



Effective: 7/1/2022

WELCOME MMHG HMO RATE SAVER



GET THE MOST OUT OF YOUR PLAN



VISIT
MYBLUE



FIND A
DOCTOR



LOOK UP A
MEDICATION



CONTACT US



SAVINGS
AND DEALS



DOWNLOAD
THE MYBLUE APP



GET HEALTHY &
STAY HEALTHY



UNDERSTANDING YOUR
PLAN AND BENEFITS

PLAN OPTIONS

Medical

MMHG HMO Rate Saver

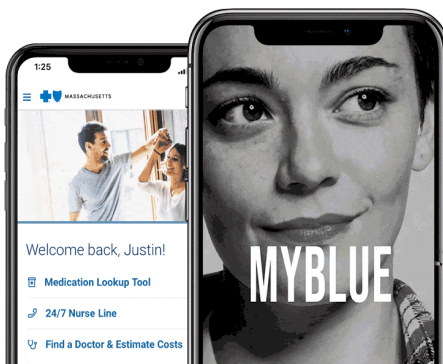
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NETWORK BLUE® NEW ENGLAND

MMHG HMO Rate Saver

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND
BENEFITS



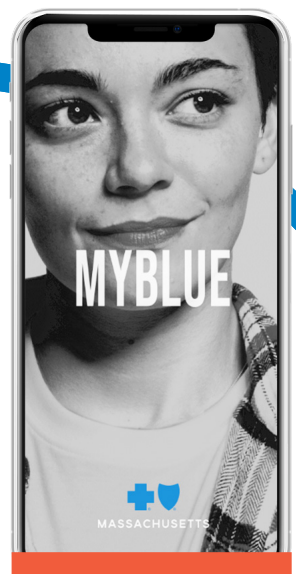
CLAIMS AND
BALANCES



DIGITAL
ID CARD

Sign in

Download the app, or create an account at bluecrossma.org.



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.org; consult Find a Doctor at bluecrossma.com/findadoctor; 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 the doctor 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 an 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 **\$2,000** per member (or **\$4,000** per family). Your out-of-pocket maximum for prescription drug benefits is **\$3,000** per member (or **\$6,000** 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.

Telehealth Services

Telehealth services are covered when the same in-person service would be covered by the health plan and the use of telehealth is appropriate. Your health care provider will work with you to determine if a telehealth visit is medically appropriate for your health care needs or if an in-person visit is required. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.org, consult Find a Doctor, or call the Member Service number on your ID card.

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.

Covered Services	Your Cost
Preventive Care	
Well-child care exams	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per plan 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 every 12 months)	Nothing
Family planning services—office visits	Nothing
Outpatient Care	
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)
Office or health center visits, when performed by:	
• Your PCP, OB/GYN physician, nurse midwife, limited services clinic, or by a physician assistant or nurse practitioner designated as primary care	\$20 per visit
• Other covered providers, including a physician assistant or nurse practitioner designated as specialty care	\$35 per visit
Mental health or substance use treatment	\$20 per visit
Outpatient telehealth services with a covered provider	Same as in-person visit
Chiropractors' office visits	\$35 per visit
Acupuncture visits (up to 12 visits per plan year)	\$35 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per plan 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	
• Hospitals	\$100 per category per service date
• Other covered providers	Nothing
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	Nothing
Surgery and related anesthesia in an office or health center, when performed by:	
• Your PCP, OB/GYN physician, nurse midwife, or by a physician assistant or nurse practitioner designated as primary care	\$20 per visit***
• Other covered providers, including a physician assistant or nurse practitioner designated as specialty care	\$35 per visit***
Surgery and related anesthesia in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$150 per admission
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	\$250 per admission
Mental hospital or substance use facility care (as many days as medically necessary)	\$250 per admission
Rehabilitation hospital care (up to 60 days per plan year)	Nothing
Skilled nursing facility care (up to 100 days per plan 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.

** 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.

Covered Services	Your Cost
Prescription Drug Benefits*	
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 order 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 brand-name drugs.
 ** Cost share may be waived for certain covered drugs and supplies.
 *** Certain generic medications are available through the mail order pharmacy at \$9. For more information, go to bluecrossma.org/mail-order-pharmacy.

Get the Most from Your Plan: Visit us at bluecrossma.org or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program Fitness Reimbursement: a program that rewards participation in qualified fitness programs or equipment (See your benefit description for details.)	\$300 per calendar year per policy
Weight Loss Reimbursement: a program that rewards participation in a qualified weight loss program (See your benefit description for details.)	\$150 per calendar year per policy

 **24/7 Nurse Line: Speak to a registered nurse, day or night, to get immediate guidance and advice. 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.org.

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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. .com](http://www.bluecrossma.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.org/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, \$2,000 member / \$4,000 family; and for <u>prescription drug</u> benefits, \$3,000 member / \$6,000 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>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> 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 bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of <u>network providers</u> .	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)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	A telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	\$35 / visit; \$35 / chiropractor visit; \$35 / acupuncture visit	Not covered	Limited to 12 acupuncture visits per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	GYN exam limited to one exam per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	<u>Pre-authorization</u> required for certain services
	Imaging (CT/PET scans, MRIs)	\$100 for hospitals; No charge for other <u>providers</u>	Not covered	<u>Copayment</u> applies per category of test / day; <u>pre-authorization</u> required for certain services
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at bluecrossma.org/medication	Generic drugs	\$10 / retail supply or \$20 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; <u>cost share</u> may be waived for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$45 / retail supply or \$90 / designated retail or mail order supply	Not covered	
	<u>Specialty drugs</u>	Applicable <u>cost share</u> (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; <u>pre-authorization</u> required for certain drugs

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 you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	Not covered	<u>Pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	Not covered	<u>Pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	<u>Copayment</u> 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; a telehealth <u>cost share</u> may be applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 / admission	Not covered	<u>Pre-authorization</u> required
	Physician/surgeon fees	No charge	Not covered	<u>Pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	Not covered	A telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	\$250 / admission	Not covered	<u>Pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$250 / admission	Not covered	

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 you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	<u>Pre-authorization</u> required
	<u>Rehabilitation services</u>	\$35 / visit for outpatient services; No charge for inpatient services	Not covered	Limited to 60 outpatient visits per <u>plan</u> year (other than for autism, <u>home health care</u> , and speech therapy); limited to 60 days per <u>plan</u> year for inpatient admissions; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	\$35 / visit	Not covered	Outpatient rehabilitation therapy coverage limits apply; <u>cost share</u> and coverage limits waived for early intervention services for eligible children; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Skilled nursing care</u>	No charge	Not covered	Limited to 100 days per <u>plan</u> year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	Not covered	<u>Cost share</u> waived for one breast pump per birth
	<u>Hospice services</u>	No charge	Not covered	<u>Pre-authorization</u> required for certain services
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	Limited to one exam every 12 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	Not covered	Limited to members under age 18

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.)

- | | | |
|----------------------|-----------------------|--|
| • Children's glasses | • Dental care (Adult) | • Non-emergency care when traveling outside the U.S. |
| • Cosmetic surgery | • 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.)

- | | | |
|--|---|---|
| • Acupuncture (12 visits per <u>plan</u> year) | • Infertility treatment | • Weight loss programs (\$150 per calendar year per policy) |
| • Bariatric surgery | • Routine eye care - adult (one exam every 12 months) | |
| • Chiropractic care | • Routine foot care (only for patients with systemic circulatory disease) | |
| • Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) | | |

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 and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or 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. 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 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. 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 on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, call 1-800-782-3675 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.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

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 <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$250
■ <u>Diagnostic tests copay</u>	\$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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's Type 2 Diabetes

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist visit copay</u>	\$35
■ <u>Primary care visit copay</u>	\$20
■ <u>Diagnostic tests copay</u>	\$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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,100
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,120

Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist visit copay</u>	\$35
■ <u>Emergency room copay</u>	\$100
■ <u>Ambulance services copay</u>	\$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*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$300

The plan would be responsible for the other costs of these EXAMPLE covered services.

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001418984 (2/22) JB



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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HMO BLUE NEW ENGLAND

IMPORTANT INFORMATION ABOUT YOUR PLAN

Your health plan lets you get care from providers who participate in the **HMO Blue New England Network**. Under this plan, you're required to choose a primary care provider (PCP) to manage your care and refer you to specialists. For help finding a provider or hospital, visit myfindadoctor.bluecrossma.com and sign in to select the following network: **HMO Blue New England**.



PCP



REFERRAL



IN NETWORK



HOW TO ACCESS IMPORTANT RESOURCES

We're committed to your health—that's why we offer additional programs, benefits, and discounts beyond traditional health care coverage. Use these tools and resources to monitor your health and overall wellness.

Get Connected with Message Wire: We can send you important information about your health and wellness, relevant discounts, and plan information directly to your phone. Text **bluecrossma** to **73529**, or call **1-844-779-8813** to join with your Blue Cross member ID number.

Visit ahealthyme®: Learn about your health and set personal goals for a healthy life. You can take a health

assessment, sign up for wellness workshops, access health tools and resources, and more. Sign in to myblue.bluecrossma.com and select **AHealthyMe** from the drop-down menu in the top right corner for more information about ahealthyme.

Take Advantage of Discounts: Use **Blue365®**, a members-only website that offers local health and wellness deals, for discounts on health and fitness products, family events, spa services, and more. Sign in to myblue.bluecrossma.com, and select **My Plan** and then **Discounts & Savings** from the drop-down menu in the top right corner for more information about Blue365.

Sign In

Visit myblue.bluecrossma.com to create an account, or download the app from the App Store® or Google Play™.

HOW TO GET CARE

Routine annual checkups with your PCP are one of the best ways you and your doctor can stay on top of your health. Choose a PCP to help manage your care and refer you to specialists.

Finding a PCP: Choose a PCP for yourself and every member of your family covered under your plan. Everyone doesn't need to see the same PCP. When selecting a PCP, consider the hospital where your PCP has admitting privileges. Visit myfindadoctor.bluecrossma.com to search in your network.

Seeing a Specialist: If you need to see a specialist, your PCP must refer you for the care to be covered under your plan. Make sure your PCP has contacted the specialist's office and provided the referral.

Understanding Prior Authorization: We require prior authorization (pre-approval) before we cover certain services, procedures, or drugs. Prior authorization ensures that you get the care that is medically necessary for you and covered by your health plan. Your doctor should submit

any requests for prior authorization to us. If you or your doctor don't get prior authorization when it's needed, the care may not be covered and you may be financially responsible. Talk to your doctor to see if prior authorization is needed before you receive any services, procedures, or drugs.

Taking Action in an Emergency: In case of a medical or behavioral health emergency, call **911** or your local emergency number, or go directly to the nearest medical facility. Be sure to notify your PCP, if applicable, within 48 hours to coordinate any follow-up care.

Getting Care Worldwide with BlueCard®: Your Blue Cross member ID card is widely recognized and lets you get urgent and emergency care worldwide. If you're traveling within the U.S. or abroad and need emergency medical care, go to the nearest hospital. Once you get care, call **1-800-810-BLUE (2583)** or **1-804-673-1177** for 24/7 assistance.

HOW TO READ YOUR ID CARD

Your Blue Cross member ID card contains our Member Service telephone number and your member ID number, and sometimes lists the costs you'll pay for certain health services. You should always carry your ID card with you when you visit the doctor or download the MyBlue App to keep a digital copy of your ID card.

Your ID Number points to the Member ID number: MTN123456789

Copays points to the Copays section: OV 10, BH 10, ER 50

Plan Name points to the Plan Name field: HMO Blue New England

Call Us points to the Member Service number: 1-800-000-0000

Number to call with questions about your plan points to the Member Service number: 1-800-000-0000

Legend:
OV: Office visit for primary care provider or specialist
BH: Behavioral health office visit
ER: Emergency room (waived if admitted)

HOW TO CONTACT US

General questions about your health plan coverage?

Member Service: Call the number on the front of your member ID card (TTY: **711**) Monday–Friday, 8:00 a.m.–6:00 p.m. ET. Or sign in to bluecrossma.com and select **Review My Benefits** to check what your plan covers and your costs.

Health questions if you're hurt or sick?

24/7 Nurse Line: 1-888-247-BLUE (2583) Registered nurses are available at no cost.

Questions about your prescription drug coverage?

Mail Order Pharmacy: 1-800-892-5119 Available 24/7

Order a new Blue Cross member ID card?

Lost member ID card? Call 1-800-253-5210
Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

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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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, 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, 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.

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

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Blue Cross Blue Shield of Massachusetts Formulary: Value-Based Benefit Medication List

Last Updated: January 1, 2022

The following list includes medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These medications are covered under the value-based pharmacy benefit.

You may be eligible to pay less for the following medications when purchased through the mail order pharmacy managed by Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. If you have an HSA-qualified “Saver” plan,¹ the deductible is waived when you purchase these medications through mail order.²

Learn More About Your Coverage

For more information about these medications, look them up using the **Medication Lookup** tool at bluecrossma.org/medication.

1. Blue Cross Blue Shield of Massachusetts plans that are HSA-qualified include the term “Saver” in the plan name. For example, Blue Care® Elect Saver or HMO Blue New England Saver \$2,000.
2. Some employers may also exempt the copayment or co-insurance. Check your benefit materials for details.

Anti-Asthmatic Medications

Medication Name			
ALBUTEROL INHALATION SOLUTION	FLOVENT / DISKUS	MONTELUKAST	QVAR
AMINOPHYLLINE	FLOVENT HFA	PROAIR HFA	THEOCHRON
BUDESONIDE NEBULIZER SOLUTION	IPRATROPIUM NEBULIZER SOLUTION	PROAIR RESPICLICK	THEOPHYLLINE
CROMOLYN NEBULIZER SOLUTION	IPRATROPIUM-ALBUTEROL	PULMICORT	ZAFIRLUKAST

Anti-Depressant Medications

You're eligible to pay the reduced cost for these medications below through the mail order pharmacy, if you're also taking one of the medications listed in this document to treat asthma or diabetes, **OR**: one of the medications listed in this document to treat high blood pressure **AND** one of the medications listed in this document to treat cholesterol.

Medication Name			
CITALOPRAM	FLUOXETINE	PAROXETINE HCL	SERTRALINE
ESCITALOPRAM	FLUVOXAMINE	PAROXETINE-CR	

Cardiovascular Maintenance Medications

You're eligible to pay the reduced cost for these medications below through the mail order pharmacy, if you're taking one of the medications on this list to treat high blood pressure **AND** one of the medications on this list to treat high cholesterol.

Medication Name (High Blood Pressure)			
AMILORIDE / HCTZ	DILTIAZEM HCL	HYDRALAZINE	NIFEDIPINE CR
AMLODIPINE	DILTIAZEM HCL ER CAP	HYDROCHLOROTHIAZIDE	NIFEDIPINE ER
AMLODIPINE / BENAZEPRIL	DILTIAZEM HCL SR CAP	IRBESARTAN	NIFEDIPINE XL
ATENOLOL	DILTIAZEM HCL TAB	IRBESARTAN / HCTZ	PROPRANOLOL
ATENOLOL / CHLORTHALIDONE	DILTIAZEM HCL XR CAP	LISINOPRIL	RAMIPRIL
BENAZEPRIL	DILTIAZEM HCL XT CAP	LISINOPRIL / HCTZ	SPIRONOLACTONE
BENAZEPRIL / HCTZ	DILTIAZEM XR CAP	LOSARTAN POTASSIUM	TERAZOSIN
BISOPROLOL / HCTZ	DOXAZOSIN	LOSARTAN POTASSIUM / HCTZ	TRIAMTERENE / HCTZ
CAPTOPRIL	ENALAPRIL	METHAZOLAMIDE	VALSARTAN
CARVEDILOL	ENALAPRIL / HCTZ	METOPROLOL	VALSARTAN / HCTZ
CHLORTHALIDONE	EPLERENONE	METOPROLOL SUCCINATE ER	VERAPAMIL
CLONIDINE	FELODIPINE ER	NADOLOL	VERAPAMIL ER
DILTIAZEM CD	FUROSEMIDE	NICARDIPINE	

Medication Name (High Cholesterol)—Generics			
ATORVASTATIN	COLESTIPOL	GEMFIBROZIL	PREVALITE
CHOLESTYRAMINE / LIGHT	FENOFIBRATE	PRAVASTATIN	SIMVASTATIN

Diabetes Medications

Medication Name			
ACARBOSE	GLIPIZIDE / METFORMIN HCL	JANUVIA	SYMLIN
BYDUREON	GLYBURIDE	JARDIANCE	SYNJARDY
BYETTA	GLYBURIDE / METFORMIN HCL	KOMBIGLYZE XR	SYNJARDY XR
CHLORPROPAMIDE	GLYBURIDE-MICRO	LANTUS	TOLAZAMIDE
FARXIGA	GLYXAMBI	METFORMIN	TOLBUTAMIDE
GLIMEPIRIDE	HUMALOG	METFORMIN ER (GENERIC VERSION OF GLUCOPHAGE)	TRULICITY
GLIPIZIDE	HUMULIN	NATEGLINIDE	XIGDUO XR
GLIPIZIDE ER	JANUMET	ONETOUCH TEST STRIPS	
GLIPIZIDE XL	JANUMET XR	ONGLYZA	

Smoking-Cessation Medications

You have access to the following medications at no additional cost through the mail order pharmacy and at retail pharmacies.

Medication Name			
BUPROBAN	COMMIT	NICOTINE ⁴	NICOTROL
BUPROPION HCL ER ³	NICODERM CQ	NICOTINE GUM ⁴	NICOTROL NS
BUPROPION HCL SR ³	NICORELIEF	NICOTINE LOZENGE ⁴	NTS
CHANTIX	NICORETTE	NICOTINE PATCH ⁴	

3. Generics of Zyban only

4. Also includes various store brands

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Blue Cross Blue Shield of Massachusetts Formulary: Maintenance Medication List

Last Updated: January 1, 2022

The following list includes maintenance medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These maintenance medications, also known as long-term medications, are included in our Smart90[®], Select Home Delivery, and Exclusive Home Delivery programs.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.¹ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

Maintenance Medications Included in the National Preferred Formulary (NPF)

The maintenance medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Pharmacy management program requirements apply to maintenance medications included in the NPF.

Where to Fill Your Maintenance Medications

Members of our pharmacy plans that use the Blue Cross formulary or NPF must fill their maintenance medications at an in-network pharmacy. If your plan includes Smart90, Select Home Delivery, or Exclusive Home Delivery, you may be required to fill your maintenance medication in designated quantities from a participating retail pharmacy or through the mail order pharmacy managed by Express Scripts.

