Geisinger

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 (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 Gavilyte-N Na Sulfate-K Sulfate-Mg Sulf Oral Solution (generic Suprep) PEG 3350-KCl-Na Bicarb-NaCL (generic Nulytely) PEG-KCl-NaCl-NaSulf-NA Asc-C (generic MoviPrep) PEG-3350 with electrolytes Sutab
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 (generic Truvada) Vocabria 30 mg tablet Yeztugo
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 1.1% cream (Denta 5000 Plus, Sodium fluoride 5000 PPM, Sodium fluoride 5000 Plus, SF 5000 plus) Sodium fluoride 1.1% gel (Sodium fluoride 5000 PPM, DentaGel, Just Right 5000, SF) Sodium fluoride 5000 sensitive (Sodium fluoride 5000 enamel, Denta 5000 plus sensitive, FluoriMax 5000 sensitive, Fluoridex sensitivity relief, Sod fluoride-potassium nitrate) Sodium fluoride 5000 PPM 1.1% paste Sodium fluoride drops (0.5 mg/mL) Fluoride chewable tablet (0.25 mg, 0.5 mg, 1 mg)
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.,	Atorvastatin Lovastatin Pravastatin

dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.	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 ER (Smoking Deterrent) 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. 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 (Shingix) Human papilloma virus (HPV) Measles, Mumps, Rubella Meningitis Pneumonia Polio Respiratory syncytial virus (RSV) Smallpox 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	
Category	**Brand name**
Cervical cap with spermicide	Femcap
Diaphragm with spermicide	Caya vaginal diaphragm Omniflex Diaphragm
Emergency contraceptive – progestin	Aftera AfterPill Econtra EZ Econtra One-Step Levonorgestrel My Choice My Way New Day Opcicon One-Step Option 2 Plan B One-Step SheWise Take Action
Emergency contraceptive – ulipristal acetate	Ella
Female condom	FC2 female condom
Implants	Nexplanon
Intrauterine Device (IUD)	Kyleena Liletta Mirena Miudella Paragard Skyla
Non-Hormonal Gel	Phexxi
Oral contraceptives – combined pill	Afirmelle Altavera Alyacen Apri Aranelle Aubra / Aubra EQ Aurovela / Aurovela 24 FE / Aurovela FE Averi Aviane Ayuna Azurette Baclcoltra Balziva Beyaz Blisovi 24 FE / Blisovi FE Briellyn Charlotte 24 FE Chateal EQ Cryselle Cyred / Cyred EQ Dasetta Drospirenone-Eth Estra-Levomef Drospirenone-Ethinyl Estradiol Elinest

Contraceptives for females	
Category	**Brand name**
Oral contraceptives – combined pill continued	Enpresse Enskyce Estarylla Falmina Feirza Femlyv Finzala Galbriela Gemmily Hailey / Hailey 24 FE / Hailey FE Iclevia Introvale Isibloom Jasmiel Juleber Junel / Junel FE 24 / Junel FE Kaitlib Fe Kalliga Kariva Kelnor Kurvelo Larin / Larin 24 FE / Larin FE Lessina Levonest Levonorgestrel-Eth Estradiol Levonorgestrel-Eth Estradiol-Iron Loestrin / Loestrin FE Lo Loestrin Fe Loryna Low-Ogestrel Lo-Zumandimine Luizza Lutera Marlissa Mibelas 24 FE Microgestin / Microgestin FE Mili Minzoya Mono-Linyah Natazia Necon Nextstellis Nikki Norethindrone-Ethinyl Estradiol Norethindrone-Ethinyl Estradiol-Ferrous Fumarate Norgestimate-Ethinyl Estradiol Nortrel Nylia Philith Pimtrea

Contraceptives for females	
Category	**Brand name**
Oral contraceptives – combined pill continued	Portia Reclipsen Rosyrah 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-Sprintec Tri-VyLibra Tri-VyLibra Lo Turqoz Tyblume Valtya Velivet Vestura Vienva Viorele Volnea Vyfemla VyLibra Wera Wymzya Fe Xarah FE Xelria 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

Contraceptives for females	
Category	**Brand name**
	Levonorgestrel-Ethinyl Estradiol LoJaimiess Rivelsa Setlakin Simpesse
Oral contraceptives – progestin only	Camila Deblitane Emzahh Errin Heather Incassia Jencycla Lyleq Lyza Meleya Nora-BE Norethindrone Opill Orquidea Sharobel Slynd Tulana
Patch	Norelgestromin-Eth Estradiol patch Twirla Xulane Zafemy
Shot/injection	Depo-Provera 150 mg/mL Depo-Subq Provera 104 Medroxyprogesterone Acetate
Spermicide alone	VCF
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 (Geisinger Health Plan) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotypes). Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Geisinger Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

If you believe that Geisinger 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 N. Academy Ave., 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 Ave. 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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-447-4000 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-447-4000 (TTY: 711) o hable con su proveedor.

注意：如果您說[中文]，我們可以爲您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-447-4000（TTY：711）或與您的提供者討論。

אכטונג: אויב איר רעדט אידיש, זענען דא אומזיסטע שפראך הילף סערוויסעס וואס קענען צוגעשטעלט ווערן פאר אייך. נויטיגע צוגאבליכע הילף און סערוויסעס כדי צו צושטעלן אינפארמאציע אין א צוגענגליכע פארמאטן ווערן אויך צוגעשטעלט פרי פון אפצאל. רופט 1-800-447-4000 (TTY: 711) אדער רעדט צו אייער פראַווייַדער.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-447-4000 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (1-800-447-4000) (TTY: 711) أو تحدث إلى مقدم الخدمة

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-447-4000 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-447-4000 (Người khuyết tật: 1-711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-447-4000 (TTY: 711) ou parlez à votre fournisseur.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-447-4000 (tty: 711) o parla con il tuo fornitore.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-447-4000 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-447-4000 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-447-4000 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-447-4000 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn iṣẹ lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-800-447-4000 (TTY: 711) tabi sọrọ si olupese rẹ.
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-447-4000 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ: