

Teachers Health Trust

Member Benefit Guide 2025





Administered by Educators Health Plans Life, Accident, and Health, Inc.

EMI Health Customer Service 801-262-7475 or 1-800-662-5851

Self Funded Employee Medical Benefit Plan

All services are subject to the EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the Covered Person is responsible for all fees in excess of the Maximum Allowable Charge.

Teachers Health Trust January 01, 2025 - December 31, 2025	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note *	\$7,500 / \$15,000	\$7,500 / \$15,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$500 / \$1,500	\$1,500 / \$4,500
Non-Preauthorization Patient Penalty	Not Applicable	No Coverage
Non-Preauthorization Provider Sanction	50% Reduction in Payment	Not Applicable
PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Participating Pharmacy (up to 30 day supply)	Generic - \$15 Preferred - 25% (\$100 Max) Non-Preferred - 40%	
Non-Participating Pharmacy	Not Covered	
Mail Order (up to 90 day supply)	Generic - \$40 Preferred - 25% (\$300 Max) Non-Preferred - 40%	
Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Express Scripts Specialty Pharmacy.	25% (\$1,500 Max)	
Specialty Pharmacy SaveOnSP Program 1-800-683-1074 http://emihealth.com/pdf/saveon.pdf	Must enroll to receive: *\$0 Copay	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Convenience Clinic	\$40	♦50%
Physician Office Visits (primary care)	\$15	♦50%
Physician Office Visits (secondary care)	\$30	♦50%
Physician Office Visits (after hours)	\$30	♦50%
Physician Visits (Inpatient)	♦20%	♦50%
Physician Visits (Outpatient)	♦20%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦20%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	♦Covered 100%	♦50%
Injections (office)	20%	♦50%
Surgery (office)	20%	♦50%
Surgery (Inpatient)	20%	♦50%
Surgery (Outpatient)	20%	♦50%
Anesthesiology (office)	20%	♦50%
Anesthesiology (Inpatient)	20%	♦50%
Anesthesiology (Outpatient)	20%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	\$10 office visit; 20% all other services	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦20%	♦50%
Rehabilitation Therapy (Outpatient physical, speech or occupational - 20 visits per Year per injury/illness; Pre-Authorization required after 20 visits)	\$30	♦50%
Rehabilitation Therapy (Outpatient cardiac or pulmonary)	\$30	♦50%
Chiropractic Therapy (20 visits per Year)	\$30	♦50%
Acupuncture Services (20 visits per Year)	\$30	♦50%

Teachers Health Trust January 01, 2025 - December 31, 2025	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Testing	♦20%	♦50%
Allergy Treatment/Serum	♦20%	♦50%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	♦20%	♦50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	♦20%	♦50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	♦20%	♦50%
Medical/Surgical Care (Outpatient)	♦20%	♦50%
Emergency Room (ER)	♦\$300	♦\$300
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	♦Covered 100%	♦50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	♦20%	♦50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	♦Covered 100%	♦50%
Newborn	Covered 100%	♦50%
Urgent Care Clinic	\$30	♦50%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	♦20%	♦50%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	♦20%	
Orthodontic Injury Treatment	*50%	
Dental Injury Treatment	♦20%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	\$1500 then Covered 100%	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	Covered 100%	Covered 100%
Medical Supplies	♦20%	♦50%
Medical Supplies (office)	♦20%	♦50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	♦20%	♦50%
Orthotic Supplies (foot inserts & arch supports)	♦20%	♦50%
Growth Hormone	♦20%	♦50%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	♦20%	♦50%
Residential Treatment (30 days per Year)	♦20%	♦50%
Partial Hospitalization and Intensive Outpatient Services	♦20%	♦50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	\$30	♦50%
ADDITIONAL BENEFITS	YOU PAY	
Hearing Aids, including repair and replacement (per ear every three years)	Covered 100% up to \$2500 (3 years)	\$500 then Covered 100% up to \$2500 (3 years)
Wig or hairpiece (following chemotherapy or radiation course of treatment)	♦20% up to \$1000 per condition	♦20% up to \$1000 per condition
TMJ Syndrome diagnosis & non-surgical treatment	♦20%	♦50%
Orthognathic/Mandibular Osteotomy	Not Covered	Not Covered
Total Parenteral Nutrition (TPN)	♦20%	♦50%
Initial assessment and diagnosis of Primary Infertility	♦20%	♦50%
Reduction Mammoplasty	♦20%	♦50%
Autism Applied Behavior Analysis	♦20%	♦50%
Services designated ♦ are subject to the Medical Deductible		
Services designated *, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.		
PROVIDER NETWORK		
Utah	EMI Health Care Plus	
Outside of Utah	Cigna PPO	

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact EMI Health Customer Service Department.



Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

DENTAL COVERAGE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Group: Teachers Health Trust (Plan #4087)
Plan: Choice PPO
Administered by: Educators Health Plans Life, Accident & Health, a Utah Company
Effective Date: 1/1/2025
Benefit Year: Calendar
Plan Type: Contributory / Self Funded

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	60%	60%	50% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
Endodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods			
Type 2 - Basic	None		
Type 3 - Major	None		
Type 4 - Orthodontics	None		
Deductible			
Per Person	\$0.00	\$0.00	\$0.00
Family Max	\$0.00	\$0.00	\$0.00
Deductible Applies To	N / A	N / A	N / A
Annual Maximum Per Person	\$2,000.00	\$1,500.00	
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum	\$1,000.00		
Network / Reimbursement Schedule	Advantage Plus	Premier	MAC
Provisions / Limitations / Exclusions			
Exams (including Periodontal), Cleanings and Fluoride			2 per year
Fluoride			Up to age 16
Sealants			Up to age 16
Space Maintainers			Up to age 16
Bitewing X-Rays			Up to 4, twice per year
Periapical X-Rays			6 per year
Panoramic X-Ray			1 every 3 years
Impacted Teeth			Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)			Covered in Type 3 - Major**
Anesthesia - (For children age 7 and under, once per year)			Covered in Type 3 - Major**
Implants / Implant Abutments			Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures			1 every 5 years per tooth
Fillings on the same surface			1 every 18 months
* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).			
** Anesthesia is not subject to waiting periods.			



