is available at <a href="https://bluecrossma.com/medications">bluecrossma.com/medications</a></b>	Generic drugs	\$10 / retail supply or \$20 / designated retail or mail service supply	Not covered	Up to 30-day retail (90-day designated retail or mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / designated retail or mail service supply	Not covered	
	Non-preferred brand drugs	\$45 / retail supply or \$90 / designated retail or mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$250 / admission	20% coinsurance	Deductible applies first for out-of-network
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first for out-of-network
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$150 / visit	\$150 / visit	Copayment waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$35 / visit	20% coinsurance	Deductible applies first for out-of-network
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$500 / admission	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	Physician/surgeon fees	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$20 / visit	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services
	Inpatient services	\$500 / admission	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you are pregnant</b>	Office visits	No charge	20% coinsurance	Deductible applies first for out-of-network; cost sharing does not apply for in-network preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$500 / admission	20% coinsurance	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required
	<u>Rehabilitation services</u>	\$35 / visit	20% coinsurance	Deductible applies first for out-of-network; limited to 100 visits per calendar year (other than for autism, home health care, and speech therapy)
	<u>Habilitation services</u>	\$35 / visit	20% coinsurance	Deductible applies first for out-of-network; rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children
	<u>Skilled nursing care</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to 100 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	20% coinsurance	40% coinsurance	Deductible applies first for out-of-network; in-network cost share waived for one breast pump per birth (20% coinsurance for out-of-network)
	<u>Hospice services</u>	No charge	20% coinsurance	Deductible applies first for out-of-network; pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	Deductible applies first for out-of-network; limited to one exam per calendar year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	20% coinsurance for members with a cleft palate / cleft lip condition	Limited to members under age 18; deductible applies first for out-of-network

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Private-duty nursing

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric surgery
- Chiropractic care
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Routine eye care - adult (one exam per calendar year)
- Routine foot care (only for patients with systemic circulatory disease)
- Weight loss programs (\$150 per calendar year per policy)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or [www.mass.gov/doi](http://www.mass.gov/doi). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting [www.mahealthconnector.org](http://www.mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Does this plan provide Minimum Essential Coverage? [Yes]**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? [Yes]**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Disclaimer:** This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Delivery fee copay	\$0
■ Facility fee copay	\$500
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,713</b>
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#### In this example, Peg would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$516
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$60
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<b>The total Peg would pay is</b>	<b>\$576</b>
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### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$35
■ Primary care visit copay	\$20
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$1,190
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$55
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<b>The total Joe would pay is</b>	<b>\$1,245</b>
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### Jacque's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$35
■ Emergency room copay	\$150
■ Ambulance services copay	\$0

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacque would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$325
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$0
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<b>The total Jacque would pay is</b>	<b>\$325</b>
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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7 of 7



MASSACHUSETTS

# MCC Compliance



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

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# Network Blue® New England



**Download the MyBlue Member App**—Get instant and secure access to your personal health care information any time you need it. A simple tap connects you to your claims history, your ID card, financial accounts, even your doctor. Download the app from the App Store® or Google Play™.

 This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

# Your Care

## Your Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to choose a PCP who can accept you and your family members and who participates in the network of providers in New England. For children, you may choose a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com](http://bluecrossma.com); consult the Provider Directory; or call the Member Service number on your ID card.

If you have trouble choosing a doctor, Member Service can help. They can give you the doctor's gender, the medical school she or he attended, and whether there are languages other than English spoken in the office.

## Referrals

Your PCP is the first person you call when you need routine or sick care. If your PCP decides that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist, who is likely affiliated with your PCP's hospital or medical group.

You will not need prior authorization or referral to see a HMO Blue New England network provider who specializes in OB/GYN services. Your providers may also work with Blue Cross Blue Shield of Massachusetts regarding referrals and Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your benefit description.

## Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for copayments and coinsurance for covered services. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your out-of-pocket maximum for medical benefits is **\$2,500** per member (or **\$5,000** per family). Your out-of-pocket maximum for prescription drug benefits is **\$1,000** per member (or **\$2,000** per family).

## Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a copayment per visit for emergency room services. This copayment is waived if you're admitted to the hospital or for an observation stay. See the chart for your cost share.

## Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

## When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. See your benefit description for more information.

## Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

# Your Medical Benefits

Covered Services	Your Cost
<b>Preventive Care</b>	
Well-child care visits	Nothing
Preventive dental care for children under age 12 (one visit each six months)	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per calendar year)	Nothing
Routine hearing exams, including routine tests	Nothing
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum
Routine vision exams (one per calendar year)	Nothing
Family planning services—office visits	Nothing
<b>Outpatient Care</b>	
Emergency room visits	\$150 per visit (waived if admitted or for observation stay)
Office or health center visits, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, physician assistant, or limited services clinic	\$20 per visit
• Other covered providers	\$35 per visit
Chiropractors' office visits	\$35 per visit
Mental health or substance abuse treatment	\$20 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$35 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$35 per visit
Diagnostic X-rays and lab tests	Nothing
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per service date**
Home health care and hospice services	Nothing
Oxygen and equipment for its administration	Nothing
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance***
Prosthetic devices	20% coinsurance
Surgery and related anesthesia in an office or health center, when performed by:	
• Your PCP, OB/GYN physician, nurse practitioner, nurse midwife, or physician assistant	\$20 per visit <sup>†</sup>
• Other covered providers	\$35 per visit <sup>†</sup>
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$250 per admission
<b>Inpatient Care (including maternity care)</b>	
General or chronic disease hospital care (as many days as medically necessary)	\$500 per admission
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$500 per admission
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing
Skilled nursing facility care (up to 100 days per calendar year)	Nothing

\* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

\*\* When the copayments for CT scans, MRIs, PET scans, and/or nuclear cardiac imaging tests add up to the total of \$375 per member in a calendar year, you pay nothing for these tests for the remainder of that calendar year.

\*\*\* Cost share waived for one breast pump per birth.

† Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies*** (up to a 30-day formulary supply for each prescription or refill)	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3
Through the designated mail service or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 for Tier 1† \$50 for Tier 2 \$90 for Tier 3

\* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

\*\* Cost share may be waived for certain covered drugs and supplies.

\*\*\* Specialty drugs available only when obtained from a designated specialty pharmacy.

† Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to [bluecrossma.com/mail-service-pharmacy](http://bluecrossma.com/mail-service-pharmacy).

## Get the Most from Your Plan

Visit us at [bluecrossma.com](http://bluecrossma.com) or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

<p><b>Wellness Participation Program</b></p> <p><b>Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs</b> This fitness benefit applies for fees paid to: a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs. (See your benefit description for details.)</p> <p><b>Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program</b> This weight loss program benefit applies for fees paid to: hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals. (See your benefit description for details.)</p>	<p>\$150 per calendar year per policy</p> <p>\$150 per calendar year per policy</p>
24/7 Nurse Care Line—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

## Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at [bluecrossma.com](http://bluecrossma.com). Interested in receiving information from us via e-mail? Go to [bluecrossma.com/email](http://bluecrossma.com/email) to sign up.

**Limitations and Exclusions.** These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, see [www.emiia.org](http://www.emiia.org). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [bluecrossma.com/sbcglossary](http://bluecrossma.com/sbcglossary) or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For medical benefits, <b>\$2,500</b> member / <b>\$5,000</b> family; and for prescription drug benefits, <b>\$1,000</b> member / <b>\$2,000</b> family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> or call the Member Service number on your ID card for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	None
	<u>Specialist</u> visit	\$35 / visit; \$35 / chiropractor visit	Not covered	None
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	GYN exam limited to one exam per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	Pre-authorization required for certain services
	Imaging (CT/PET scans, MRIs)	\$100	Not covered	Copayment applies per category of test / day; pre-authorization required for certain services
<b>If you need drugs to treat your illness or condition</b> <b>More information about prescription drug coverage is available at <a href="http://bluecrossma.com/medications">bluecrossma.com/medications</a></b>	Generic drugs	\$10 / retail supply or \$20 / designated retail or mail service supply	Not covered	Up to 30-day retail (90-day designated retail or mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / designated retail or mail service supply	Not covered	
	Non-preferred brand drugs	\$45 / retail supply or \$90 / designated retail or mail service supply	Not covered	
	<u>Specialty drugs</u>	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$250 / admission	Not covered	Pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$150 / visit	\$150 / visit	Copayment waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$35 / visit	\$35 / visit	Out-of-network coverage limited to out of service area
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$500 / admission	Not covered	Pre-authorization required
	Physician/surgeon fees	No charge	Not covered	Pre-authorization required
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$20 / visit	Not covered	Pre-authorization required for certain services
	Inpatient services	\$500 / admission	Not covered	Pre-authorization required for certain services
<b>If you are pregnant</b>	Office visits	No charge	Not covered	Cost sharing does not apply for preventive services; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$500 / admission	Not covered	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No charge	Not covered	Pre-authorization required
	<u>Rehabilitation services</u>	\$35 / visit	Not covered	Limited to 60 visits per calendar year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	<u>Habilitation services</u>	\$35 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	<u>Skilled nursing care</u>	No charge	Not covered	Limited to 100 days per calendar year; pre-authorization required
	<u>Durable medical equipment</u>	20% coinsurance	Not covered	Cost share waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	Pre-authorization required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	Limited to one exam per calendar year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge	Not covered	Limited to children under age 12 (every 6 months) and under age 18 with a cleft palate / cleft lip condition

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Children's glasses</li> <li>• Cosmetic surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care (Adult)</li> <li>• Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Chiropractic care</li> <li>• Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Routine eye care - adult (one exam per calendar year)</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care (only for patients with systemic circulatory disease)</li> <li>• Weight loss programs (\$150 per calendar year per policy)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or [www.mass.gov/doi](http://www.mass.gov/doi). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting [www.mahealthconnector.org](http://www.mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on your ID card or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Does this plan provide Minimum Essential Coverage? [Yes]**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? [Yes]**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Disclaimer:** This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Delivery fee copay	\$0
■ Facility fee copay	\$500
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,713</b>
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#### In this example, Peg would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$516
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$60
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<b>The total Peg would pay is</b>	<b>\$576</b>
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### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$35
■ Primary care visit copay	\$20
■ Diagnostic tests copay	\$0

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,389</b>
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#### In this example, Joe would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$1,190
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$55
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<b>The total Joe would pay is</b>	<b>\$1,245</b>
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### Jacquie's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The plan's overall deductible	\$0
■ Specialist visit copay	\$35
■ Emergency room copay	\$150
■ Ambulance services copay	\$0

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,925</b>
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#### In this example, Jacquie would pay:

##### Cost Sharing

Deductibles	\$0
Copayments	\$325
Coinsurance	\$0

##### What isn't covered

Limits or exclusions	\$0
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<b>The total Jacquie would pay is</b>	<b>\$325</b>
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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MASSACHUSETTS

# MCC Compliance



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

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# Mail Order Pharmacy

## The Mail Order Pharmacy Saves You Time and Money



You can get 90-day prescriptions for certain maintenance medications delivered right to your door, and for a fraction of the cost, when you order them through the mail order pharmacy. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes.

### Advantages of Using the Mail Order Pharmacy

- You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications
- Medications are shipped to you at no additional cost for standard shipping
- With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose
- Get your prescriptions on time, every time with automatic refills

### How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

- Visit Express Scripts at [express-scripts.com/starthd](http://express-scripts.com/starthd), and select **Register**
- Download the Express Scripts mobile app and select **Register**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to 1-800-837-0959
- Fill out the order form\* and mail it to:  
Home Delivery Service  
PO Box 66566  
St Louis, MO 63166-9967

### How to Order Refills

- Log in to Express Scripts at [express-scripts.com](http://express-scripts.com), select the medications to be filled, then click **Add to Cart**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376), 24 hours a day

### Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you'll need your prescriptions and deliver them on time. They'll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

- Visit Express Scripts at [express-scripts.com](http://express-scripts.com), and select **Automatic Refills**
- When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Save up to  
**33%**

When you use the mail order pharmacy.\*\*

\*You can download and print a copy of the mail order form at [express-scripts.com](http://express-scripts.com).

\*\*Compared to three 30-day prescriptions purchased at a retail pharmacy.

# Express Scripts Medication Mail Order Form

- ▶ **To order online:** visit [express-scripts.com/starthd](http://express-scripts.com/starthd), select "Register"
  - To order by phone:** call 1-800-892-5119 (TTY: 1-800-305-5376)
  - To order using e-prescribe:** ask your doctor to e-prescribe your prescription, or fax it to 1-800-837-0959
  - To order by mail:** complete this form using capital letters and black ink, then mail it, along with a 90-day prescription (or the maximum supply allowed) to:  
Home Delivery Service  
PO Box 66566, St Louis, MO 63166-9967
- NOTE:** No cost standard shipping is included on all mail orders.



1041

PATIENT 1 (CARDHOLDER)

ID Card Number

First Name  MI  Date of Birth (MM/DD/YYYY)

Last Name  Gender  M  F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Shipping Address 2

City  State

Zip Code   Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Please select one as your preferred telephone number

- Daytime Phone (  )  -
- Evening Phone (  )  -
- Cell Phone (  )  -

Doctor/Prescriber Last Name  Doctor/Prescriber Phone Number

PATIENT 2

First Name  MI  Date of Birth (MM/DD/YYYY)

Last Name  Gender  M  F

Email

Doctor/Prescriber Last Name  Doctor/Prescriber Phone Number

PAYMENT

All individuals included in the family will be charged to this credit card.

Apply to this order only       Apply to all orders

Check Card       Credit Card       Check / Money Order

Card #

Sign here to authorize card payment

Amount Enclosed \$  .

Exp. Date (MM/YY)  /

Detach Here

Detach Here

For all orders after 08/01/2011, use this form. Fold and tear off this piece before putting in the return envelope.



1042

REMINDER: This section must be removed before mailing.

Patient 1 (Cardholder)		Patient 2	
Name: _____		Name: _____	
<input type="radio"/> I want non-child resistant caps, when available.		<input type="radio"/> I want non-child resistant caps, when available.	
Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>		Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	
DRUG ALLERGIES	List other Allergies here:	<input type="radio"/>	<b>No Known Allergies</b>
		<input type="radio"/>	Acetaminophen/Tylenol®
		<input type="radio"/>	Amoxicillin
		<input type="radio"/>	Aspirin
		<input type="radio"/>	Cephalosporin (i.e., Keflex®, Cephalexin)
		<input type="radio"/>	Codeine
		<input type="radio"/>	Erythromycin, Biaxin®, Zithromax®
		<input type="radio"/>	NSAIDs (i.e., Ibuprofen, Naproxen)
		<input type="radio"/>	Oxycodone (i.e., OxyContin®, Percocet®)
		<input type="radio"/>	Penicillin
	<input type="radio"/>	Sulfa	
	<input type="radio"/>	Tetracycline (i.e., Doxycycline, Minocycline)	
HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/>	<b>No Known Health Conditions</b>
		<input type="radio"/>	Arthritis (715.9)
		<input type="radio"/>	Asthma (493.9)
		<input type="radio"/>	Chronic Bronchitis or Emphysema (496)
		<input type="radio"/>	Depression (311)
		<input type="radio"/>	Diabetes Type I (250.01)
		<input type="radio"/>	Diabetes Type II (250.00)
		<input type="radio"/>	Epilepsy/Seizures (345.9)
		<input type="radio"/>	GERD (530.81)
		<input type="radio"/>	Glaucoma (365.9)
		<input type="radio"/>	High Cholesterol (272.9)
		<input type="radio"/>	Hormone Replacement Therapy (627.9)
		<input type="radio"/>	Hypertension (401.9)
		<input type="radio"/>	Thyroid: Low (244.9)
OTC	List other OTC that you take on a regular basis:	<input type="radio"/>	<b>No Over-the-Counter Medications</b>
		<input type="radio"/>	Acetaminophen/Tylenol®
		<input type="radio"/>	Advil®/Aleve®/Motrin®
	<input type="radio"/>	Aspirin/Excedrin®	
DEVICES	List Medical Devices here:	<input type="radio"/>	<b>No Medical Devices</b>
		<input type="radio"/>	Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.
OTHER	List other Prescription Medications here:	<input type="radio"/>	<b>No Other Prescriptions</b>
		<input type="radio"/>	Prescription Medications not filled through Express Scripts Pharmacy.

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required  \_\_\_\_\_

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

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MASSACHUSETTS

# \$9 Generic Medications List

Blue Cross Blue Shield of Massachusetts offers our members 90-day supplies of certain generic medications for just \$9 when the prescription is filled through the Express Scripts Mail Service Pharmacy. The following list includes those medications that are available for \$9. Normal prescription guidelines apply, which in some cases results in prescription supplies for fewer than 90 days. This list is up-to-date as of January 2018. You can find the latest information about your medications by visiting [bluecrossma.com/medications](http://bluecrossma.com/medications).

If your copayment for a 90-day supply through the mail pharmacy is less than \$9, you will pay the lesser amount. \$9 price is based only on quantities stated below. The price of the medication may differ if the quantity purchased is different. The \$9 price is subject to change, so you should always confirm your cost prior to filling a prescription.

To price drugs, log in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) and select Review My Pharmacy Benefits under the Manage Your Plan section. Next, click the Express Scripts Account link.

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>ANESTHETICS</b>			
LIDOCAINE HCL	20MG/ML	SOLUTION	300
<b>ANTIARTHRITICS</b>			
ALLOPURINOL	100MG	TABLET	90
ALLOPURINOL	300MG	TABLET	90
MELOXICAM	7.5MG	TABLET	90
MELOXICAM	15MG	TABLET	90
INDOMETHACIN	25MG	CAPSULE	180
IBUPROFEN	400MG	TABLET	270
IBUPROFEN	600MG	TABLET	180
IBUPROFEN	800MG	TABLET	180
NAPROXEN	250MG	TABLET	180
NAPROXEN	375MG	TABLET	180
NAPROXEN	500MG	TABLET	180
DICLOFENAC SODIUM	50MG	TABLET DR	180
DICLOFENAC SODIUM	75MG	TABLET DR	180
NAPROXEN SODIUM	275MG	TABLET	180
NAPROXEN SODIUM	220MG	TABLET	180
<b>ANTIASTHMATICS</b>			
ALBUTEROL SULFATE	2MG/5ML	SYRUP	1440
ALBUTEROL SULFATE	0.83MG/ML	SOLUTION	225
IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	225

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>ANTIBIOTICS</b>			
NEO/POLYMYX B SULF/ DEXAMETH	3.5-10K-.1	OINT.(GM)	4
POLYMYXIN B SULFATE/TMP	10K U-0.1%	DROPS	30
SULFACETAMIDE SODIUM	0.1	DROPS	15
ERYTHROMYCIN BASE	5MG/G	OINT.(GM)	4
GENTAMICIN SULFATE	0.003	DROPS	15
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	300
PENICILLIN V POTASSIUM	250MG	TABLET	84
AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	500MG	CAPSULE	90
AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	240
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	300
CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	84
CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	90
ISONIAZID	300MG	TABLET	90
METRONIDAZOLE	250MG	TABLET	84
METRONIDAZOLE	500MG	TABLET	42
CIPROFLOXACIN HCL	250MG	TABLET	42
CIPROFLOXACIN HCL	500MG	TABLET	60
AMOXICILLIN	500 MG	TABLET	90
SULFAMETHOXAZOLE/ TRIMETHOPRIM	400-80MG	TABLET	84
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800-160MG	TABLET	60
AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON	150
AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON	150
<b>ANTICOAGULANTS</b>			
WARFARIN SODIUM	10MG	TABLET	90
WARFARIN SODIUM	2MG	TABLET	90
WARFARIN SODIUM	1MG	TABLET	90
WARFARIN SODIUM	5MG	TABLET	90
WARFARIN SODIUM	2.5MG	TABLET	90
WARFARIN SODIUM	7.5MG	TABLET	90
WARFARIN SODIUM	3MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
WARFARIN SODIUM	4MG	TABLET	90
WARFARIN SODIUM	6MG	TABLET	90
<b>ANTIFUNGALS</b>			
FLUCONAZOLE	150MG	TABLET	3
TERBINAFINE	250MG	TABLET	90
<b>ANTIHISTAMINES</b>			
HYDROXYZINE PAMOATE	25MG	CAPSULE	90
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	540
PROMETHAZINE HCL	12.5MG	TABLET	90
PROMETHAZINE HCL	25MG	TABLET	90
PROMETHAZINE HCL	50MG	TABLET	90
<b>ANTIHYPERGLYCEMICS</b>			
GLYBURIDE	1.25MG	TABLET	90
GLYBURIDE	2.5MG	TABLET	90
GLYBURIDE	5MG	TABLET	90
GLYBURIDE, MICRONIZED	1.5MG	TABLET	90
GLYBURIDE, MICRONIZED	3MG	TABLET	90
GLYBURIDE, MICRONIZED	6MG	TABLET	90
GLIMEPIRIDE	1MG	TABLET	90
GLIMEPIRIDE	2MG	TABLET	90
GLIMEPIRIDE	4MG	TABLET	90
METFORMIN HCL	500MG	TABLET	180
METFORMIN HCL	850MG	TABLET	180
GLIPIZIDE	5MG	TABLET	90
GLIPIZIDE	10MG	TABLET	180
GLIPIZIDE	5MG	TAB OSM 24	90
METFORMIN HCL	1000MG	TABLET	180
METFORMIN HCL	500MG	TAB.SR 24H	180
GLYBURIDE/METFORMIN HCL	5MG-500MG	TABLET	180
<b>ANTINEOPLASTICS</b>			
MEGESTROL ACETATE	20MG	TABLET	180
<b>ANTIPARKINSON DRUGS</b>			
TRIHENYDROXYPHENIDYL HCL	2MG	TABLET	180
BENZTROPINE MESYLATE	0.5MG	TABLET	180
BENZTROPINE MESYLATE	1MG	TABLET	90
BENZTROPINE MESYLATE	2MG	TABLET	90
<b>ANTIVIRALS</b>			
ACYCLOVIR	200MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>CARDIAC DRUGS</b>			
ISOSORBIDE MONONITRATE	10MG	TABLET	180
DILTIAZEM HCL	120MG	CAP.SR 24H	90
VERAPAMIL HCL	120MG	TABLET	180
VERAPAMIL HCL	80MG	TABLET	180
DILTIAZEM HCL	30MG	TABLET	180
DILTIAZEM HCL	60MG	TABLET	180
AMIODARONE HCL	200MG	TABLET	90
VERAPAMIL HCL	240MG	TABLET SA	90
VERAPAMIL HCL	180MG	TABLET SA	90
VERAPAMIL HCL	120MG	TABLET SA	180
ISOSORBIDE MONONITRATE	60MG	TAB.SR 24H	90
ISOSORBIDE MONONITRATE	30MG	TAB.SR 24H	90
<b>CARDIOVASCULAR</b>			
ENALAPRIL MALEATE	5MG	TABLET	90
ENALAPRIL MALEATE	10MG	TABLET	90
ENALAPRIL MALEATE	20MG	TABLET	90
ENALAPRIL MALEATE	2.5MG	TABLET	90
HYDRALAZINE HCL	10MG	TABLET	180
HYDRALAZINE HCL	100MG	TABLET	270
HYDRALAZINE HCL	25MG	TABLET	90
HYDRALAZINE HCL	50MG	TABLET	270
PRAZOSIN HCL	1MG	CAPSULE	90
CLONIDINE HCL	0.1MG	TABLET	180
CLONIDINE HCL	0.2MG	TABLET	180
CLONIDINE HCL	0.3MG	TABLET	90
METHYLDOPA	250MG	TABLET	180
METHYLDOPA	500MG	TABLET	180
CARVEDILOL	25MG	TABLET	180
CARVEDILOL	12.5MG	TABLET	180
CARVEDILOL	3.125MG	TABLET	180
CARVEDILOL	6.25MG	TABLET	180
LABETALOL HCL	300MG	TABLET	180
LABETALOL HCL	200MG	TABLET	180
LABETALOL HCL	100MG	TABLET	180
METOPROLOL TARTRATE	25MG	TABLET	180
PROPRANOLOL HCL	10MG	TABLET	180
METOPROLOL TARTRATE	100MG	TABLET	180

