



Effective: 7/1/2022

WELCOME UMASS POST-DOCTORAL RESEARCHER



GET THE MOST OUT OF YOUR PLAN

PLAN OPTIONS

Medical

Blue Care Elect Ded \$250

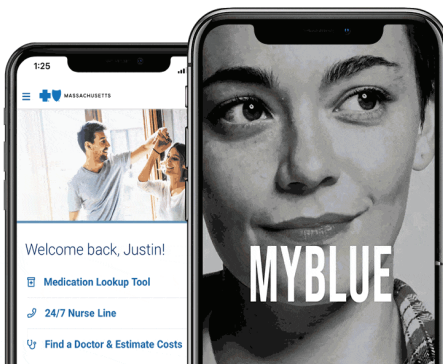
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BLUE CARE ELECT \$250 DEDUCTIBLE

Umass Post-Doctoral
Researchers

Plan-Year Deductible: \$250/\$500

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND
BENEFITS



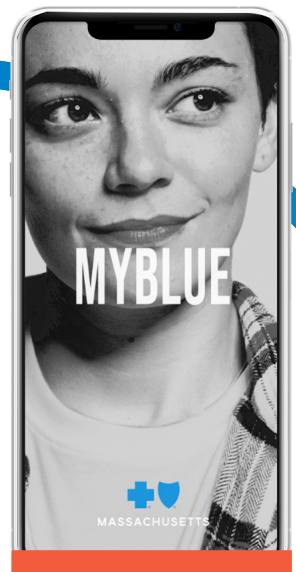
CLAIMS AND
BALANCES



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 CHOICE

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductibles are **\$250** per member (or **\$500** per family) for in-network services and **\$250** per member (or **\$500** per family) for out-of-network services.

When You Choose Preferred Providers

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

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

How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider on Find a Doctor at **bluecrossma.com/findadoctor**. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at **bluecrossma.org**

When You Choose Non-Preferred Providers

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

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

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments (including prescription drug copayments), and coinsurance for covered services. Your out-of-pocket maximums are **\$1,000** per member (or **\$2,500** per family) for in-network services and **\$3,500** per member (or **\$7,000** per family) for out-of-network services.

Emergency Room Services

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

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.

Utilization Review Requirements

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

Dependent Benefits

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

Domestic Partner Coverage


Domestic partner coverage may be available for eligible dependents. Contact your plan sponsor for more information.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care		
Well-child care exams, including routine tests, according to age-based schedule as follows: <ul style="list-style-type: none"> 10 visits during the first year of life Three visits during the second year of life (age 1 to age 2) Two visits for age 2 One visit per calendar year for age 3 and older 	Nothing, no deductible	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing, no deductible	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible	20% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing, no deductible	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum, no deductible	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing, no deductible	20% coinsurance after deductible
Family planning services—office visits	Nothing, no deductible	20% coinsurance after deductible
Outpatient Care		
Emergency room visits	\$50 per visit, no deductible (waived if admitted or for an observation stay)	\$50 per visit, no deductible (waived if admitted or for an observation stay)
Office or health center visits	\$10 per visit, no deductible	20% coinsurance after deductible
Mental health or substance use treatment	\$10 per visit, no deductible	20% coinsurance after deductible
Outpatient telehealth services <ul style="list-style-type: none"> With a covered provider With the designated telehealth vendor 	Same as in-person visit \$10 per visit, no deductible	Same as in-person visit Not applicable
Chiropractors' office visits	\$10 per visit, no deductible	20% coinsurance after deductible
Acupuncture visits (up to 12 visits per calendar year)	\$10 per visit, no deductible	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	\$10 per visit, no deductible	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$10 per visit, no deductible	20% coinsurance after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing after deductible	20% coinsurance after deductible
Home health care and hospice services	Nothing after deductible	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing after deductible	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance after deductible**	40% coinsurance after deductible**
Prosthetic devices	20% coinsurance after deductible	40% coinsurance after deductible
Surgery and related anesthesia <ul style="list-style-type: none"> Office or health center services Ambulatory surgical facility, hospital outpatient department, or surgical day care unit 	\$10 per visit***, no deductible Nothing after deductible	20% coinsurance after deductible 20% coinsurance after deductible
Inpatient Care (including maternity care)		
General or chronic disease hospital care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	Nothing after deductible	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing after deductible	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing after deductible	20% coinsurance after deductible