Group: Teachers Health Trust (Plan #4087)
Plan: VSP Plus 10-130
Effective Date: 1/1/2025
Plan Type: Contributory

	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	\$10 Co-pay	Up to \$65
Lenses (Glass or Plastic)		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
Lens Options		
Progressive (Standard no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	N/A
Solid Plastic Dye	\$15 Co-pay	
Photochromic Lenses	\$75 Co-pay	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-pay	
Coatings		
Scratch Resistant Coating	\$17 Co-pay	N/A
Anti-Reflective Coating	\$41 Co-pay	
UV Protection	\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses		
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$130 Allowance	Up to \$115
Frequency		
Exam, Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to \$500 in Savings	Not Covered

Notes

** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.
*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3

Underwritten by: Educators Health Plans Life, Accident & Health, a Utah Company

EHPL.V.VSP.SCH.D

TeleMedicine

Reach a doctor 24/7/365.

70% of doctor visits can be handled over the phone, and 40% of urgent care visits can be managed using TeleMedicine. Save time and money while still getting the treatment you need through EMI Health TeleMed offered through Recuro.

When to Use TeleMed

Recuro doctors diagnose acute, non-emergent medical conditions and prescribe medications when clinically appropriate.

Speak with a doctor anytime and pay no consultation fee rather than paying the high costs associated with office visits, urgent care visits, and emergency room visits.

Just call **855.6RECURO**.

Video consultations are available as well from 7 AM – 7 PM.

Common Conditions

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Constipation
- Cough
- Ear Pain*
- Fever
- Gout
- Headache
- Hemorrhoids
- High Blood Pressure
- Joint Pain
- Nausea
- Pink Eye
- Rashes
- Sinus Conditions
- Sore Throat
- Stomach Virus
- Thyroid Conditions
- Urinary Tract Infections
- Yeast Infections

**In accordance with telemedicine guidelines, ear infections are only diagnosed for patients that are 18 years of age or older.*

Common Medications

- Albuterol
- Allegra
- Asthma
- Flonase
- Ibuprofen 800 mg
- Levaquin
- Lipitor
- Nasonex
- Many Others



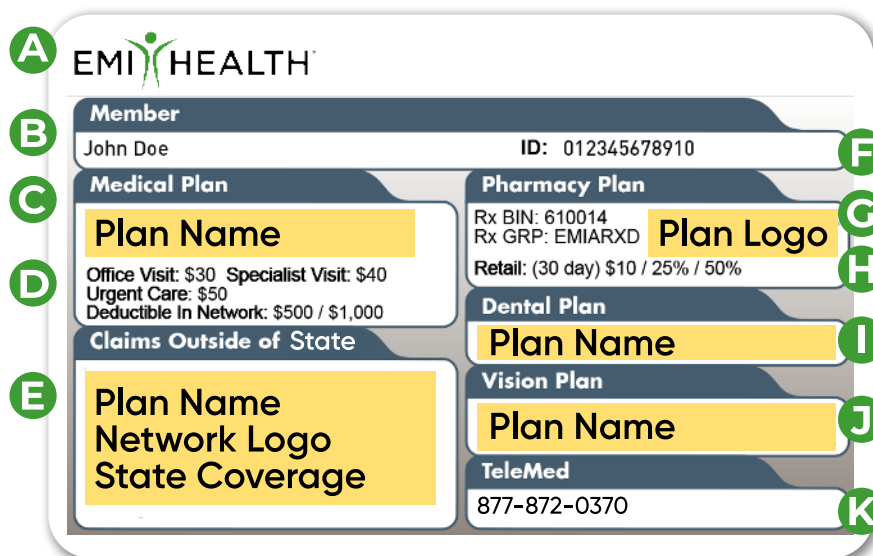
**Download the
Recuro mobile app**

Your ID Card *Front*

It is important that you present your ID card each time you receive services.

Your EMI Health ID card contains a lot of useful information for you and your provider.

Card Front



A EMI Health is your insurance carrier.

B The employee's name is listed on the ID card. Covered dependents are not listed.

C This is the name of your medical plan and also indicates your participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.

D These are your basic copay, coinsurance, and deductible amounts when you visit a participating provider. For more detailed benefits information, see your Summary of Benefits and member handbook.

E This is your medical participating provider network when traveling outside of your state. To verify a provider's status, visit emihealth.com or call 800-662-5851.

F Your unique member number is required in order to verify coverage, determine benefits, and pay claims for you and your dependents.

G Your Pharmacy Benefits Manager Name/Logo will appear here.

H These are your basic pharmacy copays and coinsurance amounts.

I If you have dental coverage with EMI Health, the name of your dental plan will appear here. This also indicates your dental participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851. If this section is not on your card, you do not have dental coverage through EMI Health.

J If you have vision coverage with EMI Health, the name of your vision plan will appear here. This also indicates your vision participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have vision coverage through EMI Health.

K This is the phone number to call for a Telemed consultation with a Recuro physician. EMI Telemed can eliminate the need for office visits for many common conditions.

If this section is not on your card, you do not have TeleMed services through EMI Health.

Questions? 1 (800) 662-5851

Your ID Card *Back*

Card Back

The diagram shows the back of an ID card with the following sections:

- A** **Claims Submission**: EMI Health Payer ID: SX110, 5101 S Commerce Dr, Murray, UT 84107
- B** **Customer Service**: 1-800-662-5851, cs@emihealth.com, www.emihealth.com. Underwritten or Administered by Educators Health Plans Life, Accident, and Health
- C** **Medical Networks**: Network Name, Network Logo, State Coverage
- D** **Pre-Authorizations**: This card does not guarantee coverage. Please confirm eligibility and benefits prior to services. Pre-authorization must be obtained for services as specified in the member's plan. All hospital admissions require pre-authorization. Emergency admissions require authorization within 48 hrs. Failure to comply may result in a reduction of benefits. Pre-authorizations: Call 888-223-6866 or email preauthorization@emihealth.com. Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.
- E** **Dental Networks**: Network Name, Network Logo, State Coverage

A This is the claims submission address for medical claims and all dental claims. In most cases, your provider will submit claims directly to EMI Health.

B This is the telephone number to call for customer service inquiries.

C These are your participating provider medical networks for in-state and out-of-state. To verify a provider's status, visit emihealth.com or call 800-662-5851.

D This is the telephone number to call for preauthorizations.

E These are your participating provider dental networks for in-state and out-of-state. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have dental coverage through EMI Health.

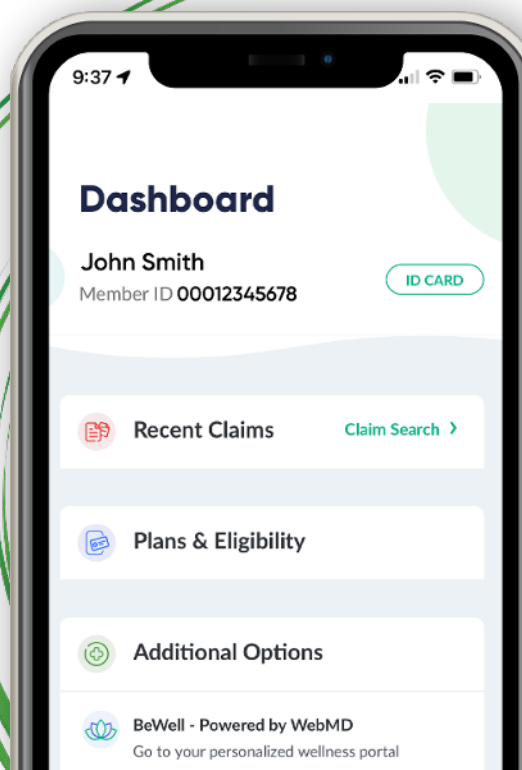
Access your ID Card, *and much more!*

The EMI Health App

Download the app and log in using your My EMI Health username and password. If you haven't registered your account, you can do so in the app or online at emihealth.com.



Scan this QR code with your phone to download.

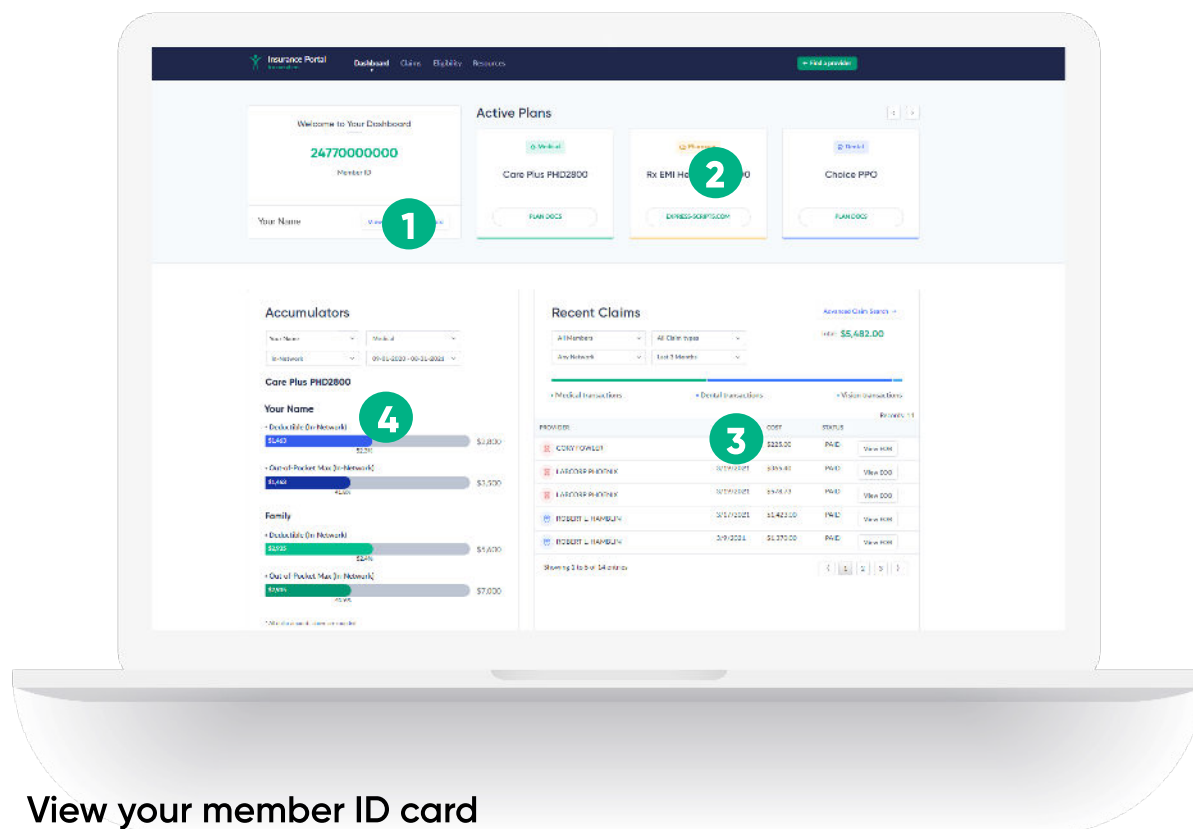


My EMI Health Account

Welcome to your member dashboard! In less than 30 seconds, you can see everything you need to know.