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
METOPROLOL TARTRATE	50MG	TABLET	180
ATENOLOL	100MG	TABLET	90
ATENOLOL	50MG	TABLET	90
ATENOLOL	25MG	TABLET	90
QUINAPRIL HCL	10MG	TABLET	90
QUINAPRIL HCL	20MG	TABLET	90
QUINAPRIL HCL	5MG	TABLET	90
QUINAPRIL HCL	40MG	TABLET	90
GUANFACINE HCL	1MG	TABLET	90
GUANFACINE HCL	2MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
BENAZEPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
DOXAZOSIN MESYLATE	1MG	TABLET	90
DOXAZOSIN MESYLATE	2MG	TABLET	90
DOXAZOSIN MESYLATE	4MG	TABLET	90
DOXAZOSIN MESYLATE	8MG	TABLET	90
SOTALOL HCL	80MG	TABLET	90
SOTALOL HCL	240MG	TABLET	180
BISOPROLOL/ HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	90
BISOPROLOL/ HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	90
BISOPROLOL/ HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	90
LOVASTATIN	20MG	TABLET	90
LOVASTATIN	40MG	TABLET	90
LOVASTATIN	10MG	TABLET	90
TERAZOSIN HCL	1MG	CAPSULE	90
TERAZOSIN HCL	2MG	CAPSULE	90
TERAZOSIN HCL	5MG	CAPSULE	90
TERAZOSIN HCL	10MG	CAPSULE	90
LISINOPRIL	5MG	TABLET	90
LISINOPRIL	10MG	TABLET	90
LISINOPRIL	20MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
LISINOPRIL	40MG	TABLET	90
LISINOPRIL	2.5MG	TABLET	90
LISINOPRIL	30MG	TABLET	90
RAMIPRIL	1.25MG	CAPSULE	90
RAMIPRIL	2.5MG	CAPSULE	90
RAMIPRIL	5MG	CAPSULE	90
RAMIPRIL	10MG	CAPSULE	90
BENAZEPRIL HCL	5MG	TABLET	90
BENAZEPRIL HCL	10MG	TABLET	90
BENAZEPRIL HCL	20MG	TABLET	90
BENAZEPRIL HCL	40MG	TABLET	90
PRAVASTATIN SODIUM	10MG	TABLET	90
PRAVASTATIN SODIUM	20MG	TABLET	90
PRAVASTATIN SODIUM	40MG	TABLET	90
ENALAPRIL/ HYDROCHLOROTHIAZIDE	5-12.5MG	TABLET	90
BISOPROLOL FUMARATE	10MG	TABLET	90
BISOPROLOL FUMARATE	5MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	50MG-25MG	TABLET	90
ATENOLOL/CHLORTHALIDONE	100-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	20-25MG	TABLET	90
LISINOPRIL/ HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	90
<b>CNS DRUGS</b>			
PRIMIDONE	250MG	TABLET	180
PRIMIDONE	50MG	TABLET	180
<b>CONTRACEPTIVES</b>			
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	84
LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	84
<b>COUGH/COLD PREPARATIONS</b>			
D-METHORPHAN HB/ PROMETH HCL	15-6.25/5	SYRUP	360
BENZONATATE	100MG	CAPSULE	42

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>DIURETICS</b>			
INDAPAMIDE	2.5MG	TABLET	90
INDAPAMIDE	1.25MG	TABLET	90
TORSEMIDE	5MG	TABLET	90
TORSEMIDE	10MG	TABLET	90
TORSEMIDE	20MG	TABLET	90
TORSEMIDE	100MG	TABLET	90
SPIRONOLACTONE	25MG	TABLET	90
CHLOROTHIAZIDE	250 MG	TABLET	90
HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE	90
HYDROCHLOROTHIAZIDE	25MG	TABLET	90
HYDROCHLOROTHIAZIDE	50MG	TABLET	90
FUROSEMIDE	20MG	TABLET	90
FUROSEMIDE	40MG	TABLET	90
FUROSEMIDE	80MG	TABLET	90
AMILORIDE/ HYDROCHLOROTHIAZIDE	5MG-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	CAPSULE	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	75-50MG	TABLET	90
TRIAMTERENE/ HYDROCHLOROTHIAZID	37.5-25MG	TABLET	90
<b>EENT PREPS</b>			
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.0025	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
TIMOLOL MALEATE	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
LEVOBUNOLOL HCL	0.005	DROPS	15
<b>ELECT/CALORIC/H2O</b>			
POTASSIUM CHLORIDE	10MEQ	TAB PRT SR	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>GASTROINTESTINAL</b>			
METOCLOPRAMIDE HCL	5MG/5ML	SOLUTION	180
LACTULOSE	10G/15ML	SOLUTION	960
RANITIDINE HCL	300MG	TABLET	90
PROCHLORPERAZINE MALEATE	10MG	TABLET	90
MECLIZINE HCL	12.5MG	TABLET	180
DICYCLOMINE HCL	10MG	CAPSULE	270
DICYCLOMINE HCL	20MG	TABLET	180
METOCLOPRAMIDE HCL	10MG	TABLET	180
METOCLOPRAMIDE HCL	5MG	TABLET	180
FAMOTIDINE	40MG	TABLET	90
<b>HORMONES</b>			
ESTRADIOL	1MG	TABLET	90
ESTRADIOL	2MG	TABLET	90
ESTRADIOL	0.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	10MG	TABLET	42
MEDROXYPROGESTERONE ACET	2.5MG	TABLET	90
MEDROXYPROGESTERONE ACET	5MG	TABLET	90
PREDNISONE	1MG	TABLET	90
PREDNISONE	10MG	TABLET	90
PREDNISONE	2.5MG	TABLET	90
PREDNISONE	20MG	TABLET	90
PREDNISONE	5MG	TABLET	90
DEXAMETHASONE	0.5MG	TABLET	90
DEXAMETHASONE	0.75MG	TABLET	90
DEXAMETHASONE	4MG	TABLET	18
METHYLPREDNISOLONE	4MG	TAB DS PK	63
<b>MUSCLE RELAXANTS</b>			
CYCLOBENZAPRINE HCL	5MG	TABLET	90
TIZANIDINE HCL	2MG	TABLET	180
TIZANIDINE HCL	4MG	TABLET	180
ORPHENADRINE CITRATE	100MG	TABLET SA	90
BACLOFEN	10MG	TABLET	180
CYCLOBENZAPRINE HCL	10MG	TABLET	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
<b>PSYCHOTHERAPEUTIC DRUGS</b>			
CLORAZEPATE DIPOTASSIUM	15MG	TABLET	90
CLORAZEPATE DIPOTASSIUM	3.75MG	TABLET	180
CLORAZEPATE DIPOTASSIUM	7.5MG	TABLET	90
FLUPHENAZINE HCL	1MG	TABLET	180
FLUPHENAZINE HCL	10MG	TABLET	90
FLUPHENAZINE HCL	2.5MG	TABLET	90
TRIFLUOPERAZINE HCL	1MG	TABLET	90
TRIFLUOPERAZINE HCL	10MG	TABLET	90
TRIFLUOPERAZINE HCL	2MG	TABLET	90
TRIFLUOPERAZINE HCL	5MG	TABLET	90
THIORIDAZINE HCL	25MG	TABLET	180
THIORIDAZINE HCL	50MG	TABLET	90
HALOPERIDOL	0.5MG	TABLET	90
HALOPERIDOL	1MG	TABLET	90
HALOPERIDOL	2MG	TABLET	90
HALOPERIDOL	5MG	TABLET	90
LITHIUM CARBONATE	300MG	CAPSULE	270
CITALOPRAM HYDROBROMIDE	20MG	TABLET	90
CITALOPRAM HYDROBROMIDE	40MG	TABLET	90
CITALOPRAM HYDROBROMIDE	10MG	TABLET	90
FLUOXETINE HCL	10MG	CAPSULE	90
FLUOXETINE HCL	20MG	CAPSULE	90
FLUOXETINE HCL	40MG	CAPSULE	90
PAROXETINE HCL	10MG	TABLET	90
PAROXETINE HCL	20MG	TABLET	90
PAROXETINE HCL	30MG	TABLET	90
PAROXETINE HCL	40MG	TABLET	90
SERTRALINE HCL	25MG	TABLET	90
TRAZODONE HCL	50MG	TABLET	90
TRAZODONE HCL	100MG	TABLET	90
TRAZODONE HCL	150MG	TABLET	90
NORTRIPTYLINE HCL	10MG	CAPSULE	90
NORTRIPTYLINE HCL	25MG	CAPSULE	90
IMIPRAMINE HCL	10MG	TABLET	90
IMIPRAMINE HCL	25MG	TABLET	90
IMIPRAMINE HCL	50MG	TABLET	90
DOXEPIN HCL	10MG	CAPSULE	90
DOXEPIN HCL	25MG	CAPSULE	90

DRUG NAME	STRENGTH	FORM	\$9 QUANTITY
MIRTAZAPINE	15MG	TABLET	90
MIRTAZAPINE	30MG	TABLET	90
MIRTAZAPINE	45MG	TABLET	90
BUSPIRONE HCL	5MG	TABLET	180
BUSPIRONE HCL	10MG	TABLET	180
BUSPIRONE HCL	15MG	TABLET	180
<b>SEDATIVE/HYPNOTICS</b>			
FLURAZEPAM HCL	15MG	CAPSULE	90
<b>SKIN PREPS</b>			
HYDROCORTISONE	0.01	CREAM(GM)	90
HYDROCORTISONE	0.025	CREAM(GM)	90
TRIAMCINOLONE ACETONIDE	0.005	CREAM(GM)	45
<b>THYROID PREPS</b>			
LEVOTHYROXINE SODIUM	112MCG	TABLET	90
LEVOTHYROXINE SODIUM	25MCG	TABLET	90
LEVOTHYROXINE SODIUM	50MCG	TABLET	90
LEVOTHYROXINE SODIUM	100MCG	TABLET	90
LEVOTHYROXINE SODIUM	75MCG	TABLET	90
LEVOTHYROXINE SODIUM	200MCG	TABLET	90
LEVOTHYROXINE SODIUM	125MCG	TABLET	90
LEVOTHYROXINE SODIUM	150MCG	TABLET	90
LEVOTHYROXINE SODIUM	175MCG	TABLET	90
LEVOTHYROXINE SODIUM	88MCG	TABLET	90
LEVOTHYROXINE SODIUM	137MCG	TABLET	90
<b>UNCLASSIFIED DRUG PRODUCTS</b>			
ALENDRONATE SODIUM	35MG	TABLET	12
OXYBUTYNIN CHLORIDE	5MG	TABLET	180
ALENDRONATE SODIUM	10MG	TABLET	90
ALENDRONATE SODIUM	5MG	TABLET	90
CHLORHEXIDINE GLUCONATE	0.0012	MOUTHWASH	1419
ALENDRONATE SODIUM	70MG	TABLET	12
<b>VITAMINS</b>			
FOLIC ACID	1MG	TABLET	90

1. The \$9 or less price applies to a 90-day supply of each generic drug. Cost may vary based on prescription quantity or day supply. A processing fee may apply. The coverage and prices of certain medications are also subject to the specific terms of your plan. In applicable states, sales tax may be added to the cost of your prescriptions. Medications and pricing are subject to change without notice. Drug list is valid until Dec. 31, 2018. Changes are made available to your Plan Sponsor. Pre-packaged drugs are only available for \$9 in the package sizes specified on the list. Cost of standard shipping is included as part of your prescription benefit plan.

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# Learn About Our Pharmacy Program

Effective January 1, 2019

This guide provides an overview of the program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.

# Table of Contents

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Pharmacy Program Overview	1
About This Guide	1
Mail Order Pharmacy	1
Online Resources	1
What You Pay For Medications	2
Compounded Medications	2
Covered Medication List Changes	2
Your ID Card	2
Over-the-Counter Medications	3
Benefit Exclusions	4
Quality Care Dosing	5
Prior Authorization	9
Specialty Pharmacy Medications	12
Step Therapy	16
Non-Covered Medications	18
Medication Resource List Index	25
New Medication Approval Process	35

# Pharmacy Program Overview

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Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medication list that includes many medications that are available at affordable out-of-pocket costs.

## About This Guide

This guide is up-to-date as of January 1, 2019, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website at [bluecrossma.com/medications](http://bluecrossma.com/medications).

## Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that manages our pharmacy benefits, at [express-scripts.com](http://express-scripts.com). In some cases, you'll pay less for a 90-day supply of maintenance medications (also known as long-term medications) than you would for three 30-day supplies at a retail pharmacy. You'll also make fewer trips to the pharmacy and be less likely to miss a dose since you won't have to refill as often.

To use the Mail Order Pharmacy, download the order form at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), or call 1-800-262-BLUE (2583).

## Online Resources

### Medication Lookup

Search for covered medications, quickly and easily, at [bluecrossma.com/medications](http://bluecrossma.com/medications). Your individual coverage may vary. Changes to our current medications usually take place on January 1 and July 1.

### MyBlue

Discover a more personalized experience when looking up your health care information, such as detailed plan information and claims. Log in or create an account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

### Express Scripts

Get information about your specific pharmacy coverage by visiting [express-scripts.com](http://express-scripts.com). There, you can look up the cost of medications, find a pharmacy, and set up home delivery.

# Pharmacy Program Overview

## What You Pay For Medications

Our covered medications list is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. Medications are placed on tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will tell you how much you owe.

### In a 3-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 3 medications.

### In a 4-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 4 medications.

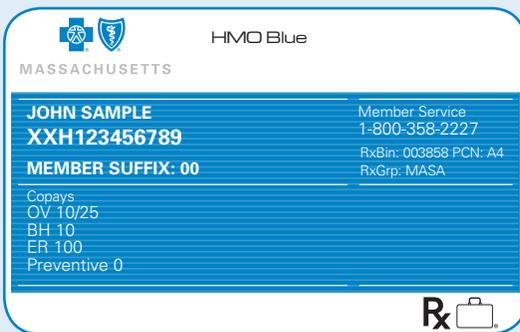
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

## Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially-available medications don't meet your specific needs as determined by your provider. Some compounded medications may need Prior Authorization, have Quality Care Dosing guidelines, or require an exception.

## Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. We notify any impacted members of these changes via direct mailing at least 30 days in advance of the change.



## Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown on the left.

# Over-the-Counter Medications

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For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they are prescribed by your doctor. This list is up-to-date as of January 1, 2019, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Folic Acid** is covered for people up to age 50
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (e.g., nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people aged 65 and older
- **Generic contraceptives** (e.g., female condoms, sponges, and spermicide) are covered

# Benefit Exclusions

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The following are considered benefit exclusions under your policy. This means these medications and other health products aren't covered, and exceptions aren't available. Some medications within these categories have over-the-counter alternatives available. This list is up-to-date as of January 1, 2019. See your subscriber certificate for additional exclusions.

- Anorexiant
- Cough and cold products that contain one or more of the following ingredients in equivalent over-the-counter doses: guaifenesin, chlorpheniramine, pseudoephedrine, phenylephrine, clemastine, dextromethorphan, and pyrilamine
- Non-sedating antihistamines
- Ophthalmic drug solutions to treat allergies
- Inhaled nasal steroids
- Proton pump inhibitors, except for prescription proton pump inhibitors that are prescribed for members under age 18 or that are prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (Benzoyl peroxide products 10% in strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this Pharmacy Program booklet
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for: prescription prenatal vitamins, and pediatric vitamins with fluoride

# Quality Care Dosing

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Our Quality Care Dosing program helps to ensure the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

## Dose Consolidation

Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage

## Recommended Monthly Dosing Level

Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

**Note:** Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, or be considered non-covered, or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, visit our website at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on Pharmacy Management Program, and proceed to the Quality Care Dosing section.

# Quality Care Dosing

Abstral	Aranesp	Caduet	Dulera
AcipHex (excluded for 18 years and older)	Arava	Camrese	Duloxetine
Actiq	Arcapta Neohaler	Camrese Lo	Duloxetine DR
Actonel	ArmonAir RespiClick	Cardura	Duragesic
ACTOplus Met	Arnuity Ellipta	Cardura XL	Edluar
ACTOplus Met XR	Arixtra	Catapres TTS	Effexor XR
Actos	Arymo ER	Celebrex	Eletriptan
Acular PF	Ashlyna	Celecoxib	Embeda
Acular	Asmanex Twisthaler	Celexa	Emend
Acular LS	Astepro	Cesamet	Emverm
Adderall XR	Atelvia DR	Cholbam	Enbrel
Adlyxin	Atomoxetine	Ciclodin solution/kit	Enoxaparin
Admelog	Atorvastatin	Ciclopirox nail lacquer	Epclusa
Advair Diskus	Atrovent (nasal spray)	Citalopram	Epinephrine injection
Advair HFA	Atrovent HFA	Climara	Epi-Pen Auto-Injector
Adyphren	Auvi-Q	Climara Pro	Epogen
Adzenys XR	Avandia	Clonidine patch	Escitalopram
Aerospan	Avonex	Combivent	Esomep-EZS (excluded for 18 years and older)
Aimovig	Axert	Combivent Respimat	Esomeprazole (excluded for 18 years and older)
Air Duo	Azelastine (nasal spray)	Concerta	Esomeprazole Strontium (excluded for 18 years and older)
Akynzeo	Basaglar	Cotempla XR ODT	Estradiol patch
Alendronate Sodium	Belbuca	Contrave ER	Estrogel
Almotriptan	Belsomra	Copaxone	Eszopiclone
Alora	Belviq	Cosentyx	Evamist
Alosetron	Belviq XR	Crestor	Evzio
Alrex	Betaseron	Cromolyn ophthalmic	Exalgo
Alsuma	Bevespi AeroSphere	Cymbalta	Extavia
Altoprev	Binosto	Daklinza	Ezetimibe
Alvesco	Boniva tablets	Dalfampridine	Exetimibe/Simvastatin
Ambien	Breo Ellipta	Daysee	Famciclovir
Ambien CR	Brisdelle	Desvenlafaxine ER	Farydak
Amethia	Budeprion SR	Dexilant (excluded for 18 years and older)	Farxiga
Amethia Lo	Budeprion XL	Dexmethylphenidate ER	Fasenra
Amerge	Budesonide (nebules)	Dexmethylphenidate XR	Fayosim
Amitiza	Bunavail	Dextroamphetamine/Amphetamine ER	Fentanyl oral/mucosal
Amlodipine	Buprenorphine	Diabetic Testing Strips (all)	Fentanyl patch
Amlodipine-Atorvastatin	Buprenorphine-Naloxone	Diclofenac gel	Fentora
Ampyra	Buprenorphine patch	Diclofenac solution	Fetzima
Anzemet	Bupropion SR	Diflucan (150 mg only)	Fiasp
Apidra	Bupropion XL	Dihydroergotamine (nasal spray)	Flovent/HFA
Apidra Solostar	Butorphanol NS	DM 2 Kit	Fluconazole (150 mg only)
Aplenzin ER	Butrans	Doptelet	Fluoxetine
Aprepitant	Bydureon	Doxazosin	
Aptenzio XR	Byetta		
	Cabergoline		