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

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

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

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Prescription Drug Benefits*		
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)**	No deductible \$5 for Tier 1 \$15 for Tier 2 \$25 for Tier 3	Not covered
Through the designated mail order pharmacy (up to a 90-day formulary supply for each prescription or refill)**	No deductible \$10 for Tier 1*** \$30 for Tier 2 \$50 for Tier 3	Not covered
<p>* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred brand-name drugs.</p> <p>** Cost share may be waived for certain covered drugs and supplies. Retail drugs are available in a 90-day supply at three times the standard retail cost share.</p> <p>*** Certain generic medications are available through the mail order pharmacy at \$9. For more information, go to bluecrossma.org/mail-order-pharmacy.</p>		
Get the Most from Your Plan: Visit us at bluecrossma.org or call 1-800-588-5508 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 subscriber certificate for details.)	\$150 per calendar year per policy	
Weight Loss Reimbursement: a program that rewards participation in a qualified weight loss program (See your subscriber certificate 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 1-800-588-5508, or visit us online at bluecrossma.org.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.

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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 bluecrossma.org/coverage-info. 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 **1-800-588-5508** to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$250 member / \$500 family in-network; \$250 member / \$500 family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. In-network preventive and prenatal care, emergency room, most office visits, mental health visits, therapy visits, <u>prescription drugs</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
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>?	\$1,000 member / \$2,500 family in-network; \$3,500 member / \$7,000 family out-of-network.	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>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$10 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	\$10 / visit; \$10 / chiropractor visit; \$10 / acupuncture visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for out-of-network; limited to 12 acupuncture visits per calendar year; a telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; 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	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at bluecrossma.org/medication	Generic drugs	\$5 / retail supply or \$10 / mail order supply	Not covered	Up to 30-day retail (90-day 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	\$15 / retail supply or \$30 / mail order supply	Not covered	
	Non-preferred brand drugs	\$25 / retail supply or \$50 / 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
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$50 / visit; <u>deductible</u> does not apply	\$50 / visit; <u>deductible</u> does not apply	<u>Copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	In-network <u>deductible</u> applies first for in-network and out-of-network services
	<u>Urgent care</u>	\$10 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable

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 a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$10 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first except for in-network prenatal care; <u>cost sharing</u> does not apply for in-network <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	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	No charge	20% <u>coinsurance</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 need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$10 / visit for outpatient services; No charge for inpatient services	20% <u>coinsurance</u> for outpatient services; 20% <u>coinsurance</u> for inpatient services	<u>Deductible</u> applies first except for in-network outpatient services; limited to 100 outpatient visits per calendar year (other than for autism, <u>home health care</u> , and speech therapy); limited to 60 days per calendar 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>	\$10 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; 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>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; limited to 100 days per calendar year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; in-network <u>cost share</u> waived for one breast pump per birth (20% <u>coinsurance</u> for out-of-network)
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam every 24 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	20% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Children's glasses Cosmetic surgery 	<ul style="list-style-type: none"> Dental care (Adult) Long-term care 	<ul style="list-style-type: none"> Private-duty nursing
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Acupuncture (12 visits per calendar year) Bariatric surgery Chiropractic care Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) 	<ul style="list-style-type: none"> Infertility treatment Non-emergency care when traveling outside the U.S. Routine eye care - adult (one exam every 24 months) 	<ul style="list-style-type: none"> Routine foot care (only for patients with systemic circulatory disease) Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform 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 1-800-472-2689 or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.) You may also contact The Office of Patient Protection at 1-800-436-7757 or www.mass.gov/hpc/opp.

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>	\$250
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$0
■ <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:

Cost Sharing	
<u>Deductibles</u>	\$250
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$320

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>	\$250
■ <u>Specialist visit copay</u>	\$10
■ <u>Primary care visit copay</u>	\$10
■ <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:

Cost Sharing	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$820

Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist visit copay</u>	\$10
■ <u>Emergency room copay</u>	\$50
■ <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:

Cost Sharing	
<u>Deductibles</u>	\$250
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$350

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

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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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PREFERRED PROVIDER ORGANIZATION (PPO)

IMPORTANT INFORMATION ABOUT YOUR PLAN

Your health plan lets you get care from providers who participate in a **Blue Cross Blue Shield PPO Network** (preferred), as well as from providers who are out of our network. You'll pay a lower cost for care when you see an in-network provider, and a higher cost when you see an out-of-network provider. For help finding a provider, visit myfindadoctor.bluecrossma.com and sign in to select the following network: PPO or EPO.