Let's take a tour of your dashboard

Note: not all of these blocks may appear on your dashboard. This guide covers all that may possibly show up, but they may not apply to the EMI Health plans you are enrolled in.



1 View your member ID card

View, download, or print your EMI Health ID card by clicking on "View Your Member ID Card" button.

2 See your plan documents

Here are the plans you are currently enrolled in through EMI Health. From here, you can view your plan documents (your coverage grids and/or fee schedules if applicable) and access your pharmacy tools.

3 View and sort your recent claims

Use the toggles to filter and sort your claims by type, covered member, network, and date range. View your **Explanation of Benefits (EOBs)** documents by clicking on "View EOB" to the right of each claim. *Note: These documents are not mailed, so it's important to check your dashboard regularly for any new EOBs that come into your account.*

4 At-a-glance accumulators

In this block, you are able to see your progress towards applicable plan accumulators for medical and dental plans. Use the drop down options at the top to switch between covered members on your plan, time period, and accumulator type.

Bonus tools included with your account

Below your account tools, you can scroll through some additional tools included with your plan to help you save money and get the most out of your EMI Health benefits. *(What you will see in your dashboard depends on the plans you are currently enrolled in with EMI Health.)*



\$0 Copay TeleMed

You can speak to a board-certified physician for FREE anytime, anywhere. You can save money and time by avoiding the doctor's office, urgent care, and emergency room visits for acute, non-emergency illnesses or injuries.



Be Well - Wellness Platform powered by WebMD

Be Well puts you in the driver's seat when it comes to your health and wellness goals. Your platform is customized to your health profile and your interests, so the resources, challenges, and recommendations you can access in this platform are tailored to you.



Smart Cost Calculator

You can easily see the estimated cost of procedures, services, and prescriptions before you go, empowering you to make the smartest decisions for your health care.

Setup your My EMI Health Account

If you haven't set up your My EMI Health account yet, here are the instructions:

- Go to **emihealth.com**.
- Click **Login** and select My EMI Health.
- Select **Register** and choose **Member** as the type of account.
- Enter the data to identify yourself and click **Continue**.

** You will need your Member ID found on your EMI Health ID card. Also, for your security, your password must be at least six characters and include a special character, e.g., !, @, #, \$, etc.*

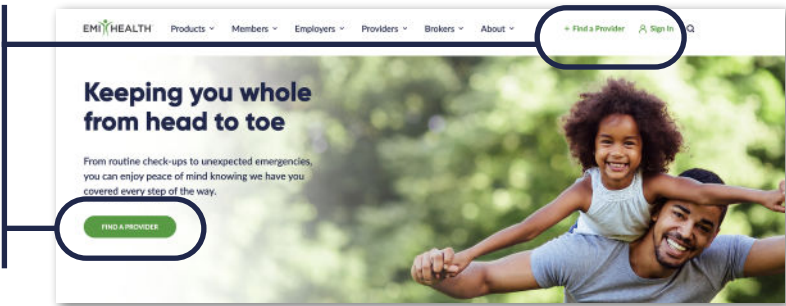
***Please note that you will only make an EMI Health account for your family through the plan subscriber. Dependents and spouses will not have their own account.*

Online Services

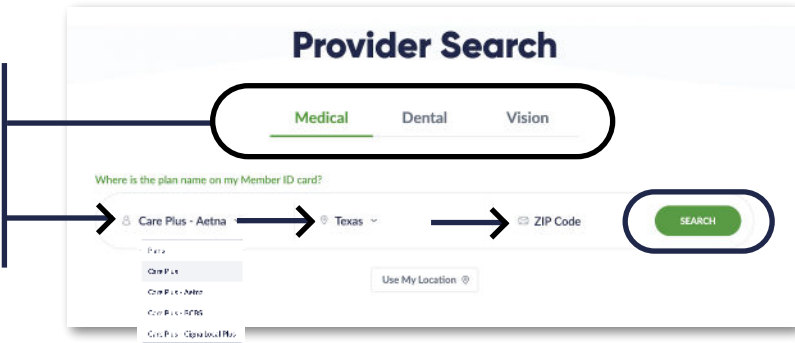
Finding a Provider

As a member of EMI Health, you can take advantage of a large choice of in-network providers locally and nationally. To find an in-network provider, follow these steps.

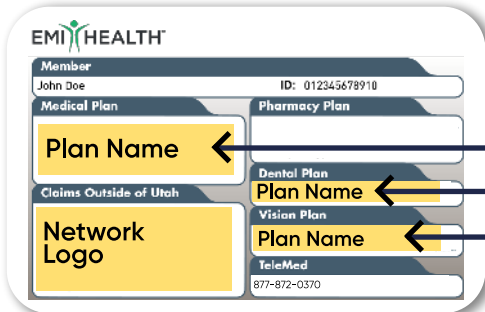
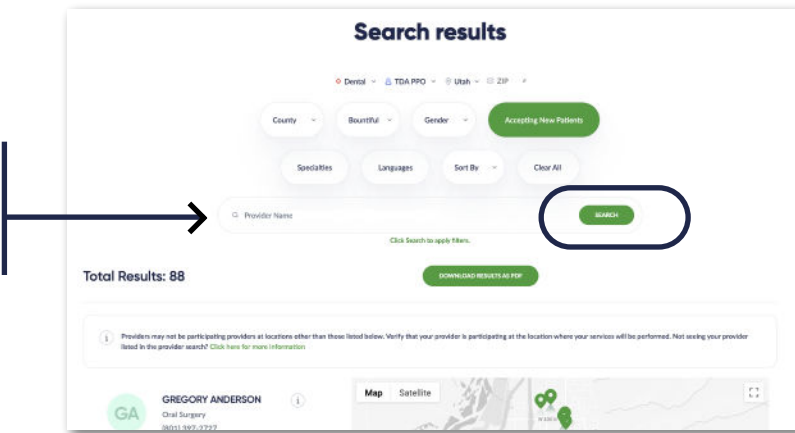
- 1 Go to **emihealth.com** and click on **+ FIND A PROVIDER** along the upper part of the home page, or use the green button below.