# Quality Care Dosing

Fluoxetine DR	Ipratropium NS	Maxalt	OmePPI (excluded for 18 years and older)
Fluticasone/Salmeterol	Irenka DR	Maxalt-MLT	Omontys
Fluvastatin XR	Itraconazole	Meloxicam	Ondansetron
Fluvastatin	Jardiance	Menostar	Ondansetron ODT
Fluvoxamine	Jolessa	Methylphenidate CD	Onmel
Fluvoxamine CR	Jynarque	Methylphenidate ER	Onsolis
Focalin XR	Kadian	Methylphenidate LA	Onezetra Xsail
Fondaparinux	Kalydeco	Methylphenidate 72mg	Opana ER
Forfivo XL	Kerydin	Migranal	Oralair
Forteo	Ketorolac ophthalmic	Migranow Kit	Oramorph SR
Fosamax	Keveyis	Minivelle	Orkambi
Fosamax Plus D	Kevzara	Mirtazapine	Otezla
Fragmin	Khedezla	Mirtazapine Rapid Dissolve	Oxycodone ER
Frova	Lamisil	Mobic	OxyContin
Frovatriptan	Lansoprazole (excluded for 18 years and older)	Morphabond ER	Oxymorphone ER
Fulphila	Lansoprazole ODT (excluded for 18 years and older)	Morphine Sulfate ER	Ozempic
Gatifloxacin	Lansoprazole/Amoxicillin/Clarithromycin	Movantik	Pantoprazole (excluded for 18 years and older)
Glatiramer	Lantus	Moxifloxacin	Paroxetine
Glatopa	Lanzetta	Moxeza	Paroxetine CR
Glucose testing strips (all)	Lazanda	MS Contin	Patanase
Glyxambi	Leflunomide	Mydayis	Paxil
Granisetron	Lescol	Naratriptan	Paxil CR
Granix	Lescol XL	Narcan	Pegasys
Grastek	Levalbuterol HFA	NebuPent	PEG-Intron
Harvoni	Levermir	Neulasta	Penlac
Hetlioz	Levonorgestrel/Ethinyl Estradiol	Neupogen	Pennsaid
Humalog	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Nexium (excluded for 18 years and older)	Pexeva
Humalog Jr.	Lexapro	Nivestym	Pioglitazone
Humulin	Lidocaine 5% cream	Nocurna	Pioglitazone-Glimepiride
Humira	Lidocaine Patch	Norvasc	Pioglitazone-Metformin
Hydromorphone ER	Lidoderm	Novolin	Plegridy
Hysingla ER	Linzess	Novolog	Praluent
Ibandronate	Lipitor	Nucynta ER	Pravachol
Ibrance	Livalo	Nuplazid	Pravastatin
Ilumya	Lonhala Magnair	Ocaliva	Prevacid (excluded for 18 years and older)
Imitrex	LoSeasonique	Odomzo	PrevPac
Impavido	Lotronex	Olanzapine-Fluoxetine	Prilosec (excluded for 18 years and older)
Incruse Ellipta	Lovastatin	Olopatadine Nasal	Pristiq
Infergen	Lovenox	Olumiant	Pristiq ER
Insulins (all)	Lunesta	Olysio	ProAir HFA
Intermezzo	Lysteda	Omeprazole (excluded for 18 years and older)	ProAir Respiclick
Introvale	Mavyret	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)	Procrit

# Quality Care Dosing

Protonix (excluded for 18 years and older)  
 Proventil HFA  
 Prozac  
 Prozac Weekly  
 Pulmicort Flexhaler  
 Pulmicort Respules  
 Qbrexxa  
 Qtern  
 Quaaluin  
 Quartette  
 Quasense  
 Quillichew  
 Quinine Sulfate  
 Qutenza  
 QVAR  
 Rabeprazole (excluded for 18 years and older)  
 Ragwitek  
 Rebif  
 Relexxii ER  
 Relpax  
 Remeron  
 Remeron Soltab  
 Repatha  
 Restasis  
 Retacrit  
 Rexulti  
 Rhopressa  
 Risedronate  
 Ritalin LA  
 Rivelsa  
 Rizatriptan  
 Rozerem  
 Rosuvastatin  
 Sancuso  
 Sarafem  
 Saxenda  
 Seasonique  
 Seebri Neohaler  
 Segluromet  
 Serevent Diskus  
 Sertraline  
 Setlakin  
 Silenor  
 Siliq

Simponi  
 Simvastatin  
 Soliqua  
 Solosec  
 Sonata  
 Sovaldi  
 Spiriva  
 Sporanox  
 Steglatro  
 Steglujan  
 Stiolto Respimat  
 Strattera  
 Striverdi Respimat  
 Suboxone  
 Subsys  
 Sumatriptan  
 Sumavel Dosepro  
 Symbicort  
 Symbyax  
 Symdeko  
 Symproic  
 Synjardy  
 Synjardy XR  
 Taltz  
 Tanzeum  
 Technivie  
 Terazosin  
 Terbinafine  
 Tivorbex  
 Toujeo Solostar  
 Tranexamic Acid  
 Trelegy Ellipta  
 Tremfya  
 Tresiba  
 Treximet  
 Trintellix  
 Triptodur  
 Trulance  
 Trulicity  
 Tudorza  
 Tymlos  
 Utibron Neohaler  
 Valacylovir  
 Valtrex  
 Varubi

Venlafaxine ER capsule  
 Venlafaxine ER tablet  
 Ventolin HFA  
 Viberzi  
 Victoza  
 Viekira PAK  
 Viekira XR  
 Vigamox  
 Viibryd  
 Vivelle  
 Vivelle-Dot  
 Vivitrol  
 Vivlodex  
 Voltaren gel  
 Vosevi  
 Vytorin  
 Vyvanse  
 Wellbutrin SR  
 Wellbutrin XL  
 Xartemis XR  
 Xeljanz  
 Xeljanz XR  
 Xermelo  
 Xiidra  
 Xifaxan  
 Xigduo  
 Xigduo XR  
 Xopenex HFA  
 Xtampza ER  
 Xultophy  
 Xuriden  
 Yosprala  
 Zaleplon  
 Zarxio  
 Zegerid (excluded for 18 years and older)  
 Zembrace Symtouch  
 Zepatier  
 Zetia  
 Zinbryta  
 Zocor  
 Zofran  
 Zofran ODT  
 Zohydro ER  
 Zoladex

Zolmitriptan  
 Zolmitriptan ODT  
 Zoloft  
 Zolpidem  
 Zolpidem CR  
 Zolpidem SL  
 Zolpimist  
 Zomig  
 Zomig ZMT  
 Zubsolv  
 Zuplenz  
 Zydelig  
 Zymaxid  
 Zypitamag

# Prior Authorization

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Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Another part of our Prior Authorization program is Step Therapy. Please refer to the Step Therapy section in this brochure for more information.

**Note:** Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, or be considered non-covered, or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that require Prior Authorization, visit our website, [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on Pharmacy Management Program, and proceed to Prior Authorization.

# Prior Authorization

Abstral	Daklinza	Genotropin	Modafinil
AcipHex (excluded for 18 years and older)	Dalfampridine	Grastek	Monovisc
Actemra	Desoxyn	Harvoni	Morphabond ER
Acthar	Dexilant (excluded for 18 years and older)	Hetlioz	Morphine Sulfate CR
Actimmune	Dexedrine	Humatrope	Morphine Sulfate ER
Actiq	Dextroamphetamines	Humira	MS Contin
Adcirca	Difucid	Hyalgan	Myalept
Addyi	Diskets	Hydromorphone ER	Myobloc
Adviar Diskus	Dulera	Hydroxyprogesterone	Nexium (excluded for 18 years and older)
Advair HFA	Dolophine	Hymovis	Norditropin
Air Duo	Dupixent	Hysingla ER	Nucala
Alecensa	Duragesic	Ibandronate injection/syringe	Nucynta ER
Amevive	Durolane	Ibrance	Nutritional Supplements
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Dysport	Idhifa	Nutropin
Ampyra	Egrifta	Ilaris	Nuvigil
Aralast	Elidel	Ilumya	Olumiant
Aralast NP (medical benefit only)	Embeda	Increlex	Olysio
Armodafinil	Enbrel	Incruse Ellipta	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)
Aranesp	Enteral formula	Inflectra	OmePPI (excluded for 18 years and older)
Arymo ER	Entyvio	Interferons (alpha, gamma)	Omnitrope
Atomoxetine	Epclusa	IV Immunoglobulin	Omontys
Belbuca	Epogen	Juxtapid	Onpattro
Belviq	Erbix (medical benefit only)	Kadian	Onsolis
Belviq XR	Esomeprazole (excluded for 18 years and older)	Kalydeco	Opana ER
Bevespi AeroSphere	Esomeprazole Strontium (excluded for 18 years and older)	Kevzara	Opdivo
Binosto	Esomep-EZS (excluded for 18 years and older)	Kineret	Oralair
Boniva syringe	Euflexxa	Kisqali	Oramorph SR
Botox/Botulinum Toxin	Evekeo	Kisqali Femara	Orencia
Braftovi	Exalgo	Kynamro	Orkambi
Breo Ellipta	Exondys 51	Lazanda	Orthovisc
Buprenex	Eylea (medical benefit only)	Lenvima	Otezla
Buprenorphine patch	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Liquadd	Oxycodone ER
Butrans	Farydak	Lucentis (medical benefit only)	Oxycontin
Ceredase (medical benefit only)	Fasenra	Lynparza	Oxymorphone ER
Cerezyme	Fentanyl patch	Lyrice	Praluent
Cimzia	Fentanyl oral/mucosal	Lyrice CR	Preservative-Free Morphine (medical benefit only)
Cinqair	Fentora	Macugen (medical benefit only)	Prevacid (excluded for 18 years and older)
Cinryze (medical benefit only)	Fluticasone/Salmeterol	Mavyret	Prilosec (excluded for 18 years and older)
Contrave	Forteo	Makena	Procentra
Cotellic	Gel-One	Mekinist	Procrit
Cosentyx	Gelsyn-3	Mektovi	
		Methadone	
		Methadose	
		Methamphetamine	

# Prior Authorization

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<u>Prolastin (medical benefit only)</u>	<u>Technivie</u>
<u>Prolastin C (medical benefit only)</u>	<u>Tev-Tropin</u>
<u>Proleukin</u>	<u>Tibsovo</u>
<u>Prolia</u>	<u>Topical Retinoic Acid Derivatives (e.g. Retin-A)</u>
<u>Protonix (excluded for 18 years and older)</u>	<u>TPN (total parenteral nutrition) (medical benefit only)</u>
<u>Protopic</u>	<u>Tremfya</u>
<u>Provigil</u>	<u>Trivisc</u>
<u>Ragwitek</u>	<u>Tymlos</u>
<u>Reclast (medical benefit only)</u>	<u>Tysabri (medical benefit only)</u>
<u>Regranex</u>	<u>Vectibix (medical benefit only)</u>
<u>Remicade</u>	<u>Venclexta</u>
<u>Renflexis</u>	<u>Verzenio</u>
<u>Repatha</u>	<u>Viekira XR</u>
<u>Respiratory SyncytialVirus IG/Synagis</u>	<u>Viekira PAK</u>
<u>Retacrit</u>	<u>Visco-3</u>
<u>Restasis</u>	<u>Vosevi</u>
<u>Revatio</u>	<u>Xalkori</u>
<u>Rituxan</u>	<u>Xartemis XR</u>
<u>Rydapt</u>	<u>Xeljanz</u>
<u>Saizen</u>	<u>Xeljanz XR</u>
<u>SaizenPrep</u>	<u>Xeomin</u>
<u>Saxenda</u>	<u>Xgeva</u>
<u>Serostim</u>	<u>Xiaflex (medical benefit only)</u>
<u>Sildenafil</u>	<u>Xiidra</u>
<u>Siliq</u>	<u>Xolair</u>
<u>Simponi</u>	<u>Xtampza ER</u>
<u>Simponi Aria</u>	<u>Yosprala</u>
<u>Sovaldi</u>	<u>Zegerid (excluded for 18 years and older)</u>
<u>Spinraza</u>	<u>Zelboraf</u>
<u>Stelara</u>	<u>Zenzedi</u>
<u>Strattera</u>	<u>Zepatier</u>
<u>Subsys</u>	<u>Zohydro ER</u>
<u>Supartz</u>	<u>Zoledronic Acid (medical benefit only)</u>
<u>Symbicort</u>	<u>Zomactin</u>
<u>Symdeko</u>	<u>Zometa (medical benefit only)</u>
<u>Synvisc</u>	<u>Zorbtive</u>
<u>Synvisc One</u>	<u>Zydelig</u>
<u>Tacrolimus (topical)</u>	<u>Zykadia</u>
<u>Tadalafil</u>	
<u>Tafinlar</u>	
<u>Tagrisso</u>	
<u>Taltz</u>	

# Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. We'll cover the cost of some specialty medications if you fill them at a pharmacy outside of our network. We do this because these highly specialized medications aren't always available at one of our in-network pharmacies. The following is a list of medications that can be purchased from one of the pharmacies in our network and a list of medications we'll cover at a pharmacy outside of our network.

## Network Pharmacy Information

### AcariaHealth™

1-866-892-1202  
Fax: 1-877-541-1503  
acariahealth.com

### Accredo®

1-877-988-0058  
Fax: 1-800-391-9707  
accredo.com

### BriovaRx®

1-844-284-9462  
Fax: 1-866-496-1196  
briovarx.com

### CVS Specialty™

1-866-846-3096  
Fax: 1-800-323-2445  
cvsspecialty.com

## Network Pharmacy Information for Fertility Medications

### AcariaHealth™ Fertility

1-877-928-5125  
Fax: 866-927-9870  
acariahealth.com/index.php/explore/infertility

### AllianceRx Walgreens Prime

1-800-424-9002  
Fax: 1-800-874-9179  
alliancerxwp.com

### BriovaRx

1-800-850-9122  
Fax: 1-800-218-3221  
briovarx.com

### Freedom Fertility Pharmacy

1-866-297-9452  
Fax: 1-888-660-4283  
freedomfertility.com

### Metro Drugs

1-800-649-2872  
Fax: 1-888-258-4242  
metrodrugs.com

### Village Fertility Pharmacy

1-877-334-1610  
Fax: 1-866-935-0719  
villagefertilitypharmacy.com

Note: Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements, or be considered non-covered. Please check the corresponding pages to determine coverage requirements.

This list is up-to-date as of January 1, 2019, and may change from time to time.

You can find the latest information about your medications and look up pharmacy contact information by visiting [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy).

# Specialty Pharmacy Medications

## Injectable Medications

Abraxane  
 Actemra  
 Acthar  
 Actimmune  
 Adriamycin PFS  
 Aducil  
 Alferon-N  
 Alkeran  
 Apokyn  
 Aranesp  
 Arcalyst Injection  
 Arzerra  
 Aveed  
 Avonex  
 Beleodaq  
 Betaseron  
 BiCNU  
 Bivigam  
 Bleomycin Sulfate  
 Blincyto  
 Boniva Injection  
 Bortezomib  
 Botox  
 Busulfex  
 Calcium Folate  
 Camptosar  
 Carboplatin  
 Carimune  
 Carmustine  
 Cerubidine  
 Cerezyme  
 Cimzia  
 Cinqair  
 Cisplatin  
 Cladribine  
 Copaxone  
 Cosentyx  
 Cosmegen  
 Crystiva  
 Cuvitru  
 Cyclophosphamide  
 Cyramza

Cytarabine  
 Cytogam  
 Dacarbazine  
 Dactinomycin  
 Darzalex  
 Daunorubicin HCL  
 DDAVP  
 Depocyt  
 Desmopressin Acetate  
 Dexrazoxane  
 Docefrez  
 Docetaxel  
 Doxil  
 Doxorubicin HCl  
 DTIC-Dome  
 Dupixent  
 Dysport  
 Egrifta  
 Eligard  
 Ellence  
 Empliciti  
 Enbrel  
 Entyvio  
 Epirubicin  
 Epogen  
 Ethyol  
 Etopophos  
 Etoposide  
 Extavia  
 Fasenra  
 Faslodex  
 Firazyr  
 Firmagon  
 Flebogamma  
 Floxuridine  
 Fludara  
 Fludarabine phosphate  
 Fluorouracil  
 Forteo  
 FUDR  
 Fulphila  
 Fusilev I.V.  
 Fuzeon  
 Gammagard  
 Gammagard Liquid

GamaSTAN  
 Gammaked  
 Gammalex  
 Gamunex  
 Gattex  
 Gazyva  
 Gemcitabine  
 Gemzar  
 Genotropin  
 Glatiramer  
 Glatopa  
 Granix  
 Herceptin  
 Hizentra  
 Humatrope  
 Humira  
 Hycamtin  
 Hydroxyprogesterone  
 HyQvia  
 Ibandronate injection/syringe  
 Idamycin PFS  
 Idarubicin  
 Ifex  
 Ifosfamide  
 Ifosfamide/Mesna  
 Ilaris  
 Ilumya  
 Imfinzi  
 Increlex  
 Inflectra  
 Intron A  
 Irinotecan  
 Istodax  
 Kenalog  
 Kevzara  
 Keytruda  
 Kynamro  
 Lartruvo  
 Lemtrada  
 Levoleucovorin  
 Leucovorin Calcium  
 Leukine  
 Leuprolide Acetate  
 Lipodox  
 Lipodox-50

Lupaneta Pack  
 Lupron Depot  
 Lupron Depot-Ped  
 Makena  
 Marqibo  
 Mesna  
 Mesnex  
 Methotrexate  
 Mitomycin  
 Mitoxantrone  
 Mozobil  
 Mustargen  
 Myalept  
 Mylotarg  
 Myobloc  
 Naptara  
 Navelbine  
 Neulasta  
 Neumega  
 Neupogen  
 Nipent  
 Nivestym  
 Norditropin  
 Norditropin Flexpro  
 Norditropin Nordiflex  
 Nplate  
 Nucala  
 Nutropin  
 Nutropin AQ  
 Nutropin AQ Nuspin  
 Ocrevus  
 Octagam  
 Octreotide injection  
 Olumiant  
 Omnitrope  
 Oncaspar  
 Opdivo  
 Orelcia  
 Otezla  
 Otrexup  
 Oxaliplatin  
 Paclitaxel  
 Palynziq  
 Pamidronate  
 Pamidronate disodium

# Specialty Pharmacy Medications

Pegasys  
 Pegasys Proclick  
 Peg-Intron  
 Photofrin  
 Poteligeo  
 Plegridy  
 Praluent  
 Privigen  
 Procrit  
 Proleukin  
 Prolia  
 Rebif  
 Remicade  
 Renflexis  
 Repatha  
 Retacrit  
 Revatio  
 Rituxan  
 Roferon-A  
 Saizen  
 SaizenPrep  
 Sandostatin  
 Sandostatin-LAR  
 Serostim  
 Signafor  
 Signafor LAR  
 Siliq  
 Simponi  
 Simponi Aria  
 Somatuline  
 Somavert  
 Spinraza  
 Stelara  
 Sylatron  
 Sylvant  
 Synagis  
 Synribo  
 Takhzyro  
 Taltz  
 Taxotere  
 Tecentriq  
 Temodar  
 Teniposide  
 Tepadina  
 Tev-Tropin

TheraCys  
 Thiotepa  
 Thyrogen  
 Toposar  
 Totect  
 Trelstar  
 Trelstar LA  
 Trelstar Depot  
 Tremfya  
 Tymlos  
 Unituxin  
 Valstar  
 Velcade  
 Ventavis  
 Vimizim  
 VinBLASTine  
 Vincasar PFS  
 VinCRISTine  
 Vinorelbine  
 Vivitrol  
 Xeomin  
 Xgeva  
 Xolair  
 Zaltrap  
 Zanosar  
 Zarxio  
 Zilretta  
 Zinecard  
 Zoladex  
 Zomacton

## Out-Of-Network Injectable Medications

Acetadote  
 Bavencio  
 Benlysta Autoinject/syringe  
 Besponsa  
 Bicillin  
 Bleo 15  
 Ceftazadime  
 Cuvposa  
 Delestrogen  
 Depo-Estradiol  
 Desferal

Desferoxamine  
 Evomela  
 Exondys  
 Fortaz  
 Kanuma  
 Kineret  
 Nabi-HB  
 Neulasta Onpro  
 Portrazza  
 Radicava  
 Rimso-50  
 Rocephin  
 Romidepsin  
 Sandimmune  
 Sildenafil  
 Strensiq  
 Sublocade  
 Tazicef  
 Testosterone Enanthate  
 Triptodur  
 Vyxeos  
 Yondelis

## Oral Medications

Adcirca  
 Adempas  
 Afinitor  
 Alcensa  
 Alkeran  
 Alunbrig  
 Ampyra  
 Aubagio  
 Bethkis  
 Bosulif  
 Cabometyx  
 Capecitabine  
 Carbaglu  
 Cayston  
 Cerdelga  
 Copegus  
 Cotellic  
 Cyclophosphamide  
 Cystagon  
 Daklinza  
 Dalfampridine

Doptelet  
 Duopa  
 Epclusa  
 Erivedge  
 Esbriet  
 Erleada  
 Erivedge  
 Etoposide  
 Exjade  
 Farydak  
 Galafold  
 Gilenya  
 Gilotrif  
 Gleevec  
 Harvoni  
 Hetlioz  
 Hycamtin  
 Ibrance  
 Idhifa  
 Imatinib  
 Inlyta  
 Iressa  
 Jadenu  
 Jakafi  
 Juxtapid  
 Kalydeco  
 Kisqali  
 Kisqali Femara  
 Kitabis PAK  
 Kuvan  
 Lenvima  
 Letairis  
 Lonsurf  
 Mavyret  
 Mekinist  
 Mesnex  
 Miglustat  
 Moderiba  
 Mulpleta  
 Nerlynx  
 Nexavar  
 Ninlaro  
 Northera  
 Nuplazid  
 Ocaliva

# Specialty Pharmacy Medications

Odomzo  
Ofev  
Olysio  
Opsumit  
Orenitram  
Orkambi  
Pomalyst  
Procysbi  
Promacta  
Pulmozyme  
Ravicti  
Rebetol  
Revatio  
Revlimid  
Ribapak  
Ribasphere  
Ribasphere Ribapak  
Ribatab  
Ribavirin  
Rilutek  
Riluzole  
Rubraca  
Rydapt  
Sabril  
Samsca  
Sildenafil  
Sovaldi  
Sprycel  
Stivarga  
Sucraid  
Sutent  
Symdeko  
Tadalafil  
Tafinlar  
Tagrisso  
Tarceva  
Tasigna  
Tecfidera  
Technivie  
Temodar  
Temozoloamide  
Tetrabenazine  
Thalomid  
TOBI ampules  
TOBI-Podhaler

Tobramycin ampules  
Tracleer  
Tykerb  
Tyvaso  
Upravi  
Veltassa  
Venclexta  
Verzenio  
Viekira PAK  
Viekira XR  
Vigabatrin  
Vigadrone  
Vosevi  
Votrient  
Xalkori  
Xeljanz  
Xeljanz XR  
Xeloda  
Xenazine  
Xtandi  
Xyrem  
Zavesca  
Zelboraf  
Zepatier  
Zolinza  
Zykadia  
Zytiga

## Out-Of-Network Oral Medications

8-Mop  
Afinitor Disperz  
Austedo  
Boniva 150mg  
Calquence  
Chenodal  
Cholbam  
Cometriq  
Daraprim  
DDAVP  
Emflaza  
Gocovri ER  
Iclusig  
Imbruvica  
Ingrezza

Jynarque  
Keveyis  
Korlym  
Nityr  
Orfadin  
Otezla  
Otezla Starter Pack  
Tavalisse  
Thiola  
Vistogard  
Xermelo  
Xuriden  
Yonsa  
Zejula  
Zydelig

## Topical

Mugard  
Panretin  
Qutenza  
Valchlor

## Out-Of-Network Topical

Cystaran  
Synarel

## Fertility Medications

Bravelle  
Cetrotide  
Clomid  
Clomiphene  
Crinone  
Endometrin  
Follistim AQ  
Ganirelix  
Gonal F/Gonal F RFF  
Gonal F Rff Redject  
Human Chorionic Gonadotropin (HCG)  
Leuprolide  
Lupron Depot  
Lupron Depot-Ped  
Luveris  
Makena  
Menopur

Novarel  
Ovidrel  
Pregnyl  
Repronex  
Serophene

# Step Therapy

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Step Therapy is a key part of our Prior Authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

**Note:** Some medications on this list may also be subject to Prior Authorization and/or Quality Care Dosing requirements, or be considered non-covered or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that require Step Therapy, please visit our website [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on Pharmacy Management Program, and proceed to Step Therapy.

