



*Preventive services detail
PPACA covered pharmaceuticals*

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:

Category	Brand name
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. AND Low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	Aspirin 81 mg chewable tablet/enteric coated tablet
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 raloxifene or tamoxifen.	Raloxifene 60 mg tablet Tamoxifen tablet (10 mg, 20 mg)
Bowel preparations of a screening colonoscopy for members ages 50 – 75.	Clenpiq Gavilyte-C Gavilyte-G Gavilyte-N Golytely Moviprep Osmoprep PEG-3350 with electrolytes Plenvu Prepopik Suprep Trilyte with flavor packets

Contraceptives for females – brands with no generic and generic products (other contraceptives may be covered under the medical benefit)	See chart on next page
Folic acid supplementation containing 0.4 to 0.8 mg (400 to 800 µg) in all women who are planning or capable of pregnancy.	Folic acid 0.4 mg tablet Folic acid 0.8 mg capsule/tablet
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.	Denta 5000 Plus 1.1% cream 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
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 – herpes zoster and influenza (flu) vaccine (other preventive vaccinations may be covered under the medical benefit)	Flu vaccines (all formulations) Shingrix Zostavax
Vitamin D supplementation to prevent falls in community-dwelling adults ages 65 and older who are at increased risk for falls.	Vitamin D3 400 unit (capsule, chewable tablet, tablet)

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.

Contraceptives for females	
Category	Brand name
Cervical cap with spermicide	Femcap
Diaphragm with spermicide	Caya contoured Wide seal diaphragm
Emergency contraceptive – progestin	Aftera Econtra Ez Fallback Solo Levonorgestrel My Choice My Way New Day Next Choice One Dose Opcicon One-Step Option 2 React
Emergency contraceptive – ulipristal acetate	Ella
Female condom	FC2 female condom
Oral contraceptives – combined pill	Altavera Alyacen Apri Aranelle Aubra Aviane Azurette Balcoltra Balziva Bekyree Blisovi 24 Fe Blisovi Fe Brevicon Briellyn Caziant Chateal Cryselle Cyclafem Cyred Dasetta Delyla Desogestrel-Ethinyl Estradiol Drospirenone-Eth Estra-Levomef Drospirenone-Ethinyl Estradiol Elinest Emoquette Enpresse Enskyce

<p>Oral contraceptives – combined pill continued</p>	<p>Norethindron-Ethinyl Estradiol Norethin-Eth Estra-Ferrous Fum Norgestimate-Ethinyl Estradiol Norinyl 1-35 Nortrel Ocella Ogestrel Orsythia Philith Pimtrea Pirmella Portia Previfem Rajani Reclipsen Sprintec Sronyx Syeda Tarina Fe Taytulla Tilia Fe Tri Femynor Tri-Estarylla Tri-Legest Fe Tri-Linyah Tri-Lo-Estarylla Tri-Lo-Marzia Tri-Lo-Sprintec Tri-Mili Trinessa Trinessa Lo Tri-Previfem Tri-Sprintec Trivora-28 Tri-Vylibra Tydemy Velivet Vestura Vienva Viorele Vyfemla Vylibra Wera Wymzya Fe Zarah</p>
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	Zenchant Zenchant Fe Zovia 1-35E Zovia 1-50E
Oral contraceptives – extended/continuous use combined pill	Amethia Amethia Lo Amethyst Ashlyna Camrese Camrese Lo Daysee Fayosim Introvale Jolessa Levonorgestrel-Eth Estradiol Levonorg-Eth Estrad Eth Estrad Quasense Rivelsa Setlakin
Oral contraceptives – progestin only	Camila Deblitane Errin Heather Incassia Jencycla Jolivette Lyza Nora-Be Norethindrone Norlyda Norlyroc Sharobel Tulana
Patch	Xulane
Shot/injection	Depo-Subq Provera 104 Medroxyprogesterone Acetate
Spermicide alone	Gynol II VCF
Sponge with spermicide	Today Contraceptive Sponge
Vaginal contraceptive ring	Nuvaring

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/ocrportal/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)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

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)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

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

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

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

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

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