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 are one of the best ways you and your doctor can stay on top of your health. When selecting a doctor, consider the hospital where that doctor has admitting privileges.

Finding a Provider: You don't have to choose a primary care provider (PCP) to help manage your care, but you should see in-network doctors to pay the lowest cost. You can also see out-of-network doctors, but you'll pay higher out-of-pocket costs.

Seeing a Specialist: You don't need a referral from your PCP to see a specialist. However, you should talk with your doctor about the specialty care you may need.

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: **JOHN SAMPLE XXP123456789**

Plan Name points to the plan type: **PPO**

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

Copays points to the copay amounts: **Copays: OV 15, BH 15, ER 50**

Number to call with questions about your plan points to the Member Service number: **Member Service 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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MASSACHUSETTS

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

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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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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.

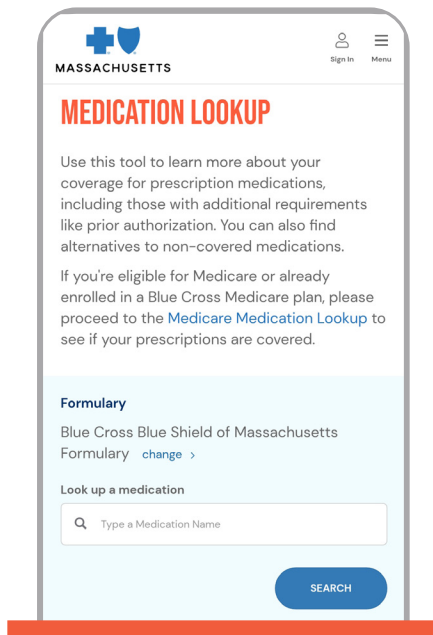
PERSONALIZED SEARCH

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.

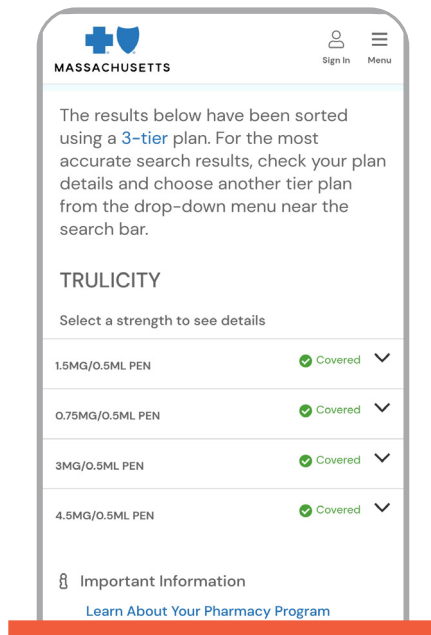
ANYONE CAN USE IT

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.

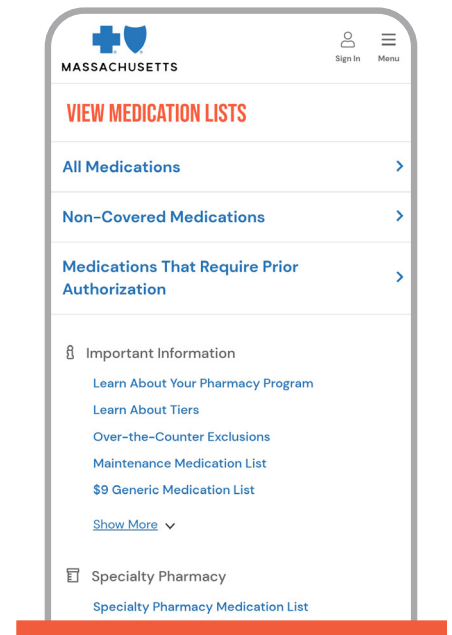
HOW TO USE THE TOOL



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.