- 2 Click on either the **MEDICAL**, **DENTAL**, or **VISION** tab. Choose your **PLAN NAME** (see note below on how to locate your plan name) from the drop down menu. Choose your **STATE**, and click **SEARCH**.



- 3 Scroll down to see a list of participating providers along with their contact information. If you'd prefer to search for a specific provider, enter the **PROVIDER NAME** in the field and click the **SEARCH** button.



Locating your PLAN NAME on your ID Card:
You can find the searchable **Plan Name** within each category (medical/dental/vision) of your subscribed types of coverage. If applicable, there will be network logos for "within state" and "out-of-state" coverage networks.

Questions? 1 (800) 662-5851

The EMI Health Mobile App

Your benefits. Anytime. Anywhere.

Provider Search

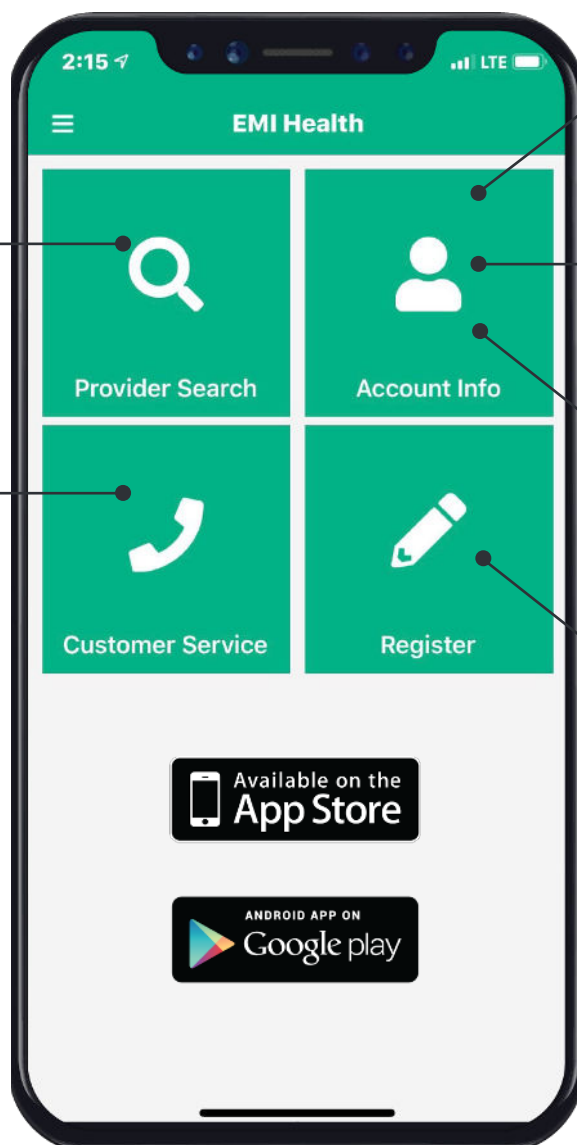
Find in-network providers and facilities.

Customer Service

Need to talk to a person?
No problem.
Call us from the app.

Other Features

- Access current and past issues of the Hope Health newsletter.
- Update your profile information like email address, password, or security questions.



ID Card

Access your ID Card from anywhere at any time.

EOBs

View your EOBs and search by person, service, date, and more.

Plan Information

View and download your plan grids so you always know the benefits you have.

Log in/Register

Download the app and log in using your My EMI Health username and password.

If you haven't registered your account, you can do so in the app or online at emihealth.com.

Scan this QR code
with your phone
to download.



Reading Your EOB



EMI Health
5101 South Commerce Drive
Murray UT 84107

J148 [1] 1 of 1



How To Read Explanation of Benefits

Forwarding Service Requested

*****SGLP
1 1 SP 0.490
JOE SAMPLE
123 MAIN ST
ANYTOWN, USA 12345

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

①

Customer Service

8:00 am to 6:00 pm MST Monday through Friday
Customer Service and Benefit Inquires call
(Local)(801)262-7475(Toll Free)(800)662-5851
(Fax)(801)269-9734

Employer Group: GROUP ABC
Date Processed: 05/09/2018

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

Patient: JOE SAMPLE		Provider:ABC Hospital									
Claim #: 215-000111111-00		Subscriber: JOE SAMPLE					Subscriber #: 123456789				
② Service Dates	③ Description of Service	④ Billed	⑤ Allowed	⑥ Provider Discount	⑦ Not Covered	⑧ Reason Code	⑨ Deductible	⑩ Coinsurance	⑪ Co-pay	⑫ Payment	
04/03-04/03/2018	Minor diagnostic testing (outpatient)	\$677.79	\$474.45	\$203.34	\$0.00	05	\$474.45	\$0.00	\$0.00	\$0.00	
Column Totals		\$677.79	\$474.45	\$203.34	\$0.00		\$474.45	\$0.00	\$0.00	\$0.00	
⑬ Other Insurance Credits or Adjustments										\$142.56	
⑭ Total Payment Amount										\$0.00	
⑮ Member Responsibility										\$474.45	