NOTE: Some maintenance medications on this list may be considered non-covered, including new medications under review. Your doctor may request an exception for a non-covered medication when medically necessary.²

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org/myblue.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

2. If approved, you'd pay the highest-tier cost.

Maintenance Medications

Drug Class	Medication Name	
5-Lipoxygenase Inhibitors	ZILEUTON	ZYFLO CR
ACE Inhibitor-Calcium Channel Blocker Combination	AMLODIPINE BESYLATE-BENAZEPRIL	TRANDOLAPRIL-VERAPAMIL
	PRESTALIA	
ACE Inhibitor-Thiazide or Thiazide-Like Diuretic	BENAZEPRIL-HYDROCHLOROTHIAZIDE	FOSINOPRIL-HYDROCHLOROTHIAZIDE
	CAPTOPRIL-HYDROCHLOROTHIAZIDE	LISINOPRIL-HYDROCHLOROTHIAZIDE
	ENALAPRIL MALEATE-HYDROCHLOROTHIAZIDE	QUINAPRIL-HYDROCHLOROTHIAZIDE
Agents to Treat Hypoglycemia (Hyperglycemics)	BAQSIMI	PROGLYCEM
	DIAZOXIDE	ZEGALOGUE
	GVOKE	
Alpha-Adrenergic Blocking Agents	DOXAZOSIN MESYLATE	TERAZOSIN
	PAZOSIN	
Alpha/Beta-Adrenergic Blocking Agents	CARVEDILOL	LABETALOL
	CARVEDILOL ER	
Alzheimer's Therapy, NMDA Receptor Antagonists	MEMANTINE	NAMENDA
	MEMANTINE ER	NAMENDA XR
Analgesic/Antipyretics, Salicylates	DIFLUNISAL	
Angiotensin Receptor Antag-Calcium Channel Blocker-Thiazide	AMLODIPINE-VALSARTAN-HCTZ	OLMESARTAN-AMLODIPINE-HCTZ
	EXFORGE HCT	TRIBENZOR
Angiotensin Receptor Antag-Neprilysin Inhibitor Combination (ARNI)	ENTRESTO	
Angiotensin Receptor Antag-Thiazide Diuretic Combination	CANDESARTAN-HYDROCHLOROTHIAZIDE	MICARDIS HCT
	EDARBYCLOR	OLMESARTAN-HYDROCHLOROTHIAZIDE
	IRBESARTAN-HYDROCHLOROTHIAZIDE	TELMISARTAN-HYDROCHLOROTHIAZIDE
	LOSARTAN-HYDROCHLOROTHIAZIDE	VALSARTAN-HYDROCHLOROTHIAZIDE
Angiotensin Receptor Blocker-Calcium Channel Blocker	AMLODIPINE-OLMESARTAN	TELMISARTAN-AMLODIPINE
	AMLODIPINE-VALSARTAN	TWYNSTA
Angiotensin II Receptor Blocker-Beta Blocker Combination	BYVALSON	
Antianginal, Anti-Ischemic Agents, Non-Hemodynamic	RANEXA	RANOLAZINE ER
Anti-Anxiety Drugs	BUSPIRONE	
Antiarrhythmics	AMIODARONE	NORPACE
	DISOPYRAMIDE PHOSPHATE	NORPACE CR
	FLECAINIDE ACETATE	PACERONE
	MEXILETINE	PROPAFENONE
	MULTAQ	PROPAFENONE ER

Drug Class	Medication Name	
Antiarrhythmics (Cont.)	QUINIDINE GLUCONATE	RYTHMOL SR
	QUINIDINE SULFATE	
Anti-Arthritic and Chelating Agents	CUPRIMINE	D-PENAMINE
	DEPEN	
Anticholinergics, Orally Inhaled Long Acting	INCRUSE ELLIPTA	SPIRIVA RESPIMAT
	LONHALA MAGNAIR REFILL	TUDORZA PRESSAIR
	LONHALA MAGNAIR STARTER	YUPELRI
	SPIRIVA	
Anticholinergics, Orally Inhaled Short Acting	ATROVENT HFA	IPRATROPIUM BROMIDE
Anticonvulsants	DIACOMIT	
Antidiuretic and Vasopressor Hormones	DDAVP	VASOPRESSIN-0.9% NACL
	DESMOPRESSIN ACETATE	VASOPRESSIN-D5W
	NOC DURNA	VASOPRESSIN-NS
	NOCTIVA	VASOSTRICT
	STIMATE	
Antihyperglycemic, Alpha-Glucosidase Inhibitors	ACARBOSE	MIGLITOL
	GLYSET	PRECOSE
Antihyperglycemic, Amylin Analog	SYMLINPEN 60	SYMLINPEN 120
Antihyperglycemic, Biguanide Type	DM2	METFORMIN
	FORTAMET	METFORMIN ER
	GLUCOPHAGE	METFORMIN ER FILM TAB
	GLUCOPHAGE XR	RIOMET
	GLUMETZA	
Antihyperglycemic, DPP-4 Enzyme Inhibitor-Thiazolidinedione	ALOGLIPTIN-PIOGLITAZONE	OSENI
Antihyperglycemic, Incretin Mimetic (GLP-1 Receptor Agonist)	ADLYXIN	RYBELSUS
	BYDUREON	TRULICITY
	BYDUREON BCISE	VICTOZA
	BYETTA	XULTOPHY 100-3.6
	OZEMPIC	
Antihyperglycemic–Sod/Gluc Cotransport-2 (SGLT2) Inhibitors	FARXIGA	JARDIANCE
	INVOKANA	STEGLATRO
Antihyperglycemic–Dopamine Receptor Agonists	CYCLOSET	

Drug Class	Medication Name	
Antihyperglycemic, DPP-4 Inhibitors	ALOGLIPTIN	ONGLYZA
	JANUVIA	TRADJENTA
	NESINA	
Antihyperglycemic, DPP-4 Inhibitor-Biguanide Combination	ALOGLIPTIN-METFORMIN	JENTADUETO XR
	JANUMET	KAZANO
	JANUMET XR	KOMBIGLYZE XR
	JENTADUETO	
Antihyperglycemic, Insulin-Release Stimulant Type	CHLORPROPAMIDE	GLYBURIDE
	GLIMEPIRIDE	GLYBURIDE MICRONIZED
	GLIPIZIDE	GLYNASE
	GLIPIZIDE ER	NATEGLINIDE
	GLIPIZIDE XL	REPAGLINIDE
	GLUCOTROL	TOLAZAMIDE
	GLUCOTROL XL	TOLBUTAMIDE
Antihyperglycemic, Insulin-Release Stimulant-Biguanide	GLIPIZIDE-METFORMIN	REPAGLINIDE-METFORMIN HCL
	GLYBURIDE-METFORMIN HCL	
Antihyperglycemic, SGLT-2 and DPP-4 Inhibitor Combination	GLYXAMBI	STEGLUJAN
	QTERN	
Antihyperglycemic, Thiazolidinedione (PPARG Agonist)	ACTOS	PIOGLITAZONE
	AVANDIA	
Antihyperglycemic, Thiazolidinedione and Biguanide	ACTOPLUS MET	PIOGLITAZONE-METFORMIN
	ACTOPLUS MET XR	
Antihyperglycemic, Thiazolidinedione-Sulfonylurea	DUETACT	PIOGLITAZONE-GLIMEPIRIDE
Antihyperglycemic-SGLT2 Inhibitor-Biguanide Combination	INVOKAMET	SYNJARDY
	INVOKAMET XR	SYNJARDY XR
	SEGLUROMET	XIGDUO XR
Antihyperlipidemic	NEXLETOL	NEXLIZET
Antihyperlipidemic HMG COA Reductase Inhibitor-Cholesterol Inhibitor	EZETIMIBE-SIMVASTATIN	ROSUVASTATIN-EZETIMIBE
Antihyperlipidemic HMG COA Reductase Inhibitors	ALTOPREV	LIVALO
	ATORVASTATIN CALCIUM	LOVASTATIN
	EZALLOR SPRINKLE	PRAVASTATIN SODIUM
	FLOLIPID	ROSUVASTATIN CALCIUM
	FLUVASTATIN ER	SIMVASTATIN
	FLUVASTATIN SODIUM	ZYPITAMAG

Drug Class	Medication Name	
Antihyperlipidemic HMG COA Reductase Inhibitor-Niacin	ADVICOR	SIMCOR
Antihyperlipidemic HMG COA Ri-Calcium Channel Blocker	AMLODIPINE-ATORVASTATIN	CADUET
Antihypertensives, ACE Inhibitors	BENAZEPRIL	MOEXIPRIL
	CAPTOPRIL	PERINDOPRIL ERBUMINE
	ENALAPRIL MALEATE	QUINAPRIL
	EPANED	RAMIPRIL
	FOSINOPRIL SODIUM	TRANDOLAPRIL
	LISINOPRIL	
Antihypertensives, Angiotensin Receptor Antagonists	CANDESARTAN CILEXETIL	LOSARTAN POTASSIUM
	EDARBI	OLMESARTAN MEDOXOMIL
	EPROSARTAN MESYLATE	TELMISARTAN
	IRBESARTAN	VALSARTAN
Antihypertensives, Sympatholytic	CATAPRES-TTS	METHYLDOPA
	CLONIDINE	METHYLDOPA-HYDROCHLOROTHIAZIDE
	GUANFACINE	
Antihypertensives, Vasodilators	HYDRALAZINE HCL	MINOXIDIL
Antileprotics	DAPSONE	
Antimalarial Drugs	HYDROXYCHLOROQUINE SULFATE	PRIMAQUINE
	PLAQUENIL	
Antiparkinson Drugs	AMANTADINE HCL	PRAMIPEXOLE DIHYDROCHLORIDE
	AZILECT	PRAMIPEXOLE ER
	CARBIDOPA-LEVODOPA	RASAGILINE MESYLATE
	CARBIDOPA-LEVODOPA ER	ROPINIROLE HCL
	CARBIDOPA-LEVODOPA-ENTACAPONE	RYTARY
	COMTAN	SELEGILINE HCL
	ENTACAPONE	SINEMET
	GOCOVRI ER	STALEVO
	INBRIJA	TASMAR
	NEUPRO	TOLCAPONE
	NOURIANZ	XADAGO
	ONGENTYS	ZELAPAR
	OSMOLEX ER	
Antithyroid Preparations	METHIMAZOLE	TAPAZOLE
	PROPYLTHIOURACIL	

Drug Class	Medication Name	
Anti-Ulcer Preparations	CARAFATE	MISOPROSTOL
	CYTOTEC	SUCRALFATE
Benign Prostatic Hypertrophy/ Micturition Agents	ALFUZOSIN ER	RAPAFLO
	AVODART	SILODOSIN
	DUTASTERIDE	TAMSULOSIN
	FINASTERIDE	UROXATRAL
Beta-Adrenergic Agents	ALBUTEROL SULFATE SYRUP	METAPROTERENOL SULFATE
	ALBUTEROL SULFATE TABLETS	TERBUTALINE SULFATE
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting	STRIVERDI RESPIMAT	
Beta-Adrenergic Agents, Orally Inhaled, Long Acting	ARFORMOTEROL TARTRATE	PERFOROMIST
	BROVANA	SEREVENT DISKUS
	FORMOTEROL FUMARATE	
Beta-Adrenergic and Anticholinergic Combo, Inhaled	ANORO ELLIPTA	STIOLTO RESPIMAT
	BEVESPI AEROSPHERE	UTIBRON NEOHALER
	DUAKLIR PRESSAIR	
Beta-Adrenergic and Glucocorticoid Combo, Inhaled	ADVAIR DISKUS	DULERA
	ADVAIR HFA	FLUTICASONE-SALMETEROL
	AIRDUO	SYMBICORT
	BREO ELLIPTA	WIXELLA INHUB
	BUDESONIDE-FORMOTEROL FUMARATE	
Beta-Adrenergic Blocking Agents	ACEBUTOLOL	NADOLOL
	ATENOLOL	NEBIVOLOL
	BETAPACE	PINDOLOL
	BETAPACE AF	PROPRANOLOL
	BETAXOLOL	PROPRANOLOL ER
	BISOPROLOL FUMARATE	SORINE
	BYSTOLIC	SOTALOL
	INNOPRAN XL	SOTALOL AF
	KAPSPARGO SPRINKLE	SOTYLIZE
	METOPROLOL SUCCINATE	TIMOLOL MALEATE
	METOPROLOL TARTRATE	TOPROL XL
Beta-Adrenergic-Anticholinergic- Glucocorticoid, Inhaled	BREZTRI AEROSPHERE	TRELEGY ELLIPTA

Drug Class	Medication Name	
Beta-Blockers and Thiazide, Thiazide-Like Diuretics	ATENOLOL/CHLORTHALIDONE	NADOLOL/BENDROFLUMETHIAZIDE
	BISOPROLOL FUMARATE-HCTZ	PROPRANOLOL HCL-HCTZ
	DUTOPROL	TENORETIC
	METOPROLOL SUCCINATE-HCTZ ER	ZIAC
	METOPROLOL-HYDROCHLOROTHIAZIDE	
Bile Salts	ACTIGALL	URSO FORTE
	URSO	URSODIOL
Bile Salt Sequestrants	CHOLESTYRAMINE	COLESTID
	CHOLESTYRAMINE LIGHT	COLESTIPOL HCL
	COLESEVELAM HCL	
Blood Sugar Diagnostics	ACCU-CHEK AVIVA PLUS	FREESTYLE INSULINX TEST STRIPS
	ACCU-CHEK COMPACT	FREESTYLE LITE TEST STRIPS
	ACCU-CHEK COMPACT PLUS	FREESTYLE PRECISION NEO
	ACCU-CHEK GUIDE TEST STRIP	FREESTYLE TEST STRIPS
	ACCU-CHEK SMARTVIEW	GOJJI TEST STRIP
	ACCUTREND GLUCOSE	HARMONY GLUCOSE TEST STRIP
	ADVOCATE TEST STRIP	IGLUCOSE TEST STRIP
	ASCENSIA BREEZE 2	INFINITY VOICE TEST STRIP
	ASSURE PLATINUM	LIBERTY TEST STRIP
	CARETOUCH TEST STRIP	MICRODOT XTRA
	CLEVER CHOICE TALK	ONE TOUCH ULTRA BLUE TEST STRIPS
	CONTOUR	ONE TOUCH ULTRA TEST STRIPS
	CONTOUR NEXT EZ	ONE TOUCH VERIO TEST STRIPS
	EASY TOUCH TEST STRIP	OPTIUM
	EASY TRACK II TEST STRIP	OPTIUM EZ
	EMBRACE	PRECISION PCX
	EMBRACE EVO	PRECISION PCX PLUS
	EMBRACE PRO	PRECISION POINT OF CARE
	EMBRACE TALK TEST STRIP	PRECISION Q-I-D
	EVENCARE TEST STRIP	PRECISION XTRA
	FORA 6 CONNECT GLUCOSE STRIP	PREMIER TEST STRIP
	FORA GTCL GLUCOSE TEST STRIP	UNISTRIP1
	FORA V10-V12-D10-D20	VERASENS TEST STRIP
	FREESTYLE INSULINX	VIVAGUARD INO TEST STRIP

Drug Class	Medication Name	
Bone Resorption Inhibitors	ALENDRONATE SODIUM	FORTICAL
	ATELVIA	IBANDRONATE SODIUM
	BINOSTO	RISEDRONATE SODIUM
	ETIDRONATE DISODIUM	RISEDRONATE SODIUM DR
Bone Resorption Inhibitor and Vitamin D Combinations	FOSAMAX PLUS D	
BPH 5-Alpha-Reductase Inhib-Alpha1-Adrenocep Antagonist	DUTASTERIDE-TAMSULOSIN	JALYN
Calcium Channel Blocking Agents	AMLODIPINE BESYLATE	NICARDIPINE HCL
	CALAN	NIFEDICAL XL
	CALAN SR	NIFEDIPINE
	CARTIA XT	NIFEDIPINE ER
	DILTIAZEM 12HR ER	NISOLDIPINE
	DILTIAZEM 24HR ER	TAZTIA XT
	DILTIAZEM 24HR ER (CD)	TIADYLT ER
	DILTIAZEM 24HR ER (LA)	TIAZAC
	DILTIAZEM 24HR ER (XR)	VERAPAMIL ER
	DILTIAZEM HCL	VERAPAMIL ER PM
	DILT-XR	VERAPAMIL HCL
	FELODIPINE ER	VERELAN
	ISRADIPINE	VERELAN PM
	MATZIM LA	
Carbonic Anhydrase Inhibitors	ACETAZOLAMIDE	METHAZOLAMIDE
Cholinesterase Inhibitors	ARICEPT	MESTINON
	DONEPEZIL	PYRIDOSTIGMINE BROMIDE
	DONEPEZIL ODT	PYRIDOSTIGMINE BROMIDE ER
	EXELON	RAZADYNE
	GALANTAMINE	RAZADYNE ER
	GALANTAMINE ER	RIVASTIGMINE
Chronic Inflammatory Colon DX, 5-Aminosalicylate Drug Treatment	APRISO	MESALAMINE
	ASACOL HD	MESALAMINE DR
	AZULFIDINE	PENTASA
	DELZICOL	SULFASALAZINE
	DIPENTUM	SULFASALAZINE DR
	LIALDA	SULFAZINE
Contraceptives, Intravaginal, Systemic	ANNOVERA	

Drug Class	Medication Name	
Contraceptives, Oral	BALCOLTRA	MINASTRIN 24 FE
	BEYAZ	MIRCETTE
	BREVICON	NATAZIA
	CYCLESSA	NORETHINDRONE/ETHINYL ESTRADIOL/ FERROUS FUMARATE
	DESOGEN	NORINYL
	DROSPIRENONE/ETHINYL ESTRADIOL/ LEVOMEFOLATE	NOR-Q-D
	ESTROSTEP FE	ORTHO-NOVUM
	FAYOSIM	QUARTETTE
	FEMCON FE	RIVELSA
	LEVONORGESTREL/ETHINYL ESTRADIOL/ ETHINYL ESTRADIOL	SAFYRAL
	LO LOESTRIN FE	SEASONIQUE
	LOESTRIN	SLYND
	LOESTRIN FE	TAYTULLA
	LOSEASONIQUE	TYBLUME
	MELODETTA 24 FE	TYDEMY
	MIBELAS 24 FE	YASMIN
	MICROGESTIN 24 FE	YAZ
Contraceptives, Transdermal	TWIRLA	
Decarboxylase Inhibitors	CARBIDOPA	LODOSYN
Digitalis Glycosides	DIGITEK	DIGOXIN
	DIGOX	LANOXIN
Erectile Dysfunction Drugs	STENDRA	
Estrogenic Agents	ACTIVELLA	ESTRADIOL/NORETHINDRONE ACETATE
	ALORA	ESTROGEL
	AMABELZ	ESTROPIPATE
	CLIMARA	FEMHRT
	CLIMARA PRO	FYAVOLV
	COMBIPATCH	JINTELI
	DIVIGEL	LYLLANA
	DOTTI	MENEST
	ELESTRIN	MENOSTAR
	ESTRACE	MIMVEY
	ESTRADIOL	MINIVELLE

Drug Class	Medication Name	
Estrogenic Agents (Cont.)	NORETHINDRONE/ETHINYL ESTRADIOL	PREMPHASE
	PREFEST	PREMPRO
	PREMARIN	VIVELLE-DOT
Estrogen-Progestin with Antimineralocorticoid Combinations	ANGELIQ	
Fibromyalgia Agents, Serotonin–Norepinephrine Reuptake Inhibitors	SAVELLA	
Fluoride Preparations	CLINPRO 5000	PREVIDENT PLUS
	DENTA 5000 PLUS	SF
	DENTAGEL	SF 5000 PLUS
	FLUORIDEX	SODIUM FLUORIDE
	PREVIDENT	SODIUM FLUORIDE 5000 PLUS
	PREVIDENT 5000 ENAMEL PROTECT	SODIUM FLUORIDE ENAMEL PROTECT
	PREVIDENT 5000 ORTHO DEFENSE	SODIUM FLUORIDE SENSITIVE
	PREVIDENT 5000 SENSITIVE	
Glucocorticoids	ALKINDI SPRINKLE	HYDROCORTISONE
	BETALAN SUIK	MEDROLAN SUIK
	CORTEF	MEDROLAN II SUIK
	DEXONTO	TRILAN SUIK
	DMT SUIK	TRILAN II SUIK
	EMFLAZA	ZILRETTA
Glucocorticoids, Orally Inhaled	ALVESCO	FLOVENT DISKUS
	ARMONAIR	FLOVENT HFA
	ARNUITY ELLIPTA	PULMICORT
	ASMANEX	PULMICORT FLEXHALER
	ASMANEX HFA	QVAR
	BUDESONIDE	QVAR REDHALER
Gold Salts	RIDAURA	
Heart Rate Reducing, Selective Current Inhibitors	CORLANOR	
Hemorrhologic Agents	PENTOXIFYLLINE	
Histamine H2-Receptor Inhibitors	CIMETIDINE	PEPCID
	FAMOTIDINE	RANITIDINE HCL
	NIZATIDINE	ZANTAC RX
Hyperparathyroid TX Agents–Vitamin D Analog-Type	DOXERCALCIFEROL	HECTOROL

Drug Class	Medication Name	
Hyperparathyroid TX Agents– Vitamin D Analog-Type (Cont.)	PARICALCITOL	ZEMPLAR
	RAYALDEE	
Hyperuricemia TX–Xanthine Oxidase Inhibitors	ALLOPURINOL	ULORIC
	FEBUXOSTAT	ZYLOPRIM
Insulins	ADMELOG	INSULIN LISPRO
	ADMELOG SOLOSTAR	LANTUS
	AFREZZA	LANTUS SOLOSTAR
	APIDRA	LEVEMIR
	APIDRA SOLOSTAR	LEVEMIR FLEXTOUCH
	BASAGLAR KWIKPEN U-100	LYUMJEV
	FIASP	MYXREDLIN
	FIASP FLEXTOUCH	NOVOLIN 70-30
	HUMALOG	NOVOLIN 70-30 FLEXPEN
	HUMALOG JUNIOR KWIKPEN	NOVOLIN N
	HUMALOG MIX 50-50	NOVOLIN R
	HUMALOG MIX 75-25	NOVOLOG
	HUMULIN 70-30	NOVOLOG FLEXPEN
	HUMULIN 70/30 KWIKPEN	NOVOLOG MIX 70-30
	HUMULIN N	SEMGLEE
	HUMULIN N KWIKPEN	TOUJEO MAX SOLOSTAR
	HUMULIN R	TOUJEO SOLOSTAR
	HUMULIN R U-500 KWIKPEN	TRESIBA FLEXTOUCH U-100
	INSULIN ASPART	TRESIBA FLEXTOUCH U-200
	INSULIN GLARGINE	
Iodine-Containing Agents	POTASSIUM IODIDE	SSKI
Laxatives and Cathartics	KRISTALOSE	LACTULOSE
Leukotriene Receptor Antagonists	ACCOLATE	SINGULAIR
	MONTELUKAST SODIUM	ZAFIRLUKAST
Lipotropics	ANTARA	GEMFIBROZIL
	EZETIMIBE	ICOSAPENT ETHYL
	FENOFIBRATE	LIPOFEN
	FENOFIBRIC ACID	NIACIN ER
	FENOGLIDE	NIASPAN
	FIBRICOR	OMEGA-3 ACID ETHYL ESTERS

Drug Class	Medication Name	
Loop Diuretics	BUMETANIDE	FUROSEMIDE
	EDECRIN	LASIX
	ETHACRYNIC ACID	TORSEMIDE
MAOIs, Non-Selective, Irreversible Antidepressants	MARPLAN	PHENELZINE SULFATE
	NARDIL	TRANLYCYPROMINE SULFATE
	PARNATE	
Mast Cell Stabilizers, Orally Inhaled	CROMOLYN SODIUM	
Menopausal Symptoms Suppressant–SSRIs	BRISDELLE	PAROXETINE MESYLATE
Metabolic Deficiency Agents	CARNITOR	LEVOCARNITINE
	CARNITOR SF	
Mineralocorticoids	FLUDROCORTISONE ACETATE	
Miotics and Other Intraocular Pressure Reducers	ALPHAGAN P	LEVOBUNOLOL
	APRACLONIDINE	LUMIGAN
	BETAXOLOL	PILOCARPINE
	BIMATOPROST	RHOPRESSA
	BRIMONIDINE TARTRATE	ROCKLATAN
	BRINZOLAMIDE	SIMBRINZA
	CARTEOLOL	TIMOLOL MALEATE
	COMBIGAN	TIMOPTIC-XE
	COSOPT	TRAVATAN Z
	COSOPT PF	TRAVOPROST
	DORZOLAMIDE	TRUSOPT
	DORZOLAMIDE-TIMOLOL	VYZULTA
	IOPIDINE	XALATAN
	ISOPTO CARPINE	XELPROS
	ISTALOL	ZIOPTAN
	LATANOPROST	
Monoamine Oxidase (MAO) Inhibitor Antidepressants	EMSAM	
Multivitamin Preparations	CONCEPT DHA	FOLIVANE-OB
	CONCEPT OB	NEEVODHA
	ELITE-OB	NESTABS ONE
	ENBRACE HR	OB COMPLETE

Drug Class	Medication Name	
Multivitamin Preparations (Cont.)	OBSTETRIX ONE	PUREFE OB PLUS
	PNV-DHA	TARON PRENATAL
	PNV-OMEGA	TARON-C DHA
	PRENATAL-U	VIRT-C DHA
	PRENATE	VIRT-PN DHA
	PRENATE AM	VIRT-PN PLUS
	PRENATE DHA	ZATEAN-PN DHA
	PRENATE ESSENTIAL	ZATEAN-PN PLUS
Mydriatics	ATROPINE SULFATE	ISOPTO ATROPINE
	ATROPINE SULFATE-NS	LIDOCAINE-PHENYLEPHRINE-BSS
	CYCLOGYL	LIDOCAINE-PHENYLEPHRINE-WATER
	CYCLOMYDRIL	MYDRIACYL
	CYCLOPENTOLATE	MYDRIATIC 3 (TROP-CYCLOPENT-PE)
	EPINEPHRINE-LIDOCAINE HCL-BSS	TROPICAMIDE
	HOMATROPINE	TROPICAMIDE-CYCLOPENTOLATE-PE
Needles/Needleless Devices	B-D ECLIPSE	FLOW-EZE
	B-D INSULIN PEN NEEDLE UF MINI	HYPODERMIC NEEDLE
	B-D INTEGRA NEEDLE	INTEGRA PRECISIONGLIDE NEEDLE
	B-D NEEDLES	LIFESHIELD BLUNT CANNULA
	B-D PRECISIONGLIDE NEEDLE	MONOJECT BLOOD COLLECTION
	B-D SAFETYGLIDE	NOKOR ADMIX NEEDLE
	BLUNT NEEDLE	NOKOR NEEDLE
	EASY TOUCH FLIPLOCK NEEDLE	PEN-NEEDLE
	EASY TOUCH HYPODERMIC NEEDLE	PHASEAL PROTECTOR
	EASYPPOINT NEEDLE	POLY HUB NEEDLE
	ECLIPSE NEEDLE	PRECISIONGLIDE
	EXEL HUBER NEEDLE	TERUMO SURGUARD
	EXEL HYPODERMIC NEEDLE	TRANSFER NEEDLE
	EXEL MULTI DRAWING NEEDLE	YALE NEEDLE
	FILTER NEEDLE	
Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)	APLENZIN	BUPROPION SR
	BUPROPION	BUPROPION XL
	BUPROPION ER	FORFIVO XL

Drug Class	Medication Name	
NSAID and Histamine H2 Receptor Antagonist Combination	DUEXIS	
NSAID, Cox Inhibitor-Type and Proton Pump Inhibitor	VIMOVO	
NSAID, Cox Non-Spec. Inhibitor and Prostaglandin Analog	DICLOFENAC/MISOPROTAL	
NSAIDs, Cyclooxygenase Inhibitor-Type Analgesics	DICLOFENAC SODIUM	MELOXICAM
	EC-NAPROSYN	MOBIC
	ETODOLAC	NABUMETONE
	ETODOLAC ER	NAPROXEN
	FELDENE	NAPROXEN SODIUM
	FENOPROFEN CALCIUM	NAPROXEN SODIUM ER
	FENORTHO	OXAPROZIN
	FLURBIPROFEN	PIROXICAM
	IBU	PROFENO
	IBUPROFEN	TIVORBEX
	KETOPROFEN	TOLMETIN SODIUM
	LODINE	VIVLODEX
	MECLOFENAMATE SODIUM	ZORVOLEX
NSAIDs, Cyclooxygenase-2 (COX-2) Selective Inhibitor	CELEBREX	CELECOXIB
Ophthalmic Antibiotics	NEOMYCIN/BACITRACIN/POLYMYXIN	NEO-POLYCIN
Ophthalmic Anti-Inflammatory Immunomodulator-Type	CEQUA	RESTASIS MULTIDOSE
	CYCLOSPORINE IN KLARITY	XIIDRA
	RESTASIS	
Overactive Bladder Agents, Beta-3 Adrenergic Receptor Agonist	MYRBETRIQ	
Parasympathetic Agents	CEVIMELINE HCL	EVOXAC
Pediatric Vitamin Preparations	ESCAVITE D	MULTIVITAMINS
	ESCAVITE LQ	POLY-VI-FLOR FS
	FLORIVA	QUFLORA
	FLORIVA PLUS	QUFLORA FE
	MULTIVITAMIN WITH FLUORIDE	TEXAVITE LQ
Pituitary Suppressive Agents	CABERGOLINE	

Drug Class	Medication Name	
Platelet Aggregation Inhibitors	ASPIRIN-DIPYRIDAMOLE ER	LOW DOSE ASPIRIN
	BRILINTA	PERSANTINE
	CHILDREN'S ASPIRIN	PLAVIX
	CILOSTAZOL	PLETAL
	CLOPIDOGREL	PRASUGREL HCL
	DIPYRIDAMOLE	YOSPRALA
	DURLAZA	ZONTIVITY
	EFFIENT	
Platelet Reducing Agents	AGRYLIN	ANAGRELIDE HYDROCHLORIDE
Potassium Replacement	EFFER-K	KLOR-CON-EF
	K-TAB	POTASSIUM CHLORIDE
	KLOR-CON	POTASSIUM CITRATE ER
	KLOR-CON M	
Potassium Sparing Diuretics	ALDACTONE	EPLERENONE
	AMILORIDE	INSPIRA
	CAROSPIR	KERENDIA
	DYRENIUM	SPIRONOLACTONE
Potassium Sparing Diuretics in Combination	AMILORIDE HCL/HCTZ	TRIAMTERENE/HCTZ
	SPIRONOLACTONE/HCTZ	
Progestational Agents	AYGESTIN	PROGESTERONE
	MEDROXYPROGESTERONE ACETATE	PROMETRIUM
	NORETHINDRONE ACETATE	PROVERA
Pulmonary Anti-Hypertension	AMBRISENTAN	BOSENTAN
Renin Inhibitor, Direct	ALISKIREN	TEKTURNA
Renin Inhibitor, Direct and Thiazide Diuretic Combination	TEKTURNA HCT	
Selective Serotonin Reuptake Inhibitor (SSRIs)	CITALOPRAM HBR	PAROXETINE ER
	ESCITALOPRAM OXALATE	PAROXETINE HCL
	FLUOXETINE DR	SARAFEM
	FLUOXETINE HCL	SERTRALINE HCL
	FLUVOXAMINE MALEATE	
Serotonin-2 Antagonist/Reuptake Inhibitors (SARIs)	NEFAZODONE HCL	

Drug Class	Medication Name	
Serotonin-Norepinephrine Reuptake-Inhibitor (SNRIs)	DESVENLAFAXINE ER	FETZIMA
	DESVENLAFAXINE FUMARATE ER	PRISTIQ
	DESVENLAFAXINE SUCCINATE ER	VENLAFAXINE HCL
	DRIZALMA SPRINKLE	VENLAFAXINE HCL ER
	DULOXETINE HCL	
Skeletal Muscle Relaxants	BACLOFEN	DANTROLENE SODIUM
	DANTRIUM	
Smoking Deterrent Agents (Ganglionic Stimulants, Others)	NICODERM CQ	
Soluble Guanylate Cyclase (SGC) Stimulator	VERQUVO	
SSRI and 5HT1A Partial Agonist Antidepressants	VIIBRYD	
Syringes and Accessories	ADVOCATE SYRINGES	MAGELLAN INSULIN SAFETY SYRINGE
	B-D INSULIN SYRINGE	MAGELLAN INSULIN SYRINGE
	B-D SAFETYGLIDE	MAXICOMFORT
	B-D SAFETYGLIDE SYRINGE	MAXICOMFORT INSULIN SYRINGE
	CARETOUCH INSULIN SYRINGE	MINIMED RESERVOIR
	COMFORT EZ	MONOJECT
	DROPLET INSULIN SYRINGE	MONOJECT INSULIN SYRINGE
	EASY COMFORT INSULIN SYRINGE	MONOJECT MAGELLAN SYRINGE
	EASY GLIDE INSULIN SYRINGE	PARADIGM
	EASY TOUCH	PRO COMFORT INSULIN SYRINGE
	EASY TOUCH FLIPLOCK INSULIN	PRODIGY INSULIN SYRINGE
	EASY TOUCH INSULIN SAFETY	SAFESNAP INSULIN SYRINGE
	EASY TOUCH LUER LOCK INSULIN	SURE COMFORT
	EASY TOUCH SHEATHLOCK INSULIN	SURE COMFORT INSULIN SYRINGE
	EASY TOUCH UNI-SLIP	SURE-JECT INSULIN SYRINGE
	FREESTYLE PRECISION	TECHLITE INSULIN SYRINGE
	HEALTHWISE INSULIN SYRINGE	TERUMO INSULIN SYRINGE
	INSULIN CARTRIDGE	THINPRO INSULIN SYRINGE
	INSULIN SYRINGE	TOPCARE ULTRA COMFORT
	LITE TOUCH	TRUE COMFORT INSULIN SYRINGE
	LUER-LOK SYRINGE	TRUE COMFORT PRO INSULIN SYRINGE

Drug Class	Medication Name	
Syringes and Accessories (Cont.)	TRUEPLUS INSULIN SYRINGE	ULTRA FLO INSULIN SYRINGE
	ULTICARE	ULTRACARE INSULIN SYRINGE
	ULTICARE INSULIN SYRINGE	ULTRA-THIN II
	ULTIGUARD SAFEPAK-INSULIN SYRINGE	VANISHPOINT
	ULTILET INSULIN SYRINGE	VANISHPOINT SYRINGE
	ULTRA COMFORT	
Thiazide and Related Diuretics	CHLOROTHIAZIDE	METHYCLOTHIAZIDE
	CHLORTHALIDONE	METOLAZONE
	DIURIL	MICROZIDE
	HYDROCHLOROTHIAZIDE	THALITONE
	INDAPAMIDE	
Thrombin Inhibitors, Selective, Direct, Reversible	PRADAXA	
Thyroid Hormones	ARMOUR THYROID	SYNTHROID
	CYTOMEL	THYQUIDITY
	EUTHYROX	THYROLAR
	LEVO-T	TIROSINT
	LEVOTHYROXINE SODIUM	UNITHROID
	LEVOXYL	WESTHROID
	LIOTHYRONINE SODIUM	WP THYROID
	NP THYROID	
Topical Anti-Inflammatory, NSAIDs	CAPSFENAC PAK	DICLOTREX
	CAPSINAC	DICLOVIX M
	DERMACINRX LEXITRAL	DICLOZOR
	DICLO GEL	DIMENTHO
	DICLO GEL/XRYLIX SHEET	DITHOL
	DICLOFENAC SODIUM	FROTEK
	DICLOFEX DC	INFLAMMA-K
	DICLOFONO	KAPZIN DC
	DICLOHEAL-60	LEXIXRYL
	DICLOPAK	NUDICLO
	DICLOPR	PENNSAICIN
	DICLOTRAL	PENNSAID

Drug Class	Medication Name	
Topical Anti-Inflammatory, NSAIDs (Cont.)	ROAOXIA	XELITRAL
	VAROPHEN	XRYLIX
	VENNGEL ONE	ZICLOPRO
Uricosuric Agents	PROBENECID	ZURAMPIC
	PROBENECID W/COLCHICINE	
Uricosuric and Xanthine Oxidase Inhibitor Combination	DUZALLO	
Urinary PH Modifiers	POTASSIUM CITRATE ER	UROCIT-K
Urinary Tract Antispasmodic, M(3) Selective Antagonist	DARIFENACIN ER	VESICARE
	SOLIFENACIN SUCCINATE	
Urinary Tract Antispasmodic/ Anti-Incontinence Agent	FLAVOXATE	TOLTERODINE TARTRATE
	GELNIQUE	TOLTERODINE TARTRATE ER
	OXYBUTYNIN CHLORIDE	TOVIAZ
	OXYBUTYNIN CHLORIDE ER	TROSPIMUM CHLORIDE
	OXYTROL	
Vaginal Estrogen Preparations	ESTRACE	PREMARIN
	ESTRADIOL	VAGIFEM
	ESTRING	YUVAFEM
	FEMRING	
Vasodilators, Combination	BIDIL	
Vasodilators, Coronary	DILATRATE-SR	NITRO-BID
	ISORDIL	NITROGLYCERIN
	ISOSORBIDE DINITRATE	NITRO-TIME
	ISOSORBIDE MONONITRATE	
Vasodilators, Peripheral	ERGOLOID MESYLATES	ISOXSUPRINE HCL
Vitamin B Preparations	POTABA	VB7 MAX
Vitamin B12 Preparations	NASCOBAL	
Vitamin D Preparations	CALCITRIOL	ROCALTROL
Xanthines	ELIXOPHYLLIN	THEOCHRON
	THEO-24	THEOPHYLLINE ANHYDROUS

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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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Blue Cross Blue Shield of Massachusetts Formulary: \$9 Generic Medication List

Last Updated: January 1, 2022

Valid Until: July 1, 2022

The following list includes generic medications covered by plans with the Blue Cross Blue Shield of Massachusetts Formulary. Members can get these medications in 90-day supplies for \$9¹ when they order them through the mail order pharmacy available through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

Normal prescription guidelines apply, which in some cases result in prescription supplies for less than 90 days. If your copayment for a 90-day supply through the mail order pharmacy is less than \$9, you'll pay the lesser amount. The \$9-or-less price is based only on a 90-day supply of each generic medication.² The price of the medication may differ if the quantity purchased is different.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.³ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

\$9 Generic Medications Included in the National Preferred Formulary (NPF)

The generic medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts. Pharmacy management program requirements apply to generic medications included in the NPF.

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org.

1. Medications and pricing are subject to change without notice, so you should always confirm your cost prior to filling a prescription. A processing fee may apply. In applicable states, sales tax may be added to the cost of your prescriptions. Cost of standard shipping is included as part of your prescription plan. The coverage and prices of certain medications are also subject to the specific terms of your plan. Changes are made available to your Plan Sponsor.

2. Pre-packaged medications are only available for \$9 in the package sizes specified.

3. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Antibiotics/Antifungals/ Antivirals	ACYCLOVIR	200 MG	CAPSULE	180
	AMOXICILLIN	500 MG	TABLET	180
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	200 MG–28.5 MG	CHEW TABLET	60
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	400 MG–57 MG	CHEW TABLET	60
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	250 MG–125 MG	TABLET	30
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	500 MG–125 MG	TABLET	60
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	875 MG–125 MG	TABLET	60
	AMOXICILLIN TRIHYDRATE	250 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	500 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	125 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	AMOXICILLIN TRIHYDRATE	200 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	AMOXICILLIN TRIHYDRATE	250 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	240
	AMOXICILLIN TRIHYDRATE	250 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	AMOXICILLIN TRIHYDRATE	250 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	450
	AMOXICILLIN TRIHYDRATE	400 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	CEPHALEXIN MONOHYDRATE	250 MG	CAPSULE	90
	CEPHALEXIN MONOHYDRATE	500 MG	CAPSULE	180
	CIPROFLOXACIN HCL	250 MG	TABLET	90
	CIPROFLOXACIN HCL	500 MG	TABLET	180
	FLUCONAZOLE	150 MG	TABLET	3
	METRONIDAZOLE	250 MG	TABLET	270
	METRONIDAZOLE	500 MG	TABLET	42
	PENICILLIN V POTASSIUM	250 MG/5 ML	SUSPENSION, RECONSTITUTED	400
	PENICILLIN V POTASSIUM	250 MG/5 ML	SUSPENSION, RECONSTITUTED	900
	PENICILLIN V POTASSIUM	250 MG	TABLET	180

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Antibiotics/Antifungals/ Antivirals (Cont.)	PENICILLIN V POTASSIUM	500 MG	TABLET	180
	SULFAMETHOXAZOLE/TRIMETHOPRIM	400 MG–80 MG	TABLET	90
	SULFAMETHOXAZOLE/TRIMETHOPRIM	800 MG–160 MG	TABLET	180
	TERBINAFINE	250 MG	TABLET	90
Antiseizure Medications	ZONISAMIDE	25 MG	CAPSULE	180
Arthritis/Pain	DICLOFENAC SODIUM	50 MG	TABLET DR	180
	DICLOFENAC SODIUM	75 MG	TABLET DR	180
	IBUPROFEN	400 MG	TABLET	270
	IBUPROFEN	600 MG	TABLET	270
	IBUPROFEN	800 MG	TABLET	270
	INDOMETHACIN	25 MG	CAPSULE	270
	MELOXICAM	7.5 MG	TABLET	90
	MELOXICAM	15 MG	TABLET	90
	NAPROXEN	250 MG	TABLET	180
	NAPROXEN	375 MG	TABLET	180
	NAPROXEN	500 MG	TABLET	180
	NAPROXEN SODIUM	220 MG	TABLET	72
	NAPROXEN SODIUM	275 MG	TABLET	180
Asthma/Respiratory	ALBUTEROL SULFATE	0.83 MG/ML	SOLUTION	225
Behavioral Health	BENZTROPINE MESYLATE	0.5 MG	TABLET	180
	BENZTROPINE MESYLATE	2 MG	TABLET	180
	BUSPIRONE HCL	5 MG	TABLET	180
	BUSPIRONE HCL	10 MG	TABLET	180
	BUSPIRONE HCL	15 MG	TABLET	180
	CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	180
	CITALOPRAM HYDROBROMIDE	10 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	20 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	40 MG	TABLET	90
	CLONIDINE HCL	0.3 MG	TABLET	90
	DONEPEZIL HCL	5 MG	TABLET	90
	DONEPEZIL HCL	10 MG	TABLET	90
	DONEPEZIL HCL	5 MG	TABLET ODT	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Behavioral Health (Cont.)	DONEPEZIL HCL	10 MG	TABLET ODT	90
	DOXEPIN HCL	10 MG	CAPSULE	90
	DOXEPIN HCL	25 MG	CAPSULE	90
	FLUOXETINE HCL	10 MG	CAPSULE	90
	FLUOXETINE HCL	20 MG	CAPSULE	90
	FLUOXETINE HCL	40 MG	CAPSULE	90
	HYDROXYZINE PAMOATE	25 MG	CAPSULE	180
	IMIPRAMINE HCL	10 MG	TABLET	90
	IMIPRAMINE HCL	25 MG	TABLET	90
	IMIPRAMINE HCL	50 MG	TABLET	90
	LITHIUM CARBONATE	150 MG	CAPSULE	90
	LITHIUM CARBONATE	300 MG	CAPSULE	180
	LITHIUM CARBONATE	600 MG	CAPSULE	180
	LITHIUM CARBONATE	300 MG	TABLET SA	180
	MIRTAZAPINE	15 MG	TABLET	90
	MIRTAZAPINE	30 MG	TABLET	90
	MIRTAZAPINE	45 MG	TABLET	90
	NORTRIPTYLINE HCL	10 MG	CAPSULE	90
	NORTRIPTYLINE HCL	25 MG	CAPSULE	90
	PAROXETINE HCL	10 MG	TABLET	90
	PAROXETINE HCL	20 MG	TABLET	90
	PAROXETINE HCL	30 MG	TABLET	90
	PAROXETINE HCL	40 MG	TABLET	90
	SERTRALINE HCL	25 MG	TABLET	90
	TRAZODONE HCL	50 MG	TABLET	90
	TRAZODONE HCL	100 MG	TABLET	90
	TRAZODONE HCL	150 MG	TABLET	90
	TRIHEXYPHENIDYL HCL	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	5 MG	TABLET	180
Blood Pressure/Heart Health	AMILORIDE-HYDROCHLOROTHIAZIDE	5 MG-50 MG	TABLET	90
	AMIODARONE HCL	200 MG	TABLET	90
	ATENOLOL	25 MG	TABLET	90
	ATENOLOL	50 MG	TABLET	90
	ATENOLOL	100 MG	TABLET	90
	BENAZEPRIL HCL	5 MG	TABLET	90
	BENAZEPRIL HCL	10 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	BENAZEPRIL HCL	20 MG	TABLET	90
	BENAZEPRIL HCL	40 MG	TABLET	90
	BISOPROL-HYDROCHLOROTHIAZIDE	2.5 MG–6.25 MG	TABLET	90
	BISOPROL-HYDROCHLOROTHIAZIDE	5 MG–6.25 MG	TABLET	90
	BISOPROL-HYDROCHLOROTHIAZIDE	10 MG–6.25 MG	TABLET	90
	BISOPROLOL FUMARATE	5 MG	TABLET	90
	BISOPROLOL FUMARATE	10 MG	TABLET	90
	CARVEDILOL	3.125 MG	TABLET	180
	CARVEDILOL	6.25 MG	TABLET	180
	CARVEDILOL	12.5 MG	TABLET	180
	CARVEDILOL	25 MG	TABLET	180
	CLONIDINE HCL	0.1 MG	TABLET	90
	CLONIDINE HCL	0.2 MG	TABLET	90
	DILTIAZEM HCL	120 MG	CAPSULE SR	90
	DILTIAZEM HCL	30 MG	TABLET	180
	DILTIAZEM HCL	60 MG	TABLET	180
	DOXAZOSIN MESYLATE	1 MG	TABLET	90
	DOXAZOSIN MESYLATE	2 MG	TABLET	90
	DOXAZOSIN MESYLATE	4 MG	TABLET	90
	DOXAZOSIN MESYLATE	8 MG	TABLET	90
	ENALAPRIL MALEATE	2.5 MG	TABLET	90
	ENALAPRIL MALEATE	5 MG	TABLET	90
	ENALAPRIL MALEATE	10 MG	TABLET	90
	ENALAPRIL MALEATE	20 MG	TABLET	90
	ENALAPRIL-HYDROCHLOROTHIAZIDE	5 MG–12.5 MG	TABLET	90
	ENALAPRIL-HYDROCHLOROTHIAZIDE	10 MG–25 MG	TABLET	90
	FELODIPINE	2.5 MG	TABLET SR	90
	FELODIPINE	5 MG	TABLET SR	90
	FELODIPINE	10 MG	TABLET SR	90
	FUROSEMIDE	20 MG	TABLET	90
	FUROSEMIDE	40 MG	TABLET	90
	FUROSEMIDE	80 MG	TABLET	90
	HYDRALAZINE HCL	10 MG	TABLET	270
	HYDRALAZINE HCL	25 MG	TABLET	270

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	HYDRALAZINE HCL	50 MG	TABLET	270
	HYDRALAZINE HCL	100 MG	TABLET	270
	HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	90
	HYDROCHLOROTHIAZIDE	25 MG	TABLET	90
	HYDROCHLOROTHIAZIDE	50 MG	TABLET	90
	INDAPAMIDE	1.25 MG	TABLET	90
	INDAPAMIDE	2.5 MG	TABLET	90
	ISOSORBIDE MONONITRATE	30 MG	TABLET SR 24H	90
	ISOSORBIDE MONONITRATE	60 MG	TABLET SR 24H	90
	LABETALOL HCL	100 MG	TABLET	180
	LABETALOL HCL	200 MG	TABLET	180
	LABETALOL HCL	300 MG	TABLET	180
	LISINOPRIL	2.5 MG	TABLET	90
	LISINOPRIL	5 MG	TABLET	90
	LISINOPRIL	10 MG	TABLET	90
	LISINOPRIL	20 MG	TABLET	90
	LISINOPRIL	30 MG	TABLET	90
	LISINOPRIL	40 MG	TABLET	90
	LISINOPRIL-HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90
	LISINOPRIL-HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90
	LISINOPRIL-HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	METHYLDOPA	250 MG	TABLET	180
	METOPROLOL TARTRATE	50 MG	TABLET	180
	METOPROLOL TARTRATE	100 MG	TABLET	180
	MINOXIDIL	2.5 MG	TABLET	180
	MINOXIDIL	10 MG	TABLET	90
	PRAZOSIN HCL	1 MG	CAPSULE	90
	PROPRANOLOL HCL	10 MG	TABLET	180
	PROPRANOLOL HCL	20 MG	TABLET	180
	PROPRANOLOL HCL	40 MG	TABLET	180
	PROPRANOLOL HCL	60 MG	TABLET	180
	PROPRANOLOL HCL	80 MG	TABLET	180
	QUINAPRIL HCL	5 MG	TABLET	90
	QUINAPRIL HCL	10 MG	TABLET	90
	QUINAPRIL HCL	20 MG	TABLET	90
	QUINAPRIL HCL	40 MG	TABLET	90
	QUINAPRIL-HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	QUINAPRIL-HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90
	QUINAPRIL-HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	RAMIPRIL	1.25 MG	CAPSULE	90
	RAMIPRIL	2.5 MG	CAPSULE	90
	RAMIPRIL	5 MG	CAPSULE	90
	RAMIPRIL	10 MG	CAPSULE	90
	SOTALOL HCL	80 MG	TABLET	180
	SOTALOL HCL	240 MG	TABLET	180
	SPIRONOLACTONE	25 MG	TABLET	90
	TERAZOSIN HCL	1 MG	CAPSULE	90
	TERAZOSIN HCL	2 MG	CAPSULE	90
	TERAZOSIN HCL	5 MG	CAPSULE	90
	TERAZOSIN HCL	10 MG	CAPSULE	90
	TORSEMIDE	5 MG	TABLET	90
	TORSEMIDE	10 MG	TABLET	90
	TORSEMIDE	20 MG	TABLET	90
	TORSEMIDE	100 MG	TABLET	90
	TRANDOLAPRIL	1 MG	TABLET	90
	TRANDOLAPRIL	2 MG	TABLET	90
	TRANDOLAPRIL	4 MG	TABLET	90
	TRIAMTERENE-HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	CAPSULE	90
	TRIAMTERENE-HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	TABLET	90
	TRIAMTERENE-HYDROCHLOROTHIAZIDE	75 MG–50 MG	TABLET	90
	VERAPAMIL HCL	80 MG	TABLET	270
	VERAPAMIL HCL	120 MG	TABLET	90
	VERAPAMIL HCL	120 MG	TABLET SA	90
	VERAPAMIL HCL	180 MG	TABLET SA	90
	VERAPAMIL HCL	240 MG	TABLET SA	90
	WARFARIN SODIUM	1 MG	TABLET	90
	WARFARIN SODIUM	2 MG	TABLET	90
	WARFARIN SODIUM	2.5 MG	TABLET	90
	WARFARIN SODIUM	3 MG	TABLET	90
	WARFARIN SODIUM	4 MG	TABLET	90
	WARFARIN SODIUM	5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	WARFARIN SODIUM	6 MG	TABLET	90
	WARFARIN SODIUM	7.5 MG	TABLET	90
	WARFARIN SODIUM	10 MG	TABLET	90
Cold and Allergy Therapy	BENZONATATE	100 MG	CAPSULE	270
	CYPROHEPTADINE HCL	4 MG	TABLET	90
	DEXTROMETHORPHAN HBR/ PROMETHAZINE HCL	15 MG– 6.25 MG/5 ML	SYRUP	360
	PROMETHAZINE HCL	6.25 MG/5 ML	SYRUP	360
	PROMETHAZINE HCL	12.5 MG	TABLET	90
	PROMETHAZINE HCL	25 MG	TABLET	90
	PROMETHAZINE HCL	50 MG	TABLET	270
Diabetes	GLIMEPIRIDE	1 MG	TABLET	90
	GLIMEPIRIDE	2 MG	TABLET	90
	GLIMEPIRIDE	4 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET	180
	GLIPIZIDE	10 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET OSM 24HR	90
	GLYBURIDE	1.25 MG	TABLET	90
	GLYBURIDE	2.5 MG	TABLET	90
	GLYBURIDE	5 MG	TABLET	180
	GLYBURIDE/METFORMIN HCL	5 MG–500 MG	TABLET	360
	METFORMIN HCL	500 MG	TABLET	180
	METFORMIN HCL	850 MG	TABLET	180
	METFORMIN HCL	1000 MG	TABLET	180
	METFORMIN HCL	500 MG	TABLET SR 24H	180
	METOPROLOL TARTRATE	25 MG	TABLET	180
Eye Health	BACITRACIN-POLYMYXIN B SULFATE	500–10KU/G	OINTMENT	10.5
	ERYTHROMYCIN BASE	5 MG/G	OINTMENT	10.5
	GENTAMICIN SULFATE	0.3%	DROPS	15
	NEOMYCIN POLYMYXIN B SULFATE DEXAMETHASONE	3.5–10 K–0.1	OINTMENT	10.5
	POLYMYXIN B SULFATE/TMP	10 K U–0.1%	DROPS	30
GI Drugs	HYOSCYAMINE SULFATE	0.125 MG	TABLET	270
	METOCLOPRAMIDE HCL	5 MG	TABLET	360
	METOCLOPRAMIDE HCL	10 MG	TABLET	360

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Heartburn/Ulcer	FAMOTIDINE	40 MG	TABLET	90
	RANITIDINE HCL	300 MG	TABLET	90
High Cholesterol	LOVASTATIN	10 MG	TABLET	90
	LOVASTATIN	20 MG	TABLET	90
	LOVASTATIN	40 MG	TABLET	90
	PRAVASTATIN SODIUM	10 MG	TABLET	90
	PRAVASTATIN SODIUM	20 MG	TABLET	90
	PRAVASTATIN SODIUM	40 MG	TABLET	90
Muscle Relaxants	BACLOFEN	10 MG	TABLET	270
	CYCLOBENZAPRINE HCL	5 MG	TABLET	90
	CYCLOBENZAPRINE HCL	10 MG	TABLET	90
	ORPHENADRINE CITRATE	100 MG	TABLET SA	180
	TIZANIDINE HCL	2 MG	TABLET	270
	TIZANIDINE HCL	4 MG	TABLET	270
Parkinson's Disease	BENZTROPINE MESYLATE	1 MG	TABLET	180
Skin Conditions	HYDROCORTISONE	2.5%	CREAM	90
	TRIAMCINOLONE ACETONIDE	0.5%	CREAM	180
Thyroid Therapy	LEVOTHYROXINE SODIUM	25 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	50 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	75 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	88 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	100 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	112 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	125 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	137 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	150 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	175 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	200 MCG	TABLET	90
	METHIMAZOLE	5 MG	TABLET	90
	METHIMAZOLE	10 MG	TABLET	90
Vitamins and Electrolytes	FOLIC ACID	1 MG	TABLET	90
	POTASSIUM CHLORIDE	10 MEQ	TABLET SR	90
Women's Health	ESTRADIOL	0.5 MG	TABLET	90
	ESTRADIOL	1 MG	TABLET	90
	ESTRADIOL	2 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Women's Health (Cont.)	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15 MG–0.03 MG	TABLET	84
	MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	90
	NORGESTIMATE-ETHINYL ESTRADIOL	7 DAYS X 3 28	TABLET	84
Other Medications	ALENDRONATE SODIUM	5 MG	TABLET	90
	ALENDRONATE SODIUM	10 MG	TABLET	90
	ALENDRONATE SODIUM	35 MG	TABLET	12
	ALENDRONATE SODIUM	70 MG	TABLET	12
	ALLOPURINOL	100 MG	TABLET	90
	ALLOPURINOL	300 MG	TABLET	90
	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	1,419
	DEXAMETHASONE	0.5 MG	TABLET	90
	DEXAMETHASONE	0.75 MG	TABLET	90
	FLUDROCORTISONE ACETATE	0.1 MG	TABLET	90
	ISONIAZID	300 MG	TABLET	90
	LIDOCAINE HCL	20 MG/ML	SOLUTION	300
	MEGESTROL ACETATE	20 MG	TABLET	90
	METHYLPREDNISOLONE	4 MG	TABLET DS PK	63
	OXYBUTYNIN CHLORIDE	5 MG	TABLET	180
	PREDNISONE	1 MG	TABLET	360
	PREDNISONE	2.5 MG	TABLET	90
	PREDNISONE	5 MG	TABLET	90
	PREDNISONE	10 MG	TABLET	90
	PREDNISONE	20 MG	TABLET	90

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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GET TO KNOW THE MEDICATION LOOKUP TOOL

With a simple search, you can see which medications your plan covers.

Our **Medication Lookup** tool lets you easily learn more about your coverage for prescription medications, including those with additional requirements like Prior Authorization. Search anytime, anywhere at **bluecrossma.org** or using the MyBlue app.



KEY FEATURES

Using the tool, you can:



SEARCH FOR ANY MEDICATION

See if it's covered
by your plan



GET DETAILED INFORMATION

Including the medication's
strength, tier, and how it's
dispensed



VIEW ADDITIONAL COVERAGE REQUIREMENTS

Such as Prior Authorization,
Step Therapy, and Quality
Care Dosing



SEE COVERED ALTERNATIVES

For non-covered
medications

Start Searching

For more information about your prescription coverage, sign in to MyBlue at **bluecrossma.org** or open the MyBlue app, and go to **Medication Lookup Tool** under **My Medications**. If you're not a member, you can get more information by visiting **bluecrossma.org/medication**.

GETTING COVERAGE INFORMATION, SIMPLIFIED

We're making it easier than ever for everyone to learn more about our medication coverage.

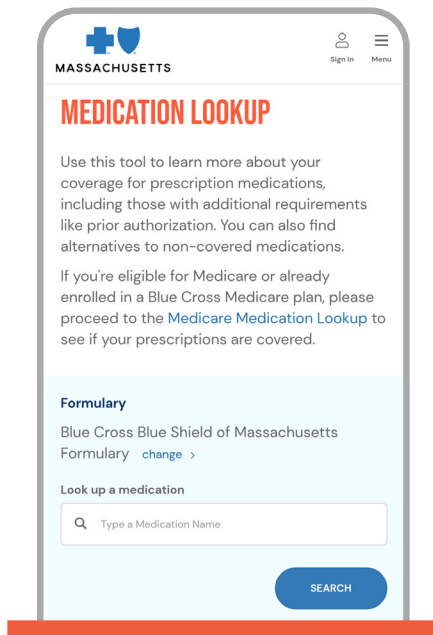
PERSONALIZED SEARCH

When you're signed in to your MyBlue account, your plan's formulary and tier structure will be automatically displayed in the tool. That way, you'll know you're getting the most accurate search results for your plan.

ANYONE CAN USE IT

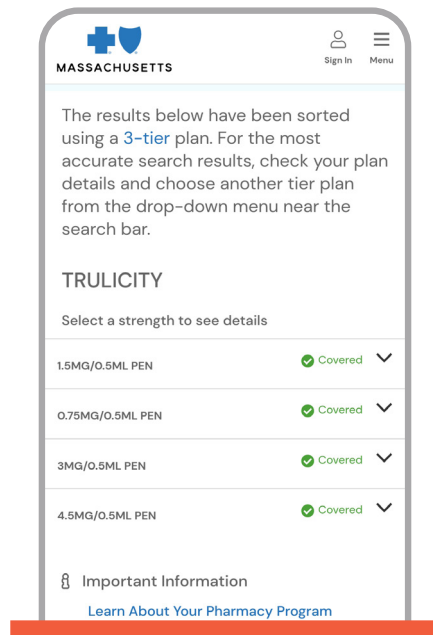
The **Medication Lookup** tool is available to everyone, even if you aren't a member yet. You can easily find out if your medication is covered, or see covered alternatives, before you enroll.

HOW TO USE THE TOOL

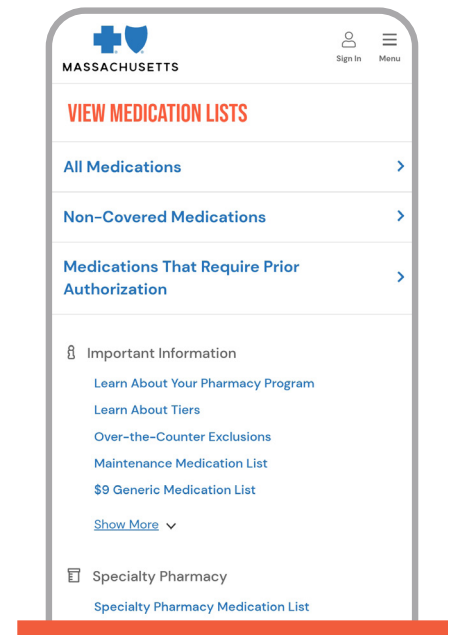


Sign in to MyBlue and go to the **Medication Lookup Tool** under **My Medications**.

If you're not a member, go to **bluecrossma.org/medication** and choose the formulary you want to search. When not signed in, the tool will default to a 3-tier plan.



Select a medication to see if it's covered and get even more information, including strength and additional coverage requirements. Plus, if it's not covered, you can see covered alternatives.



Access important resources, like medication lists and Specialty Pharmacy Contact Information lists, in the **Important Information** and **Specialty Pharmacy** sections. If you're signed in to MyBlue, this list will be customized to match your benefits.

Learn More

To learn more about your pharmacy benefits, including which tier structure your plan uses, sign in to your MyBlue account at **bluecrossma.org** or check your plan materials for details.

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Learn About Your Pharmacy Program

Effective January 1, 2022

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

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Pharmacy Program Overview

Your 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 medications list, also known as a formulary, 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, 2022, and is subject to change. Use it as a reference whenever you need coverage information about your pharmacy program. For the most current and complete information about covered medications, use our **Medication Lookup** tool at bluecrossma.org/medication.

Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. With Mail Order Pharmacy, most maintenance medications (also known as long-term medications) can be automatically refilled and shipped every 90 days at a lower cost. No more running out of medicine or last-minute trips to the pharmacy.

To get started with the Mail Order Pharmacy, sign in to MyBlue, then select **90-Day Mail Order Pharmacy** in the drop-down menu under **My Medications**. You can also call Express Scripts at 1-800-892-5119.

Unlock the Power of Your Plan

MyBlue is your key to more features and savings. Sign in to your account at bluecrossma.org or open the MyBlue app to review claims, track medications, look up plan information, and get easy access to these online resources:

Medication Lookup Tool

Use this tool to search, quickly and easily, for prescription medications, and find out how they're covered. To start, go to **Medication Lookup Tool** under **My Medications**.

Express Scripts

Go to **Express Scripts®** under **My Medications** to get detailed information about your pharmacy coverage, including the cost of medications. You can also search for a local pharmacy, or sign up for the Mail Order Pharmacy and have your prescriptions shipped directly to you.

How Tiers Determine What You Pay for Medications

Our list of covered medications 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 in and your benefits. The amount you pay may also include your copayment, co-insurance, and deductibles. The pharmacist will tell you how much you owe. To find your out-of-pocket costs for specific prescriptions, sign in to **MyBlue**, then select **Express Scripts®** under **My Medications** on your MyBlue home page.

How Covered Medications Are Placed in Tiers

Medications are placed in tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. Lower-tier medications typically cost less than higher-tier medications. For example, in a 3-tier structure, you'll likely pay the least for Tier 1 medications and the most for Tier 3 medications.

Pharmacy plans can use one of the five different tier structures outlined below. Check your plan materials to see which tier structure your plan uses, and learn more about how medications are covered.*

2-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same Food and Drug Administration (FDA) requirements.
Tier 2: Brands	Brand-name medications cost more than generic medications, so you'll pay more if you use them.

3-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brands.

4-Tier	
Tier 1: Preferred Generics	These medications are preferred because they cost less than other generic medications.
Tier 2: Non-Preferred Generics	Non-preferred generic medications cost more than preferred generics, so you'll pay more if you use them instead of preferred generics.
Tier 3: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 4: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brands.

*Exceptions may apply. For example, the brands and preferred-brands tiers could include some generic medications in addition to brand-name medications.

5-Tier

Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brands.
Tier 4: Preferred Brand Specialty	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
Tier 5: Non-Preferred Brand Specialty	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred-brand specialty medications.

6-Tier

Tier 1: Preferred Generics	These medications are preferred because they cost less than other generic medications.
Tier 2: Non-Preferred Generics	Non-preferred generic medications cost more than preferred generics, so you'll pay more if you use them instead of preferred generics.
Tier 3: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 4: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brands.
Tier 5: Preferred Brand Specialty	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
Tier 6: Non-Preferred Brand Specialty	Non-preferred brand-name medications cost more than preferred-brands, so you'll pay more if you use them instead of any generics or preferred-brands specialty medications.

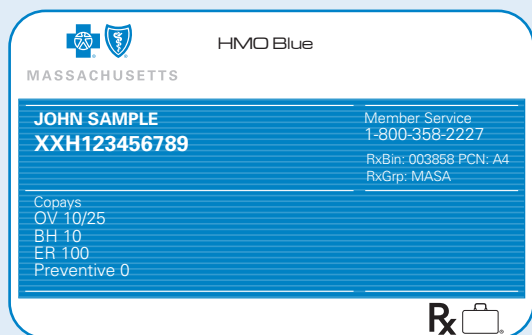
For more information about your pharmacy benefit, sign in to your MyBlue account at bluecrossma.org.

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 doctor. 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. This may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a specialty pharmacy. We notify any affected members of these changes via direct mail at least 30 days in advance of the change.



Sample ID card for illustrative purposes only.

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.

Over-the-Counter Medications

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're prescribed by your doctor. This list is up to date as of January 1, 2022, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Contraceptives** (such as female condoms, sponges, and spermicide) are covered
- **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** (such as 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

Benefit Exclusions

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.

- 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 (PPIs), except for prescription PPIs that are prescribed for members under age 18 or prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (benzoyl peroxide products in 10% 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

This list is up to date as of January 1, 2022. See your subscriber certificate for additional exclusions.

Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dosage of the medications you receive meet the Food and Drug Administration (FDA)'s regulations, clinical standards, and manufacturer's guidelines. 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 FDA's and manufacturer'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, be considered non-covered, or be considered 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, 2022, and may change from time to time.

For the most current list of medications subject to Quality Care Dosing, along with associated dosing limits, use our **Medication Lookup** tool at bluecrossma.org/medication.