# Step Therapy

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## Diabetes Management

Adlyxin  
Alogliptin  
Alogliptin/Metformin  
Alogliptin/Pioglitazone  
ACTOplus Met  
ACTOplus Met XR  
Actos  
Avandaryl  
Avandia  
Byetta  
Bydureon  
Duetact  
Farxiga  
Fortamet  
Glucophage  
Glucophage XR  
Glumetza  
Glyxambi  
Invokana  
Invokamet  
Invokamet XR  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Jentadueto  
Jentadueto XR  
Kazano  
Kombiglyze XR  
Metformin Film Coated ER  
Metformin ER  
Nesina  
Onglyza  
Oseni  
Ozempic  
Pioglitazone  
Pioglitazone-Glimepiride  
Pioglitazone-Metformin  
Prandin  
Qtern  
Segluromet  
Soliqua

Steglatro  
Steglujan  
Synjardy  
Tanzeum  
Tradjenta  
Trulicity  
Victoza  
Xigduo  
Xigduo XR  
Xultophy

## Glaucoma

Lumigan  
Rescula  
Travatan  
Travatan Z  
Xalatan

## Osteoporosis Treatment (Oral)

Actonel  
Atelvia DR  
Binosto  
Boniva tablets  
Fosamax  
Fosamax Plus D

## Pain Relievers (Cox II Inhibitors)

Capxib  
Celebrex  
Celecoxib  
Lidoxib

## Prostate Treatment

Avodart  
Jalyn  
Proscar

## Overactive Bladder Treatment

Detrol  
Detrol LA  
Ditropan XL  
Enablex  
Gelnique  
Oxytrol

Myrbetriq  
Toviaz  
Vesicare

## Topical Testosterone

Axiron  
Fortesta  
Natesto Nasal  
Testim  
Testosterone gel (Fortesta Authorized product)  
Testosterone gel (Testim Authorized product)  
Testosterone gel (Vogelxo Authorized product)  
Testone CIK Kit  
Testosterone CIK Kit  
Vogelxo

# Non-Covered Medication

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Your pharmacy program provides coverage for over 4,000 prescription medications. This section lists medications that are not covered under your benefits. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier. Check with your doctor about appropriate alternatives if you currently take any of these medications.

Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

**Note:** Some medications on this list may also be subject to Prior Authorization, Step Therapy and/or Quality Care Dosing requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, [bluecrossma.com/medications](http://bluecrossma.com/medications) and proceed to the **Medications That Are Not Covered** section.

# Non-Covered Medication

Abilify	Aloquin	Atrapro Hydrogel	Capxib
Abilify DiscMelt	Alora	Atropen	Careone diabetic testing supplies
Absorica	Alrex	Augmentin XR	Caresens N diabetic testing supplies
Abstral	Alsuma	Auryxia	Caretouch diabetic testing supplies
Acanya	Altabax	Auvi-Q	Cardene
Accolate	Altace	Avalide	Cardizem CD
Accu-Chek diabetic testing supplies	Altoprev	Avapro	Cardizem LA
Accucaine	Alvesco	Avelox	Cardura XL
Accupril	Ambien	Avidoxy	Cedax
Accuretic	Ambien CR	Avidoxy DK	Celexa
AcipHex (excluded for 18 years and older)	Amrix	Avita	Cem-Urea
Acticlate	Ana-Lex	Axert	Centany
Actigall	Anafranil	Axid	Centany AT
Actiq	Angeliq	Azasite	Ceracade Skin Barrier
Active Injection D	Anodyne LPT	Azor	Ceramax
Active-PAC	Antara	B-D diabetic testing supplies	Cesamet
Activella	Anusol HC Suppository	Balcoltra	Cetraxel
Acular	Anzemet	Belsomra	Chenodal
Acular LS	Apidra	Benicar	Cimzia
Acuvail	Aplenzin ER	Benicar HCT	Cipro-XR
Aczone	Aptensio XR	BenzaClin gel	Clenpiq
Adalat CC	Aqua Glycolic HC	BenzaClin kit	Cleocin T
Adazin	Aranesp	BenzaClin pump	Clever Choice Voice diabetic testing supplies
Adderall	Arava	Besivance	Clindacin ETZ Kit
Addyi	Arcapta Neohaler	Betalan SUIK kit	Clindacin PAC
Adlyxin	Arixtra	Bevespi AeroSphere	Clindagel
Admelog	Arymo ER	BG-Star diabetic testing supplies	Clobex
Advanced Allergy Collection Kit	Armonair RespiClick	Binosto	Clodan Kit
Advocate Redi-Code diabetic testing supplies	Arze-Ject-A kit	Bionect	Colazal
Adyphren	Asacol HD	Boniva syringe	Colchicine tablets
Adzenys XR	Ascensia diabetic testing supplies	Boniva tablets	Colchicine capsules
Aerospan	Asmanex Twisthaler	Bravelle	CoLyte
Agoneaze	Assure diabetic testing supplies	Breo Ellipta	Combigan
Air Duo	Astepro	Brevicon	Contour Next diabetic testing supplies
Akynzeo	Astero	Brilinta	Conzip
Alcortin-A	Atacand	Brisdelle	Cool diabetic testing supplies
Alevicyn Plus Kit	Atacand HCT	Bromsite	Coreg
Alevicyn Antipruritic SG gel	Atelvia DR	Brovana	Coreg CR
Alodox	Ativan	Bystolic	Corlanor
Alogliptin	Atopaderm	Byvalson	Cosopt PF
Alogliptin/Metformin	Atopiclair	Caduet	Cotempla XR ODT
Alogliptin/Pioglitazone	Atralin	Calcitriol Topical	
	Atrapro Dermal Spray	Cambia	
	Atrapro CP	Caphosol	

# Non-Covered Medication

Cozaar  
 Crestor  
 CVS Advanced diabetic testing supplies  
 Cymbalta  
 D-Care 100X  
 Daklinza  
 Daliresp  
 Daxbia  
 Daypro  
 Daytrana  
 DDAVP  
 Delzicol  
 Delzicol DR  
 Depo-Sub Q Provera 104  
 Derma-Smoother/FS  
 Dermacin RX Cinolone-1 CPI  
 Dermacin Rx Chlorhexacin  
 Dermacin Rx Empraciane  
 Dermacin RX Prizopak  
 Dermacin RX PHN  
 Dermacin RX Silpak  
 Dermacin Silazone Pharpak  
 Dermacin RX Surgical Pharpak  
 Dermacin Rx Therazole Pak  
 Dermacin RX ZRM  
 Derasorb-AF  
 Derasorb-HC  
 Derasorb-TA  
 Derasorb-XM  
 Dermawerx SDS  
 Dermawerx Surgical Plus Pack  
 Dermazone  
 Dermazyl  
 DermOtic  
 DesOwen kit  
 Desvenlafaxine ER  
 Detrol  
 Detrol LA  
 Dexedrine  
 Dexilant (excluded for 18 years and older)  
 Diclo Gel  
 Diclo-Xrylix Sheet Kit

Diclofono  
 Diclopak  
 DicloPR Combo Pak  
 Diclotral  
 Diclozor  
 Dificid  
 Dilaudid  
 Diovan  
 Diovan HCT  
 Dipentum  
 Dithol Combo Pack  
 Ditropan XL  
 Divigel  
 DM2 Kit  
 DMT Suik  
 Dolotranz  
 Doubledex  
 Duac  
 Duac CS  
 Duavee  
 Duexis  
 Duragesic  
 Durezol  
 Durolane  
 Duzallo  
 Dyloject  
 Easy Max diabetic testing supplies  
 Easy Step diabetic testing supplies  
 Easy Talk diabetic testing supplies  
 Easy Touch diabetic testing supplies  
 Easy-Trak diabetic testing supplies  
 Edarbi  
 Edarbyclor  
 Edluar  
 Effexor  
 Effexor XR  
 Elestrin  
 Eleton  
 Ellizia  
 Embeda  
 Embrace diabetic testing supplies

Emsam  
 Enablex  
 Entresto  
 Entyvio  
 Epaned  
 EpiCeram  
 Epiduo  
 Epiduo Forte  
 Epinephrine Snap-V  
 Episil  
 Episnap Convenience Kit  
 Epogen  
 Equetro  
 Ertaczo  
 Esomeprazole Strontium (excluded for 18 years and older)  
 Esomep-EZS (excluded for 18 years and older)  
 Estrace  
 Estrogel  
 Eucrisa  
 Euflexxa  
 Evamist  
 Evekeo  
 Evoclin  
 ExacTech diabetic testing supplies  
 Exalgo  
 Exforge  
 Exforge HCT  
 Extavia  
 Extina  
 Factive  
 Fanapt  
 Farxiga  
 FazaClo  
 Femring  
 Fenoglide  
 Fentora  
 Fetzima  
 Fexmid  
 Fiasp  
 Fifty50 diabetic testing supplies  
 Finacea Plus

Fiorinal  
 Fiorinal with Codeine  
 Flagyl  
 Flagyl ER  
 Flagyl IV  
 Flarex  
 Flector  
 FlexiPak  
 Flolipid  
 Fluoroplex  
 FML Forte  
 FML Liquifilm  
 FML S.O.P.  
 Focalin  
 Focalin XR  
 Follistim AQ  
 Fora V12 diabetic testing supplies  
 Forfivo XL  
 Fortamet  
 Fortesta  
 Fosamax  
 Fragmin  
 Freestyle diabetic testing supplies  
 Frova  
 Ganirelix  
 GE 100 diabetic testing supplies  
 Gel-One  
 Gelclair  
 Gelnique  
 Gelsyn-3  
 GelX  
 Genotropin  
 Genstrip diabetic testing supplies  
 Geodon  
 GE 100 diabetic testing supplies  
 Gialax  
 Giazio  
 Glucocard diabetic testing supplies  
 Glucometer diabetic testing supplies  
 Glucophage

# Non-Covered Medication

Glucophage XR	Khedezla	Lovaza	Moxeza
Glumetza	Kitabis PAK	Lovenox	Mydayis
Gmate diabetic testing supplies	Klonopin	Luliconazole	Namzatic
GNP diabetic testing supplies	Kro Premium diabetic testing supplies	Lunesta	Naprelan
Gocovri	Lamictal ODT	Luzu	Naprelan CR
GoLytely	Lamisil	Lyrice CR	Naprosyn
Healthpro diabetic testing supplies	Lamisil Granules	Lysteda	Naprosyn EC
Horizant	Latuda	MAC Patch	Nascobal
HPR	Lazanda	Marvona SUIK	Natazia
HPR Plus	Lemtrada	Mas Care Pak	Natesto Nasal
HPR Plus Hydrogel Kit	Lescol	Mavyret	Neocera
Humana True Metrix diabetic testing supplies	Lescol XL	Maxalt	Neo-Synalar Kit
Hyalgan	Leva Set	Maxalt-MLT	Neosalus
Hydrocortisone-Lidocaine kit	Levalbuterol HFA	Maxidex	Neosalus CP
Hylatopic	Levaquin	Maxipime	Nesina
Hylatopic Plus	Levemir	MB Hydrogel	Neuac Kit
Hylatopic Plus-Aurstat	Levicycn Antipruritic SG	Medolor Kit	Neumaxin
Hymovis	Lexapro	Medroloan SUIK	Neupogen
Hysingla ER	Lexixryl	Medroloan II SUIK	Neupro
Hyzaar	Liberty diabetic testing supplies	Megace ES	Neurcaine
Iglucose diabetic testing supplies	Lido-Prilo Caine Pak	Menostar	Neurontin
Ilevro	Lidocaine HC Kit	Mentho-Caine Kit	Nevanac
Imvexxy	Lidocidex I	Mesalamine HD	Nexiclon XR
Inderal LA	Lidoderm	Metformin ER (Fortamet Authorized Product)	Nexium (excluded for 18 years and older)
Inderal XL	Lidopac	Metformin Film Coated ER (Glumetza Authorized Product)	Niravam
Inflamma K	Lidopril	Micardis	Nocdurna
InnoPran XL	Lidotrans 5 Pac	Micardis HCT	Noctiva
Intermezzo	Lidotrex	Microdot diabetic testing supplies	Norditropin
Intuniv	Lidovex	Migranow	Northera
Invega	Lidoxib	Minastrin Fe Chewable	Norvasc
Irenka DR	Lipitor	Minocin	Novacort
Istalol	Lipofen	Minocin Combo Pack	Nova Max diabetic testing supplies
Jentadueto	Liprozone Pak	Minolira ER	Novolin Insulin products
Jentadueto XR	Livalo	Mirapex	Novolog Insulin products
Jublia	Livixil PAK	Mirapex ER	Noxipak
Kadian	Lodine	Mobic	NuCort
Kapvay	Lodine XL	Monodox	Nucynta
Kaspargo Sprinkle	Lonhala Magnair	Monovisc	Nucynta ER
Kazano	Lopressor	Morgidox Kit	Nudiclo SoluPak
Keppra XR	Loprox Kit	Morphabond ER	Nudiclo TabPak
Keralyt kit	LoSeasonique	MoviPrep	NuLytely
Kerydin	Lotensin	Moxatag	Nusurgepak Surgical Prep
	Lotensin HCT		Nutraseb
	Loutrex		NutriaRx Pak

# Non-Covered Medication

Nuessa	Perseris ER	Promiseb	Revatio
Nuvigil	Pertzye	Promiseb Light	Rexulti
Ocudox kit	Pexeva	Protonix (excluded for 18 years and older)	Rhopressa
Olux	Pharmacist Choice diabetic testing supplies	Proventil HFA	Risperdal M-Tab
Olysio	Picato	Proventil inhaler	Ritalin
Omnitrope	Plaquenil	Provigil	Ritalin LA
Onexton	Plenvu	Prozac	Ritalin SR
Onmel	Plixda	Prozac Weekly	Rosadan
Onsolis	POD Care 100C	Pylera	Roxybond
Onzetra Xsail	POD Care 100CG	Qbrexis	Rytary ER
Opana	POD Care 100K	Qtern	Rythmol
Opana ER	POD Care 100KG	Quartette	Saizen
Optium diabetic testing supplies	PR-Cream	Quillichew ER	SaizenPrep
Oracea	Pradaxa	Quillivant XR	Salicylic Acid 6% Kit
Oramorph SR	Pram-HCA	Quinja	Salicylic Acid-Ceramide kit
Orapred ODT	Pramosone E	RadiaPlex Rx	Salkera
Oravig	Pravachol	Radigel	Salvax Duo
Orencia	Precision QID diabetic supplies	Rapaflo	Salvax Duo Plus
Orthovisc	Precision X-Tra diabetic supplies	Rasuvo	SanadermRx Skin Repair
Oseni	Pred Mild	Rayaldee	Sancuso
Osmolex ER	Prefest	Rayos	Saphris
Osmoprep	Premium diabetic testing supplies	Readysharp Betamethasone	Sarafem
Ospkena	Prepopik	Readysharp Bupivacaine	Savaysa
Otrexup	Presera	Readysharp Dexamethasone	Scalacort
Oxaydo	Prestalia	Readysharp Ketorolac	Seasonique
Oxytrol	Prestige diabetic testing supplies	Readysharp Lidocaine	Sebuderm
Ozempic	Prevacid (excluded for 18 years and older)	Readysharp Methylprednisolone	Seebri Neohaler
P-Care	PrevPac	Readysharp Triamcinolone	Segluromet
P-Care K	Prilolid	Recothrom	Sernivo
P-Care M	Prilosec (excluded for 18 years and older)	Regenecare	Seroquel
P-Care MG	Prinivil	Relador Pak	Seroquel XR
P-Care X	Prilovix	Relador Pak Plus	Silalite PAK
Paingo KFT	Pristiq	Relexxii ER	Silazone-II
Pamelor	Pristiq ER	Relion diabetic testing supplies	Silenor
Pancreaze	Pro-Voice diabetic testing supplies	Relpax	Siliq
Patanase	Procentra	Remeron	Silvrstat
Paxil	Procort	Remeron Soltab	Simbrinza
Paxil CR	Prodigy diabetic testing supplies	Repatha	Sinemet
PCE	Prolensa	Requip	Singulair
PCE Dispertab		Requip XL	Sitavig
Penlac		Rescula	Sklice
Pennsaid		Restoril	Smart Sense diabetic testing supplies
Pepcid		Retacrit	SmartRx Gaba-V
Percocet		Retin-A Micro	SmartRx GabaKit

# Non-Covered Medication

Sof-Tact diabetic supplies	Tekturna HCT	Trixylylral	Voltaren XR
Solaice	Tenormin	True Metrix diabetic supplies	Vopac MDS
Solaraze	Tequin	TrueTest diabetic supplies	Vraylar
Soliqua	Tersi	TrueTrack diabetic supplies	Vusion
Solodyn	Test N'Go diabetic testing supplies	Trulance	Vytorin
Solosec	Testim	Twynsta	Vyvanse
Soltamox	Testone CIK	Ultracet	Vyzulta
Solupak	Testosterone gel (Fortesta Authorized product)	Ultram	Wavesense diabetic testing supplies
Solus V2 diabetic testing supplies	Testosterone gel (Testim Authorized product)	Ultram ER	Welchol
Soma	Testosterone gel (Vogelxo Authorized product)	Ultrasal ER	Wellbutrin
Sonata	Testosterone CIK Kit	Ultravate PAC	Wellbutrin SR
Soolantra	Tev-Tropin	Ultravate X	Wellbutrin XL
Sovaldi	Therapevo	Unistrip 1 diabetic testing supplies	Whytederm Surgipak
Spectracef	Tiazac	Up & Up diabetic testing supplies	Whytederm Trilasil Pack
Sporanox	Tindamax	Uramaxin	Wound Debride 4% Lidocaine
Spritam	Tirosint	Urea kit	WPR Plus Kit
Sprix	Tivorbex	Utibron NeoHaler	Xadago
Steglatro	TobraDex ST	Vacustim Silver Kit	Xalix
Steglujan	Tofranil	Valium	Xanax
Striant	Tolak	Vanos	Xanax XR
Subsys	Toronova SUIK	Vascepa	X-Clair
Suclear	Toronova II SUIK	Vaseretic	Xartemis XR
Sular	Toviaz	Vasotec	Xerese
Sumadan	Tradjenta	Vectical	Xifaxan
Sumavel Dosepro	Tranxene T-Tab	Velphoro	Xigduo
Sumaxin	Tranzarel	Veltassa	Xigduo XR
Sumaxin CP	Trelegy Ellipta	Veltin	Xilapak
Sumaxin TS	Tresiba	Ventolin HFA	Ximino ER
Supartz	Tretin-X	Verasens diabetic testing supplies	Xolegel
Suprep	Treximet	Veregen	Xopenex HFA
Sure Result Tak Pack	Trezix	Vexasyn	Xopenex nebulas
Sustol	Tribenzor	Viberzi	Xryliderm
Symproic	Tricor	Victoza	Xrylix
Synalar Combo-Pack	Triglide	Viekira XR	Xtampza ER
Synalar TS	Trilipix	Viekira PAK	Xultophy
Synvexia TC	Trilipix DR	Vigamox	Yosprala
Synvisc	Triloan SUIK	Viibryd	Zanaflex
Synvisc-One	Triloan II SUIK	Vimovo	Zantac
Taltz	Trintellix	Virasal	Zegerid (excluded for 18 years and older)
Tanzeum	Tri-Norinyl	Visco-3	Zelapar
Targadox	Tri-Sila Topical	Vivlodex	Zembrace Symtouch
Taytulla	Trivisc	Vogelxo	Zepatier
Technivie		Voltaren	Zestril
Tekturna			Zetia

# Non-Covered Medication

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Zeyocaine  
Ziana  
Zinbryta  
Zipsor  
Zithromax  
Zmax  
Zocor  
Zofran  
Zofran ODT  
Zohydro ER  
Zoloft  
Zolpimist  
Zomacton  
Zomig  
Zomig ZMT  
Zontivity  
Zorvolex  
Zovirax  
ZTLido  
Zuplenz  
Zurampic  
Zyflo  
Zyflo CR  
Zymaxid  
Zypitamag  
Zypram  
Zyprexa  
Zyprexa IM  
Zyprexa Relprevv  
Zyprexa Zydis

# Medication Resource List Index

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This index provides a list of the medications referenced in this guide.