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

Patient: JOE SAMPLE		Provider: ABC Hospital								
Claim #: 215-000222222-00		Subscriber: JOE SAMPLE					Subscriber #: 123456789			
② Service Dates	③ Description of Service	④ Billed	⑤ Allowed	⑥ Provider Discount	⑦ Not Covered	⑧ Reason Code	⑨ Deductible	⑩ Coinsurance	⑪ Co-pay	⑫ Payment
04/07-04/07/2018	Major diagnostic testing (outpatient)	\$907.50	\$385.84	\$521.66	\$0.00	05 49	\$25.55	\$0.00	\$100.00	\$0.00
Column Totals		\$907.50	\$385.84	\$521.66	\$0.00		\$25.55	\$0.00	\$100.00	\$0.00
⑬ Other Insurance Credits or Adjustments										\$69.18
⑭ Total Payment Amount										\$0.00
⑮ Member Responsibility										\$125.55

Plan Year Accruals

⑯

Description	Claim Year	Amount Met
JOE SAMPLE Medical Individual Network Deductible - Participating	2018	\$500.00
JOE SAMPLE Medical Individual Network Out-of-Pocket - Participating	2018	\$100.00
Medical Family Network Deductible - Participating	2018	\$500.00

The Amounts listed above are subject to change due to claim adjustments and/or the order in which claims are received.

Explanation of Codes

⑰

05 Negotiated discount has been applied.
49 Service copayment applied.

Reading Your EOB

Benefits Determination

18

Read this carefully - this is your notice of payment or nonpayment of claims.

In accordance with the provisions of your plan, you may appeal for reconsideration of any denied portion of this claim by writing to the Administration Office (address above). You should state the reason you believe your claim should be paid, attaching any documentation to support your appeal. The Administrator will consider and respond to your appeal within the time required by your plan. You should review your Plan Summary for specific directions on how and when an appeal must be filed.

Any request for a review of this claim must be received by EMI Health within 180 days of the date of this Explanation of Benefits. You are entitled to receive, upon request and free of charge, reasonable access to all documents, records, and other information relevant to this claim. If agreement is not reached after exhaustion of the claims review process outlined in your member handbook, you may have the right to submit the matter to voluntary binding arbitration or independent review or to pursue civil action. If you are covered by more than one health plan, you should file all your claims with each plan.

EMI Health now offers a full selection of Medigap & Medicare Prescription Drug Plans. Call us or visit www.emihealth.com and click on the Medicare Products tab for more information.

Claim Summary

19

Claim #	Patient	Billed	Allowed	Provider Discount	Not Covered	Deductible	Coinsurance	Copay	Payment
215-000111111-00	JOE SAMPLE	\$677.79	\$677.79	\$203.34	\$0.00	\$474.45	\$0.00	\$0.00	\$0.00
215-000222222-00	JOE SAMPLE	\$907.50	\$907.50	\$521.66	\$0.00	\$25.55	\$0.00	\$100.00	\$0.00
Totals:		\$1,585.29	\$1,585.29	\$725.00	\$0.00	\$500.00	\$0.00	\$100.00	\$0.00

How To Read EOB

1. Customer Service: If you have questions, please call us at the toll free number listed at the top of your Explanation of Benefits. Our friendly and knowledgeable representatives are here to assist you.
2. Service Dates: Represents the date(s) the patient received services.
3. Description of Service: Lists the procedure performed.
4. Billed: This is the billed amount before any negotiated adjustments, co-pays, deductibles or any ineligible amount.
5. Allowed: The amount allowed by the provider contract.
6. Provider Discount: The amount discounted.
7. Not Covered: Any specific amount that was determined to be ineligible for payment by the plan.
8. Reason Code: This code is used to explain the reason for an adjustment or benefit limitation.
9. Deductible: This amount reflects the deductible requirement at the time charges were processed.
10. Coinsurance: Percentage of allowed amount for which the patient is responsible.
11. Co-Pay: Represents amounts responsible to the patient.
12. Payment: Total amount less any adjustments.
13. Other Insurance Credit or Adjustments: The amount paid by another health plan or insurance company toward services the member received.
14. Total Payment Amount: Total amount less any adjustments.
15. Member Responsibility: This is the total amount that you owe the provider. This includes any co-payments, deductibles, co-insurance and/or excluded charges.
16. Plan Year Accruals: The amount of money you have paid to date for health care services.
17. Explanation of Codes: This code is used to explain the reason something is not covered or is discounted from the billed amount.
18. Benefits Determination: This will be the procedure and information needed to file a formal review for any denied claim.
19. Claim Summary: Provides a summary of claims processed during an extended timeframe.

Be Well

A wellness program specifically tailored for every individual's unique goals

EMI Health has teamed up with WebMD Health Services to create a comprehensive well-being tool that puts you in the driver's seat when it comes to your health and wellness goals.

Each view into the BE WELL platform is unique. The customized dashboard is based on your individual priorities, health risks, and biometric testing data. As a result, it's completely tailored to your needs and continues to evolve over time as your priorities and health conditions change. The BE WELL tools can help you focus on areas such as weight loss, stress management, nutrition, improving your sleep habits, and tobacco cessation.

Eligible EMI Health subscribers* who currently have a medical plan can access BE WELL through the member portal at emihealth.com. *A subscriber is the main account holder whose name appears on the EMI Health ID card. Dependents are not eligible to participate at this time.

