The passing of the Affordable Care Act (ACA) on March 23, 2010 changed health benefits for consumers. These changes include the expansion of preventive services, including vaccinations and prescription drugs. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications are covered with no cost-sharing under the prescription drug benefit:

<table>
<thead>
<tr>
<th>Category</th>
<th>Brand name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50-59 years who have a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years. <strong>AND</strong> Low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.</td>
<td>Aspirin 81 mg chewable table/enteric coated tablet</td>
</tr>
<tr>
<td>For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors.</td>
<td>Anastrozole 1 mg tablet Exemestane 25 mg tablet Letrozole 2.5 mg tablet Raloxifene 60 mg tablet Tamoxifen tablet (10 mg, 20 mg)</td>
</tr>
<tr>
<td>Bowel preparations of a screening colonoscopy for members ages 50 – 75.</td>
<td>Clenpiq Gavilyte-C Gavilyte-G Gavilyte-N Osmoprep PEG-KCl-NaCl-NaSulf-NA Asc-C (generic MoviPrep) PEG-3350 with electrolytes Plenvu Prepopik Suprep Trilyte with flavor packets</td>
</tr>
<tr>
<td>Contraceptives for females – brands with no generic and generic products (other contraceptives may be covered under the medical benefit)</td>
<td>See chart on next page</td>
</tr>
<tr>
<td>Folic acid supplementation containing 0.4 to 0.8 mg (400 to 800 µg) in all women who are planning or capable of pregnancy.</td>
<td>Folic acid 0.4 mg tablet Folic acid 0.8 mg capsule/tablet</td>
</tr>
<tr>
<td>Preexposure prophylaxis (PrEP) for individuals who are at high risk of human immunodeficiency virus (HIV) acquisition.</td>
<td>Descovy 200-25 mg tablet Emtricitabine/tenofovir 200-300 mg tablet</td>
</tr>
</tbody>
</table>
| Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride deficient up to age 5 years for the prevention of dental caries. | Tenofovir 300 mg tablet  
emtricitabine 200 mg capsule  
SF 5000 Plus 1.1% cream  
Dentagel 1.1% gel  
SF 1.1% gel  
Sodium fluoride drops (0.25 mg/0.6 mL, 0.5 mg/mL)  
Fluoride chewable tablet (0.25 mg, 0.5 mg, 1 mg)  
Sodium fluoride 0.2% dental rinse |
|---|---|
| Pediatric iron supplementation for asymptomatic children ages 6-12 months who are at increased risk for iron deficiency anemia. | Ferrous sulfate 15 mg/mL drops  
Ferrous sulfate 220 mg/5 mL solution  
Ferrous sulfate 15 mg/mL drops  
Ferrous sulfate 220 mg/5 mL solution |
| Low to moderate dose statin preventive medications for adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years. | Atorvastatin (10 - 20 mg)  
Fluvastatin (20 - 80 mg)  
Fluvastatin ER (80 mg)  
Lovastatin (20 - 40 mg)  
Pravastatin (10 - 80 mg)  
Rosuvastatin (5 - 10 mg)  
Simvastatin (10 - 40 mg) |
| Tobacco cessation pharmacotherapy for adults who use tobacco. Two, 90-day treatment courses will be covered per benefit year. | Bupropion SR 150 mg tablet  
Chantix (0.5 mg, 1 mg, starter pack)  
Nicotine patches (7 mg, 14 mg, 21 mg)  
Nicotine gum (2 mg, 4 mg)  
Nicotine lozenge (2 mg, 4 mg)  
Nicotrol 10 mg inhaler  
Nicotrol 10 mg/mL nasal spray |
| Vaccinations – Flu vaccine covered for members 9 years of age and older. HPV vaccine covered from members aged 18 to 26 years of age. All other preventive vaccines covered for members 18 years of age and older (other preventive vaccinations may be covered under the medical benefit). | Flu vaccines (all formulations)  
Haemophilus Influenza Type B (Hib)  
Hepatitis A  
Hepatitis B  
Herpes Zoster (Shingrix)  
Human papilloma virus (HPV)  
Measles, Mumps, Rubella  
Meningitis  
Pneumonia  
Polio  
Td, Td, Dtap (tetanus, diphtheria, acellular pertussis;  
Varicella |

This coverage may not apply to all plans. For details about how these medications may be covered under your specific plan, please contact the pharmacy customer service team at 800-988-4861, (TTY 711), 8 a.m. to 5 p.m., Monday through Friday.

