

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 |
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| Low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons 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 tamoxifen, raloxifene, or aromatase inhibitors. | Anastrozole 1 mg tablet Exemestane 25 mg tablet Letrozole 2.5 mg tablet Raloxifene 60 mg tablet Tamoxifen tablet (10 mg, 20 mg) |
| Bowel preparations for a screening colonoscopy for members ages 45 – 75. | Clenpiq Gavilyte-C Gavilyte-G Na Sulfate-K Sulfate-Mg Sulf Oral Solution (generic Suprep) PEG-KCI-NaCl-NaSulf-NA Asc-C (generic MoviPrep) PEG-3350 with electrolytes TriLyte |
| Contraceptives for females. 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 |
| Preexposure prophylaxis (PrEP) for individuals who are at high risk of human immunodeficiency virus (HIV) acquisition. | Apretude 600 mg/3 mL injection Descovy 200-25 mg tablet Emtricitabine/tenofovir 200-300 mg tablet Vocabria 30 mg tablet |
| Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride deficient up to age 16 years for the prevention of dental caries. | Sodium fluoride 5000 Plus 1.1% cream Sodium fluoride 1.1% cream Sodium fluoride 1.1% gel Sodium fluoride drops (0.5 mg/mL) Fluoride chewable tablet (0.25 mg, 0.5 mg, 1 mg) Prevident 0.2% dental rinse |
| Statin medications for the primary prevention of cardiovascular disease (CVD) for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater. | Atorvastatin Fluvastatin Fluvastatin ER Lovastatin Pitavastatin Pravastatin |

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| | Rosuvastatin Simvastatin |
| Tobacco cessation pharmacotherapy for adults who use tobacco. Two, 90-day treatment courses will be covered per benefit year. | APO-Varenicline (0.5 mg, 1 mg) 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/mL nasal spray Varenicline (0.5 mg, 1 mg, starter pack) |
| Vaccinations – Covered for members 3 years of age and older when administered by a pharmacist. Coverage is based on Food and Drug Administration (FDA) approved product labeling. HPV vaccine covered from members aged 18 to 26 years of age. Other preventive vaccinations may be covered under the medical benefit. | Covid vaccines (all formulations) 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 Respiratory syncytial virus (RSV) Tdap, 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 8 p.m., Monday through Friday or Saturday 8 a.m. to 2 p.m.

A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.

Additional medications may be covered for no cost sharing through the prior authorization exceptions process.

| Contraceptives for females | |
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| Category | Brand name |
| Cervical cap with spermicide | Femcap |
| Diaphragm with spermicide | Caya vaginal diaphragm Omniflex Diaphragm Wide seal diaphragm |
| Emergency contraceptive – progestin | Aftera AfterPill Curae Econtra EZ Econtra One-Step Her Style Levonorgestrel My Choice My Way New Day Opcon One-Step Option 2 Plan B One-Step Take Action |
| Emergency contraceptive – ulipristal acetate | Ella |
| Female condom | FC2 female condom |
| Implants | Nexplanon |
| Intrauterine Device (IUD) | Kyleena Liletta Mirena Paragard Skyla |
| Non-Hormonal Gel | Phexxi |
| Oral contraceptives – combined pill | Afirmelle Altavera Alyacen Apri Aranelle Aubra / Aubra EQ Aurovela / Aurovela 24 FE / Aurovela FE Aviane Ayuna Azurette Balcoltra Balziva Beyaz Blisovi 24 FE / Blisovi FE Briellyn Charlotte 24 FE Chateal / Chateal EQ |

| Contraceptives for females | |
|---|--|
| Category | Brand name |
| Oral contraceptives – combined pill continued | Cryselle Cyred / Cyred EQ Dasetta Desogestrel-Ethinyl Estradiol Drospirenone-Eth Estra-Levomef Drospirenone-Ethinyl Estradiol Elinest Enpresse Enskyce Estarylla Ethynodiol-Ethinyl Estradiol Falmina Femlyv Finzala Gemmily Hailey / Hailey 24 FE / Hailey FE Iclevia Isibloom Jasmiel Juleber Junel / Junel FE 24 / Junel FE Kaitlib Fe Kalliga Kariva Kelnor Kurvelo Larin / Larin 24 FE / Larin FE Layolis FE Leena Lessina Levonest Levonorgestrel-Eth Estradiol Levora Loestrin / Loestrin FE Lo Loestrin Fe Loryna Low-Ogestrel Lo-Zumandimine Lutera Marlissa Merzee Mibelas 24 FE Microgestin / Microgestin 24 FE / Microgestin FE Mili Minzoya |

| Contraceptives for females | |
|---|--|
| Category | Brand name |
| Oral contraceptives – combined pill continued | Mono-Linyah Natazia Necon Nextstellis Nikki Norethindrone-Ethinyl Estradiol Norethindrone-Ethinyl Estradiol-Ferrous Fumarate Norgestimate-Ethinyl Estradiol Nortrel Nylia Nymyo Ocella Philith Pimtrea Portia Reclipsen Safyral Simliya Sprintec Sronyx Syeda Tarina 24 FE / Tarina FE Taytulla Tilia FE Tri-Estarylla Tri-Legest Fe Tri-Linyah Tri-Lo-Estarylla Tri-Lo-Marzia Tri-Lo-Mili Tri-Lo-Sprintec Tri-Mili Tri-Nymyo Tri-Sprintec Trivora-28 Tri-VyLibra Tri-VyLibra Lo Turqoz Tyblume Tydemy Velivet Vestura Vienva Viorele Volnea |

| Contraceptives for females | |
|---|--|
| Category | Brand name |
| Oral contraceptives – combined pill continued | Vyfemla VyLibra Wera Wymzya Fe Yasmin YAZ Zarah Zovia 1-35 Zumandimine |
| Oral contraceptives – extended/continuous use combined pill | Amethyst Ashlyna Camrese Camrese Lo Daysee Dolishale Jaimiess Jolessa Joyeaux Levonorgestrel-Ethinyl Estradiol LoJaimiess Rivelsa Setlakin Simpesse |
| Oral contraceptives – progestin only | Camila Deblitane Emzahh Errin Heather Incassia Jencycla Lyleq Lyza Nora-BE Norethindrone Opill Sharobel Slynd Tulana |
| Patch | Norelgestromin-Eth Estradiol patch Twirla Xulane Zafemy |
| Shot/injection | Depo-Provera 150 mg/mL Depo-Subq Provera 104 Medroxyprogesterone Acetate |

| Contraceptives for females | |
|----------------------------|---|
| Category | Brand name |
| Spermicide alone | Options Gynol II Contraceptive Vaginal Gel VCF |
| Sponge with spermicide | Today Sponge |
| Vaginal contraceptive ring | Annovera EluRyng EnilloRing Etonogestrel-Ethinyl Estradiol Haloette 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/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)

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 નિઃશુલ્ક 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 ដោយមិនគិតល្មើស គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

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