# Medication Resource List Index

<b>8</b>			
8-Mop	15		
<b>A</b>			
ACTOplus Met	6, 17	Advair HFA	6, 10
ACTOplus Met XR	6, 17	Advanced Allergy Collection Kit	19
Abilify	19	Advair Diskus	10
Abilify DiscMelt	19	Advocate Redi-Code diabetic testing supplies	19
Abraxane	13	Adyphren	6, 19
Absorica	19	Adzenys XR	6, 19
Abstral	6, 10, 19	Aerospan	6, 19
Acanya	19	Afinitor	14
Accolate	19	Afinitor Disperz	15
Accu-Chek diabetic testing supplies	19	Agoneaze	19
Accucaine	19	Aimovig	6
Accupril	19	Air Duo	6, 10, 19
Accuretic	19	Akynzeo	6, 19
Acetadote	14	Alcensa	14
AcipHex	6, 10, 19	Alcortin-A	19
Actemra	10, 13	Alecensa	10
Acthar	10, 13	Alendronate Sodium	6
Acticlate	19	Alevicyn Antipruritic SG gel	19
Actigall	19	Alevicyn Plus Kit	19
Actimmune	10, 13	Alferon-N	13
Actiq	6, 10, 19	Alkeran	13, 14
Active Injection D	19	Almotriptan	6
Active-PAC	19	Alodox	19
Activella	19	Alogliptin	17, 19
Actonel	6, 17	Alogliptin/Metformin	17, 19
Actos	6, 17	Alogliptin/Pioglitazone	17, 19
Acular	6, 19	Aloquin	19
Acular LS	6, 19	Alora	6, 19
Acular PF	6	Alosetron	6
Acuvail	19	Alrex	6, 19
Aczone	19	Alsuma	6, 19
Adalat CC	19	Altabax	19
Adazin	19	Altace	19
Adcirca	10, 14	Altoprev	6, 19
Adderall	19	Alunbrig	14
Adderall XR	6	Alvesco	6, 19
Addyi	10, 19	Ambien	6, 19
Adempas	14	Ambien CR	6, 19
Adlyxin	6, 17, 19	Amerge	6
Admelog	6, 19	Amethia	6
Adriamycin PFS	13	Amethia Lo	6
Adrucil	13	Amevive	10
Advair Diskus	6	Amitiza	6
		Amlodipine	6
		Amlodipine-Atorvastatin	6
		Amphetamines	10
		Ampyra	6, 10, 14
		Amrix	19
		Ana-Lex	19
		Anafranil	19
		Angeliq	19
		Anodyne LPT	19
		Antara	19
		Anusol HC Suppository	19
		Anzemet	6, 19
		Apidra	6, 19
		Apidra Solostar	6
		Aplenzin ER	6, 19
		Apokyn	13
		Aprepitant	6
		Aptensio XR	19
		Aptenzio XR	6
		Aqua Glycolic HC	19
		Aralast	10
		Aralast NP	10
		Aranesp	6, 10, 13, 19
		Arava	6, 19
		Arcalyst Injection	13
		Arcapta Neohaler	6, 19
		Arixtra	6, 19
		Armodafinil	10
		ArmonAir RespiClick	6
		Armonair RespiClick	19
		Arnuity Ellipta	6
		Arymo ER	6, 10, 19
		Arze-Ject-A kit	19
		Arzerra	13
		Asacol HD	19
		Ascensia diabetic testing supplies	19
		Ashlyna	6
		Asmanex Twisthaler	6, 19
		Assure diabetic testing supplies	19
		Astebro	6, 19
		Astero	19
		Atacand	19
		Atacand HCT	19
		Atelvia DR	6, 17, 19
		Ativan	19
		Atomoxetine	6, 10
		Atopaderm	19
		Atopiclair	19
		Atorvastatin	6
		Atralin	19
		Atrapro CP	19
		Atrapro Dermal Spray	19
		Atrapro Hydrogel	19
		Atropen	19
		Atrovent	6
		Atrovent HFA	6
		Aubagio	14
		Augmentin XR	19
		Auryxia	19
		Austedo	15
		Auvi-Q	6, 19
		Avalide	19
		Avandaryl	17
		Avandia	6, 17
		Avapro	19
		Aveed	13
		Avelox	19
		Avidoxy	19
		Avidoxy DK	19
		Avita	19
		Avodart	17
		Avonex	6, 13
		Axert	6, 19
		Axid	19
		Axiron	17
		Azasite	19
		Azelastine	6
		Azor	19
		<b>B</b>	
		B-D diabetic testing supplies	19
		BG-Star diabetic testing supplies	19
		Balcoltra	19
		Basaglar	6
		Bavencio	14
		Belbuca	6, 10
		Beleodaq	13
		Belsomra	6, 19
		Belviq	6, 10
		Belviq XR	6, 10
		Benicar	19
		Benicar HCT	19
		Benlysta Autoinject/syringe	14
		BenzaClin gel	19
		BenzaClin kit	19
		BenzaClin pump	19
		Besivance	19
		Besponsa	14

# Medication Resource List Index

Betaloan SUIK kit	19	Cabergoline	6	Ciclodin solution/kit	6	Cozaar	20
Betaseron	6, 13	Cabometyx	14	Ciclopirox nail lacquer	6	Crestor	6, 20
Bethkis	14	Caduet	6, 19	Cimzia	10, 13, 19	Crinone	15
Bevespi AeroSphere	6, 10, 19	Calcitriol Topical	19	Cinqair	10, 13	Cromolyn ophthalmic	6
BiCNU	13	Calcium Folate	13	Cinryze	10	Crysvita	13
Bicillin	14	Calquence	15	Cipro-XR	19	Cuvitru	13
Binosto	6, 10, 17, 19	Cambia	19	Cisplatin	13	Cuvposa	14
Bionect	19	Camptosar	13	Citalopram	6	Cyclophosphamide	13, 14
Bivigam	13	Camrese	6	Cladribine	13	Cymbalta	6, 20
Bleo 15	14	Camrese Lo	6	Clenpiq	19	Cyramza	13
Bleomycin Sulfate	13	Capecitabine	14	Cleocin T	19	Cystagon	14
Blincyto	13	Caphosol	19	Clever Choice Voice diabetic testing supplies	19	Cystaran	15
Boniva 150mg	15	Capxib	17, 19	Climara	6	Cytarabine	13
Boniva Injection	13	Carbaglu	14	Climara Pro	6	Cytogam	13
Boniva syringe	10, 19	Carboplatin	13	Clindacin ETZ Kit	19		
Boniva tablets	6, 17, 19	Cardene	19	Clindacin PAC	19	<b>D</b>	
Bortezomib	13	Cardizem CD	19	Clindagel	19	D-Care 100X	20
Bosulif	14	Cardizem LA	19	Clobex	19	DDAVP	13, 15, 20
Botox	13	Cardura	6	Clodan Kit	19	DM 2 Kit	6
Botox/Botulinum Toxin	10	Cardura XL	6, 19	Clomid	15	DM2 Kit	20
Braftovi	10	Careone diabetic testing supplies	19	Clomiphene	15	DMT Suik	20
Bravelle	15, 19	Caresens N diabetic testing supplies	19	Clonidine patch	6	DTIC-Dome	13
Breo Ellipta	6, 10, 19	Caretouch diabetic testing supplies	19	CoLyte	19	Dacarbazine	13
Brevicon	19	Carimune	13	Colazal	19	Dactinomycin	13
Brilinta	19	Carmustine	13	Colchicine capsules	19	Daklinza	6, 10, 14, 20
Brisdelle	6, 19	Catapres TTS	6	Colchicine tablets	19	Dalfampridine	6, 10, 14
Bromsite	19	Cayston	14	Combigan	19	Daliresp	20
Brovana	19	Cedax	19	Combivent	6	Daraprim	15
Budeprion SR	6	Ceftazadime	14	Combivent Respimat	6	Darzalex	13
Budeprion XL	6	Celebrex	6, 17	Cometriq	15	Daunorubicin HCL	13
Budesonide	6	Celecoxib	6, 17	Concerta	6	Daxbia	20
Bunavail	6	Celexa	6, 19	Contour Next diabetic testing supplies	19	Daxpro	20
Buprenex	10	Cem-Urea	19	Contrave	10	Daysee	6
Buprenorphine	6	Centany	19	Contrave ER	6	Daytrana	20
Buprenorphine patch	6, 10	Centany AT	19	Conzip	19	Delestrogen	14
Buprenorphine-Naloxone	6	Ceracade Skin Barrier	19	Cool diabetic testing supplies	19	Delzicol	20
Bupropion SR	6	Ceramax	19	Copaxone	6, 13	Delzicol DR	20
Bupropion XL	6	Cerdelga	14	Copegus	14	Depo-Estradiol	14
Busulfex	13	Ceredase	10	Coreg	19	Depo-Sub Q Provera 104	20
Butorphanol NS	6	Cerezyme	10, 13	Coreg CR	19	Depocyt	13
Butrans	6, 10	Cerubidine	13	Corlanor	19	DermOtic	20
Bydureon	6, 17	Cesamet	6, 19	Cosentyx	6, 10, 13	Derma-Smothe/FS	20
Byetta	6, 17	Cetraxel	19	Cosmegen	13	Dermacin RX Cinolone-1 CPI	20
Bystolic	19	Cetrotide	15	Cosopt PF	19	Dermacin RX PHN	20
Byvalson	19	Chenodal	15, 19	Cotellic	10, 14	Dermacin RX Prizopak	20
		Cholbam	6, 15	Cotempla XR ODT	6, 19	Dermacin RX Silpak	20
<b>C</b>						Dermacin RX Surgical Pharnpak	20
CVS Advanced diabetic testing supplies	20						

# Medication Resource List Index

Dermacin RX ZRM	20	Diskets	10	Elidel	10	Eucrisa	20
Dermacin Rx Chlorhexacin	20	Dithol Combo Pack	20	Eligard	13	Euflexxa	10, 20
Dermacin Rx Empraciane	20	Ditropan XL	17, 20	Ellence	13	Evamist	6, 20
Dermacin Rx Therazole Pak	20	Divigel	20	Ellizia	20	Evekeo	10, 20
Dermacin Silazone Pharnpak	20	Docefrez	13	Embeda	6, 10, 20	Evoclin	20
Dermasorb-AF	20	Docetaxel	13	Embrace diabetic testing supplies	20	Evomela	14
Dermasorb-HC	20	Dolophine	10	Emend	6	Evzio	6
Dermasorb-TA	20	Dolotranz	20	Emflaza	15	ExacTech diabetic testing supplies	20
Dermasorb-XM	20	Doptelet	6, 14	Empliciti	13	Exalgo	6, 10, 20
Dermawerx SDS	20	Doubledex	20	Emsam	20	Exetimibe/Simvastatin	6
Dermawerx Surgical Plus Pack	20	Doxazosin	6	Emverm	6	Exforge	20
Dermazone	20	Doxil	13	Enablex	17, 20	Exforge HCT	20
Dermazyl	20	Doxorubicin HCl	13	Enbrel	6, 10, 13	Exjade	14
DesOwen kit	20	Duac	20	Endometrin	15	Exondys	14
Desferal	14	Duac CS	20	Enoxaparin	6	Exondys 51	10
Desferoxamine	14	Duavee	20	Enteral formula	10	Extavia	6, 13, 20
Desmopressin Acetate	13	Duetact	17	Entresto	20	Extina	20
Desoxyn	10	Duexis	20	Entyvio	10, 13, 20	Eylea	10
Desvenlafaxine ER	6, 20	Dulera	6, 10	Epaned	20	Ezetimibe	6
Detrol	17, 20	Duloxetine	6	Epclusa	6, 10, 14	<b>F</b>	
Detrol LA	17, 20	Duloxetine DR	6	Epi-Pen Auto-Injector	6	FML Forte	20
Dexedrine	10, 20	Duopa	14	EpiCeram	20	FML Liquifilm	20
Dexilant	6, 10, 20	Dupixent	10, 13	Epiduo	20	FML S.O.P.	20
Dexmethylphenidate ER	6	Duragesic	6, 10, 20	Epiduo Forte	20	FUDR	13
Dexmethylphenidate XR	6	Durezol	20	Epinephrine Snap-V	20	Factive	20
Dexrazoxane	13	Durolane	10, 20	Epinephrine injection	6	Factor VIII, VIIIa, IX, XIII	10
Dextroamphetamine/ Amphetamine ER	6	Duzallo	20	Epirubicin	13	Famciclovir	6
Dextroamphetamines	10	Dyloject	20	Episil	20	Fanapt	20
Diabetic Testing Strips (all)	6	Dysport	10, 13	Episnap Convenience Kit	20	Farxiga	6, 17, 20
Diclo Gel	20	<b>E</b>		Epogen	6, 10, 13, 20	Farydak	6, 10, 14
Diclo-Xrylix Sheet Kit	20	Easy Max diabetic testing supplies	20	Equetro	20	Fasenra	6, 10, 13
DicloPR Combo Pak	20	Easy Step diabetic testing supplies	20	Erbix	10	Faslodex	13
Diclofenac gel	6	Easy Talk diabetic testing supplies	20	Erivedge	14	Fayosim	6
Diclofenac solution	6	Easy Touch diabetic testing supplies	20	Erleada	14	FazaClo	20
Diclofono	20	Easy-Trak diabetic testing supplies	20	Ertaczo	20	Femring	20
Diclopak	20	Edarbi	20	Esbriet	14	Fenoglide	20
Diclotral	20	Edarbyclor	20	Escitalopram	6	Fentanyl oral/mucosal	6, 10
Diclozor	20	Edluar	6, 20	Esomep-EZS	6, 10, 20	Fentanyl patch	6, 10
Dificid	10, 20	Effexor	20	Esomeprazole	6, 10	Fentora	6, 10, 20
Diflucan	6	Effexor XR	6, 20	Esomeprazole Strontium	6, 10, 20	Fetzima	6, 20
Dihydroergotamine	6	Egrifta	10, 13	Estrace	20	Fexmid	20
Dilaudid	20	Elestrin	20	Estradiol patch	6	Fiasp	6, 20
Diovan	20	Eletone	20	Estrogel	6, 20	Fifty50 diabetic testing supplies	20
Diovan HCT	20	Eletriptan	6	Eszopiclone	6	Finacea Plus	20
Dipentum	20			Ethylol	13	Fiorinal	20
				Etopophos	13	Fiorinal with Codeine	20
				Etoposide	13, 14		

# Medication Resource List Index

Firazyr	13
Firmagon	13
Flagyl	20
Flagyl ER	20
Flagyl IV	20
Flarex	20
Flebogamma	13
Flector	20
FlexiPak	20
Flolipid	20
Flovent/HFA	6
Floxuridine	13
Fluconazole	6
Fludara	13
Fludarabine phosphate	13
Fluoroplex	20
Fluorouracil	13
Fluoxetine	6
Fluoxetine DR	7
Fluticasone/Salmeterol	7, 10
Fluvastatin	7
Fluvastatin XR	7
Fluvoxamine	7
Fluvoxamine CR	7
Focalin	20
Focalin XR	7, 20
Follistim AQ	15, 20
Fondaparinux	7
Fora V12 diabetic testing supplies	20
Forfivo XL	7, 20
Fortamet	17, 20
Fortaz	14
Forteo	7, 10, 13
Fortesta	17, 20
Fosamax	7, 17, 20
Fosamax Plus D	7, 17
Fragmin	7, 20
Freestyle diabetic testing supplies	20
Frova	7, 20
Frovatriptan	7
Fulphila	7, 13
Fusilev I.V.	13
Fuzeon	13
<b>G</b>	
GE 100 diabetic testing supplies	20
GE 100 diabetic testing supplies	20
GNP diabetic testing supplies	21
Galafold	14
GamaSTAN	13
Gammagard	13
Gammagard Liquid	13
Gammaked	13
Gammaplex	13
Gamunex	13
Ganirelix	15, 20
Gatifloxacin	7
Gattex	13
Gazyva	13
Gel-One	10, 20
GelX	20
Gelclair	20
Gelnique	17, 20
Gelsyn-3	10, 20
Gemcitabine	13
Gemzar	13
Genotropin	10, 13, 20
Genstrip diabetic testing supplies	20
Geodon	20
Gialax	20
Giazo	20
Gilenya	14
Gilotrif	14
Glatiramer	7, 13
Glatopa	7, 13
Gleevec	14
Glucocard diabetic testing supplies	20
Glucometer diabetic testing supplies	20
Glucophage	17, 20
Glucophage XR	17, 21
Glucose testing strips (all)	7
Glumetza	17, 21
Glyxambi	7, 17
Gmate diabetic testing supplies	21
GoLytely	21
Gocovri	21
Gocovri ER	15
Gonal F Rff Rediject	15
Gonal F/Gonal F RFF	15
Granisetron	7
Granix	7, 13
Grastek	7, 10
<b>H</b>	
HPR	21
HPR Plus	21
HPR Plus Hydrogel Kit	21
Harvoni	7, 10, 14
Healthpro diabetic testing supplies	21
Herceptin	13
Hetlioz	7, 10, 14
Hizentra	13
Horizant	21
Humalog	7
Humalog Jr.	7
Human Chorionic Gonadotropin (HCG)	15
Humana True Metrix diabetic testing supplies	21
Humatrope	10, 13
Humira	7, 10, 13
Humulin	7
HyQvia	13
Hyalgan	10, 21
Hycamtin	13, 14
Hydrocortisone-Lidocaine kit	21
Hydromorphone ER	7, 10
Hydroxyprogesterone	10, 13
Hylatopic	21
Hylatopic Plus	21
Hylatopic Plus-Aurstat	21
Hymovis	10, 21
Hysingla ER	7, 10, 21
Hyzaar	21
<b>I</b>	
IV Immunoglobulin	10
Ibandronate	7
Ibandronate injection/syringe	10, 13
Ibrance	7, 10, 14
Iclusig	15
Idamycin PFS	13
Idarubicin	13
Idhifa	10, 14
Ifex	13
Ifosfamide	13
Ifosfamide/Mesna	13
Iglucose diabetic testing supplies	21
Ilaris	10, 13
Ilevro	21
Ilumya	7, 10, 13
Imatinib	14
Imbruvica	15
Imfinzi	13
Imitrex	7
Impavido	7
Imvexxy	21
Increlex	10, 13
Incruse Ellipta	7, 10
Inderal LA	21
Inderal XL	21
Infergen	7
Inflamma K	21
Inflectra	10, 13
Ingrezza	15
Inlyta	14
InnoPran XL	21
Insulins (all)	7
Interferons (alpha, gamma)	10
Intermezzo	7, 21
Intron A	13
Introvale	7
Intuniv	21
Invega	21
Invokamet	7, 17
Invokamet XR	7, 17
Invokana	7, 17
Ipratropium NS	7
Irenka DR	7, 21
Iressa	14
Irinotecan	13
Istalol	21
Istodax	13
Itraconazole	7
<b>J</b>	
Jadenu	14
Jakafi	14
Jalyn	17
Janumet	17
Janumet XR	17
Januvia	17
Jardiance	7, 17
Jentadueto	17, 21
Jentadueto XR	17, 21