Quality Care Dosing

Abilify Mycite	Ambien CR	Belsomra	Cholbam
Abstral	Amethia	Betaseron	Ciclodin solution/kit
AcipHex (excluded for 18 years and older)	Amethia Lo	Bevespi AeroSphere	Ciclopirox cream
AcipHex Sprinkle (excluded for 18 years and older)	Amerge	Bevyxxa	Ciclopirox gel
Actemra	Amitiza	Bijuva	Ciclopirox nail lacquer
Actiq	Amlodipine	Binosto	Ciclopirox shampoo
Actonel	Amlodipine-Atorvastatin	Boniva tablets	Ciclopirox topical suspension
ACTOplus Met	Ampyra	Breo Ellipta	Cimzia
ACTOplus Met XR	Anzemet	Brextri Aerosphere	Citalopram
Actos	Apidra	Brexafemme	Climara
Acular	Apidra Solostar	Brisdelle	Climara Pro
Acular LS	Aplenzin ER	Bronchitol	Clindamycin 1% gel
Acular PF	Aprepitant	Brovana	Clindamycin 1% solution
Acyclovir cream	Aptenzio XR	Brukina	Clindamycin 1% lotion
Adderall XR	Aranesp	Budeprion SR	Clindamycin 1% foam
Adhansia XR	Arava	Budeprion XL	Clindamycin 2% vaginal
Adlyxin	Arcapta Neohaler	Budesonide (nebules)	Clonidine patch
Admelog	Arformoterol	Budesonide/Formoterol	Combivent
Admelog Solostar	Arikayce	Bunavail	Combivent Respimat
Advair Diskus	ArmonAir DigiHaler	Buprenorphine	Concerta
Advair HFA	ArmonAir RespiClick	Buprenorphine-Naloxone	Conjupri
Adyphren	Arnuity Ellipta	Buprenorphine film	Cotempla XR ODT
Adyphren II	Arixtra	Buprenorphine patch	Contrave ER
Adyphren Amp	Arymo ER	Bupropion SR	Copaxone
Adyphren Amp II	Ashlyna	Bupropion XL	Cosentyx
Adzenys XR	Asmanex HFA	Butorphanol NS	Crestor
Aemcolo	Asmanex Twisthaler	Butrans	Cromolyn ophthalmic
Aerospan	Aspirin/Omeprazole (excluded for 18 years and older)	Bydureon	Cymbalta
Aimovig	Astepro	Bydureon Bcise	Daklinza
AirDuo DigiHaler	Atelvia DR	Byetta	Dalfampridine
AirDuo RespiClick	Atomoxetine	Cabergoline	Daurismo
Ajovy	Atorvastatin	Cabometyx	Daysee
Akynzeo	Atrovent (nasal spray)	Caduet	Dayvigo
Albuterol Sulfate HFA	Atrovent HFA	Calcipotriene	Denavir
Alendronate Sodium	Auvi-Q	Calcipotriene/Betamethasone	Desvenlafaxine ER
Alinia	Avandia	Calypta	Dexilant (excluded for 18 years and older)
Almotriptan	Avinza	Camrese	Dexmethylphenidate ER
Alora	Avonex	Camrese Lo	Dexmethylphenidate XR
Alosetron	Axert	Cardura	Dextroamphetamine/Amphetamine ER
Alrex	Azelastine (nasal spray)	Cardura XL	Diabetic Testing Strips (all)
Alsuma	Azstarys	Catapres TTS	Diclofenac 3% gel
Altoprev	Baqsimi	Celebrex	Diclofenac solution
Alvesco	Basaglar	Celecoxib	Diflorasone cream
Ambien	Belbuca	Celexa	Diflucan (150 mg only)
		Cesamet	

Quality Care Dosing

Dihydroergotamine (nasal spray)	Extavia	Glyxambi	Kerendia
DM 2 Kit	Ezallor Sprinkle	Granisetron	Kerydin
Doptelet	Ezetimibe	Granix	Ketoconazole 2%
Dotti	Ezetimibe/Simvastatin	Grastek	Ketorolac ophthalmic
Dovonex	Famciclovir	Halobetasol cream	Keveyis
Doxazosin	Farydak	Halobetasol ointment	Kevzara
Doxepin cream	Farxiga	Harvoni	Khedeza
Doxepin tablets	Fasenra	Hetlioz	Kineret
Drizalma Sprinkle	Fayosim	Humalog	Klisyri
Duaklir Pressair	Fentanyl Citrate	Humalog Jr.	Kloxxado
Dulera	Fentanyl oral/mucosal	Humulin	Krintafel
Duloxetine DR	Fentanyl patch	Humira	Kynmobi
Duragesic	Fentora	Humira CF	Lamisil
Econazole cream	Fetzima	Hydrocodone ER	Lansoprazole (excluded for 18 years and older)
Edluar	Fiasp	Hydromorphone ER	Lansoprazole ODT (excluded for 18 years and older)
Effexor XR	Flovent Diskus	Hysingla ER	Lansoprazole/Amoxicillin/Clarithromycin
Eletriptan	Flovent HFA	Ibandronate	Lantus
Embeda	Fluconazole (150 mg only)	Ibrance	Lazanda
Emend	Fluoxetine	Ilumya	Leflunomide
Emgality	Fluoxetine DR	Imitrex	Ledipasvir/Sofosbuvir
Emverm	Fluticasone/Salmeterol	Impavido	Lescol
Enbrel	Fluvastatin	Incruse Ellipta	Lescol XL
Enoxaparin	Fluvastatin XR	Indomethacin 20mg	Levalbuterol HFA
Epclusa	Fluvoxamine	Infergen	Levemir
Epinephrine injection	Fluvoxamine CR	Ingrezza	Levonorgestrel/Ethinyl Estradiol
Epinephrine Professional kit	Focalin XR	Insulins (all)	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol
Epinephrine Professional EMS kit	Fondaparinux	Insulins Lispro	Lexapro
Epi-Pen Auto-Injector	Forfivo XL	Intermezzo	Lidocaine 5% cream
Epogen	Formoterol	Introvale	Lidocaine 5% ointment
Escitalopram	Forteo	Invokamet	Lidocaine Patch
Esomep-EZS (excluded for 18 years and older)	Fosamax	Invokamet XR	Lidoderm
Esomeprazole (excluded for 18 years and older)	Fosamax Plus D	Invokana	Linze
Esomeprazole Strontium (excluded for 18 years and older)	Fotivda	Iodoquinol/Hydrocortisone/Aloe	Lipitor
Estradiol patch	Fragmin	Ipratropium NS	Livalo
EstroGel	Frova	Irenka DR	Lonhala Magnair
Eszopiclone	Frovatriptan	Itraconazole	LoSeasonique
Evamist	Fulphila	Jakafi	Lotronex
Evenity	Gatifloxacin	Jardiance	Lovastatin
Evzio	Gavreto	Jolessa	Lovenox
Exalgo	Gemtesa	Jornay PM	Lubiprotone
Exkivity	Gentimicin cream	Jynarque	Lucemyra
	Gentimicin ointment	Kadian	
	Glatiramer	Kalydeco	
	Glatopa	Kenalog aerosol	
	Glucose testing strips (all)		

Quality Care Dosing

Lumakras	Nocurna	Pantoprazole (excluded for 18 years and older)	Quartette
Lunesta	Norvasc	Paroxetine	Quasense
Lybalvi	Novolin	Paroxetine CR	Qulipta
Lyllana	Novolog	Patanase	Quillichew
Lyrica CR	Nucynta ER	Paxil	Quinine Sulfate
Lysteda	Nuplazid	Paxil CR	Qutenza
Lyumjev	Nurtec ODT	Pegasys	QVAR
Mavyret	Nyamyc powder	PEG-Intron	Rabeprazole (excluded for 18 years and older)
Maxalt	Nystatin powder	Penlac	Ramelteon
Maxalt-MLT	Nystop powder	Pennsaid	Ragwitek
Meloxicam	Nyvepria	Perforomist	Rebif
Meloxicam submicronized	Ocaliva	Pexeva	RediTrex
Menostar	Odomzo	Pimecrolimus cream	Relaxxii ER
Methylphenidate CD	Olanzapine-Fluoxetine	Plegridy	Relpax
Methylphenidate ER	Olopatadine Nasal	Pomalyst	Remeron
Methylphenidate LA	Olumiant	Ponvory	Remeron Soltab
Methylphenidate 72 mg	Olysio	Praluent	Repatha
Migranal	Omeprazole (excluded for 18 years and older)	Pravachol	Restasis
Migranow Kit	Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)	Pravastatin	Retacrit
Minivelle	OmePPI (excluded for 18 years and older)	Pregabalin CR	Rexulti
Mirtazapine	Omontys	Prevacid (excluded for 18 years and older)	Reyvow
Mirtazapine Rapid Dissolve	Ondansetron	PrevPac	Rezurock
Mobic	Ondansetron ODT	Prilosec (excluded for 18 years and older)	Rhopressa
Morphabond ER	Onmel	Pristiq	Rinvoq ER
Morphine Sulfate ER	Onsolis	Pristiq ER	Risedronate
Movantik	Onzetra Xsail	ProAir DigiHaler	Ritalin LA
Moxifloxacin	Opana ER	ProAir HFA	Rivelsa
Moxeza	Opzelura	ProAir RespiClick	Rizatriptan
MS Contin	Oralair	Procrit	Rizatriptan ODT
Mupirocin	Oramorph SR	Protonix (excluded for 18 years and older)	Rocklatan
Mulpleta	Orencia	Proventil HFA	Rosuvastatin
Mydayis	Orkambi	Prozac	Rosuvastatin/Ezetimibe
Myfembree	Orladeyo	Prozac Weekly	Roszet
Naloxone	Otezla	Prudoxin	Rozerem
Naratriptan	Oxbryta	Pulmicort Flexhaler	Rybelsus
Narcan	Oxiconazole Nitrate	Pulmicort Respules	Sancuso
NebuPent	Oxistat	Qbrexxa	Sarafem
Neulasta	Oxycodone ER	Qelbree	Saxenda
Neupogen	OxyContin	Qinlock	Seasonique
Nexium (excluded for 18 years and older)	Oxymorphone ER	Qmii ODT	Secuado
Nexletol	Ozempic	Qtern	Seebri Neohaler
Nexlizet		Qualaquin	Segluromet
Nitazoxanide			Semglee
Nivestym			Serevent Diskus

Quality Care Dosing

Sertraline	Tolsura	Vosevi	Zolmitriptan ODT
Setlakin	Tosymra	Vumerity DR	Zoloft
Silenor	Toujeo Solostar	Vyleesi	Zolpidem
Siliq	Toujeo Max Solostar	Vyndaqel	Zolpidem CR
Simponi	Tranexamic Acid	Vyndamax	Zolpidem SL
Simvastatin	Trelegy Ellipta	Vytorin	Zolpimist
Skyrizi	Tremfya	Vyvanse	Zomig
Sofosbuvir/Velpatasvir	Tresiba	Wakix	Zomig nasal
Soliqua	Treximet	Wegovy	Zomig ZMT
Solosec	Triamcinolone spray	Wellbutrin SR	Zonalon
Sonata	Trijardy XR	Wellbutrin XL	Zovirax cream
Sovaldi	Trikafta	Wixela Inhub	Zubsolv
Spiriva HandiHaler	Trintellix	Xartemis XR	Zuplenz
Spiriva Respimat	Triptodur	Xeljanz	Zydelig
Sporanox	Trudhesa	Xeljanz XR	Zymaxid
Stelara	Trulance	Xenleta	Zypitamag
Steglatro	Trulicity	Xermelo	
Steglujan	Truseltiq	Xiidra	
Stiolto Respimat	Tudorza	Xifaxan	
Strattera	Tukysa	Xigduo	
Striverdi Respimat	Tymlos	Xigduo XR	
Suboxone	Ubrelvy	Xopenex HFA	
Subsys	Undenyca	Xospata	
Sumatriptan	Ukoniq	Xtampza ER	
Sumavel Dosepro	Utibron Neohaler	Xultophy	
Symbicort	Valacyclovir	Xuriden	
Symbyax	Valtrex	Yupelri	
Symdeko	Varubi	Yosprala	
Symjepi	Venlafaxine ER capsule	Zaleplon	
Symproic	Venlafaxine ER tablet	Zarxio	
Synjardy	Ventolin HFA	Zegerid (excluded for 18 years and older)	
Synjardy XR	Verquvo	Zembrace Symtouch	
Tagrisso	Verzenio	Zepatier	
Talicia DR	Viberzi	Zeposia	
Taltz	Victoza	Zetia	
Tanzeum	Viekira PAK	Ziextenzo	
Tavaborole	Viekira XR	Zinbryta	
Tazverik	Vigamox	Zocor	
Technivie	Viiibryd	Zofran	
Tegsedi	Vitrakvi	Zofran ODT	
Tepmetko	Vivelle	Zohydro ER	
Teriparatide	Vivelle-Dot	Zoladex	
Terazosin	Vivitrol	Zolmitriptan	
Terbinafine	Vivlodex	Zolmitriptan nasal	
Tivorbex	Voltaren 1%		

Prior Authorization

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.

Our Prior Authorization program includes Step Therapy. Please refer to the Step Therapy section in this booklet for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, be considered non-covered, or be considered 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, 2022, and may change from time to time.

For the most current list of medications that require Prior Authorization, use our **Medication Lookup** tool at bluecrossma.org/medication.

Prior Authorization

Abstral	Budesonide/Formoterol	Entyvio	Humatrope
AcipHex (excluded for 18 years and older)	Buprenorphine film	Epclusa	Humira
Actemra	Buprenorphine patch	Epogen	Hyalgan
Acthar	Butrans	Erlotinib	Hycet
Actimmune	Bylvay	Esomeprazole (excluded for 18 years and older)	Hydrocodone ER
Actiq	Capital and Codeine	Esomeprazole Strontium (excluded for 18 years and older)	Hydrogesic
Adakveo	Cequa	Esomeprazole Strontium (excluded for 18 years and older)	Hydromorphone ER
Adcirca	Cerezyme	Esomep-EZS (excluded for 18 years and older)	Hydroxyprogesterone
Addyi	Cimzia	Euflexxa	Hymovis
Advair Diskus	Cinqair	Evekeo	Hysingla ER
Advair HFA	Cinryze	Evenity	Ibandronate injection/syringe
Air Duo	Cocet/Plus	Evkeeza	Ibrance
Aimovig	Co-gesic	Evrysdi	Ibudone
Ajovy	Copkitra	Exalgo	Idhifa
Alecensa	Contrave	Exondys 51	Ilaris
Alfenta	Cotellic	Eysuvis	Ilumya
Alunbrig	Cosentyx	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Imcivree
Alyq	Daklinza	Farydak	Increlex
Amondys 45	Dalfampridine	Fasenra	Incruse Ellipta
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Demerol	Fentanyl Citrate	Inflectra
Ampyra	Desoxyn	Fentanyl patch	Infumorph
Apadaz	Dexilant (excluded for 18 years and older)	Fentanyl oral/mucosal	Inrebic
Aralast	Dexedrine	Fentora	Interferons (alpha, gamma)
Armodafinil	Dextroamphetamines	Firazyr	Iressa
Aranesp	Difcid	Firdapse	Isturisa
Arikayce	Dilaudid	Fluticasone/Salmeterol	IV Immunoglobulin
Arymo ER	Diskets	Forteo	Juxtapid
Aspirin/Omeprazole (excluded for 18 years and older)	Dolophine	Fulphila	Kadian
Astramorph/PF	Dujolvi	Galafold	Kalbitor
Avinza	Dulera	Gamifant	Kalydeco
Avsola	Dupixent	Gavreto	Kanuma
Ayvakit	Duragesic	Gel-One	Kevzara
Balversa	Doramorph	Gelsyn-3	Kineret
Belbuca	Durolane	Genotropin	Kisqali
Benzhydrocodone/APAP	Dvorah	Genvisc	Kisqali Femara
Berinert	Egrifta	Gilotrif	Kynamro
Boniva syringe	Elidel	Givlaari	Lazanda
Botox/Botulinum Toxin	Embeda	Granix	Ledipasvir/Sofosbuvir
Braftovi	Emgality	Grastek	Lemtrada
Breo Ellipta	Empaveli	Harvoni	Lenvima
Breztri	Enbrel	Haegarda	Liquadd
	Enspryng	Hetlioz	Lorbrena
	Enteral formula		Lorcet
			Lumakras
			Lynparza

Prior Authorization

Lyrica	Onsolis	Respiratory Syncytial Virus IG/Synagis	Tagrisso
Lyrica CR	Opana ER	Retacrit	Taltz
Magnacet	Oralair	Restasis	Talzenna
Mavyret	Oramorph SR	Retevmo	Technivie
Maxidone	Orencia	Revatio	Tegsedi
Makena	Orkambi	Rezurock	Tepezza
Margesic-H	Orladeyo	Riabni	Tepmetko
Mekinist	Orthovisc	Rinvoq ER	Teriparatide
Mektovi	Otezla	Rituxan	Tev-Tropin
Meperitab	Oxbryta	Roxybond	Tibsovo
Methadone	Oxecta	Rozlytrek	Topical Retinoic Acid Derivatives and Combinations (e.g. Retin-A)
Methadose	Oxervate	Ruconest	TPN (total parenteral nutrition) (medical benefit only)
Methamphetamine	Oxlumo	Ruxience	Trelegy Ellipta
Modafinil	Oxycodone ER	Rydapt	Tremfya
Monovisc	Oxycontin	Saizen	Trezix
Morphabond ER	Oxymorphone ER	SaizenPrep	Trikafta
Morphine Sulfate CR	Panlor SS	Sajazir	Triluron
Morphine Sulfate ER	Pemazyre	Saxenda	Trivisc
MS Contin	Percocet	Serostim	Truseltiq
Myalept	Percodan	Sildenafil (antihypertensive)	Truxima
Myobloc	Pimecrolimus	Siliq	Tylenol with Codeine
Nalocet	Piqray	Simponi	Tylox
Natrecor	Polygesic	Simponi Aria	Tymlos
Nexium (excluded for 18 years and older)	Praluent	Skyrizi	Tysabri
Neulasta	Pregabalin	Sodium Hyaluronate 1% Syringe	Udenyca
Neupogen	Pregabalin CR	Sofosbuvir/Velpatasvir	Verdrocet
Nexlitol	Prevacid (excluded for 18 years and older)	Sovaldi	Verzenio
Nexlizet	Prilosec (excluded for 18 years and older)	Spinraza	Vicodin
Norco	Primlev	Stagesic	Vicoprofen
Norditropin	Procentra	Stelara	Viekira XR
Nucala	Procrit	Subsys	Viekira PAK
Nucynta ER	Prolate	Sunosi	Viltepso
Nulibry	Proleukin	Supartz	Visco-3
Nutritional Supplements	Prolia	Symbicort	Vitrakvi
Nutropin	Protonix (excluded for 18 years and older)	Symdeko	Vizimpro
Nuvigil	Protopic	Synalgos-DC	Vosevi
Olumiant	Provigil	Synvisc	Vyepti
Olysio	Ragwitek	Synvisc One	Vyleesi
Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)	Reblozyl	Tabrecta	Vyndamax
OmePPI (excluded for 18 years and older)	Regranex	Tacrolimus (topical)	Vyndaqel
Omnitrope	Remicade	Tadalafil (antihypertensive)	Vyondys-53
Onpattro	Renflexis	Tafinlar	Wakix
	Repatha	Takhyzo	Wegovy
		Tarceva	

Prior Authorization

Wixela Inhub
Xalkori
Xartemis XR
Xeljanz
Xeljanz XR
Xeomin
Xgeva
Xiaflex
Xiidra
Xodol
Xolair
Xospata
Xtampza ER
Yosprala
Zamicet
Zarxio
Zegerid (excluded for 18 years and older)
Zelboraf
Zenzedi
Zepatier
Zeposia
Zerlor
Zohydro ER
Zokinvy
Zolvit
Zomacton
Zorbtive
Zydelig
Zydone
Zykadia

Step Therapy

Step Therapy is a key part of our Prior Authorization program, allowing us to help your doctor provide you with an appropriate and affordable medication 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 Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Step Therapy program is up to date as of January 1, 2022, and may change from time to time.

For the most current list of medications that require Step Therapy, use our **Medication Lookup** tool at bluecrossma.org/medication.

Step Therapy

Anti-Migraine

Almotriptan
Amerge
Axert
Dihydroergotamine
Eletriptan
Frova
Frovatriptan
Imitrex
Maxalt
Maxalt-MLT
Migranal
Nurtec
Onzetra Xsail
Replax
Sumatriptan/Naproxen
Tosymra
Treximet
Trudhesa
Ubrelvy
Zembrace Symtouch
Zolmitriptan
Zolmitriptan nasal
Zomig
Zomig Nasal
Zomig ZMT

Cardiovascular

Entresto
Farxiga
Jardiance
Verquvo

Diabetes Management

Adlyxin
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met
ACTOplus Met XR
Actos
Afrezza
Avandaryl
Avandia

Bydureon
Byetta
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi
Invokana
Invokamet
Invokamet XR
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kerendia
Kombiglyze XR
Metformin Film Coated ER (generic for Glumetza)
Metformin ER (generic for Fortamet)
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Riomet
Riomet ER
Rybelsus
Segluromet
Soliqua
Steglatro
Steglujan
Synjardy
Synjardy XR
Tanzeum
Tradjenta
Trijardy XR

Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Glaucoma

Lumigan
Rescula
Rocklatan
Travatan
Travatan Z
Xalatan
Xelpros
Vyzulta
Zioptan

Methotrexate Auto-Injectors

Otrexup
Rasuvo

Multiple Sclerosis

Avonex
Bafiertam
Betaseron
Copaxone
Extavia
Gilenya
Kesimpta
Mavenclad
Mayzent
Plegridy
Ponvory
Rebif
Tecfidera
Vumerity DR
Zeposia

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax

Fosamax Plus D

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Gemtesa
Myrbetriq
Oxytrol
Toviaz
Vesicare

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex
Celecoxib
Lidoxib

Parkinson's Disease Management

Inbrija
Nourianz
Ongentys

Prostate Treatment

Avodart
Jalyn
Proscar

Topical Antibiotics

Mupirocin cream

Topical Testosterone

Androgel
Axiron
Fortesta
Natesto Nasal
Testim
Testosterone gel (Fortesta Authorized product)
Testosterone gel (Testim Authorized product)
Testosterone gel (Vogelxo Authorized product)

Step Therapy

Testone CIK Kit
Testosterone CIK Kit
Vogelxo

Specialty Pharmacy Medications

In our formulary, some medications are classified as specialty medications. These medications are usually used to treat complex health conditions. We've developed a network of specialty pharmacies that are experienced in dispensing these medications. Members are required to fill most specialty medications through one of the pharmacies listed below. However, if a highly specialized medication isn't available at one of our specialty pharmacies, we'll cover the cost of the medication when it's filled at an in-network pharmacy. For a list of specialty medications, see the following pages.