A look at the BE WELL digital platform

Track Personal Health

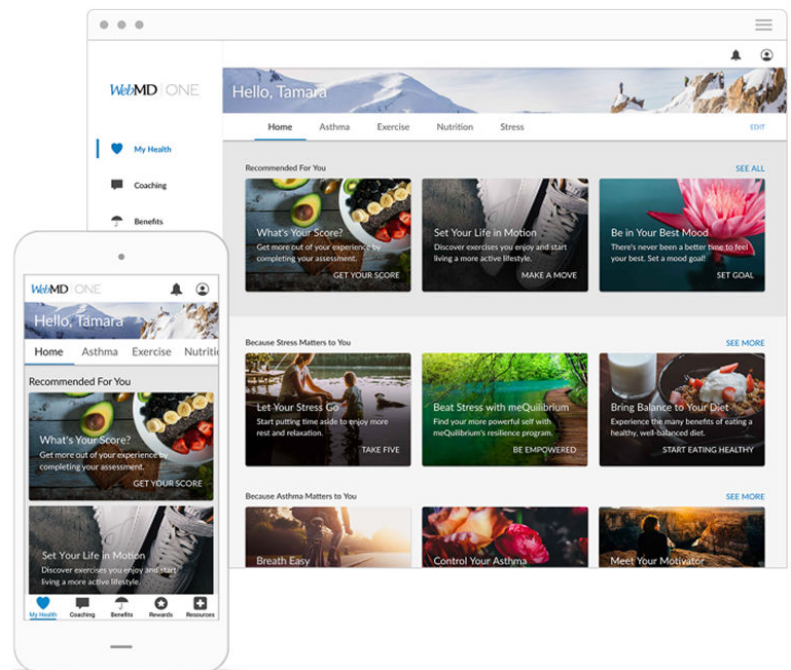
Receive a report on your current health, along with recommended steps to improve it. Whether you want to spend more time focusing on general well-being or a specific health condition, you will have the ability to choose your own priorities, and your personalized dashboard will reflect those interests.

Manage Specific Health Conditions

If you happen to have a specific health condition or concern, BE WELL can provide a recommended plan to help manage that condition as well as educational materials to help you better understand it. BE WELL can help manage diabetes, high blood pressure, hypertension, COPD, and many others.

Reevaluate Your Priorities at Anytime

As you track your personal progress you can make adjustments to the program. At any time along your journey you can switch gears and let BE WELL know you're interested in a new area of focus. If you feel like you have conquered one major milestone, then keep going and strive to reach another. With BE WELL, you can achieve what matters most to you.



Set Goals and Work on Daily Habits

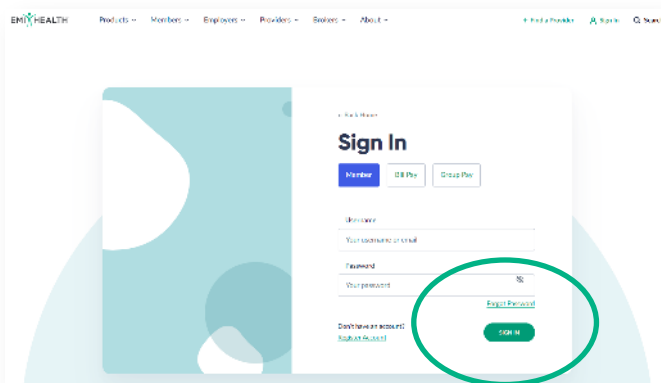
The Daily Habits tool uses the power of behavioral science to help you achieve your personal well-being goals and implement lifestyle changes. You can choose from a number of categories to help with things like diet and nutrition, stress management, depression, and even staying connected in your social life. Resources like workout routines, recipes, and food journals can help encourage you to stay motivated, track your progress and achieve real results.

Logging In to BeWell

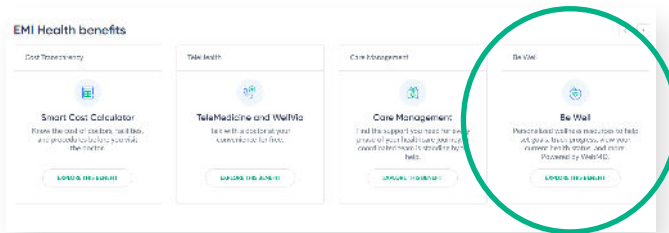


Step 1: EMI Health subscribers* who have a current medical plan can access **BeWell** through the member portal at emihealth.com. Click on **"Sign In"** under **"My EMI Health"** in the drop down menu.

*A subscriber is the main account holder whose name appears on the EMI Health ID card. At this time Dependents are not eligible to participate.

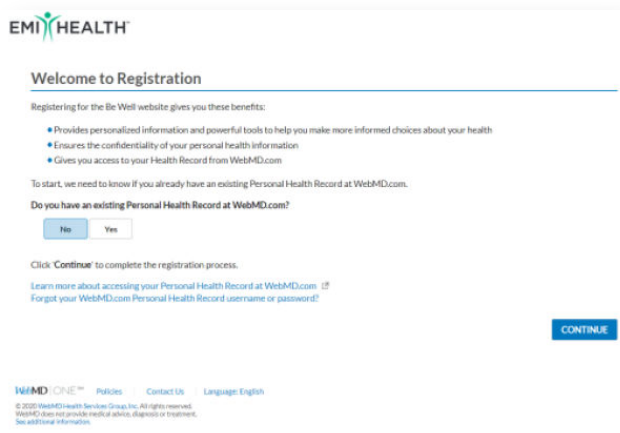


Step 2: Type in your **username** and **password**, click the green **"Sign In"** button. If you have not yet registered, click on the green **"Register Account"** button to get started.