# Medication Resource List Index

Jolessa	7	Lescol XL	7, 21	Lotensin HCT	21	Metformin ER (Fortamet Authorized Product)	21
Jublia	21	Letairis	14	Lotronex	7	Metformin Film Coated ER	17
Juxtapid	10, 14	Leucovorin Calcium	13	Loutrex	21	Metformin Film Coated ER (Glumetza Authorized Product)	21
Jynarque	7, 15	Leukine	13	Lovastatin	7	Methadone	10
<b>K</b>		Leuprolide	15	Lovaza	21	Methadose	10
Kadian	7, 10, 21	Leuprolide Acetate	13	Lovenox	7, 21	Methamphetamine	10
Kalydeco	7, 10, 14	Leva Set	21	Lucentis	10	Methotrexate	13
Kanuma	14	Levalbuterol HFA	7, 21	Luliconazole	21	Methylphenidate 72mg	7
Kapvay	21	Levaquin	21	Lumigan	17	Methylphenidate CD	7
Kaspargo Sprinkle	21	Levemir	7, 21	Lunesta	7, 21	Methylphenidate ER	7
Kazano	17, 21	Levicycn Antipruritic SG	21	Lupaneta Pack	13	Methylphenidate LA	7
Kenalog	13	Levoleucovorin	13	Lupron Depot	13, 15	Micardis	21
Keppra XR	21	Levonorgestrel/Ethinyl Estradiol	7	Lupron Depot-Ped	13, 15	Micardis HCT	21
Keralyt kit	21	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	7	Luveris	15	Microdot diabetic testing supplies	21
Kerydin	7, 21	Lexapro	7, 21	Luzu	21	Miglustat	14
Ketorolac ophthalmic	7	Lexixryl	21	Lynparza	10	Migranal	7
Keveyis	7, 15	Liberty diabetic testing supplies	21	Lyrica	10	Migranow	21
Kevzara	7, 10, 13	Lido-Prilo Caine Pak	21	Lyrica CR	10, 21	Migranow Kit	7
Keytruda	13	Lidocaine HC Kit	21	Lysteda	7, 21	Minastrin Fe Chewable	21
Khedezla	7, 21	Lidocaine Patch	7	<b>M</b>		Minivelle	7
Kineret	10, 14	Lidocaine 5% cream	7	MAC Patch	21	Minocin	21
Kisqali	10, 14	Lidocidex I	21	MB Hydrogel	21	Minocin Combo Pack	21
Kisqali Femara	10, 14	Lidoderm	7, 21	MS Contin	7, 10	Minolira ER	21
Kitabis PAK	14, 21	Lidopac	21	Macugen	10	Mirapex	21
Klonopin	21	Lidopril	21	Makena	10, 13, 15	Mirapex ER	21
Kombiglyze XR	17	Lidotrans 5 Pac	21	Marqibo	13	Mirtazapine	7
Korlym	15	Lidotrex	21	Marvona SUIK	21	Mirtazapine Rapid Dissolve	7
Kro Premium diabetic testing supplies	21	Lidovex	21	Mas Care Pak	21	Mitomycin	13
Kuvan	14	Lidoxib	17, 21	Mavyret	7, 10, 14, 21	Mitoxantrone	13
Kynamro	10, 13	Linze	7	Maxalt	7, 21	Mobic	7, 21
<b>L</b>		Lipitor	7, 21	Maxalt-MLT	7, 21	Modafinil	10
Lamictal ODT	21	Lipitor	7, 21	Maxidex	21	Moderiba	14
Lamisil	7, 21	Lipodox	13	Maxipime	21	Monodox	21
Lamisil Granules	21	Lipodox-50	13	Medolor Kit	21	Monovisc	10, 21
Lansoprazole	7	Lipofen	21	Medroloan II SUIK	21	Morgidox Kit	21
Lansoprazole ODT	7	Liprozone Pak	21	Medroloan SUIK	21	Morphabond ER	7, 10, 21
Lansoprazole/Amoxicillin/Clarithromycin	7	Liquadd	10	Megace ES	21	Morphine Sulfate CR	10
Lantus	7	Livalo	7, 21	Mekinist	10, 14	Morphine Sulfate ER	7, 10
Lartruvo	13	Livixil PAK	21	Mektovi	10	Movantik	7
Latuda	21	LoSeasonique	7, 21	Meloxicam	7	MoviPrep	21
Lazanda	7, 10, 21	Lodine	21	Menopur	15	Moxatag	21
Leflunomide	7	Lodine XL	21	Menostar	7, 21	Moxeza	7, 21
Lemtrada	13, 21	Lonhala Magnair	7, 21	Mentho-Caine Kit	21	Moxifloxacin	7
Lenvima	10, 14	Lonsurf	14	Mesalamine HD	21	Mozobil	13
Lescol	7, 21	Lopressor	21	Mesna	13	Mugard	15
		Loprox Kit	21	Mesnex	13, 14		
		Lotensin	21	Metformin ER	17		

# Medication Resource List Index

Mulpleta	14	Norditropin	10, 13, 21	Omeprazole-Sod. Bicarbonate	7, 10	P-Care K	22
Mustargen	13	Norditropin Flexpro	13	Omnitrope	10, 13, 22	P-Care M	22
Myalept	10, 13	Norditropin Nordiflex	13	Omontys	7, 10	P-Care MG	22
Mydayis	7, 21	Northera	14, 21	Oncaspar	13	P-Care X	22
Mylotarg	13	Norvasc	7, 21	Ondansetron	7	PCE	22
Myobloc	10, 13	Nova Max diabetic testing supplies	21	Ondansetron ODT	7	PCE Dispertab	22
Myrbetriq	17	Novacort	21	Onexton	22	PEG-Intron	7
<b>N</b>		Novarel	15	Onezetra Xsail	7	POD Care 100C	22
Nabi-HB	14	Novolin	7	Onglyza	17	POD Care 100CG	22
Namzaric	21	Novolin Insulin products	21	Onmel	7, 22	POD Care 100K	22
Naprelan	21	Novolog	7	Onpattro	10	POD Care 100KG	22
Naprelan CR	21	Novolog Insulin products	21	Onsolis	7, 10, 22	PR-Cream	22
Naprosyn	21	Noxipak	21	Onzetra Xsail	22	Paclitaxel	13
Naprosyn EC	21	Nplate	13	Opana	22	Paingo KFT	22
Naptara	13	NuCort	21	Opana ER	7, 10, 22	Palynziq	13
Naratriptan	7	NuLytely	21	Opdivo	10, 13	Pamelor	22
Narcan	7	Nucala	10, 13	Opsumit	15	Pamidronate	13
Nascobal	21	Nucynta	21	Optium diabetic testing supplies	22	Pamidronate disodium	13
Natazia	21	Nucynta ER	7, 10, 21	Oracea	22	Pancreaze	22
Natesto Nasal	17, 21	Nudiclo SoluPak	21	Oralair	7, 10	Panretin	15
Navelbine	13	Nudiclo TabPak	21	Oramorph SR	7, 10, 22	Pantoprazole	7
NebuPent	7	Nuplazid	7, 14	Orapred ODT	22	Paroxetine	7
Neo-Synalar Kit	21	Nusurgepak Surgical Prep	21	Oravig	22	Paroxetine CR	7
Neocera	21	Nutraseb	21	Orencia	10, 13, 22	Patanase	7, 22
Neosalus	21	NutriaRx Pak	21	Orenitram	15	Paxil	7, 22
Neosalus CP	21	Nutritional Supplements	10	Orfadin	15	Paxil CR	7, 22
Nerlynx	14	Nutropin	10, 13	Orkambi	7, 10, 15	Peg-Intron	14
Nesina	17, 21	Nutropin AQ	13	Orthovisc	10, 22	Pegasys	7, 14
Neuac Kit	21	Nutropin AQ Nuspin	13	Oseni	17, 22	Pegasys Proclick	14
Neulasta	7, 13	Nuvessa	22	Osmolex ER	22	Penlac	7, 22
Neulasta Onpro	14	Nuvigil	10, 22	Osmoprep	22	Pennsaid	7, 22
Neumaxin	21	<b>O</b>		Osphena	22	Pepcid	22
Neumega	13	Ocaliva	7, 14	Otezla	7, 10, 13, 15	Percocet	22
Neupogen	7, 13, 21	Ocrevus	13	Otezla Starter Pack	15	Perseris ER	22
Neupro	21	Octagam	13	Otrexup	13, 22	Pertzye	22
Neurcaine	21	Octreotide injection	13	Ovidrel	15	Pexeva	7, 22
Neurontin	21	Ocudox kit	22	Oxaliplatin	13	Pharmacist Choice diabetic testing supplies	22
Nevanac	21	Odomzo	7, 15	Oxaydo	22	Photofrin	14
Nexavar	14	Ofev	15	OxyContin	7	Picato	22
Nexiclon XR	21	Olanzapine-Fluoxetine	7	Oxycodone ER	7, 10	Pioglitazone	7, 17
Nexium	7, 10, 21	Olopatadine Nasal	7	Oxycontin	10	Pioglitazone-Glimepiride	7, 17
Ninlaro	14	Olumiant	7, 10, 13	Oxymorphone ER	7, 10	Pioglitazone-Metformin	7, 17
Nipent	13	Olux	22	Oxytrol	17, 22	Plaquenil	22
Niravam	21	Olysio	7, 10, 15, 22	Ozempic	7, 17, 22	Plegridy	7, 14
Nityr	15	OmePPI	7, 10	<b>P</b>		Plenvu	22
Nivestym	7, 13	Omeprazole	7	P-Care	22	Plixda	22
Nocdurna	7, 21					Pomalyst	15
Noctiva	21					Portrazza	14

# Medication Resource List Index

Poteligeo	14	Promiseb Light	22	Rebetol	15	Romidepsin	14
Pradaxa	22	Proscar	17	Rebif	8, 14	Rosadan	22
Praluent	7, 10, 14	Protonix	8, 11, 22	Reclast	11	Rosuvastatin	8
Pram-HCA	22	Protopic	11	Recothrom	22	Roxybond	22
Pramosone E	22	Proventil HFA	8, 22	Regenecare	22	Rozerem	8
Prandin	17	Proventil inhaler	22	Regranex	11	Rubraca	15
Pravachol	7, 22	Provigil	11, 22	Relador Pak	22	Rydapt	11, 15
Pravastatin	7	Prozac	8, 22	Relador Pak Plus	22	Rytary ER	22
Precision QID diabetic supplies	22	Prozac Weekly	8, 22	Relexxii ER	8, 22	Rythmol	22
Precision X-Tra diabetic supplies	22	Pulmicort Flexhaler	8	Relion diabetic testing supplies	22	<b>S</b>	
Pred Mild	22	Pulmicort Respules	8	Relpax	8, 22	Sabril	15
Prefest	22	Pulmozyme	15	Remeron	8, 22	Saizen	11, 14, 22
Pregnyl	15	Pylera	22	Remeron Soltab	8, 22	SaizenPrep	11, 14, 22
Premium diabetic testing supplies	22	<b>Q</b>		Remicade	11, 14	Salicylic Acid 6% Kit	22
Prepopik	22	QVAR	8	Renflexis	11, 14	Salicylic Acid-Ceramide kit	22
Presera	22	Qbrexli	22	Repatha	8, 11, 14, 22	Salkera	22
Preservative-Free Morphine	10	Qbrexxa	8	Repronex	15	Salvax Duo	22
Prestalia	22	Qtern	8, 17, 22	Requip	22	Salvax Duo Plus	22
Prestige diabetic testing supplies	22	Qualaquin	8	Requip XL	22	Samsca	15
PrevPac	7, 22	Quartette	8, 22	Rescula	17, 22	SanadermRx Skin Repair	22
Prevacid	7, 10, 22	Quasense	8	Respiratory SyncytialVirus IG/Synagis	11	Sancuso	8, 22
Prilolid	22	Quillichew	8	Restasis	8, 11	Sandimmune	14
Prilosec	7, 10, 22	Quillichew ER	22	Restoril	22	Sandostatin	14
Prilovix	22	Quillivant XR	22	Retacrit	8, 11, 14, 22	Sandostatin-LAR	14
Prinivil	22	Quinine Sulfate	8	Retin-A Micro	22	Saphris	22
Pristiq	7, 22	Quinja	22	Revatio	11, 14, 15, 22	Sarafem	8, 22
Pristiq ER	7, 22	Qutenza	8, 15	Revlimid	15	Savaysa	22
Privigen	14	<b>R</b>		Rexulti	8, 22	Saxenda	8, 11
Pro-Voice diabetic testing supplies	22	Rabeprazole	8	Rhopressa	8, 22	Scalacort	22
ProAir HFA	7	RadiaPlex Rx	22	Ribapak	15	Seasonique	8, 22
ProAir Respiclick	7	Radicava	14	Ribasphere	15	Sebuderm	22
Procentra	10, 22	Radigel	22	Ribasphere Ribapak	15	Seebri Neohaler	8, 22
Procort	22	Ragwitek	8, 11	Ribatab	15	Segluromet	8, 17, 22
Procrit	7, 10, 14	Rapaflo	22	Ribavirin	15	Serevent Diskus	8
Procysbi	15	Rasuvo	22	Rilutek	15	Sernivo	22
Prodigy diabetic testing supplies	22	Ravicti	15	Riluzole	15	Serophene	15
Prolastin	11	Rayaldee	22	Rimso-50	14	Seroquel	22
Prolastin C	11	Rayos	22	Risedronate	8	Seroquel XR	22
Prolensa	22	Readysharp Betamethasone	22	Risperdal M-Tab	22	Serostim	11, 14
Proleukin	11, 14	Readysharp Bupivacaine	22	Ritalin	22	Sertraline	8
Prolia	11, 14	Readysharp Dexamethasone	22	Ritalin LA	8, 22	Setlakin	8
Promacta	15	Readysharp Ketorolac	22	Ritalin SR	22	Signafor	14
Promiseb	22	Readysharp Lidocaine	22	Rituxan	11, 14	Signafor LAR	14
		Readysharp Methylprednisolone	22	Rivelsa	8	Silalite PAK	22
		Readysharp Triamcinolone	22	Rizatriptan	8	Silazone-II	22
				Rocephin	14	Sildenafil	11, 14, 15
				Roferon-A	14	Silenor	8, 22
						Siliq	8, 11, 14, 22

# Medication Resource List Index

Silvrstat	22	Sucraid	15	Tecentriq	14	Toujeo Solostar	8
Simbrinza	22	Sular	23	Tecfidera	15	Toviaz	17, 23
Simponi	8, 11, 14	Sumadan	23	Technivie	8, 11, 15, 23	Tracleer	15
Simponi Aria	11, 14	Sumatriptan	8	Tekturna	23	Tradjenta	17, 23
Simvastatin	8	Sumavel Dosepro	8, 23	Tekturna HCT	23	Tranexamic Acid	8
Sinemet	22	Sumaxin	23	Temodar	14, 15	Tranxene T-Tab	23
Singulair	22	Sumaxin CP	23	Temozoloamide	15	Tranzarel	23
Sitavig	22	Sumaxin TS	23	Teniposide	14	Travatan	17
Sklice	22	Supartz	11, 23	Tenormin	23	Travatan Z	17
Smart Sense diabetic testing supplies	22	Suprep	23	Tepadina	14	Trelegy Eliipta	8, 23
SmartRx Gaba-V	22	Sure Result Tak Pack	23	Tequin	23	Trelstar	14
SmartRx GabaKit	22	Sustol	23	Terazosin	8	Trelstar Depot	14
Sof-Tact diabetic supplies	23	Sutent	15	Terbinafine	8	Trelstar LA	14
Solaice	23	Sylatron	14	Tersi	23	Tremfya	8, 11, 14
Solaraze	23	Sylvant	14	Test N'Go diabetic testing supplies	23	Tresiba	8, 23
Soliqua	8, 17, 23	Symbicort	8, 11	Testim	17, 23	Tretin-X	23
Solodyn	23	Symbyax	8	Testone CIK	23	Treximet	8, 23
Solosec	8, 23	Symdeko	8, 11, 15	Testone CIK Kit	17	Trezix	23
Soltamox	23	Symproic	8, 23	Testosterone CIK Kit	17, 23	Tri-Norinyl	23
Solupak	23	Synagis	14	Testosterone CIK Kit	17, 23	Tri-Sila Topical	23
Solus V2 diabetic testing supplies	23	Synalar Combo-Pack	23	Testosterone Enanthate	14	Tribenzor	23
Soma	23	Synalar TS	23	Testosterone gel (Fortesta Authorized product)	17, 23	Tricor	23
Somatuline	14	Synarel	15	Testosterone gel (Testim Authorized product)	17, 23	Triglide	23
Somavert	14	Synjardy	8, 17	Testosterone gel (Vogelxo Authorized product)	17, 23	Trilipix	23
Sonata	8, 23	Synjardy XR	8	Tetrabenazine	15	Trilipix DR	23
Soolantra	23	Synribo	14	Tev-Tropin	11, 14, 23	Triloan II SUIK	23
Sovaldi	8, 11, 15, 23	Synvexia TC	23	Thalomid	15	Triloan SUIK	23
Spectracef	23	Synvisc	11, 23	TheraCys	14	Trintellix	8, 23
Spinraza	11, 14	Synvisc One	11	Therapevo	23	Triptodur	8, 14
Spiriva	8	Synvisc-One	23	Thiola	15	Trivisc	11, 23
Sporanox	8, 23	<b>T</b>		Thiotepa	14	Trixylytral	23
Spritam	23	TOBI ampules	15	Thyrogen	14	True Metrix diabetic supplies	23
Sprix	23	TOBI-Podhaler	15	Tiazac	23	TrueTest diabetic supplies	23
Sprycel	15	TPN	11	Tibsovo	11	TrueTrack diabetic supplies	23
Steglatro	8, 17, 23	Tacrolimus (topical)	11	Tindamax	23	Trulance	8, 23
Steglujan	8, 17, 23	Tadalafil	11, 15	Tirosint	23	Trulicity	8, 17
Stelara	11, 14	Tafinlar	11, 15	Tivorbex	8, 23	Tudorza	8
Stiolto Respimat	8	Tagrisso	11, 15	TobraDex ST	23	Twynsta	23
Stivarga	15	Takhzyro	14	Tobramycin ampules	15	Tykerb	15
Strattera	8, 11	Taltz	8, 11, 14, 23	Tofranil	23	Tymlos	8, 11, 14
Strensiq	14	Tanzeum	8, 17, 23	Tolak	23	Tysabri	11
Striant	23	Tarceva	15	Topical Retinoic Acid Derivatives	11	Tyvaso	15
Striverdi Respimat	8	Targadox	23	Toposar	14	<b>U</b>	
Sublocade	14	Tasigna	15	Toronova II SUIK	23	Ultracet	23
Suboxone	8	Tavalisse	15	Toronova SUIK	23	Ultram	23
Subsys	8, 11, 23	Taxotere	14	Totect	14	Ultram ER	23
Suclear	23	Taytulla	23			Ultrasal ER	23
		Tazicef	14				

# Medication Resource List Index

Ultravate PAC	23	Viibryd	8, 23	Xartemis XR	8, 11, 23	Zestril	23
Ultravate X	23	Vimizim	14	Xeljanz	8, 11, 15	Zetia	8, 23
Unistrip 1 diabetic testing supplies	23	Vimovo	23	Xeljanz XR	8, 11, 15	Zeyocaine	24
Unituxin	14	VinBLASTine	14	Xeloda	15	Ziana	24
Up & Up diabetic testing supplies	23	VinCRISTine	14	Xenazine	15	Zilretta	14
Uptravi	15	Vincasar PFS	14	Xeomin	11, 14	Zinbryta	8, 24
Uramaxin	23	Vinorelbine	14	Xerese	23	Zinecard	14
Urea kit	23	Virasal	23	Xermelo	8, 15	Zipsor	24
Utibron NeoHaler	23	Visco-3	11, 23	Xgeva	11, 14	Zithromax	24
Utibron Neohaler	8	Vistogard	15	Xiaflex	11	Zmax	24
<b>V</b>		Vivelle	8	Xifaxan	8, 23	Zocor	8, 24
Vacustim Silver Kit	23	Vivelle-Dot	8	Xigduo	8, 17, 23	Zofran	8, 24
Valacylovir	8	Vivitrol	8, 14	Xigduo XR	8, 17, 23	Zofran ODT	8, 24
Valchlor	15	Vivlodex	8, 23	Xiidra	8, 11	Zohydro ER	8, 11, 24
Valium	23	Vogelxo	17, 23	Xilapak	23	Zoladex	8, 14
Valstar	14	Voltaren	23	Ximino ER	23	Zoledronic Acid	11
Valtrex	8	Voltaren XR	23	Xolair	11, 14	Zolinza	15
Vanos	23	Voltaren gel	8	Xolegel	23	Zolmitriptan	8
Varubi	8	Vopac MDS	23	Xopenex HFA	8, 23	Zolmitriptan ODT	8
Vascepa	23	Vosevi	8, 11, 15	Xopenex nebules	23	Zoloft	8, 24
Vaseretic	23	Votrient	15	Xryliderm	23	Zolpidem	8
Vasotec	23	Vraylar	23	Xrylix	23	Zolpidem CR	8
Vectibix	11	Vusion	23	Xtampza ER	8, 11, 23	Zolpidem SL	8
Vectical	23	Vytorin	8, 23	Xtandi	15	Zolpimist	8, 24
Velcade	14	Vyvanse	8, 23	Xultophy	8, 17, 23	Zomactin	11
Velphoro	23	Vyxeos	14	Xuriden	8, 15	Zomacton	14, 24
Veltassa	15, 23	Vyzulta	23	Xyrem	15	Zometa	11
Veltin	23	<b>W</b>		<b>Y</b>		Zomig	8, 24
Venclexta	11, 15	WPR Plus Kit	23	Yondelis	14	Zomig ZMT	8, 24
Venlafaxine ER capsule	8	Wavesense diabetic testing supplies	23	Yonsa	15	Zontivity	24
Venlafaxine ER tablet	8	Welchol	23	Yosprala	8, 11, 23	Zorbitive	11
Ventavis	14	Wellbutrin	23	<b>Z</b>		Zorvolex	24
Ventolin HFA	8, 23	Wellbutrin SR	8, 23	ZTLido	24	Zovirax	24
Verasens diabetic testing supplies	23	Wellbutrin XL	8, 23	Zaleplon	8	Zubsolv	8
Veregen	23	Whytederm Surgipak	23	Zaltrap	14	Zuplenz	8, 24
Verzenio	11, 15	Whytederm Trilasil Pack	23	Zanaflex	23	Zurampic	24
Vesicare	17	Wound Debride 4% Lidocaine	23	Zanosar	14	Zydelig	8, 11, 15
Vexasyn	23	<b>X</b>		Zantac	23	Zyflo	24
Viberzi	8, 23	X-Clair	23	Zarxio	8, 14	Zyflo CR	24
Victoza	8, 17, 23	Xadago	23	Zavesca	15	Zykadia	11, 15
Viekira PAK	8, 11, 15, 23	Xalatan	17	Zegerid	8, 11, 23	Zymaxid	8, 24
Viekira XR	8, 11, 15, 23	Xalix	23	Zejust	15	Zypitomag	8, 24
Vigabatrin	15	Xalkori	11, 15	Zelapar	23	Zypram	24
Vigadrone	15	Xanax	23	Zelboraf	11, 15	Zyprexa	24
Vigamox	8, 23	Xanax XR	23	Zembrace Symtouch	8, 23	Zyprexa IM	24
				Zenedi	11	Zyprexa Relprevv	24
				Zepatier	8, 11, 15, 23	Zyprexa Zydis	24
						Zytiga	15

# New Medication Approval Process

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Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to help us give our members prescription drug options that meet their medical needs and achieve desired treatment goals. Approved medications are added to our list as they are approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.



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## You Have Quicker, Less Expensive Choices for Quality Care

You should always go to the nearest emergency room in a life-threatening situation. However, for other situations, including urgent care, you have options that can save you time and money.