Specialty Network Pharmacy Contact 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

CVS Specialty™

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

Specialty Network Pharmacy Contact Information for Fertility Medications

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Metro Drugs

1-888-258-0106

Fax: 1-201-253-1101

metrodrugs.com/fertility

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

vfppharmacygroup.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 of Specialty Medications is up to date as of January 1, 2022, and may change from time to time. For the most current specialty medication and specialty pharmacy network information, use our Medication Lookup tool at bluecrossma.org/medication.

Specialty Pharmacy Medications

Injectable Medications Required to Be Filled at an In-Network Specialty Pharmacy

Actemra	Cosentyx	Gammagard Liquid	Lupaneta Pack
Acthar	Cosmegen	Gammaked	Lupron Depot
Actimmune	Crysvita	Gammaplex	Lupron Depot-Ped
Adakveo	Cuvitru	Gamunex	Makena
Adriamycin	Cyclophosphamide	Gattex	Mepsevii
Adrucil	Cytarabine	Gemcitabine	Mesna
Alferon-N	Cytogam	Gemzar	Mesnex
Alkeran	Dacarbazine	Genotropin	Methotrexate
Apokyn	Dactinomycin	Givlaari	Mitomycin
Aranesp	Daunorubicin HCL	Glatiramer	Mitoxantrone
Arcalyst	DDAVP	Glatopa	Mozobil
Asceniv	Desmopressin Acetate	Granix	Mustargen
Aveed	Dexrazoxane	Haegarda	Mylotarg
Avonex	Docefrez	Hizentra	Myobloc
Avsola	Docetaxel	Humatrope	Naptara
Beleodaq	Dupixent	Humira	Navelbine
Berinert	Dysport	Hycamtin	Neulasta
Besponsa	Egrifta	Hydroxyprogesterone	Neupogen
Betaseron	Eligard	HyQvia	Nexviazyme
BiCNU	Ellence	Ibandronate injection/syringe	Nipent
Bivigam	Enbrel	Icatibant	Nivestym
Bleomycin Sulfate	Enspryng	Idamycin PFS	Norditropin
Blincyto	Entyvio	Idarubicin	Norditropin Flexpro
Boniva	Epirubicin	Ifex	Norditropin Nordiflex
Bortezomib	Epogen	Ifosfamide	Nplate
Botox	Ethylol	Ifosfamide/Mesna	Nucala
Busulfex	Etopophos	Ilaris	Nutropin AQ Nuspin
Bynfezia	Etoposide	Ilumya	Nyvepria
Calcium Folate	Evenity	Increlex	Ocrevus
Camptosar	Extavia	Inflectra	Octagam
Carboplatin	Fasenra	Intron A	Octreotide injection
Carimune	Faslodex	Irinotecan	Omnitrope
Carmustine	Fensolvi	Istodax	Oncaspar
Cerezyme	Firazyr	Kalbitor	Orencia
Cimzia	Firmagon	Kenalog	Otrexup
Cinclair	Flebogamma	Kesimpta	Oxaliplatin
Cinryze	Floxuridine	Kevzara	Paclitaxel
Cisplatin	Fludarabine phosphate	Kynamro	Palynziq
Cladribine	Fluorouracil	Lartruvo	Pamidronate
Copaxone	Forteo	Lemtrada	Pamidronate disodium
	Fulphila	Leucovorin Calcium	Panzyga
	Fulvestrant	Leukine	Pegasys
	Fuzeon	Leuprolide Acetate	Pegasys Proclick
	GamaSTAN	Levoleucovorin	Peg-Intron
	Gammagard	Lumoxiti	Photofrin

Specialty Pharmacy Medications

Plegridy
Privigen
Procrit
Prolia
Radicava
Rebif
RediTrex
Remicade
Renflexis
Retacrit
Revatio
Riabni
Rituxan
Ruconest
Ruxience
Saizen
SaizenPrep
Sandostatin
Sandostatin-LAR
Serostim
Signafor
Signafor LAR
Siliq
Simponi
Simponi Aria
Skyrizi
Somatuline
Somavert
Spinraza
Stelara
Sublocade
Sylatron
Sylvant
Synagis
Takhzyro
Taltz
Taxotere
Tegsedi
Temodar
Teniposide
Tepadina
Tepezza
Teriparatide
Tev-Tropin
TheraCys

Thiotepa	
Thyrogen	
Toposar	
Totect	
Trelstar	
Trelstar Depot	
Trelstar LA	
Tremfya	
Truxima	
Tymlos	
Tysabri	
Udenyca	
Valrubicin	
Valstar	
Velcade	
Vimizim	
Vinblastine	
Vincristine	
Vinorelbine	
Vivitrol	
Xembify	
Xeomin	
Xgeva	
Xolair	
Zaltrap	
Zanosar	
Zarxio	
Ziextenzo	
Zilretta	
Zinecard	
Zoladex	
Zomacton	
Zorbtive	
Injectable Medications That Can Be Filled at Other In-Network Pharmacies	
Acetadote	
Amondys 45	
Arikayce	
Benlysta Autoinject/syringe	
Bicillin	
Bleo 15	
Cablivi	

Ceftazadime
Cutaquig
Cuvposa
Delestrogen
Depo-Estradiol
Desferal
Desferoxamine
Empaveli
Evkeeza
Evomela
Exondys
Fintepla
Fortaz
Gamifant
Imcivree
Kanuma
Kineret
Libtayo
Marqibo
Nabi-HB
Neulasta Onpro
Nulibry
Onpattro
Oxlumo
Portrazza
Revcovi
Rimso-50
Rocephin
Romidepsin
Sajazir
Saphnelo
Sandimmune
Sildenafil antihypertensive
Strensiq
Synribo
Tazicef
Testosterone Enanthate
Triptodur
Unituxin
Uptravi
Viltepso
Vyepti
Vyleesi
Vyondys-53
Vyxeos

Xiaflex
Yondelis
Oral Medications Required to Be Filled at an In-Network Specialty Pharmacy
Abiraterone
Adcirca
Adempas
Afinitor
Afinitor Disperz
Alecensa
Alkeran
Alunbrig
Alyq
Ambrisentan
Ampyra
Aubagio
Bafiertam
Bethkis
Bosentan
Bosulif
Bronchitol
Bylvay
Cabometyx
Capecitabine
Carbaglu
Cayston
Cerdelga
Copegus
Cotellic
Cyclophosphamide
Cystagon
Daklinza
Dalfampridine
Daurismo
Deferasirox
Dimethyl Fumarate
Dojolvi
Doptelet
Droxidopa
Duopa
Epclusa
Erivedge
Erleada

Specialty Pharmacy Medications

Erlotinib
Esbriet
Etoposide
Everolimus
Evrysdi
Exjade
Farydak
Galafold
Gilenya
Gilotrif
Gleevec
Harvoni
Hetlioz
Hetlioz LQ
Hycamtin
Ibrance
Idhifa
Imatinib
Inlyta
Inqovi
Inrebic
Iressa
Jadenu
Jakafi
Juxtapid
Kalydeco
Kisqali
Kisqali Femara
Kitabis PAK
Kuvan
Lapatinib
Ledipasvir/Sofosbuvir
Lenvima
Letairis
Lonsurf
Lorbrena
Lumakras
Mavenclad
Mavyret
Mayzent
Mekinist
Mesnex
Miglustat
Moderiba
Mulpleta

Mycapssa DR
Nerlynx
Nexavar
Ninlaro
Northera
Nourianz
Nubeqa
Nuplazid
Ocaliva
Odomzo
Ofev
Olumiant
Olysio
Onureg
Opsumit
Orenitram
Orkambi
Otezla
Otezla Starter Pack
Oxbryta
Palforzia
Piqray
Pomalyst
Ponvory
Procysbi
Promacta
Pulmozyme
Pyrimethamine
Ravicti
Rebetol
Retevmo
Revatio
Revlimid
Ribasphere
Ribasphere Ribapak
Ribavirin
Rilutek
Riluzole
Rinvoq ER
Rozlytrek
Rubraca
Rydapt
Sabril
Samsca
Sapropterin

Sildenafil antihypertensive
Sofosbuvir/Velpatasvir
Sovaldi
Sprycel
Stivarga
Sunitinib
Sutent
Symdeko
Tabrecta
Tadalafil antihypertensive
Tafinlar
Tagrisso
Talzenna
Tarceva
Tasigna
Tecfidera
Technivie
Temodar
Temozolamide
Tetrabenazine
Thalomid
TOBI ampules
TOBI-Podhaler
Tobramycin ampules
Tolvaptan
Tracleer
Trikafta
Tykerb
Tyvaso
Uptravi
Veltassa
Verzenio
Viekira PAK
Viekira XR
Vigabatrin
Vitrakvi
Vizimpro
Vosevi
Votrient
Vumerity DR
Vyndamax
Vyndaqel
Wakix
Xalkori
Xeljanz

Xeljanz XR
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf
Zepatier
Zeposia
Zolinza
Zykadia
Zytiga

Oral Medications That Can Be Filled at Other In-Network Pharmacies

8-Mop
Austedo
Ayvakit
Balversa
Boniva 150mg
Calquence
Chenodal
Cholbam
Cometriq
Copiktra
Daraprim
DDAVP
Diacomit
Emflaza
Exkivity
Exservan
Firdapse
Fotivda
Gavreto
Gocovri ER
Iclusig
Imbruvica
Inbrija
Ingrezza
Isturisa
Jynarque
Keveyis
Korlym
Koselugo

Specialty Pharmacy Medications

Livmarli
Lupkynis
Nityr
Orfadin
Orgovyx
Pemazyre
Qinlock
Rezurock
Ruzurgi
Sucraid
Tavalisse
Tepmetko
Thiola
Tiglutik
Truseltiq
Tukysa
Turalio
Ukoniq
Venclexta
Vigadrone
Vistogard
Welireg
Xermelo
Xospata
Xpovio
Xuriden
Xywav
Yonsa
Zejula
Zokinvy
Zydelig

Topical Medications Required to Be Filled at an In-Network Specialty Pharmacy

Mugard
Oxervate
Panretin
Valchlor

Topical Medications That Can Be Filled at Other In-Network Pharmacies

Cystadrops

Cystaran
Qutenza
Synarel

Fertility Medications Required to be Filled at an In-Network Specialty Fertility Pharmacy

Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Ganirelix
Gonal-F/Gonal-F RFF
Gonal-F RFF Redi-Ject
Human Chorionic
Gonadotropin (hCG)
Hydroxyprogesterone
Leuprolide
Lupron Depot
Lupron Depot-Ped
Luveris
Makena
Menopur
Novarel
Ovidrel
Pregnyl
Serophene

Non-Covered Medications

Your pharmacy program provides coverage for more than 4,000 prescription medications. This section lists medications that aren't covered under your benefits. Most medications on our non-covered list have covered alternatives that have been proven to be equally safe and effective 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, Quality Care Dosing and/or Step Therapy 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, 2022, and may change from time to time.

For the most current list of non-covered medications, and to see covered alternatives, use our **Medication Lookup** tool at bluecrossma.org/medication.

Non-Covered Medications

Abilify	Albuterol HFA (Ventolin Authorized Product)	Arformoterol	Balcoltra
Abilify Discmelt	Alcortin-A	Arimidex	Basadrox
Abilify Mycite	Alveicyn Antipruritic SG gel	Arixtra	B-D Testing Strips
Absorica	Alveicyn Plus Kit	ArmonAir DigiHaler	Belsomra
Absorica LD	Alinia	ArmonAir RespiClick	Benicar
Abstral	Alkindi	Aromasin	Benicar HCT
Acanya	Alodox	Arthrotec	Benzaclin
Accolate	Alogliptin	Arymo ER	Benzaclin Kit
Accuaine	Alogliptin/Metformin	Arze-Ject-A Kit	Benzhydrocodone/ Acetaminophen
Accu-Chek Diabetic Testing Supplies	Alogliptin/Pioglitazone	Asacol HD	Benzonatate 150mg
Accupril	Alloquin	Asmanex HFA	Beser
Accutretic	Alora	Asmanex Twisthaler	Besivance
Aciphex (excluded for 18 years and older)	Alphagan P	Aspirin/Omeprazole (excluded for 18 years and older)	Betaloan Suik
Acticlate	Alrex	Assure Diabetic Testing Supplies	Betimol
Actigall	Alsuma	Astepro	Betoptic S
Actiq	Altabax	Atacand	Bevespi Aerosphere
Active Injection D	Altace	Atacand HCT	Bg-Star Diabetic Testing Supplies
Activella	Altoprev	Atelvia	Bijuva
Active-Pac	Alvesco	Ativan	Binosto
ActoPlus Met	Alzital	Atopaderm	Bionect
ActoPlus Met XR	Ambien	Atopavo	Boniva
Acular	Ambien CR	Atopiclair	Bravelle
Acular LS	Amrix	Atralin	Breo Ellipta
Acuvail	Amzeeq	Atrapo Dermal Spray	Brevicon
Aczone	Anafranil	Atrapro CP	Brexafemme
Adalat CC	Ana-Lex	Atrapro Hydrogel	Brilinta
Adazin	Angeliq	Atropen	Brisdelle
Adderall	Anodyne LPT	Augmentin XR	Bromsite
Addyi	Antara	Auryxia	Brovana
Adhansia XR	Anusol HC suppository	Auvi-Q	BSP 0820
Adlyxin	Anzemet	Avalide	Brylhal
Admelog	Apadaz	Avapro	Budesonide/Formoterol (Symbicort Authorized Product)
Advanced Allergy Collection Kit	Apidra	Avelox	Bunavail
Advocate Diabetic Testing Supplies	Aplenzin	Avidoxy	Bystolic
Adyphren	Apriso	Avidoxy DK	Byvalson
Adzenys XR	Aprizio Pak	Avita	Caduet
Aemcolo DR	Aprizio Pak II	Axert	Calcipotriene Foam (Sorilux Authorized Product)
Aerospan	Aptensio XR	Azasite	Calcitriol Topical
Agoneaze	Aqua Glycolic HC	Azeschew	Cambia Powder
AirDuo DigiHaler	Arakoda	Azesco	Caphosol
AirDuo RespiClick	Aranesp	Azopt	Caplyta
Akynzeo	Arava	Azor	
	Arazlo	Azstarys	
	Arcapta Neohaler		

Non-Covered Medications

Capsfenac	Consensi	DermacinRx Prizopak	Ditropan XL
Capxib	Contour Diabetic Testing Supplies	DermacinRx Silapk	Divigel
Carac	Conzip	DermacinRx Surgical Pharmpak	DM2 kit
Cardene	Cool Diabetic Testing Supplies	DermacinRx Therazole Pak	DMT Suik
Cardizem CD	Copaxone	DermacinRx ZRM	Dolotranz
Cardizem LA	Coreg	Dermalid	Doryx DR 80mg
Cardura XL	Coreg CR	Dermasorb-AF	Doubledex
Careone Diabetic Testing Supplies	Corlanor	Dermasorb-HC	Doxycycline DR 80mg
Caresens Diabetic Testing Supplies	Cosentyx	Dermasorb-TA	Doxycycline DR 200mg
Caretouch Diabetic Testing Supplies	Cosopt PF	Dermasorb-XM	Doxycycline Hyclate 50mg tablets
Cataflam	Cosopt XR ODT	Dermawerx SDS	Drizalma Sprinkle
Cedax	Cozaar	Dermawerx Surgical Plus Pack	Duac
Celexa	Crestor	Dermazone	Duac CS
Cem-Urea	CVS Advanced Diabetic testing supplies	Dermazyl	Duaklir Pressair
Centany	Cyclobenzaprine 7.5mg	Dermotic	Duavee
Centany AT	Cyclopak Kit	Desowen Kit	Duexis
Cequa	Cymbalta	Desvenlafaxine ER	Duobrii
Ceracade Skin Barrier	Daklinza	Detrol	Duragesic
Ceramax	Daliresp	Detrol LA	Durezol
Cesamet	Dapsone 7.5%	Dexedrine	Durlaza
Cetraxal	Daxbia	Dexilant (Kapidex) (excluded for 18 years and older)	Durolane
Chenodal	Daypro	Diclo Gel	Duzallo
Chorionic Gonadotropin	Daytrana	Diclofenac Epolamine	Dyloject
Cialis	D-Care 100X	Diclofenac Potassium 25mg	Easy Step Diabetic Testing Supplies
Cipro XR	DDAVP	Diclofenac Submicronized	Easy Talk Diabetic Testing Supplies
Clenia Plus	Deluo	Diclofono	Easy Touch Diabetic Testing Supplies
Clenpiq	Delzicol	Dicloheal-60	Easy Trak Diabetic Testing Supplies
Cleocin T	Delzicol XR	Diclopak	Easymax Diabetic Testing Supplies
Clever Choice Diabetic Testing Supplies	Depakote	Diclopr Combo Pack	EC-Naprosyn
Clindcin ETZ Kit	Depakote ER	Diclotral	Econasil
Clindacin PAC	Depakote Sprinkle	Dicloxtrex	Edarbi
Clindagel	Depo-Sub Q Provera 104	Dicloxiv	Edarbyclor
Clindavix	Derma-Smoothe/FS Body Oil	Dicloxiv M	Edluar
Clobetavix	Derma-Smoothe/FS Scalp Oil	Diclo-Xrylix Sheet Kit	Effexor
Clobex	Dermacin	Diclozor	Effexor XR
Clodan Kit	Silazone Pharmapak	Differin	Elepsia XR
Colazal	Dermacin Cinolone-1 CPI	Dificid	Elestrin
Colchicine Capsules	DermacinRx Clorhexacin	Dilaudid	Eletone
Colcrys	DermacinRx Empricaine	Dimenthio	Ellzia
Colyte	DermacinRx PHN	Diovan	Embeda
Combigan	DermacinRx Prenatrix	Diovan HCT	
Conjupri	DermacinRx Prenatryl	Dipentum	
	DermacinRx Pretrate	Dithol Combo Pack	

Non-Covered Medications

Embrace Diabetic Testing Supplies	Fazaclo	Fusilev I.V.	Hydrocortisone-Lidocaine
Empraciane II	Femring	Gabacaine	Hylaguard
Emsam	Fenofibrate 50mg	Gabapal	Hylatopic
Enablex	Fenofibrate 150mg	Ganirelix	Hylatopic Plus
Entresto	Fenoglide	GE 110 Diabetic Testing Supplies	Hylatopic Plus-Aurstat
Epaned	Fentanyl Citrate	Gelclair	Hymovis
Epiceram	Fentora	Gelnique	Hysingla ER
Epiduo	Fetzima	Gel-One	Hyzaar
Epiduo Forte	Fexmid	Gelsyn-3	Ibupak
Epinephrine Autoinject (Amneal Authorized Product For Adrenaclick)	Fiasp	Gelx	Ibuprofen/Famotidine
Epinephrine Snap-V	Fibricor	Genotropin	Iglucose Diabetic Testing Supplies
Episil	Fifty50 Diabetic Testing Supplies	Genstrip Diabetic Testing Supplies	Ilevro
Episnap Convenience Kit	Finacea Plus	Geodon	Imitrex Kit Refill
Epogen	Fiorinal	Gialax	Imitrex Pen Injector
EQ Diabetic Testing Supplies	Fiorinal /Codeine #3	Giazo	Imitrex Vial
Equetro	Flagyl	Gimoti	Impeklo
Ertaczo	Flagyl ER	Gleevec	Imvexxy
Esomeprazole Stronum (excluded for 18 years and older)	Flagyl I.V.	Gloperba	Inavix
Esomeprazole-EZS Kit (excluded for 18 years and older)	Flagyl I.V. RTU Vialflex	Glucocard Diabetic Testing Supplies	Inderal LA
Estrace	Flarex	Glucometer Diabetic Testing Supplies	Inderal XL
Estrogel	Flector	Glucophage	Indomethacin 20Mg (Branded Product)
Eucrisa	Flexipak	Glucophage XR	Inflamma-K
Euflexxa	Flolipid	Glumetza	Inflatherm
Evamist	Fluopar	Gmate Diabetic Testing Supplies	Innopran XL
Evekeo	Fluoroplex	Gnp Diabetic Testing Supplies	Insulin Aspart
Evencare Diabetic Tetsing Supplies	Fluovix	Gocovri ER	Insulin Glargine
Evoclin	Fluovix Plus	Golytely	Insulin Lispro
Exactech Diabetic Testing Supplies	Fluoxetine Tablets	Halobetasol Foam	Insulin Lispro Jr.
Exalgo	FML Forte	Harmony Diabetic Testing Supplies	Insulin Lispro Mix 75-25
Exforge	FML Liquifilm	Healthpro Diabetic Testing Supplies	Intermezzo
Exforge HCT	FML S.O.P.	Helidac Therapy Pak	Intuniv
Exservan	Focalin	Hemady	Invega
Extavia	Focalin XR	Horizant	Inveltys
Extina	Follistim	HPR	Invokana
EZ Use Joint Tunnel-Trigger	Fora Diabetic Testing Supplies	HPR Plus	Invokamet
Ezallor Sprinkle	Forfivo XL	HPR Plus Hydrogel	Invokamet XR
Fabior	Fortamet	Humana True Metrix Diabetic Testing Supplies	Irenka DR
Factive	Fortesta	Hyalgan	Istalol
Fanapt	Fortiscare Diabetic Testing Supplies	Hydrocodone ER (persion Pharmaceuticals)	Jentaduetto
	Fosamax		Jentaduetto XR
	Fragmin		Journey PM
	Freestyle Diabetic Testing Supplies		Jublia
	Frova		Kadian
			Kapvay