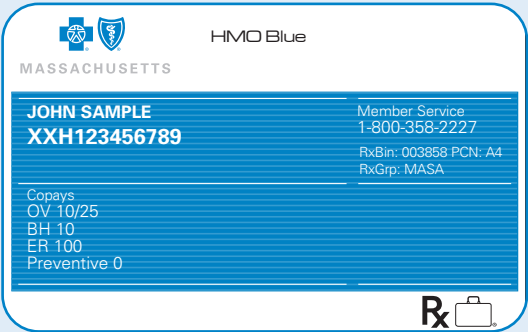
For more information about your pharmacy benefit, sign in to your MyBlue account at bluecrossma.org.

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	Breztri 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	Lubriprotone
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	Qmiiz 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	Bylvy	Esomeprazole (excluded for 18 years and older)	Hydrocodone ER
Actiq	Capital and Codeine	Esomeprazole Strontium (excluded for 18 years and older)	Hydrogesic
Adakveo	Cequa	Esomep-EZS (excluded for 18 years and older)	Hydromorphone ER
Adcirca	Cerezyme		Hydroxyprogesterone
Addyi	Cimzia		Hymovis
Advair Diskus	Cinqair		Hysingla ER
Advair HFA	Cinryze		Ibandronate injection/syringe
Air Duo	Cocet/Plus	Euflexxa	Ibrance
Aimovig	Co-gesic	Evekeo	Ibudone
Ajovy	Copkitra	Evenity	Idhifa
Alecensa	Contrave	Evkeeza	Ilaris
Alfenta	Cotellic	Exalgo	Ilumya
Alunbrig	Cosentyx	Exondys 51	Imcivree
Alyq	Daklinza	Eysuvis	Increlex
Amondys 45	Dalfampridine	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Incruse Ellipta
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Demerol	Farydak	Inflectra
Ampyra	Desoxyn	Fasenra	Infumorph
Apadaz	Dexilant (excluded for 18 years and older)	Fentanyl Citrate	Inrebic
Aralast	Dexedrine	Fentanyl patch	Interferons (alpha, gamma)
Armodafinil	Dextroamphetamines	Fentanyl oral/mucosal	Iressa
Aranesp	Difacid	Fentora	Isturisa
Arikayce	Dilaudid	Firazyr	IV Immunoglobulin
Arymo ER	Diskets	Firdapse	Juxtapid
Aspirin/Omeprazole (excluded for 18 years and older)	Dolophine	Fluticasone/Salmeterol	Kadian
Astramorph/PF	Dujolvi	Forteo	Kalbitor
Avinza	Dulera	Fulphila	Kalydeco
Avsola	Dupixent	Galafold	Kanuma
Ayvakit	Duragesic	Gamifant	Kevzara
Balversa	Doramorph	Gavreto	Kineret
Belbuca	Durolane	Gel-One	Kisqali
Benzhydrocodone/APAP	Dvorah	Gelsyn-3	Kisqali Femara
Berinert	Dysport	Genotropin	Kynamro
Boniva syringe	Egrifta	Genvisc	Lazanda
Botox/Botulinum Toxin	Elidel	Gilotrif	Ledipasvir/Sofosbuvir
Braftovi	Embeda	Givlaari	Lemtrada
Breo Ellipta	Emgality	Granix	Lenvima
Breztri	Empaveli	Grastek	Liquadd
	Enbrel	Harvoni	Lorbrera
	Enspryng	Haegarda	Lorcet
	Enteral formula	Hetlioz	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	Trexix
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
Acthar
Actimmune
Adakveo
Adriamycin
Adrucil
Alferon-N
Alkeran
Apokyn
Aranesp
Arcalyst
Asceniv
Aveed
Avonex
Avsola
Beleodaq
Berinert
Besponsa
Betaseron
BiCNU
Bivigam
Bleomycin Sulfate
Blincyto
Boniva
Bortezomib
Botox
Busulfex
Bynfezia
Calcium Folate
Camptosar
Carboplatin
Carimune
Carmustine
Cerezyme
Cimzia
Cinqair
Cinryze
Cisplatin
Cladribine
Copaxone