Consider using one of the following emergency room alternatives next time you're sick or injured:

Care Options	Description	Types of Services They Can Provide	Hours	Relative Cost	How to Find One
<b>Blue Care® Line</b>	Explain your symptoms to a nurse over the phone, and they'll help you decide what to do next.	Assessment for the treatment of: <ul style="list-style-type: none"> <li>• Fever</li> <li>• Dizziness</li> <li>• Cuts</li> <li>• General discomfort</li> </ul>	24/7	No cost	Call the Blue Care Line at <a href="tel:1-888-247-BLUE">1-888-247-BLUE (2583)</a>
<b>Well Connection</b>	Live video visits with licensed doctors on your favorite device.	<ul style="list-style-type: none"> <li>• Back pain</li> <li>• Bronchitis</li> <li>• Cough</li> <li>• Diarrhea</li> <li>• Fever</li> <li>• Rashes</li> <li>• Respiratory infections</li> <li>• Sinus infections</li> <li>• Sore throat</li> <li>• Skin conditions</li> <li>• Urinary tract infections</li> </ul> <p>Well Connection doctors and providers can also treat behavioral health conditions by appointment.</p>	24/7 for medical care	\$\$	Download the Well Connection app, or visit <a href="http://wellconnection.com">wellconnection.com</a> .
<b>Limited Services Clinics<sup>1</sup></b>	Clinics located within your local pharmacy that treat simple medical concerns.	<ul style="list-style-type: none"> <li>• Cold &amp; flu</li> <li>• Bronchitis</li> <li>• Sinus &amp; respiratory infections</li> <li>• Sore throat</li> <li>• Diarrhea</li> <li>• Gout</li> <li>• Strep throat</li> <li>• Urinary tract infections</li> <li>• Pinkeye</li> <li>• Hypertension</li> <li>• Migraines</li> <li>• Pneumonia</li> </ul>	Days, evenings, weekends	\$\$	Visit Find a Doctor at <a href="http://findadoctor.bluecrossma.com/">findadoctor.bluecrossma.com/</a> 1. Select Urgent Care Centers 2. Refine your results by choosing Limited Services Clinics or Urgent Care Center under Specialties
<b>Urgent Care Centers<sup>2</sup></b>	Local clinics that treat conditions that aren't life-threatening but require immediate treatment.	<ul style="list-style-type: none"> <li>• Broken bones</li> <li>• Digital X-rays</li> <li>• Drug tests</li> <li>• EKG test</li> <li>• Lab tests</li> <li>• Minor burns or injuries</li> <li>• PPD/TB skin tests</li> <li>• Pregnancy test</li> <li>• Short-term (acute) illness</li> <li>• Splints</li> <li>• Stitches</li> <li>• Sports &amp; school physicals</li> <li>• Shots &amp; vaccines</li> </ul> <p>Plus, symptoms treated at limited services clinics</p>	Days, evenings, weekends	\$\$\$	Results are determined by your selected location and providers that participate in your network.

Care Options	Description	Types of Services They Can Provide	Hours	Relative Cost	How to Find One
Emergency Room	Full hospital service for severe symptoms that could seriously jeopardize your health or the health of another (including an unborn child).	<ul style="list-style-type: none"> <li>• Possible heart attack</li> <li>• Stroke</li> <li>• Poisoning</li> <li>• Loss of consciousness</li> </ul>	24/7	\$\$\$\$\$\$	<ul style="list-style-type: none"> <li>• Call 911 or go to your nearest hospital</li> </ul>

## Talk to Your Primary Care Provider

Unless it's a true emergency, it's always best to call your doctor's office first, even after hours. They may want to see you or suggest alternatives to the emergency room. If the doctor's office is closed, there may be recorded after-hours care instructions or the option to speak with an on-call nurse or doctor who can provide advice based upon your medical history.

## Using Limited Service Clinics and Urgent Care Centers

To check if your health plan covers service from your location of choice, or to see if you need a referral, call the Member Service number on the front of your card. Use our Find a Doctor tool at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor) to find limited service clinics and urgent care centers that participate in your network.

\*Call the Member Service number on the front of your ID card to see if Well Connection is included in your benefits. Please note that doctors and providers can't write prescriptions for controlled substances while delivering care online.

1. Example: CVS Minute Clinic®
2. Examples: CareWell® Urgent Care, Doctors Express,® and Health Express

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

## Well Connection—Care at Your Convenience

You can see licensed doctors and providers for minor medical and behavioral health care using live video visits on your favorite device. All you need is an internet connection and a webcam. They have an average of 15 years of experience and can look up your medical history, diagnose and treat your symptoms, and prescribe medication, if necessary.\*

Download the app or visit [wellconnection.com](http://wellconnection.com) to get started.



ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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## 3 Steps to Understanding Your Benefits

### Step 1—List your current medications

Writing down which medications and the dosages you are taking is the first step to understanding your costs. It also enables you to discuss coverage options with your doctor.

Medication Name	Tier (Copay Level)	Pharmacy Program	Covered Alternative (if applicable)

### Step 2—See how your prescriptions are covered

Visit [www.bluecrossma.com/medications](http://www.bluecrossma.com/medications) to find out which tier your medications fall under and whether any Pharmacy Management Program might apply.

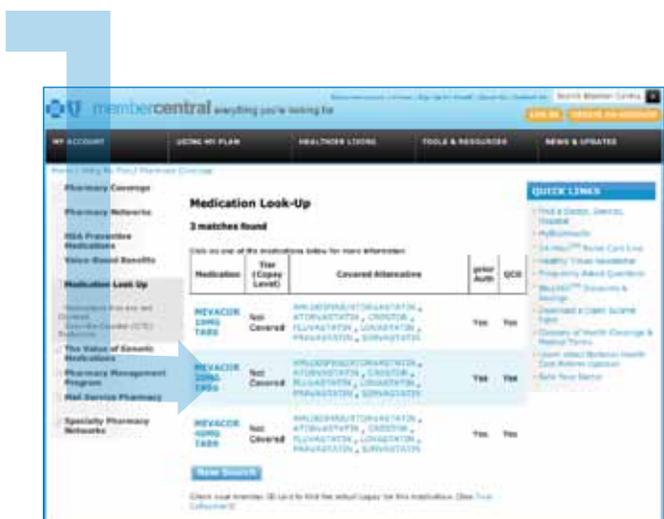
Choose the 3-tier option and enter your medication name. You'll see the tier it belongs to as well as any covered alternatives.

**Click on the drug name to see if any programs, such as Quality Care Dosing, prior authorization or step therapy, are associated with your medication. Please note that Fertility and Specialty Drugs must be dispensed via one of the pharmacies listed in the Blue Cross Blue Shield of Massachusetts exclusive specialty and fertility pharmacy network.**

**For additional questions, please contact Member Services at the number on the front of your ID card.**

### Step 3—Talk to your doctor

If you have medications that are not covered or are subject to a pharmacy management program, such as prior authorization, that requires special approval, talk to your doctor before refilling those prescriptions. It will make getting the prescriptions quicker and easier.



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## Save with our \$9 for 90 Generics Program

Our \$9 for 90 Generics Program will save you time and money by offering many generic drug prescriptions at discounted prices for direct-to-home delivery.

Express Scripts, our pharmacy benefits manager, coordinates the home delivery of many generic drugs with no cost standard shipping. Additionally, the \$9 copayment is applied to your annual out-of-pocket cost—helping you to further maximize the value of our program.

In addition to the significant savings on many generic prescription drugs, you enjoy the convenience of home delivery and a 90-day supply of generic drugs. This is a better option than the 30-day supply dispensed by retail pharmacies, which require in-store pick-up.

### The Details

- + Is available to you as a Blue Cross Blue Shield of Massachusetts member
- + Has an easy enrollment process in which you sign up either online or by phone
- + Gives you a 90-day supply of generics sent directly to your home through the Express Scripts Mail Service Pharmacy
- + Saves you more money than the \$4 generics retail benefit offered by Target and Walmart

You can save, on average, 29% in comparison to standard retail pharmacies.<sup>2</sup>

### How to Get Started:

Log in to Member Central and select Pharmacy Coverage under the “Using My Plan” tab. Then, select Mail Service Pharmacy from the navigation bar on the left. To see the list of available generic drugs, click on the link **View a list of \$9 generic medications**.

1. Source: “Is Compliance Really Better in Home Delivery? Evidence Across Three Chronic Therapy Classes”; Express Scripts Study; September 2008.”
2. Average percentage savings figure based on analysis of actual January–March 2012 claims for clients with a retail pharmacy and mail pharmacy benefit, excluding Medicare clients and clients participating in mandatory mail programs. Savings may vary based on your plan design.

Express Scripts’ services are being provided on behalf of Blue Cross Blue Shield of Massachusetts.



For more information

If you have questions, or would like to enroll in home delivery, they can visit

[www.express-scripts.com/starthd](http://www.express-scripts.com/starthd)

or call

877-509-5883.

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# ahealthyme<sup>®</sup>

Everything to live a healthier life

If you want to know more about your health and how to make it better, ahealthyme is a great place to start. With just a few clicks, we'll show you just what you need to live a healthier life. From a health assessment to wellness workshops and interactive tools, ahealthyme is your personal online resource.

## With ahealthyme, managing your health can be as easy as 1, 2, 3:

### 1. Start with your health assessment

Taking your health assessment is easy and rewarding. Simply answer questions about eight areas of your health. When done, we'll give you a detailed look at your health today and recommend tools and programs that will help improve it based on your answers.

### 2. Take a wellness workshop

Our self-paced wellness workshops are a fun way to be smart about your health. You'll gain insight on health topics that relate to you and get closer to your wellness goal.

#### Learn about:

- Healthy eating
- Quitting smoking
- Stress management
- Physical fitness
- Much more

### 3. Stay motivated and stick to your goals

Maintaining good eating and exercise habits can help keep you on track. With ahealthyme, you can record and track your activities on any computer or smartphone and see how you're doing in real time.

## Get Started Now

Go to [www.ahealthyme.com/login](http://www.ahealthyme.com/login) and sign up to begin your journey to healthier living.



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MASSACHUSETTS

# Blue Care line<sup>SM</sup>

We're here for you 24/7

Call **1-888-247-BLUE (2583)**  
for the Blue Care Line.



## We're here for you 24/7

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m.

## Know your options

Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

## We'll call you

Depending on your type of illness or injury, the registered nurse will call and follow up to see how you're responding to the self-treatment.

## Confidentiality

Your information is kept in accordance with our policy on confidentiality.

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MASSACHUSETTS

# Fitness Reimbursement

Your reward for health



Receive up to \$150 annually for participating in a qualified fitness program.<sup>1</sup>

## Qualified for Fitness Reimbursement:

Membership or fitness class fees at:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- **Starting in 2019**—A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs. Note: Reimbursement requests for the new 2019 programs must be submitted *after* your 2019 health benefits become effective.

## Not Qualified for Fitness Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness equipment or clothing

## Get Reimbursed in Three Easy Steps



### 1. Choose

Start by picking a qualified fitness program.



### 2. Complete

Once you pay for the program, fill out the attached form.



### 3. Mail

Send the completed form to the address listed.

## Important Information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
  - » Receipts (cash/check/credit/electronic) for membership or class fees clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
  - » Your fitness program membership or participation agreement clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so consult a tax advisor.

**Be sure to check with your doctor before starting any exercise program.**

1. To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



MASSACHUSETTS

# Fitness Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
Zip Code			
Employer's Name			

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Fitness Program			
Total dollars requested: \$_____ for (choose one and color in the entire box): <input type="checkbox"/> Membership fees. Monthly membership fee: \$_____			Calendar Year
<input type="checkbox"/> Fitness class fees. Fee per class: \$_____			

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

### Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts  
Local Claims Department  
PO Box 986030  
Boston, MA 02298

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Receive up to \$150 annually when you participate in a qualified weight-loss program.<sup>1</sup>

## Qualified for Weight-Loss Reimbursement:

Participation fees for:

- Hospital-based programs and Weight Watchers® in-person
- **Starting in 2019**—Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists. Note: Reimbursement requests for the new 2019 programs must be submitted *after* your 2019 health benefits become effective.

## Not Qualified for Weight-Loss Reimbursement:

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests or other services that are covered benefits under your medical plan

## Get Reimbursed in Three Easy Steps



### 1. Choose

Start by picking a qualified weight-loss program.



### 2. Complete

Once you pay for the program, fill out the attached form.



### 3. Mail

Send the completed form to the address listed.

## Important Information:

- Weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
  - » Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
  - » Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Your reimbursement may be considered taxable income, so consult a tax advisor.

**Be sure to check with your doctor before starting any weight-loss program.**

1. To verify this reimbursement is offered for your plan, or for more information, log on to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



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# Weight-Loss Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, or for more information, please log on to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
Zip Code			
Employer's Name			

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Weight-Loss Program			
Total dollars requested: \$ _____			Calendar Year
Monthly program participation fee: \$ _____			

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

### Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts  
Local Claims Department  
PO Box 986030  
Boston, MA 02298

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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# Worldwide Coverage

For Foreign and Domestic Travelers



Get quality health care no matter where you are in the world.

Whether you're traveling within the United States or abroad, BlueCard<sup>®</sup> and Blue Cross Blue Shield Global<sup>®</sup> Core make sure you have access to top doctors and hospitals and concierge-level service.

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Call **1-800-810-BLUE (2583)** for a list of participating doctors and hospitals, or to obtain an international claim form.



Take this reference card with you when you travel.

When you need care, you'll be prepared.

TEAR HERE

## Urgent Care

1. Call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find nearby doctors and hospitals anywhere in the world that participate in the Blue Cross Blue Shield network.
2. Show your member ID card when you get care.
3. If you're admitted, or if you have questions about your coverage, call Member Service at the number on the front of your ID card.

## Your Passport to Good Health

Always carry your Blue Cross Blue Shield of Massachusetts ID card.

FOLD HERE

## Emergency Care

For emergency services, call the local emergency number or go to the nearest hospital immediately.

## Getting Care in the United States

More than 85 percent of all doctors and hospitals in the United States participate in the BlueCard program. If you need care outside your plan's service area, call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find a doctor near you. Be sure to show your ID card before you receive service.

### When you get service:

- There's no paperwork
- Participating doctors and hospitals submit claims for you
- All you pay is the copayment, co-insurance, or deductible
- If you receive care from a non-participating doctor or hospital, you may need to pay for the services up front and submit a claim for reimbursement

**BlueCard PPO Members Only:** If you see this symbol, , on your ID card, you're a BlueCard PPO member. To save the most money when getting service, use a participating BlueCard PPO doctor or hospital.

## In Case of Emergency

For emergency services, call the local emergency number or go to the nearest hospital immediately.

## Getting Care Outside the United States

The Blue Cross Blue Shield Global<sup>®</sup> Core network gives you access to doctors and hospitals around the world. If you need care, call the Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor's appointment or hospitalization if necessary. You can also visit **bcbsglobalcore.com**.

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

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Primary Care Provider's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's Hospital Affiliation: \_\_\_\_\_

Your Blue Cross Blue Shield Member ID: \_\_\_\_\_

Member Service Phone Number (from your ID card): \_\_\_\_\_

### For Inpatient Services:

- Call the Service Center at **1-800-810-BLUE (2583)**, or Member Service at the number on your ID card, for precertification or preauthorization
- In most cases, all you pay is the copayment, co-insurance, or deductible
- The hospital should submit the claim on your behalf

### For Outpatient Services:

- Show your ID card
- Pay the doctor or hospital
- Fill out a Blue Cross Blue Shield Global<sup>®</sup> Core International Claim form for reimbursement (Call **1-800-810-BLUE (2583)** or visit **bcbsglobalcore.com** for the form)
- You're only responsible for copayments, co-insurance, or deductible when seeing in-network doctors and hospitals
- You'll pay more when seeing out-of-network doctors and hospitals

## Doctors and Hospitals

In most cases, participating doctors and hospitals will file the claim for you. If they need information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

## Your Member Responsibilities

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any copayments, co-insurance, deductible, or non-covered services. For out-of-country services, Blue Cross Blue Shield of Massachusetts payments will be based on the provider's charge.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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## OUR COMMITMENT TO CONFIDENTIALITY (NOTICE OF PRIVACY PRACTICES) AND WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Our Commitment

We respect your right to privacy. We will not disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.

### Collection of Information

We collect only the information about you that we need to operate our business. We collect information from other parties, such as your health care providers and employers. Examples of the information we collect are (i) medical and dental information from providers when they submit claims for services and (ii) personal information such as name, address, and date of birth, which is most often supplied by you or your employer when you enroll in a plan.

### Use and Disclosure of Information

We are required by law to protect the confidentiality of information about you and to notify you in case of a breach affecting

your information. We may use and disclose information about you without your written authorization for the following purposes, to the extent otherwise permitted or required by law:

- **You or Your Representatives**—to you or your “personal representative” upon request or to help you (or your personal representative) understand treatment options, benefits, or the rights available to you. Your “personal representative” is a person who has *legal authority* to make health-related decisions on your behalf, such as a person with a health-care power of attorney. Your request must be in writing. Please complete the [Documentation of Legal Representative Status for Members](#) form available on our website. You also may designate a family member or friend to receive information and interact with us on your behalf. Your designation and any subsequent revocation must be in writing. Please complete the [Member's Designation of an Authorized Representative](#) form on our website. You may also call Member Service for a copy of these forms.

- **Treatment**—to help health care providers manage or coordinate your health care and related services. For example, we may use and disclose information about you to inform providers of medications you take or to remind you of appointments.
- **Payment**—to obtain payment for your coverage, pay claims for your health benefits, or help another health plan or health care provider in its payment activities. For example, we may use or disclose information about you to make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to perform other activities necessary for the operation of our business, including customer service, disease management, and determining how to improve the quality of care. For example, we may use or disclose information about you to respond to your call to customer service, arrange for medical review of your claims, or conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, we may be required to use or disclose information about you to respond to regulatory authorities responsible for oversight of government benefit programs or our business operations; to parties or courts in the course of judicial or administrative proceedings; or pursuant to workers' compensation laws.
- **Government Agencies**—under limited circumstances established by law, to public health authorities, coroners or medical examiners, law enforcement, or other government officials

- **Research**—for health-related research studies that meet legal standards for protection of the individuals involved in the studies and their personal information. We may also create a database of our members' information that does not include individual identifiers and use the database for research or other purposes, provided that the information cannot be traced back to specific members.
- **To Your Employer (or other plan sponsor), if applicable**, for administration of its health plan. This applies only if you receive coverage through an employer-sponsored plan (or plan sponsored by your union or other entity). For example, we may disclose information about you to your employer (or other plan sponsor) to confirm enrollment in the plan or (if the employer or other plan sponsor is self-insured) for claim review and audits. We will disclose your information only to designated individuals. That, along with legal prohibitions on use of your personal information for discriminatory purposes, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, we limit uses and disclosures of your information to the minimum amount reasonably necessary for the intended task.

The Health Insurance Portability and Accountability Act (HIPAA) generally does not override other laws that give people greater privacy protections. As a result, we

must comply with any state or federal privacy laws that require us to provide you with more privacy protections. For example, federal law provides special protections for substance use disorder information; Massachusetts state law restricts the disclosure of HIV and AIDS related information. In addition, we will not use (and are prohibited from using) your genetic information for underwriting purposes.

### Other Disclosures Require Your Written Authorization

Except as provided in this notice, we will not use or disclose information about you without your written authorization. For example, we must have your written authorization to use or disclose your information for marketing purposes or (in most cases) to use or disclose psychotherapy notes. Although we would need written authorization to sell information about you, we do not sell members' information.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation will not affect any action that we have already taken in reliance on your authorization. If you would like us to disclose information about you to a third party, please complete the Permission for One-Time Disclosure of Information form available on our website or call Member Service for a copy of the form.

### Your Privacy Rights

You have the following rights with respect to information about you. You may exercise any of these rights by calling the Member Service number listed on your member ID card or contacting us at the address listed at the end of this notice. The forms listed below are also available on our website.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information that we use to make decisions about you.** This is your designated record set. Your request must be in writing. We may charge a reasonable fee for copying and mailing you this information. Please complete the Request for Access to Copies of Protected Health Information in Designated Record Set form to request copies of your information.
- **You have the right to receive an accounting of certain disclosures that we make of information about you.** Your request must be in writing. Please complete the Members Request for an Accounting of Disclosures form. Our response will exclude any disclosures made in support of treatment, payment, and health care operations or that you authorized (among others). An example of a disclosure that would be reported to you is our disclosure of your information in response to a court order.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct or amend information must be in writing. Please complete the Members Request to Amend Protected Health Information form. If we deny your request, you may ask us to make your request part of your records.
- **You have the right to ask that we restrict or refuse the disclosure of information about you and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree to your request, we will make reasonable

efforts to accommodate requests. Unless you've notified us to request a different mailing address, Summary of Health Plan Payments statements for the subscriber, and all members listed on the subscriber's plan, are generally delivered to the subscriber's address. Under certain circumstances, you can request to not receive statements for a particular service, or to have statements delivered through an alternate method or to an alternate address, when required by state law. If you have concerns about protecting the privacy of your medical information in your statements, you can have these statements delivered to an address other than the plan subscriber's address, or have them delivered only via electronic means. For help understanding your delivery options, please call Member Service at the number listed on your member ID card. Your request and any subsequent revocation must be in writing.

If you believe your privacy rights have been violated, you have the right to complain to us using the grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.