Non-Covered Medications

Kapzin DC	Lidocort	Mac Patch	Moxeza
Kaspargo Sprinkle	Lidoderm	Marvona Suik	Mulpleta
Katerzia	Lidomark	Mas Care-Pak	Mydayis
Kazano	Lidopac	Mavyret	Myfembree
Keppra	Lidopril	Maxalt	Nalfon
Keppra XR	Lido-Prilo Caine Pack	Maxalt-Mlt	Namzaric
Keralyt Scalp 6% Kit	Lidotin	Maxaquin	Naprelan
Kerydin	Lidotrans 5 Pak	Maxidex	Naprelan CR Dose Card
Ketoprofen 25mg	Lidotrex	Maxipime	Naprosyn
Ketorolac Nasal Spray (Branded Product)	Lidovix	Mb Hydrogel	Naproxen/Esomeprazole
Khedeza	Lidoxib	Medolor Kit	Nascobal
Kitabis Pak	Lipitor	Medrolan II Suik	Natazia
Klonopin	Lipofen	Medroloan Suik	Natesto Nasal
Krintafel	Lipritin	Megace ES	Neocera Advanced
Kiristalose	Lipritin II	Menostar	Neosalus
KRO premium Diabetic supplies	Liprozonepak	Mentho-Caine Kit	Neosalus CP
Kuvan	Livalo	Mesalamine DR	Neo-Synalar Kit
Lamictal	Livixil Pak	Metformin ER (Fortamet Authroized product)	Nesina
Lamictal ODT	Livostin	Metformin ER (Glumetza Authroized product)	Neuac Kit
Lamictal XR	LMR Plus Kit	Methylphenidate ER (Aptensio XR Authorized product)	Neumaxin
Lamisil	Lodine	Micardis	Neupogen
Lamisil Granules	Lodine XL	Micardis HCT	Neupro
Lancet Diabetic Testing Supplies	Lokelma	Microdot Diabetic Testing Supplies	Neurcaine
Latuda	Lonhala Magnair	Migranow	Neurontin
Lazanda	Lopressor	Minastrin Fe	Nevanac
Ledipasvir/Sofosbuvir	Loprox Kit	Minocin	Nexiclon XR
Lemtrada	Loreev XR	Minocin Combo Pack	Nexium (excluded for 18 years and older)
Lescol	Lorzone	Minocycline Tablets	Niravam
Lescol XL	Loseasonique	Minocycline ER (Branded product)	Nitro-Dur
Leva Set	Lotemax	Minolira ER	Nocdurna
Levalbuterol HFA	Lotemax SM	Mirapex	Noctiva
Levaquin	Lotensin	Mirapex ER	Nopiod-LMC
Levemir	Lotensin HCT	Mobic	Nopiod-TC
Levicyn Antipruritic SG	Lotrel	Monodox	Norditropin
Levitra	Loutrex	Monovisc	Norgesic Forte
Levothyroxine capsules	Lovaza (Omacor)	Morgidox Kit	Northera
Lexapro	Lovenox	Morphabond ER	Norvasc
Lexette	Lubiprostone	Motegrity	Nova Max Diabetic Testing Supplies
Lexixryl	Luliconazole	Moviprep	Novacort
Liberty Diabetic Testing Supplies	Lunesta	Moxatag	Novolin
Licart	Luzu		Novolog
Lidocidex I	Lyumjev		Noxipak
	Lyrica		Nucaraclinpak
	Lyrica CR		Nucararxpak
	Lysteda		

Non-Covered Medications

Nucort	Paingo KFT	Precision Diabetic Testing Supplies	Pylera
Nucynta	Pamelor	Pred Mild	Qbrelis
Nucynta ER	Pancreaze	Prefest	Qbrexza
Nudermrxpack	Panixine	Pregnyl	Qdolo
Nudiclo Solupak	Patanase	Premium Diabetic Testing Supplies	Qmiiz ODT
Nudiclo Tabpak	Paxil	Prepopik	Qtern
Nulytely	Paxil CR	Presera	Quartette
Nusurgepak Surgical Prep	P-Care	Prestalia	Quillichew ER
Nutraseb	P-Care K	Prestige Diabetic Testing Supplies	Quillivant XR
Nutria Rx	P-Care M	Prevacid (excluded for 18 years and older)	Quinixil
NuvaRing	P-Care MG	Prevpac	Quinja
Nuvakaan	P-Care X	Prikaan	Quinosone Combo Pack
Nuvakaan II	PCE	Prilo Patch Kit	Radiaplex Rx
Nuessa	PCE Dispertab	Prilo Patch II Kit	Radigel
Nuvigil	Pedizol	Prilolid	Rapaflo
Ocudox Kit	Penetrex	Prilosec (excluded for 18 years and older)	Raxar
Olux	Penlac	Prilovix	Rayaldee
Olysio	Pennsaicin	Prilovixil	Rayos
Omeclamox	Pennsaid	Prinivil	Readysharp Betamethasone
Omnitrope	Pentican	Pristiq	Readysharp Bupivacaine
Onexton	Pepcid	Prozopak II	Readysharp Dexamethasone
Onmel	Percocet	Prizotral	Readysharp Ketorolac
Onsolis	Pergonal	Prizotral II	Readysharp Lidocaine
Onzetra Xsail	Perseris	ProAir DigiHaler	Readysharp Methylprednisolone
Opana	Pertzye	ProAir HFA	Readysharp Triamcinolone
Opana ER	Pexeva	ProAir RespiClick	Realheal-1
Optium Diabetic Testing Supplies	Pharmacist Choice Diabetic Testing Supplies	Procentra	Recothrom
Oracea	Physicians EX USE B12 Kit	Procort	Reditrex
Oramorph SR	Physicians USE EZ M-Pred Kit	Procrit	Regenecare
Orapred ODT	Picato	Prodigy Diabetic Testing Supplies	Relador PAK
Oravig	Plaquenil	Prolensa	Relador PAK Plus
Oriahnn	Plixda	Promiseb	Relafen DS
Orilissa	PNV 20-1	Protonix (excluded for 18 years and older)	Relexxii ER
Orphendrine/Aspirin/Caffeine	Pod-Care 100C	Proventil HFA	Relion Diabetic Testing Supplies
Orthovisc	Pod-Care 100CG	Proventil Inhaler	Relpax
Oseni	Pod-Care 100K	Provigil	Remeron
Osmolex ER	Pod-Care 100KG	Pro-Voice Diabetic Testing Supplies	Remeron Soltab
Osmoprep	Pogo Diabetic Testing Supplies	Prozac	Repatha
Osphena	Pradaxa	Prozac Weekly	Requip
Oxaydo	Pram-HCA		Requip XL
Oxycodone ER	Pramosone E		Rescula
OxyContin	Pravachol		Restoril
Oxytrol	PR-Cream		Retin-A Cream
Ozempic			Retin-A Micro

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Revatio	Simvastatin Suspension (Folipid Authorized Product)	Sumaxin CP	Tindamax
Rexulti	Sinemet 25/100	Sumaxin TS	Tirosint
Rhopressa	Singulair	Supartz	Tivorbex
Rightest Diabetic Testing Supplies	Sitavig	Suprep	Tobradex
Risperdal M-Tab	Skyaderm-LP	Sure Result Tac Pak	Tobradex ST
Ritalin	Sklice	Sustol	Tofranil
Ritalin LA	Smart Sense Diabetic Testing Supplies	Suviscort	Tolak
Ritalin SR	SmartRx Gabakit	Sympazan	Tolsura
Rocklatan	SmartRx Gaba-V	Symproic	Topamax
Rosadan	Sodium Hyaluronate	Synalar Combo-Pack	Toronova II Suik
Rosuvastatin/Ezetimibe	Sofosbuvir/Velpatasvir	Synalar TS	Toronova Suik
Roszet	Sof-Tact Diabetic Testing Supplies	Synvexia TC	Tovet Kit
Roxybond	Solaice	Synvisc	Toviaz
Rytary ER	Solaravix	Synvisc-One	Tradjenta
Rythmol	Solaraze	Talcia DR	Tramadol 100Mg Tablets (Branded Product)
Ryvent	Soliqua	Tanzeum	Tramadol ER Capsules
Saizen	Solodyn	Targadox	Tranxene -T
Salicylic Acid 6% Kit	Solosec	Tarka	Tresiba
Salicylic Acid/Ceramide Kit	Soltamox	Tasoprol	Tretin-X
Salkera	Solupak	Tavaborole	Treximet
Salvax Duo	Solus Diabetic Testing Supplies	Taytulla	Trezix
Salvax Duo Plus	Soma	Tazorac	Triadime-80
SanadermRx Skin Repair	Sonata	Tecfidera	Triamcinolone 0.05%
Sancuso	Soolantra	Technivie	Trianex
Saphris	Sovaldi	Teczem	Tribenzor
Sarafem	Spectracef	Tekturna	Tricor
Savaysa	Sporanox	Tekturna HCT	Triglide
Savella	Spritam	Tenormin	Triheal-80
Scalacort	Sprix	Tequin	Trileptal
Seasonique	Stalevo	Teriparatide	Trilipix
Sebuderm	Staxyn	Tersi	Trilipx DR
Secuado	Steglatro	Test N'Go Diabetic Testing Supplies	Triloan II Suik
Seebri Neohaler	Steglujan	Testim	Triloan Suik
Segluromet	Stendra	Testone CIK	TriloCiclo Kit
Sernivo	Striant	Testosterone (Testim Authorized Product)	Triluron
Seroquel	Suboxone	Testosterone (Vogelxo Authorized Product)	Trinaz
Seroquel XR	Subsys	Testosterone CIK Kit	Tri-Norinyl
Seysara	Suclear	Testosterone Gel (Fortesta Authorized Product)	Trintellix (Formerly Brintellix)
Sila III	Sular	Tevis-Tropin	Tritocin
Silalite Pak	Sumadan	Tiazac	Tri-Sila Topical
Silazone-II	Sumavel Dosepro	Timoptic	Trivisc
Silenor	Sumaxin	Timoptic Ocudose	Trivix
Silvrstat			Trixylytral
Simbrinza			Trudhesa

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Truetest Diabetic Testing Supplies	Vimovo	Xyosted	Zyflo CR
Truetrack Diabetic Testing Supplies	Virasal	Xywav	Zylet
Trulance	Visco-3	Yosprala DR	Zymaxid
Twynsta	Vivaguard Ino Diabetic Testing Supplies	Yupelri	Zypitamag
Ultracet	Vivlodex	Zagam	Zypram
Ultram	Vogelxo	Zanaflex	Zyprexa
Ultram ER	Voltaren	Zantac	Zyprexa Intramuscular
Ultrasal ER	Voltaren-XR	Zegerid (excluded for 18 years and older)	Zyprexa Relprevv
Ultravate PAC	Vopac MDS	Zelapar	Zyprexa Zydis
Ultravate X	Vraylar	Zelnorm	
Unistrip Diabetic Testing Supplies	Vumerity DR	Zembrace Symtouch	
Up & Up Diabetic Testing Supplies	Vusion	Zepatier	
Uramaxin	Vytorin	Zestril	
Urea Kit	Vyvanse	Zetia	
Utibron Neohaler	Vyzulta	Zeyocaine	
Vacustim Silver Kit	Wavesense Diabetic Testing Supplies	Ziana	
Valium	Welchol	Zilacaine	
Vanos	Wellbutrin	Zilxi	
Varophen Kit	Wellbutrin SR	Zinbryta	
Vascepa	Wellbutrin XL	Zioptan	
Vaseretic	Whytederm Surgipak	Zipsor	
Vasotec	Whytederm Trilasil Pak	Zithromax	
Vectical	Winlevi	Zmax	
Velphoro	Wound Debride 4% Lidocaine	Zocor	
Veltassa	WPR Plus	Zofran	
Veltin	Wynzora	Zofran ODT	
Venlafaxine ER Tablets	Xadago	Zohydro ER	
Ventolin	Xalix	Zoloft	
Ventolin HFA	Xanax	Zolpak	
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Veregen	Xartemis XR	Zomacton	
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Vexasyn Wound Gel	Xepi	Zonegran	
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Viekira PAK	Xolegel	Zubsolv	
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	Xryliderm	Zyban	
	Xrylix	Zyclara	

How to Request Coverage for Non-Covered Medications

To request coverage for non-covered medications, your doctor will need to contact our Pharmacy Operations department using one of the following methods, and provide the Massachusetts Standard Form for Medication for Prior Authorization Requests, along with any additional supporting documentation:

Phone

1-800-366-7778

Fax

1-800-583-6289

Phone and fax are recommended for faster service.

Mail

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

Turnaround Time

Standard requests are reviewed within 48 hours of receipt. In certain life-threatening situations, your doctor may request an expedited review, which we'll respond to within 24 hours of receipt.

Criteria for Exception Requests

We may authorize coverage based on one of the following criteria:

- You have documented treatment failures with two covered medications.*
- You have documented adverse effects to two covered medications, which are significant enough to stop taking the medication.
- There is another specified clinical basis.

Note: If a non-covered medication is approved, it will be covered at the highest tier, and you'll pay the highest out-of-pocket costs for the medication.

*Or if there is only one covered alternative available for the requested medication, and the alternative medication fails.

Appealing a Coverage Decision

A coverage decision is a ruling we make about your health care and pharmacy coverage, or the amount of money we pay for health care services and medications. In some cases, we may decide that a service or medication isn't covered, or is no longer covered for you. If you're not satisfied with a coverage decision, you, your doctor, or an authorized representative can appeal the decision within 180 days of the date of the service, or when you receive a notice of the decision, by contacting the Member Appeal and Grievance Program by:

Phone

1-800-472-2689

Fax

1-617-246-3616

Email

grievances@bcbsma.com

Phone and fax are recommended for faster service.

Mail

Blue Cross Blue Shield of Massachusetts
Member Appeal and Grievance Program
One Enterprise Drive
Quincy, MA 02171-2126

What Happens When an Appeal Is Denied

If your appeal is denied in part or in full, we'll contact you to explain how we reached our decision. We'll also inform you if your appeal qualifies for an external review, and the steps you should take to file the request.

To read your full appeal and grievance rights, please refer to your Evidence of Coverage.

For more information:

1. Visit bluecrossma.org
2. Go to Member Rights at the bottom of the page
3. Click Appeals & Grievances

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

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New Medication Approval Process

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors with various specialty backgrounds, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee's expertise and advice 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're 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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Time:

Severity:



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Cost:

Time:

Severity:



LIMITED SERVICE CLINICS

Go to a nearby clinic located within your local pharmacy for simple medical concerns.

Best for: Cold and flu, bronchitis, sinus and respiratory infections, sore throat, diarrhea, gout, strep throat, urinary tract infections, pinkeye, hypertension, migraines, pneumonia.

Cost:

Time:

Severity:



URGENT CARE

Go to a nearby urgent care center when you need immediate, in-person help for a non-life-threatening problem and you can't see your doctor.

Best for: joint/muscle pain or injuries, nausea or diarrhea, respiratory issues, bites, cuts, concussion screening, stitches, asthma attack, X-rays, and suspected strep throat or bronchitis.

Cost:

Time:

Severity:

Always go to the nearest emergency room, or call 911 when you're facing a life-threatening situation or think you could put your health in danger by delaying care.

The information in this document doesn't replace the advice of a health care provider. You should speak to your provider about any specific health concerns.

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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).

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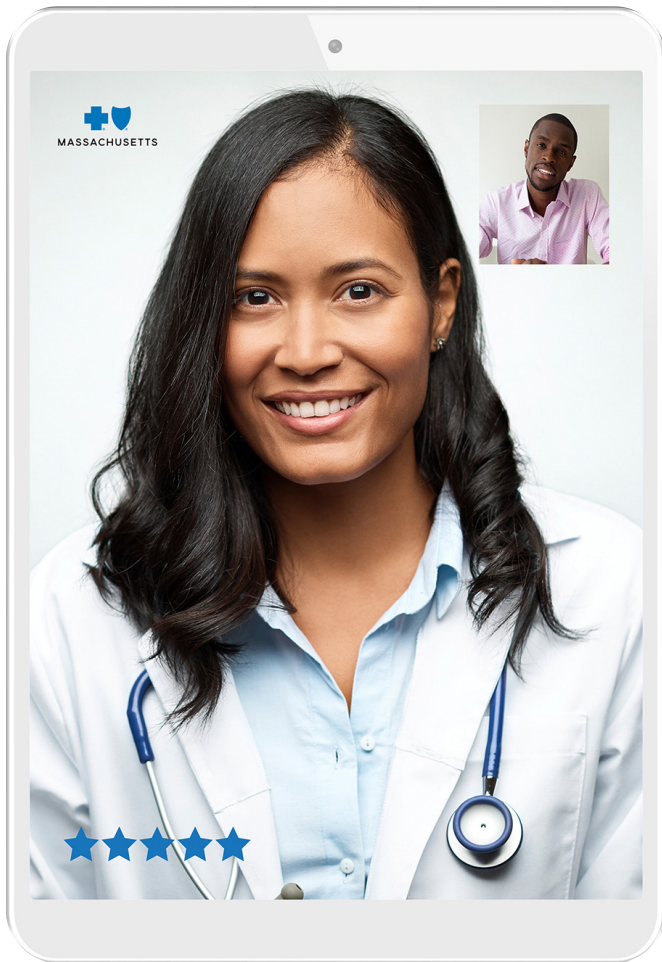
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2. Source: American Well. Amwell Telehealth Report, February 2018. Patient Satisfaction Survey Data compiled December 2017-February 2018. Data, compiled December 2017-February 2018. Data reverified, August 2020.



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- Relationship issues
- Emotional trauma
- Stress

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- Save time in your busy family schedule



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3. Source: American Well. AmWell TeleHealth Report, February 2018. Patient Satisfaction Survey Data, compiled December 2017–February 2018. Data reverified, August 2020.

4. Prescription availability is defined by doctor judgment.

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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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Visit express-scripts.com/starthd



Call 1-800-892-5119

1. 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.

Questions?

If you have questions, call Member Service at the number on the front of your 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**).

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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EVERYTHING YOU NEED TO LIVE A HEALTHIER LIFE

ahealthyme
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
- Physical fitness
- Quitting smoking
- Much more
- Stress management

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 ahealthyme.com/login and sign up to begin your journey to healthier living.



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NURSES RIGHT NOW. NO IFS, ANDS, OR BUTS.

Call our 24/7 Nurse Line 1-888-247-BLUE (2583).

Speak to a registered nurse, when you need to, day or night. Because guidance and advice should happen round the clock.



YES, YOUR PLAN COVERS IT!

Nurses are ready around the clock to answer your questions. Call our Nurse Line 24/7 to determine if you need immediate care.



GET CONNECTED DIRECTLY TO A NURSE

Immediate advice, no waiting for a callback.



365 DAYS A YEAR

Including holidays. For access that's ready when you are.



THERE'S NO ADDITIONAL COST

Because your health comes first.



EMAIL* A NURSE 24/7, TOO

Create an account to email a nurse for general questions or advice, day or night.

*We partner with Carenet Health™, an independent health care engagement company, to administer this service. You'll need to create a Carenet Health account or sign in to their secure website. When creating your account, you'll need to enter your nine-digit Blue Cross member ID number. Please don't include the letter prefix.

Questions?

Visit myblue.bluecrossma.com and select **Find a Doctor & Estimate Costs** to find a provider near you. Download the MyBlue App from the App Store® or Google Play™.



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MASSACHUSETTS

WELLNESS WORKSHOPS

Looking for Support
to Reach Your
Wellness Goals?

ahealthyme
Everything to live a healthier life



Our interactive, self-paced wellness workshops are designed to help you understand and make healthy choices. These workshops are easy to use and they're available on our secure ahealthyme website. We hope you'll take advantage of them!

HOW DO I SIGN UP FOR A WELLNESS WORKSHOP?

- 1 Sign in to ahealthyme.com/login, then go to **Wellness Workshops** in the top navigation bar and select **Sign Up for a Workshop** from the drop-down list.
- 2 Select the wellness workshop title you'd like to enroll in under **Add**, and then click **Sign Up**.*
- 3 To begin, click the workshop title when it appears active.

*If **Sign Up** is grayed out, that means you're active in another workshop, and you should click **Add to Queue**. The queued workshop will become active after you complete the active workshop.

Get Started Now

Go to ahealthyme.com/login and sign up to follow the path to healthier living.

WHAT YOU'LL LEARN

Our wellness workshops encourage, inspire, and teach you how to better manage your health. Topics include:

- Breathe Easy—Tobacco Cessation Wellness Workshop
- Fight the Flu—Wellness Workshop
- Finding the Right Balance—Weight Management Wellness Workshop
- Fit for Life—Physical Activity Wellness Workshop
- Smart Choices—Healthy Eating Wellness Workshop
- Take a Break—Stress Management Wellness Workshop
- Mindful Living—Mind and Body Connection Workshop
- Rest and Recharge—Sleep Wellness Workshop
- Smart Spending and Saving—Financial Wellness Workshop
- Healthy Mouth, Happy Smile—Dental Wellness Workshop
- Prediabetes Prevention—Wellness Workshop
- Advance Care Planning—Wellness Workshop

HOW IT WORKS

Every week, you'll be assigned articles, videos, trackers, and other tools to help you create and follow a plan to get healthier. You can complete all the tasks at once, or over the course of several days—whichever works best with your schedule. Reminder emails will help to keep you on track toward meeting your goals.

TRACKING PROGRESS

You can view your workshop To-Do list on the home page of the secure [ahealthyme](https://ahealthyme.com/login) website (**ahealthyme.com/login**). Once a task you complete a task, it appears under **Completed** at the bottom of your To-Do list.