Cosentyx
Cosmegen
Crysvita
Cuvitru
Cyclophosphamide
Cytarabine
Cytogam
Dacarbazine
Dactinomycin
Daunorubicin HCL
DDAVP
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Dupixent
Dysport
Egrifta
Eligard
Ellence
Enbrel
Enspryng
Entyvio
Epirubicin
Epogen
Ethylol
Etopophos
Etoposide
Evenity
Extavia
Fasenra
Faslodex
Fensolvi
Firazyr
Firmagon
Flebogamma
Floxuridine
Fludarabine phosphate
Fluorouracil
Forteo
Fulphila
Fulvestrant
Fuzeon
GamaSTAN
Gammagard

Gammagard Liquid
Gammaked
Gammaplex
Gamunex
Gattex
Gemcitabine
Gemzar
Genotropin
Givlaari
Glatiramer
Glatopa
Granix
Haegarda
Hizentra
Humatrope
Humira
Hycamtin
Hydroxyprogesterone
HyQvia
Ibandronate injection/syringe
Icatibant
Idamycin PFS
Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris
Ilumya
Increlex
Inflectra
Intron A
Irinotecan
Istodax
Kalbitor
Kenalog
Kesimpta
Kevzara
Kynamro
Lartruvo
Lemtrada
Leucovorin Calcium
Leukine
Leuprolide Acetate
Levoleucovorin
Lumoxiti

Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena
Mepsevii
Mesna
Mesnex
Methotrexate
Mitomycin
Mitoxantrone
Mozobil
Mustargen
Mylotarg
Myobloc
Naptara
Navelbine
Neulasta
Neupogen
Nexviazyme
Nipent
Nivestym
Norditropin
Norditropin Flexpro
Norditropin Nordiflex
Nplate
Nucala
Nutropin AQ Nuspin
Nyvepria
Ocrevus
Octagam
Octreotide injection
Omnitrope
Oncaspar
Orencia
Otrexup
Oxaliplatin
Paclitaxel
Palynziq
Pamidronate
Pamidronate disodium
Panzyga
Pegasys
Pegasys Proclick
Peg-Intron
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	Ascensia Test Strips	Beser
Accutretic	Alora	Asmanex HFA	Besivance
Aciphex (excluded for 18 years and older)	Alphagan P	Asmanex Twisthaler	Betaloan Suik
Acticlate	Alrex	Aspirin/Omeprazole (excluded for 18 years and older)	Betimol
Actigall	Alsuma	Assure Diabetic Testing Supplies	Betoptic S
Actiq	Altabax	Astepro	Bevespi Aerosphere
Active Injection D	Altace	Atacand	Bg-Star Diabetic Testing Supplies
Activella	Altoprev	Atacand HCT	Bijuva
Active-Pac	Alvesco	Atelvia	Binosto
ActoPlus Met	Alzital	Ativan	Bionect
ActoPlus Met XR	Ambien	Atopaderm	Boniva
Acular	Ambien CR	Atopavo	Bravelle
Acular LS	Amrix	Atopiclair	Breo Ellipta
Acuvail	Amzeeq	Atralin	Brevicon
Aczone	Anafranil	Atrapo Dermal Spray	Brexafemme
Adalat CC	Ana-Lex	Atrapro CP	Brilinta
Adazin	Angeliq	Atrapro Hydrogel	Brisdelle
Adderall	Anodyne LPT	Atropen	Bromsite
Addyi	Antara	Augmentin XR	Brovana
Adhansia XR	Anusol HC suppository	Auryxia	BSP 0820
Adlyxin	Anzemet	Auvi-Q	Brylhal
Admelog	Apadaz	Avalide	Budesonide/Formoterol (Symbicort Authorized Product)
Advanced Allergy Collection Kit	Apidra	Avapro	Bunavail
Advocate Diabetic Testing Supplies	Aplenzin	Avelox	Bystolic
Adyphren	Apriso	Avidoxy	Byvalson
Adzenys XR	Aprizio Pak	Avidoxy DK	Caduet
Aemcolo DR	Aprizio Pak II	Avita	Calcipotriene Foam (Sorilux Authorized Product)
Aerospan	Aptensio XR	Axert	Calcitriol Topical
Agoneaze	Aqua Glycolic HC	Azasite	Cambia Powder
AirDuo DigiHaler	Arakoda	Azeschew	Caphosol
AirDuo RespiClick	Aranesp	Azesco	Caplyta
Akynzeo	Arava	Azopt	
	Arazlo	Azor	
	Arcapta Neohaler	Azstarys	