### About This Notice

The original effective date of this notice was April 14, 2003. The effective date of the most recent revision is indicated in the footer of this notice. We are required by law to provide you with this notice of our legal duties and privacy practices and to abide by the notice for as long as it is in effect. We reserve the right to change this notice. Any changes will apply to all information that we maintain, regardless of when it was created or received. If we make a material change to this notice, we will post the revised notice on our website and notify you of the change and how

to obtain the revised notice in our next regular mailing to you. If you have any questions, please call the Member Service number listed on your member ID card, or write us at:

**Blue Cross Blue Shield of Massachusetts**

**Privacy Officer**

**101 Huntington Ave.**

**Suite 1300**

**Boston, MA 02199-7611**

### WHCRA NOTICE

Did you know that your medical plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Protheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending doctor. The costs that you pay for these services are the same as those you pay for other services in the same category. To learn more, please call the Member Service number on your member ID card.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



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# Your Primary Care Provider



Your primary care provider (PCP) is an important part of your health care team. He or she will get to know you and your medical history. Your PCP can oversee your preventive care and any necessary referrals to other health care providers. Working with your PCP is one way you can ensure you receive the best health care possible.

## Referrals

If you need speciality care, your PCP will refer you to a provider who specializes in the type of care you need.

Your PCP will work with you to find a specialist that fits your needs.

If you would like additional provider information or help choosing a PCP, call our Physician Selection mService at **1-800-821-1388**.

## Choose the Right PCP

There are several types of PCPs to choose from. Each covered member of your family may choose his or her own PCP.

A PCP is a physician or nurse practitioner with one of these specialties:

- Internal medicine
- Family medicine
- Pediatrics

## How to Update Your PCP

Choosing a PCP is one of the most important health care decisions you'll make. You can update your PCP at any time—simply log in to Member Central at **[www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral)**. If you need help, please contact Member Service at the number listed on the front of your ID card.

## Explore Your PCP Options

For the most up-to-date listings, visit **[www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor)**. Using the Find a Doctor tool, you can find a PCP based on:

- Electronic capabilities (e.g., electronic medical records, electronic prescribing, and web consultation)
- Extended/weekend hours
- Gender
- Hospital affiliation
- Language(s) spoken
- Location
- Medical group

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# Meet the MyBlue Member App

Simple, Secure, Convenient

## Get Health Care Information Quickly and Easily

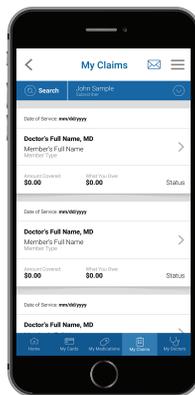
The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



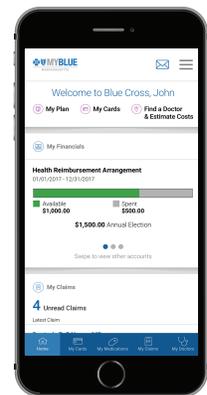
## Personalized health care, right at their fingertips:



Use the digital ID card to direct-dial important numbers, email a PDF version to a doctor, or save a digital card to their phone.

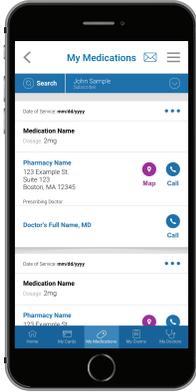


Get access to recent claims history and see copayment amounts.

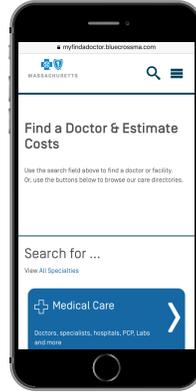


View financial account balances, like HealthEquity<sup>®</sup> or Alegeus

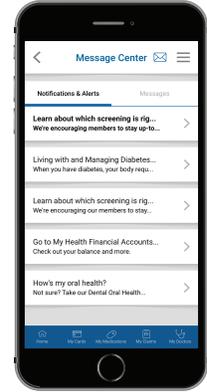
## Additional MyBlue Member App features:



See prescription history, including dosage and who prescribed it.



Look up and get directions to nearby doctors, dentists, and hospitals.



Receive push notifications and view important information in the Message Center.

## Available On



The MyBlue Member App is not available for members with Federal Employee Program (FEP), Blue Benefit Administrators (BBA), Ancillary (Indigo®), Medicare Advantage or standalone Part D plans. Those with standalone dental, vision, or wellness coverage cannot register for the app at this time.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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# Member Identity Protection Services

The identity protection of our members’ private information is our top priority. To provide you with optimal protection, we offer you identity protection services through Experian®, an industry leader in providing credit monitoring and identity theft protection services. This service is being provided to you, free of charge, for as long as you’re a Blue Cross member, but you’ll need to enroll annually.

## Experian Identity Protection Services Include:

- **Credit monitoring**—an ongoing review of activity that may affect credit
- **Fraud detection**—the identification of potentially fraudulent use of your identity or credit
- **Credit and identity repair**—assistance in resolving issues of fraud that negatively impact your credit or identity

## Your Options and How to Enroll

As a Blue Cross member, you and your family can enroll in two of Experian’s identity protection products:

Experian product	What does it provide?	Who is it for?	How to enroll
IdentityWorks <sup>SM</sup> Credit 1-Bureau	<ul style="list-style-type: none"> <li>• Credit monitoring</li> <li>• Daily credit reports</li> <li>• Identity theft insurance</li> <li>• Identity restoration</li> </ul>	You and dependents over 18	<ol style="list-style-type: none"> <li>1. Sign into <a href="http://bluecrossma.com/myblue">bluecrossma.com/myblue</a> and click <b>Identity Protection</b> under <b>News &amp; Updates</b>.</li> <li>2. Follow the instructions on the page under <b>How to Enroll</b> to access the activation code and link to the Experian IdentityWorks enrollment website.</li> </ol>
IdentityWorks <sup>SM</sup> Minor Plus	<ul style="list-style-type: none"> <li>• Internet surveillance of identity</li> <li>• Social security number tracking</li> <li>• Identity theft insurance</li> <li>• Identity restoration</li> </ul>	Dependents under 18	

**Note:** To complete the enrollment process, you’ll need the date of birth and social security number for each individual you want to sign up.

Members in FEP, Medicare Advantage, and BlueMedicare RX plans aren’t eligible for this service.

## Questions for Experian?

If you have question about the Experian IdentityWorks products or the enrollment process, please contact Experian at 1-866-926-9803. If you’d like to enroll over the phone with Experian, please log into MyBlue or call Member Service at the number on your ID card to obtain the engagement and activation codes. You’ll need to provide these codes to the Experian representative.

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Be smart. Shop smart.

# Welcome to SmartShopper<sup>®</sup>

Earn cash rewards on select medical procedures  
when you choose quality care at a lower cost.



smartshopper<sup>®</sup>

# Shop smart. Get rewarded. Receive cash. *Repeat.*

---

Prices for identical medical procedures, like MRIs and CT scans, vary from hundreds to thousands of dollars depending on where you choose to go for your procedure.

With SmartShopper from Vitals<sup>®</sup>, an independent company, you can comparison shop for eligible, competitively priced care, have your procedure, and then sit back and wait for your reward check to arrive in the mail!

## Shop smart

### 1. Log In or Register (if you haven't already)

Create a MyBlue account at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) by selecting Register Now.

### 2. Shop—online or by phone

#### Online:

- Select the Find a Doctor & Estimate Costs box
- On the Find a Doctor & Estimate Costs home page, select the Go to Find a Doctor & Estimate Costs button
- Next, select the SmartShopper incentive button

#### Phone:

Have a member of the Personal Assistant Team find the best care options that return the biggest reward—simply call 1-877-281-3722, Monday-Thursday, 8:00 a.m.-8:00 p.m., or Friday, 8:00 a.m.-6:00 p.m.

### 3. Have the Procedure

Have your procedure at the eligible location of your choice, and earn cash rewards!

### 4. Receive Your Cash Reward

Once the claim for your procedure is processed, Vitals will mail your reward check to you within 6 to 8 weeks.



## Get rewarded

Get cash rewards when you choose to save with SmartShopper on select medical procedures

List of Sample Procedures	SmartShopper Reward
Gall Bladder Surgery	up to \$250
Shoulder Surgery	up to \$250
Colonoscopy	up to \$250
MRIs	up to \$100
CT Scans	up to \$75
Mammograms	up to \$50

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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).



## Receive cash

Expect payment in 6 to 8 weeks

Once you've earned your cash reward, and your claim has been paid, you'll receive a check from Vitals® in the mail.

### Questions?

For any questions regarding the use of SmartShopper, you can contact the Personal Assistant Team at **1-877-281-3722**.  
Mon. – Thurs., 8:00 a.m. – 8:00 p.m., or Fri., 8:00 a.m. – 6:00 p.m.

SmartShopper is managed by Vitals®, an independent company.

The money you receive may be considered taxable income. Consult your tax advisor.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

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# Introducing Smart90<sup>®</sup>

Convenience. Savings. Smart.

With Smart90, you benefit by paying the same amount for a 90-day supply at a CVS retail pharmacy as you do through the Express Scripts<sup>®</sup> (ESI) mail service pharmacy.

As a Blue Cross Blue Shield of Massachusetts member, your medications are administered by Express Scripts, an independent company working on behalf of Blue Cross. With Smart90, you can save money by filling three-month supplies of your maintenance medications through the Express Scripts Pharmacy<sup>SM</sup> or now with the added convenience of picking up medications at CVS retail locations.

## Smart90 Pharmacies

- Express Scripts mail service pharmacy
- CVS retail pharmacy<sup>TM</sup>



\*Includes CVS within  
a Target<sup>®</sup> location

## What are the Advantages of Using Smart90

Smart90 offers you the choice of receiving a three-month supply of your maintenance medication through a CVS retail pharmacy or through the Express Scripts mail service pharmacy. By choosing a three-month supply, you're likely to pay a lower amount than you would with three, one-month supplies. You are also less likely to miss a dose, which can keep you healthier. If you prefer to pickup your medication in person, you now have that added option at a CVS retail pharmacy.

## To Get Your 90-Day Supply By Mail:

- Log in to [express-scripts.com/3month](https://express-scripts.com/3month) or call Express Scripts at 1-800-892-5119.

## To Get Your 90-Day Supply At CVS:

- To find a CVS pharmacy near you, log in or register at [express-scripts.com/3month](https://express-scripts.com/3month) and select "Prescriptions," and click "Find a Pharmacy."
- Talk to your provider and CVS. They can tell you how to transfer your prescription or start a new one.

## Frequently Asked Questions

**How can I find out if my medication is eligible for the Smart90 program?** Maintenance medications are prescription drugs used to treat ongoing conditions, such as diabetes or high blood pressure. You can find the list of eligible maintenance medications on our website at [bluecrossma.com/homedelivery](https://bluecrossma.com/homedelivery).

**How soon will my medicine be delivered after it's ordered through the mail pharmacy?** Orders are usually processed within 48 hours. Delivery typically takes about eight days (10-14 days for new prescriptions). Please have a one-month supply of your medicine with you when you place your order. You can check your order status by going online anytime.

**What happens if I keep filling my long-term medicine like I'm doing now?** You can continue filling a one-month supply instead of a three-month supply, however, you may be required to pay more than if you use one of the three-month options.

**Questions?** If you have any questions about Smart90, contact the Member Services number found on your Blue Cross ID card.

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# Diabetes Care Value Program

Your convenient and rewarding approach to better diabetes management.



30 million adults in the U.S. are currently managing either type 1 or 2 diabetes.<sup>1</sup>



33% of adults with diabetes don't regularly take their medications.<sup>2</sup>



Not taking prescribed diabetes medication adds \$210 million in annual health care costs.<sup>3</sup>

1. Centers for Disease Control and Prevention. (2017). National Diabetes Statistics Report.

2. Express Scripts. (2016). Drug Report.

3. Express Scripts. (2017). Diabetes Dilemma: U.S. Trends in Diabetes Medication Use.

Powered by:



# What Is Diabetes Care Value?

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Diabetes Care Value is a program that gives you convenient tools, innovative support, and rewards for healthy habits. It's designed to help you take greater control of your health, and have a little fun along the way.

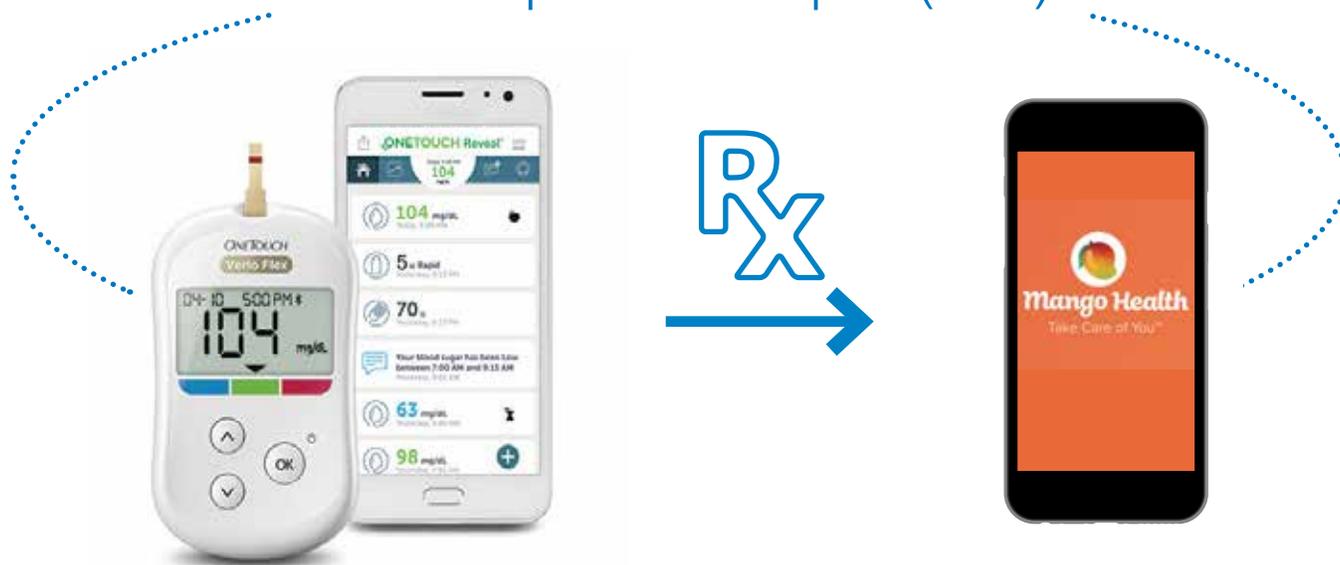
**Adults living with diabetes who don't take their medication as prescribed experience:**

**1.5X**  
higher ER visit costs<sup>4</sup>

**1.6X**  
higher hospital costs<sup>5</sup>

# How It Works

## Remote Diabetes Monitoring from Express Scripts (ESI)



### Know Your Numbers with the OneTouch Verio® Flex

Use your Verio Flex Glucometer, synced with the OneTouch Reveal® app, to regularly record your blood sugar levels.

#### Features:

- Provided to you at no added cost
- Syncs automatically with your smartphone and the OneTouch Reveal app
- Logs test results and stores them within app for easy reference

If you're eligible, you'll receive information from ESI in the mail with instructions for opting into this program.

### Manage Your Condition and Prescriptions with the OneTouch Reveal App

As you track your blood sugar levels, the Reveal app sends your data to ESI's Diabetes Support Team—a group of specialized clinicians and pharmacists. They'll be ready to offer support when you need it.

#### Features:

- Syncs seamlessly with the OneTouch Verio Flex Glucometer
- Shares test results with your diabetes support team, which includes a pharmacist
- Easily print test results to share them with your doctor

Download the OneTouch Reveal App

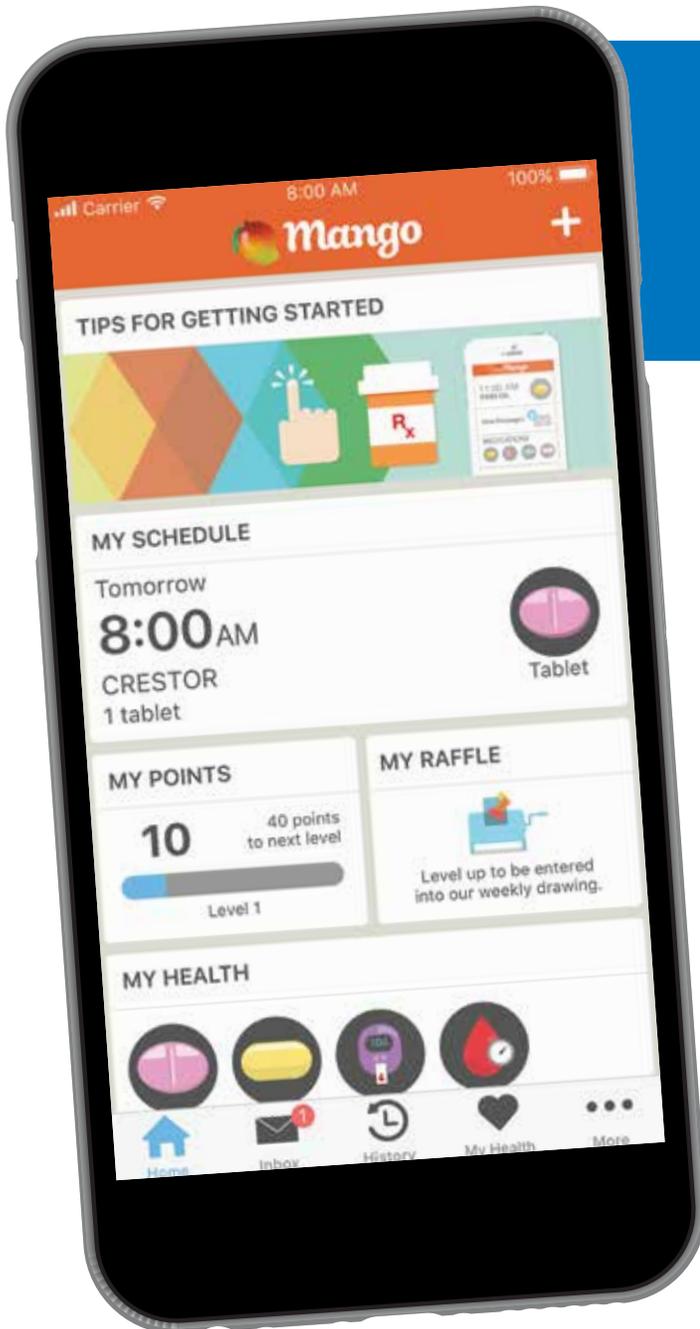


## Get Additional Support with the Diabetes Therapeutic Resource Center

ESI's Diabetes Support Team receives your test data and tracks blood sugar levels, analyzes trends, and performs interventions. With this team, you'll have access to personalized care from a pharmacist who specializes in diabetes.

# Meet Mango Health

To help you take greater control of your health, enjoy enhanced convenience, and have some fun along the way, our DCV program features:



## Mango Health App: Health Management Made Fun

### Make Your Daily Health Habits More Rewarding

We've partnered with Mango Health, an independent health management company, to give you access to a new app that turns your medication schedule into a fun, social game. On Mango Health, you get rewarded for tracking your healthy habits, which means the more you stick to your medication schedule, the more rewards you'll receive!

#### Features:

- Available at no added cost
- One-click prescription drug refills
- Daily reminders for healthy habits
- IOS and Android compatibility
- Self-reporting, with photos

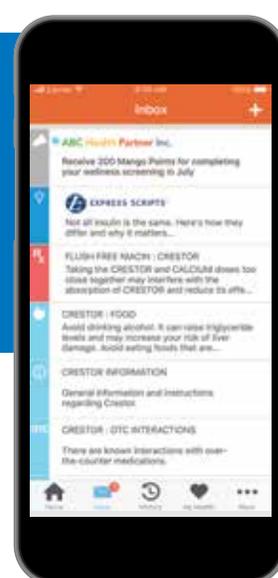
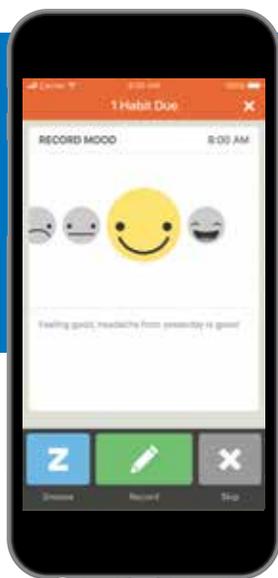
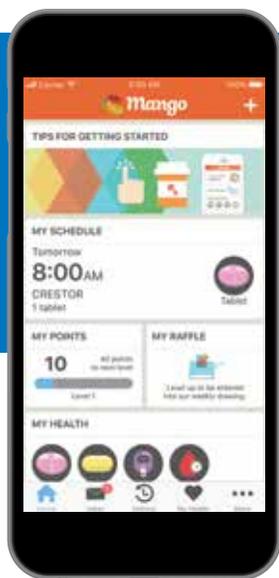
Download the Mango Health App



Learn more: [mangohealth.com](http://mangohealth.com)

# Get Started with Mango Health

Download the Mango Health app and receive a \$15 Amazon gift card.



## Get Started and Get Rewarded

If you're eligible, you'll receive a postcard from Mango Health with instructions and a personalized activation code. Download the Mango Health app on your smartphone or favorite device and use your activation code to sign up and automatically earn a **\$15 Amazon gift card**.

## Create Your Routine

Customize your own routine of healthy habits.

## Stay on Track

Get automatic reminders that help you stick to your personal goals.

## Earn Rewards

Each time you take your medication on time, and stick to other healthy habits, you earn points that can be cashed in for exciting rewards.

## Questions?

Contact Member Service using the number on your Blue Cross Member ID card.



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# Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at [civilrightscordinator@bcbsma.com](mailto:civilrightscordinator@bcbsma.com).

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at [ocrportal.hhs.gov](http://ocrportal.hhs.gov); by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at [hhs.gov](http://hhs.gov).

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# Translation Resources

## Proficiency of Language Assistance Services

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

**Chinese/简体中文:** 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: **711**)。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: **711**).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

**Arabic/عربي:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: **711**)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : **711**).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

**Greek/λληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: **711**).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

**Japanese/日本語:** お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béeesh bee hodíílnih (TTY: 711).