A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.
<table>
<thead>
<tr>
<th>Category</th>
<th>Brand name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cap with spermicide</td>
<td>Femcap</td>
</tr>
<tr>
<td>Diaphragm with spermicide</td>
<td>Caya vaginal diaphragm</td>
</tr>
<tr>
<td></td>
<td>Wide seal diaphragm</td>
</tr>
<tr>
<td>Emergency contraceptive – progestin</td>
<td>Aftera</td>
</tr>
<tr>
<td></td>
<td>Econtra Ez</td>
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<tr>
<td></td>
<td>Econtra One-Step</td>
</tr>
<tr>
<td></td>
<td>Levonorgestrel</td>
</tr>
<tr>
<td></td>
<td>My Choice</td>
</tr>
<tr>
<td></td>
<td>My Way</td>
</tr>
<tr>
<td></td>
<td>New Day</td>
</tr>
<tr>
<td></td>
<td>Opcicon One-Step</td>
</tr>
<tr>
<td></td>
<td>Option 2</td>
</tr>
<tr>
<td></td>
<td>Take Action</td>
</tr>
<tr>
<td>Emergency contraceptive – ulipristal acetate</td>
<td>Ella</td>
</tr>
<tr>
<td>Female condom</td>
<td>FC2 female condom</td>
</tr>
<tr>
<td>Non-Hormonal Gel</td>
<td>Phexxi</td>
</tr>
<tr>
<td>Oral contraceptives – combined pill</td>
<td>Afirmelle</td>
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<tr>
<td></td>
<td>Altavera</td>
</tr>
<tr>
<td></td>
<td>Alyacen</td>
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<tr>
<td></td>
<td>Apri</td>
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<tr>
<td></td>
<td>Aranelle</td>
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<tr>
<td></td>
<td>Aubra</td>
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<tr>
<td></td>
<td>Aurovela</td>
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<tr>
<td></td>
<td>Aurovela 24 Fe</td>
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<tr>
<td></td>
<td>Aurovela Fe</td>
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<tr>
<td></td>
<td>Aviane</td>
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<td></td>
<td>Ayuna</td>
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<td></td>
<td>Azurette</td>
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<td></td>
<td>Balcoltra</td>
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<td></td>
<td>Balziva</td>
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<tr>
<td></td>
<td>Blisovi 24 Fe</td>
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<tr>
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<td>Blisovi Fe</td>
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<tr>
<td></td>
<td>Briellyn</td>
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<tr>
<td></td>
<td>Caziant</td>
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<tr>
<td></td>
<td>Charlotte 24 Fe</td>
</tr>
<tr>
<td></td>
<td>Chateal</td>
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<tr>
<td></td>
<td>Cryselle</td>
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<tr>
<td></td>
<td>Cyclafem</td>
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<td></td>
<td>Cyred</td>
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<tr>
<td></td>
<td>Dasetta</td>
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<tr>
<td></td>
<td>Delyla</td>
</tr>
<tr>
<td></td>
<td>Desogestrel-Ethyl Estradiol</td>
</tr>
<tr>
<td></td>
<td>Dospirenone-Eth Estra-Levomf</td>
</tr>
<tr>
<td></td>
<td>Dospirenone-Ethyl Estradiol</td>
</tr>
</tbody>
</table>
| Oral contraceptives – combined pill continued | Elinest  
Emoquette  
Enpresse  
Enskyce  
Estarylla  
Ethynodiol-Ethinyl Estradiol  
Falmina  
Femynor  
Gemmily  
Hailey  
Hailey 24 Fe  
Hailey Fe  
Iclevia  
Isibloom  
Jasmiel  
Juleber  
Junel  
Junel Fe  
Junel Fe 24  
Kaitlib Fe  
Kalliga  
Kariva  
Kelnor  
Kurvelo  
Larin  
Larin 24 Fe  
Larin Fe  
Larissia  
Layolis Fe  
Leena  
Lessina  
Levonest  
Levonorgestrel-Eth Estradiol  
Levora  
Lillow  
Lo Loestrin Fe  
Loryna  
Low-Ogestrel  
Lo-Zumandimine  
Lutera  
Mariissa  
Merzee  
Microgestin  
Microgestin Fe  
Mili |