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	Difcid	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	Microvix LP	Neurontin
Lazanda	Lopressor	Migranow	Nevanac
Ledipasvir/Sofosbuvir	Loprox Kit	Minastrin Fe	Nexiclon XR
Lemtrada	Loreev XR	Minocin	Nexium (excluded for 18 years and older)
Lescol	Lorzzone	Minocin Combo Pack	Niravam
Lescol XL	Loseasonique	Minocycline Tablets	Nitro-Dur
Leva Set	Lotemax	Minocycline ER (Branded product)	Nocdurna
Levalbuterol HFA	Lotemax SM	Minolira ER	Noctiva
Levaquin	Lotensin	Mirapex	Nopiod-LMC
Levemir	Lotensin HCT	Mirapex ER	Nopiod-TC
Levicyn Antipruritic SG	Lotrel	Mobic	Norditropin
Levitra	Loutrex	Monodox	Norgesic Forte
Levothyroxine capsules	Lovaza (Omacor)	Monovisc	Northera
Lexapro	Lovenox	Morgidox Kit	Norvasc
Lexette	Lubiprostone	Morphabond ER	Nova Max Diabetic Testing Supplies
Lexixryl	Luliconazole	Motegrity	Novacort
Liberty Diabetic Testing Supplies	Lunesta	Moviprep	Novolin
Licart	Luzu	Moxatag	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	Pertzeye	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

Non-Covered Medications

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

Non-Covered Medications

True Metrix Diabetic Testing Supplies	Viibryd	Xultophy	Zyflo
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	
Verasens Diabetic Testing Supplies	Xanax XR	Zolpimist	
Veregen	Xartemis XR	Zomacton	
Vesicare	X-Clair	Zomig	
Vexa	Xelpros	Zomig ZMT	
Vexasyn Wound Gel	Xepi	Zonegran	
Viagra	Xerese	Zontivity	
Viberzi	Xifaxan	Zorvolex	
Victoza	Xilapak	Zovirax	
Viekira	Ximino ER	Ztlido	
Viekira PAK	Xolegel	Zubsolv	
Vigamox	Xopenex HFA	Zuplenz	
	Xopenex Nebules	Zurampic	
	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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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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THE CARE YOU NEED. WHENEVER AND WHEREVER.

Because guidance and advice should happen round the clock.
Learn more about your medical care options to save you time
and money at bluecrossma.org.

You have more ways than ever to get expert medical opinions and advice.
Right when you need them.



24/7 NURSE
LINE



VIDEO DOCTOR
VISIT



DOCTOR'S
OFFICE



LIMITED SERVICE
CLINICS



URGENT
CARE

Learn More

Visit bluecrossma.org to review your medical care options.



24/7 NURSE LINE

When you're uncertain if your symptoms are serious or if an injury needs immediate care, get a nurse's advice 24/7, even on holidays. And get answers at no additional cost to you. Speak to a registered nurse. Call 1-888-247-BLUE (2583).

Best for: advice on when to seek care or questions about your symptoms, or whether they might be serious.

Cost:

Time:

Severity:



VIDEO DOCTOR VISIT

See a licensed doctor online in real time, without leaving home. Doctors on call on your device visit [wellconnection.com](https://www.wellconnection.com).

Best for: colds, minor cuts, cough, wheezing, sore throat, headache or migraine, mild allergies, fever, skin rash, anxiety, depression.

Cost:

Time:

Severity:



DOCTOR'S OFFICE

Go to your doctor's office for scheduled checkups and for urgent health concerns that occur during office hours. Use Find a Doctor & Estimate Costs at bluecrossma.org.

Best for: asthma, minor burns, nausea, urination problems, back pain, minor injuries, suspected flu, sinus infection, behavioral health, conjunctivitis or other eye irritation.

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.

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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MASSACHUSETTS

DOCTORS ON CALL, ON YOUR DEVICE.

Get convenient access to telehealth care by using Well Connection. Sign in to MyBlue, or create an account, then click Well Connection Video Visit under My Care.



REAL DOCTORS. REAL EXPERIENCE. REALLY FAST.