TAKE A STEP TOWARD BETTER HEALTH

Sign up for a wellness workshop!

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* Registered Marks of the Blue Cross and Blue Shield Association. * Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

** Registered Marks and TM Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

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MASSACHUSETTS

WEIGHT-LOSS REIMBURSEMENT

Your reward for healthy behavior:

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



Qualified for Weight-Loss Reimbursement

Participation fees for:

- Hospital-based programs and Weight Watchers[®] in-person
- 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.



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, or sign in to MyBlue to submit online at member.bluecrossma.com/login.

3

Mail

Send the completed form to the address listed.

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, sign in to MyBlue at 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.

Questions?

Contact Member Service by calling the phone number on your member ID card.

WEIGHT-LOSS REIMBURSEMENT REQUEST

Please Print All Information Clearly: To verify this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at 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.

Complete this form and mail it to: Blue Cross Blue Shield of Massachusetts, Local Claims Department , PO Box 986030, Boston, MA 02298

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 Last Name	First Name	Middle Initial	Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____
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Claim is for (choose one and color in the entire box):

- ☐ Subscriber (policyholder)
- ☐ Spouse (of policyholder)
- ☐ Ex-Spouse
- ☐ Dependent (up to age 26)
- ☐ Other (specify):

Name, Address, and Phone Number of Qualified Weight-Loss Program

Total dollars requested: \$ _____

Monthly program participation fee: \$ _____

Calendar Year: ____/____/____

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: ____/____/____

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 completed 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.

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FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

\$300



Qualified for Reimbursement:

A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights

A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs

Online fitness memberships, subscriptions, programs, or classes

Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines



Not Qualified for 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 clothing

Get Started

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!

FITNESS REIMBURSEMENT REQUEST

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at bluecrossma.org 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 __/__/__
Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to age 26) <input type="checkbox"/> Other (specify): _____	Name, Address, and Phone Number of Qualified Fitness Expense 		
	Total Dollars requested for Qualified Fitness Expense: \$ _____ Calendar year that fees were paid: _____		

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 you should 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 enrolled in the qualified program with the full intention of using such program. 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

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INTRODUCING SMART90[®]

Convenience. Savings. Smart.

Getting 90-Day Supplies of Certain Maintenance Medications Saves You Time and Money.

With Smart90, you can get 90-day supplies of certain maintenance medications from a CVS Pharmacy[™] location or by mail order when you order them through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes. To view a list of medications that are eligible for the Smart90 program, please visit myblue.bluecrossma.com/90daymeds.

Advantages of Using Smart90

Smart90 saves you time and money. You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications. You'll also be less likely to miss a dose since you won't have to refill as often.

Where to Get Your 90-Day Prescriptions

You have the choice to pick up your 90-day supply at any of the 9,800 CVS Pharmacy retail locations nationwide, or have it delivered to you when ordered through Express Scripts. Either way, you pay the same amount.

Smart90 Pharmacies:

- Express Scripts
- CVS Pharmacy



*Includes CVS within a Target[®] location

SMART90 SAVINGS EXAMPLE^{**}

Type of Prescription	What You Pay		
30-Day Prescription	Tier 1 Medication Copay ¹ \$15	Tier 2 Medication Copay ² \$30	Tier 3 Medication Copay \$50
90-Day Smart90 Prescription	Tier 1 Medication Copay ¹ \$30	Tier 2 Medication Copay ² \$60	Tier 3 Medication Copay \$150

^{**}Example is for illustrative purposes only. Check your benefit materials for details about your pharmacy coverage.

^{1,2}Most maintenance medications fall under tiers 1 and 2 on a three-tier plan.

Questions?

If you have questions, call Member Service at the number on the front of your ID card.

HOW TO FILL YOUR PRESCRIPTIONS WITH SMART90

Using Express Scripts

Orders are usually processed within 48 hours. Delivery takes about eight day for refills, or 10 to 14 days for new prescriptions. You can check your order status anytime by signing in to **express-scripts.com** and clicking on **Order Status**.

To place your order:



Sign in or register at **express-scripts.com/90day**, or call Express Scripts at **1-800-892-5119**.



Express Scripts will contact your doctor to get your 90-day prescription, and then deliver it right to your door.



Using a CVS Pharmacy

Simply talk to your doctor, or bring your prescription to a CVS pharmacist and ask about getting a 90-day prescription.

To find a CVS:



1. Go to **CVS.com**
2. Click **Store Locator**
3. Search for a pharmacy near you

How to Switch from Mail Order to a CVS Pharmacy

If you're already receiving your 90-day prescriptions through mail order using Express Scripts, but want to switch to CVS Pharmacy, go to your local CVS and tell the pharmacist. Remember to cancel your auto-refills from Express Scripts.

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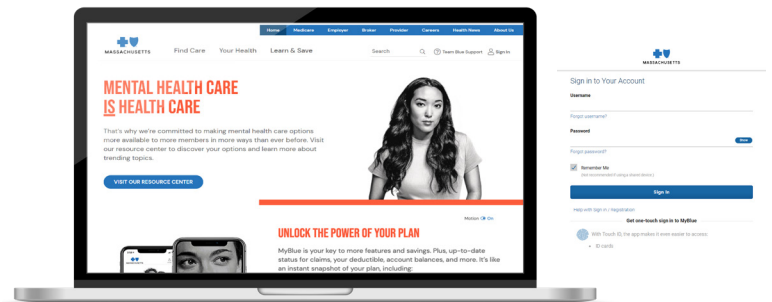
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GETTING STARTED WITH SMARTSHOPPER[®]

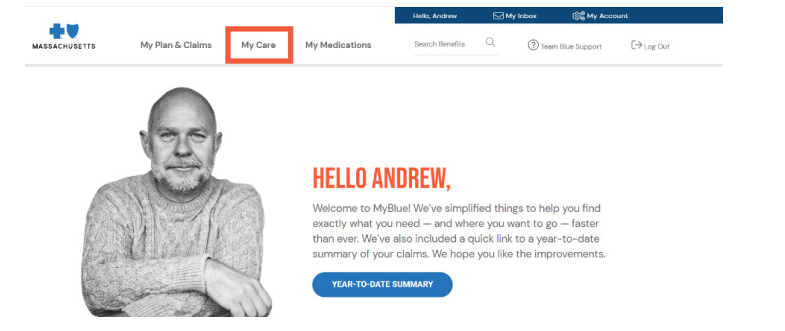
Earning up to \$250 is as easy as 1-2-3.

You can compare competitively priced care, and earn up to \$250 in cash rewards after each eligible procedure when you use SmartShopper from Sapphire Digital[®], an independent company. Getting started is easy. Just follow these three steps:

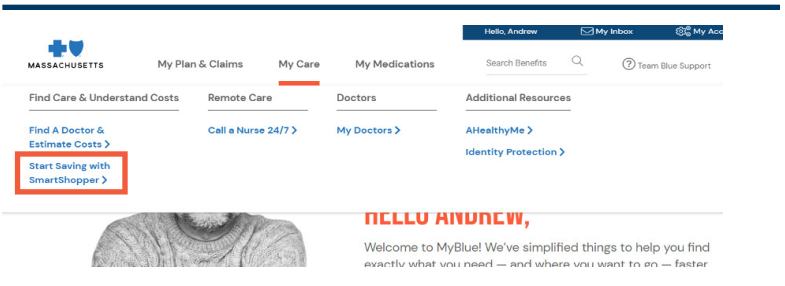
1 Sign in to **MyBlue** or create an account
Visit bluecrossma.org to sign in, or click **Create Account** to register for a new one.



2 Go to **My Care**



3 Click **Start Saving with SmartShopper**



Questions?

If you have any questions, call Team Blue at the Member Service number on the front of your ID card.



The dollar amount you receive may be considered taxable income. Consult your tax advisor. SmartShopper is managed by Sapphire Digital, an independent company. Members with coverage under Medicaid or Medicare (including as secondary payer) are not eligible to receive incentive rewards under the SmartShopper Program. For HMO Blue New England plans, only network providers located in Massachusetts, Rhode Island, New Hampshire, and Vermont may qualify for rewards under the SmartShopper program. For HMO Blue plans, only network providers located in Massachusetts may qualify for rewards. Some plans and services may require a referral from your doctor. Be sure to check your benefits or call Member Service at the number on the back of your ID card.

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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[®] and Blue Cross Blue Shield Global[®] Core make sure you have access to top doctors and hospitals and concierge-level service.



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.

Call **1-800-810-BLUE (2583)**


for a list of participating doctors and hospitals, or to obtain an international claim form.

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® 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

FOLD HERE

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® 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.

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MASSACHUSETTS

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 health care 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 available 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
- Prostheses 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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Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance policy](#). Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

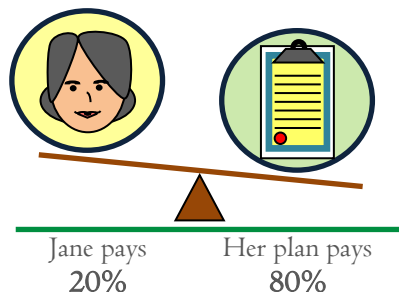
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance *plus* (See page 6 for a detailed example.) any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing

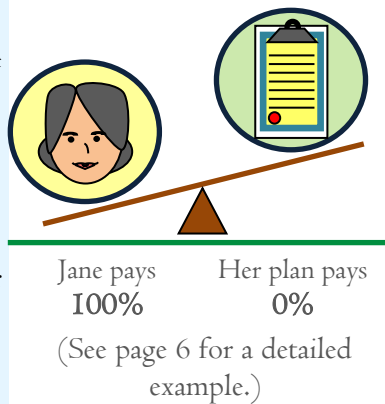
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

Grievance

A complaint that you communicate to your health insurer or [plan](#).

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don’t have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do **not** contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

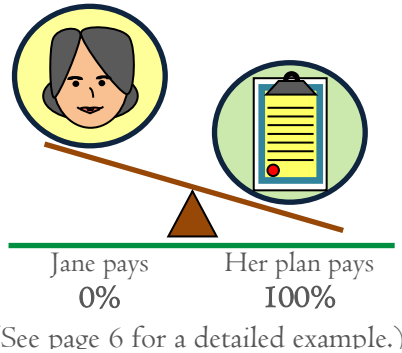
Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the

[allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as “skilled care services”, which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinsurance: 20%

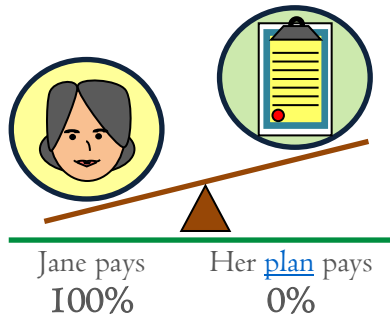
Out-of-Pocket Limit: \$5,000

January 1st

Beginning of Coverage Period

December 31st

End of Coverage Period



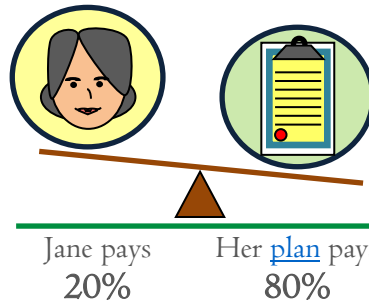
Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



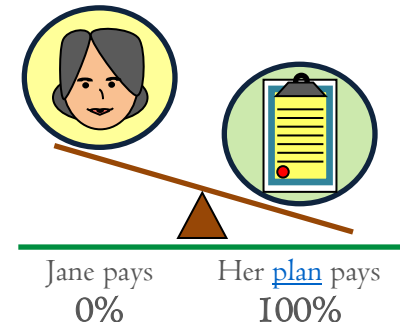
Jane reaches her \$1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: \$125

Jane pays: 20% of \$125 = \$25

Her plan pays: 80% of \$125 = \$100



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

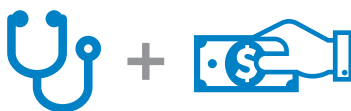
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A Guide to Your Summary of Health Plan Payments¹

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

How the Payment Process Works

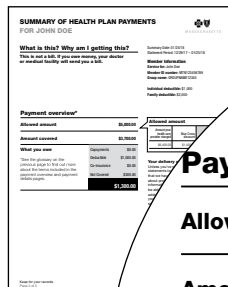
When you visit a health care provider, you pay a copayment.²



The provider submits a bill for services to Blue Cross. This is called a claim.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



Payment overview*

Allowed amount \$5,000.00

Amount covered \$3,700.00

Amount covered by Blue Cross

*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Amount you owe (if any)

Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
Total	\$1,300.00

This is not a bill.

Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider² or fill a prescription. Look for your copay amount on your member ID card.

Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Tip: See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.

The provider sends you a bill. (if you owe money)



You pay your provider.



Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

1. Medex members receive statements called Explanation of Benefits.

2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.



Payment Overview Page

- A** The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).
- B** Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.
- C** This section shows how the allowed amount was calculated.
- D** Your delivery options describes how these statements are delivered and how you can update your preferences.



Your Summary of Health Plan Payments

Payment Details Page

- E

Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.
- F

The amount you owe for each service.
- G

How we determined what you owe, including copayments, deductible, and co-insurance.
- H

Additional information on how we processed your claims.
- I

The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.
- J

A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at bluecrossma.com/myblue.

Questions?

Call us at the number on your ID card or log in to your account at bluecrossma.com/myblue, click **Contact Us**, then enter your question using the secure inquiry form in the Member Service section.

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GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

MyBlue is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:



COVERAGE
AND BENEFITS



CLAIMS AND
BALANCES



FITNESS AND WEIGHT-LOSS
REIMBURSEMENT



MEDICATION
LOOKUP

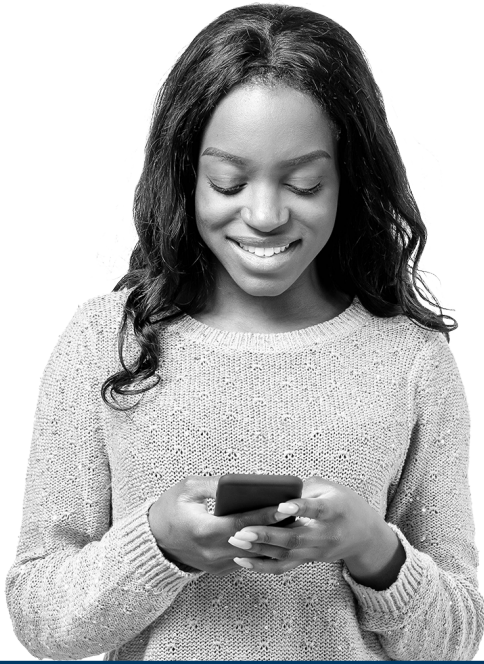
Sign In

Download the app, or create an account at bluecrossma.com.

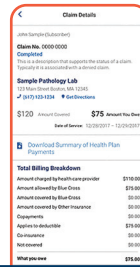
STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

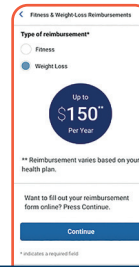
YOUR PLAN IN YOUR HAND



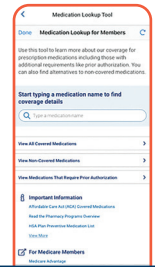
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



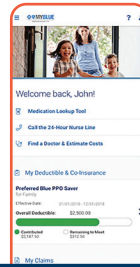
Track claims and benefits
Keep up to date on benefits and coverage.



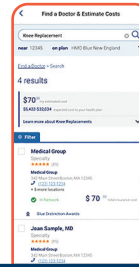
Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.



Your medications at a glance
Their names, costs, and prescriptions at your fingertips.



Check deductible balances
End the guesswork and know for sure every time.



Find a Doctor
Or a specialist, dentist, or facility. On your phone and on the fly.



Need your cards
Access your ID cards without opening your wallet.



GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.



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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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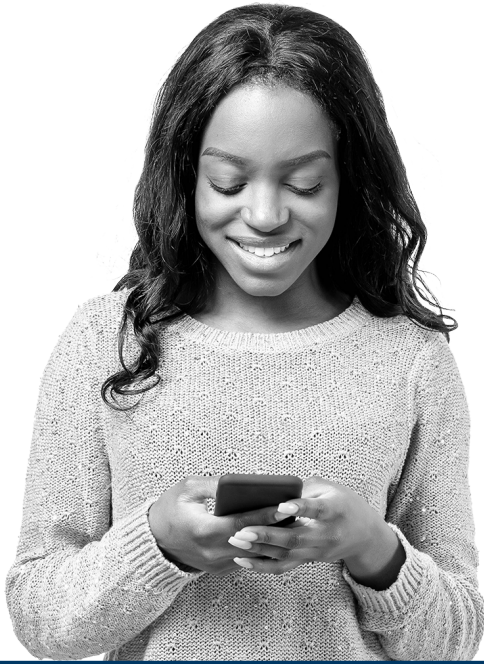
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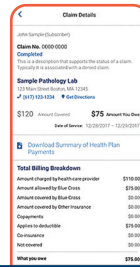
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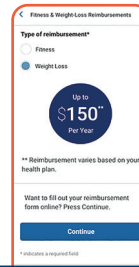
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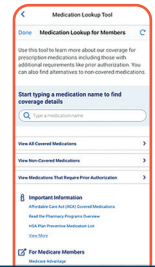
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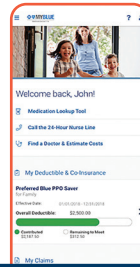
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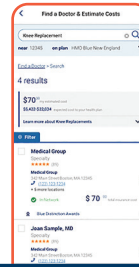
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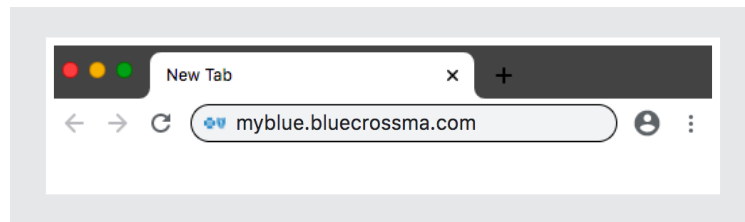
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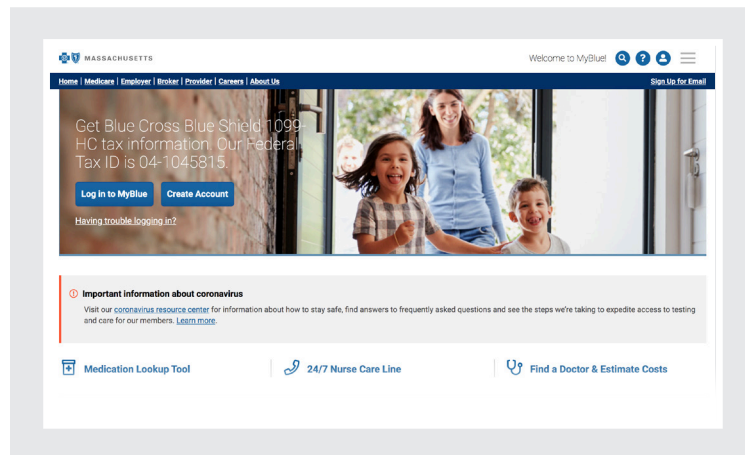
How to Find Your Primary Care Provider's ID Number

Instructions for Using Our Find a Doctor & Estimate Costs Tool

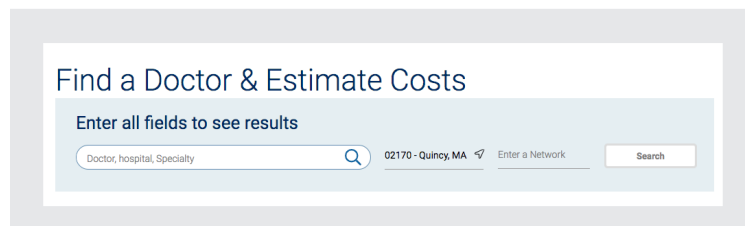
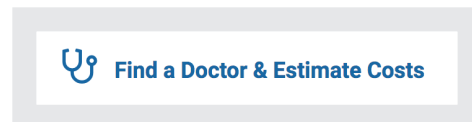
If your plan requires you to choose a primary care provider (PCP), you'll need to enter your PCP's ID number on your enrollment form. You can find this number in your plan's provider directory, or by following these steps:



1. Go to MyBlue at myblue.bluecrossma.com. You may create or sign in to your personalized MyBlue account, or continue without signing in.



2. Click [Find a Doctor & Estimate Costs](#).



3. Enter your doctor's name, and your location. Select [Search](#) to bring up your doctor's profile page. When you sign in to MyBlue, your network information will appear. Otherwise, members with an HMO plan or Blue Choice should select HMO Blue as the network.

Find a Doctor & Estimate Costs

Enter all fields to see results

Doctor, hospital, Specialty



02170 • Quincy, MA



Enter a Network

Search

John Sampler, MD

★★★★★ (0)

Hospital Affiliations

Where this doctor has admitting privileges.

Cooley Dickinson Hospital

Boston Children's Hospital

Group Affiliations

Provider Details

Identifiers

PCP : 700J07595

BCA : 700IMATLJQ7595J01

NPI : 1851371645

Languages

4. If you don't have a PCP, you can search for one by entering Primary Care in the Specialty field. You can then sort based on location, ratings, languages spoken, or other attributes listed along the left-hand side of the page.

5. To find details about a provider, click the provider's name. Clicking on Provider Details will show the Identifiers, including the PCP's ID number.

Identifiers

PCP : 700J07595



Copy

Questions?

Call Member Service at 1-888-456-1351. You can also find this number on the front of your ID card and in your Summary of Benefits.

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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).



MASSACHUSETTS

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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**.

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**; 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**.

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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/العربية:

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/Ελληνικά: 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 निःशुल्क 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 કૉલ 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 شمار تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

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