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| Oral contraceptives – combined pill continued | Mono-Linyah  
Natazia  
Necon  
Nextstellis  
Nikki  
Norethindrone-Ethyl Estradiol  
Norethindrone-Ethyl Estradiol-Ferrous Fumarate  
Norgestimate-Ethyl Estradiol  
Nortrel  
Ocella  
Orsithia  
Philith  
Pimtrex  
Pirmella  
Portia  
Previfem  
Reclipsen  
Simliya  
Sprintec  
Sronyx  
Syeda  
Tarina 24 Fe  
Tarina Fe  
Taysofy  
Taytulla  
Tilia Fe  
Tri Femynor  
Tri-Estarylla  
Tri-Legest Fe  
Tri-Linyah  
Tri-Lo-Estarylla  
Tri-Lo-Marzia  
Tri-Lo-Mili  
Tri-Lo-Sprintec  
Tri-Mili  
Tri-Nymyo  
Tri-Previfem  
Tri-Sprintec  
Trivora-28  
Tri-VyLibra  
Tri-VyLibra Lo  
Tyblume  
Tydemy  
Velivet  
Vestura |
| Oral contraceptives – combined pill continued | Vienva  
Viorele  
Volnea  
Vyemla  
VyLibra  
Wera  
Wymzya Fe  
Zarah  
Zovia 1-35E  
Zumandimine |
| Oral contraceptives – extended/continuous use combined pill | Amethia  
Amethyst  
Ashlyna  
Camrese  
Camrese Lo  
Daysee  
Dolishale  
Fayosim  
Introvale  
Jaimiess  
Jolessa  
Levonorgestrel-Ethinyl Estradiol  
Lo Jaimiess  
Rivelsa  
Setlakin  
Simpesee |
| Oral contraceptives – progestin only | Camila  
Deblitane  
Errin  
Heather  
Incassia  
Jencycla  
Lyleq  
Lyza  
Nora-Be  
Norethindrone  
Norlyda  
Norlyroc  
Sharobel  
Slynd  
Tulana |
| Patch | Twirla  
Xulane  
Zafemy |
| Shot/injection                      | Depo-Subq Provera 104  
                                             | Medroxyprogesterone Acetate | Spermicide alone          | Options Gynol II  
                                             | VCF | Sponge with spermicide        | Today Contraceptive Sponge | Vaginal contraceptive ring | Annovera  
                                             | EluRyng  
                                             | Etonogestrel-Ethinyl Estradiol |
Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the “Health Plan”) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue
Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance 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 electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)


ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000（TTY: 711）。


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телефон: 711).


주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.


МЕЛОУЧА: Ил инди атаа т добор таралдан не албет кызыктуу кеңес. Чыганак 800-447-4000 (РТ: 711) деме алатам.

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS: 711).


참고: 독일어를 사용하시는 경우, 언어 지원 서비스는 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

注釈: 日语を話す場合、無料の言語支援サービスが利用できます。800-447-4000（TTY: 711）をご利用ください。

CHUN: Jie tamen guzhari jiaotita hui, tou ke:zhong lao suo xiaoyi xueyao tuo maone ma te ioukho ke. Qiuou 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).


注釈: パラセールベリッシリを話す場合、無料の言語支援サービスが利用できます。800-447-4000（TTY: 711）をご利用ください。

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, gratuitamente. Chame para o 800-447-4000 (TTY: 711).

Re: 800-447-4000