GET MEDICAL CARE 24/7

Speak face to face with a doctor, in the privacy of your home.¹



THERAPY THAT COMES TO YOU

Talk to a licensed therapist or psychiatrist—on your terms. It's convenient and confidential.



HIGHLY EXPERIENCED, HIGHLY RATED

Qualified providers. Rated 4.8/5 stars and averaging 15 years of experience.²

Sign In

Download the MyBlue App from
the App Store[®] or Google Play[™], or go to **bluecrossma.org**.

1. Medical services are available 24/7. Mental health visits must be made by appointment. If your local doctor in the Blue Cross Blue Shield of Massachusetts network offers covered services using live video visits through a service other than Well Connection, you're still covered. This service is only available in the United States.

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.



IS A VIDEO DOCTOR VISIT RIGHT FOR ME?

You can do a lot over your tablet, laptop, or smartphone. Here's how members are using this service.

"I'm not feeling well."

Get care for:

- Cold and flu symptoms
- Fever
- Runny nose, sinus pain
- Sore throat
- Pink eye
- Skin rash

"I need emotional support."

Talk to a therapist about:

- Depression and anxiety
- Substance use disorder
- Loss of a loved one
- Relationship issues
- Emotional trauma
- Stress

You can also schedule a visit with a psychiatrist for medication management services.

"My loved one is under the weather."

If they're on your plan:

- Get quick, expert family care
- Save time in your busy family schedule



WELL CONNECTION IS HIGHLY RATED: 4.8 out of 5 Doctor and Provider rating from our members³

Licensed doctors and providers in the Well Connection network have an average of 15 years of experience. They can look up your medical history, diagnose and treat your symptoms, and prescribe medication,⁴ if necessary.

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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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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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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The every day challenge.

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Introducing

ahealthyme[®]  REWARDS

The wellness program that
rewards you for making smart,
healthy choices, every day.



When you sign up, you'll receive:

- A free Max Buzz[™] health tracker
- Up to \$400 annually in rewards
- Personalized guidance on how to set and meet your health goals
- Motivation through team and individual challenges



— and up to —
\$400

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*Program is available to Blue Cross subscribers only.

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MASSACHUSETTS

THIS YEAR'S FLU SHOT IS CRUCIAL

COVID-19 means getting your flu shot is more important this year than ever.

It will help keep you, your family, and community from getting sick. And it could keep you all out of the doctor's office at a time when so many others may need critical care. Plus, getting your shot is no cost* and safe.¹



LET'S DO THIS! HERE'S WHERE AND HOW TO GET YOUR SHOT



WHERE TO GET YOUR FLU SHOT

- Your In-network Primary Care Provider
- Limited Service Clinics (such as a MinuteClinic[®] at CVS)
- Urgent Care Centers
- Community Health Centers
- Public Access Clinics (available in some cities and towns and may be available at no charge)
- Hospital Outpatient Departments
- Skilled Nursing Facilities, for members in outpatient care, like physical or occupational therapy
- Home Health Care Providers (in your home, or at a flu clinic hosted by a home health care provider)
- Certified Nurse/Midwife's Office
- Physician Assistant's Office or Specialist Physician's Office
- Nurse Practitioner's Office
- Pharmacies



HOW TO FIND A VACCINE PROVIDER

- To find a provider, visit **vaccinefinder.org**
- Verify that the provider is part of our network by signing in to MyBlue at **bluecrossma.org**, and using the Find a Doctor tool
- To see if a pharmacy is in our network, sign in to your MyBlue account and click Express Scripts[®] under **My Pharmacy** on the MyBlue home page
- If you need additional help, call Team Blue at **1-800-262-2583**

*CDC-recommended flu vaccines are covered in full when administered by an in-network provider. Exceptions may apply. Check your plan materials for details.
1. cdc.gov/flu/prevent/vaccinesafety.htm.

Myth: "The Flu Shot Will Make Me Sick"

Learn fact from fiction at **bluecrossma.org/flu**.

YOUR BEST SHOT AT AVOIDING THE FLU

To prevent getting sick, make the following steps part of your routine.



GET YOUR
FLU SHOT



AVOID CLOSE
CONTACT IN PUBLIC
AND WITH PEOPLE
WHO ARE SICK



WASH YOUR HANDS
FREQUENTLY



AVOID TOUCHING
YOUR EYES, NOSE,
AND MOUTH



GET PLENTY OF
REST, EXERCISE,
FLUIDS, AND GOOD
NUTRITION

HOW DO I STAY SAFE WHEN I GO FOR MY SHOT?

Here are some tips when heading out:

- Make an appointment ahead of time, if possible, to avoid a wait
- If the location doesn't take appointments, call and ask when slower times of day/week are—try to go then
- Wear a mask and maintain your social distancing practices throughout your visit
- Pharmacies inside big box retail chains and grocery stores, or local independent pharmacies, may be less busy than standalone pharmacies for flu shots



LEARN MORE

Just about everyone 6 months and older should get the flu shot. Talk to your doctor to see if it's right for you, especially if you're 65 or older, or have a chronic health condition.

Learn more about the flu and the flu shot at bluecrossma.org/flu.



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FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

\$150



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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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.

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

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

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

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

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Worldwide Coverage

For Foreign and Domestic Travelers



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

Whether you're traveling within the United States or abroad, BlueCard® 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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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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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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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

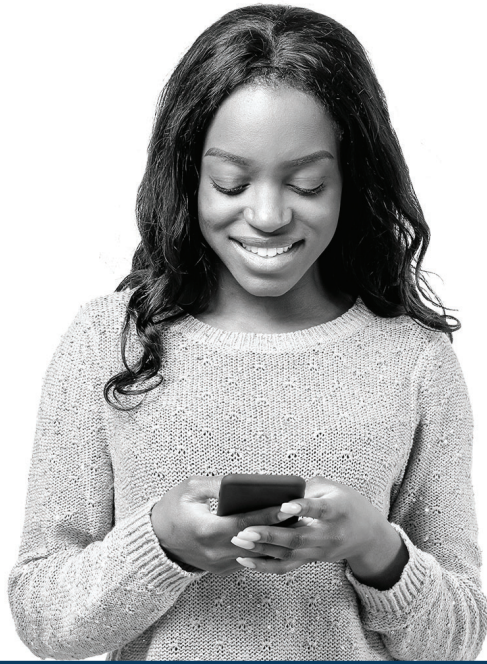
Sign In

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

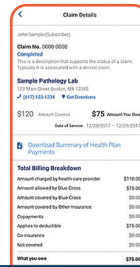
STAY ON TOP OF YOUR COVERAGE

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

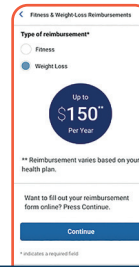
YOUR PLAN IN YOUR HAND



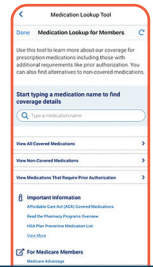
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



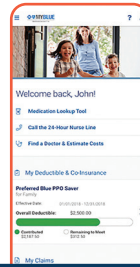
Track claims and benefits
Keep up to date on benefits and coverage.



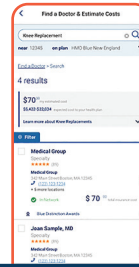
Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.



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

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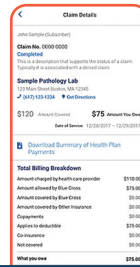
STAY ON TOP OF YOUR COVERAGE

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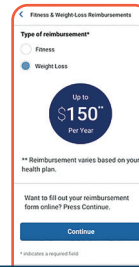
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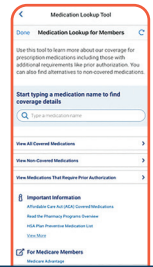
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



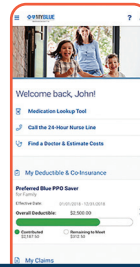
Track claims and benefits
Keep up to date on benefits and coverage.



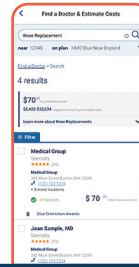
Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.



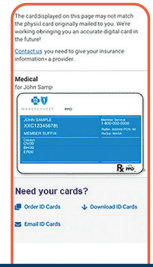
Your medications at a glance
Their names, costs, and prescriptions at your fingertips.



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
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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'ígíijí' béesh bee hodíílnih (TTY: 711).