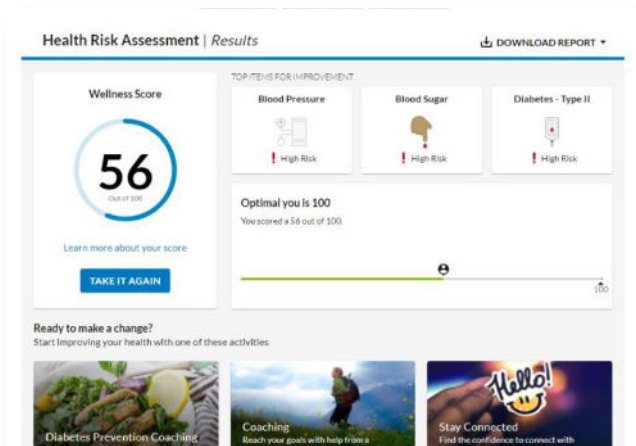


Step 3: After logging into the EMI Health member portal, scroll down to the bottom of the page. Click on the **BeWell "Explore this Benefit"** button at the bottom right of the menu.

Step 4: Begin the registration process. Confirm if you have an existing health record with WebMD and/or fill in your details. Click continue to complete your Health Risk Assessment.



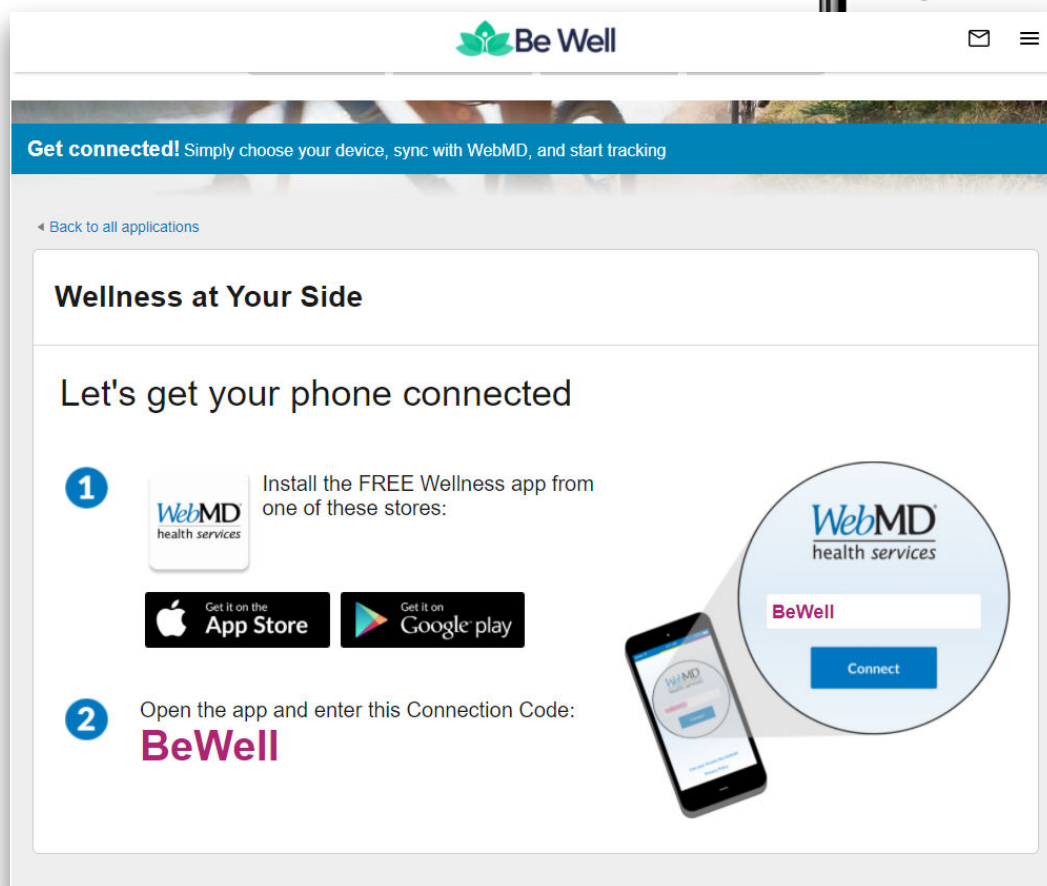
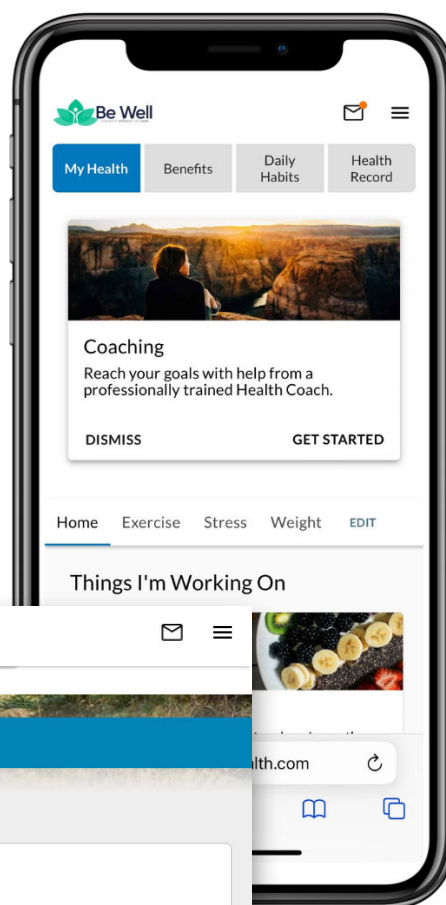
Step 5: After completing the Health Risk Assessment, you can immediately view your results including your Wellness Score, Risk Factors, and Recommended Resources tailored to your individual needs.



BeWell on the GO

At work, at home and everywhere in between. With Wellness At Your Side, the WebMD app, you can access Be Well no matter where you are.

Download the free wellness app "Wellness At Your Side" (WAYS) from the Apple App Store or Google Play store. Open the app and enter the one time connection code BeWell. Once connected sign-in to your EMI Health account to access the Be Well portal on the go!



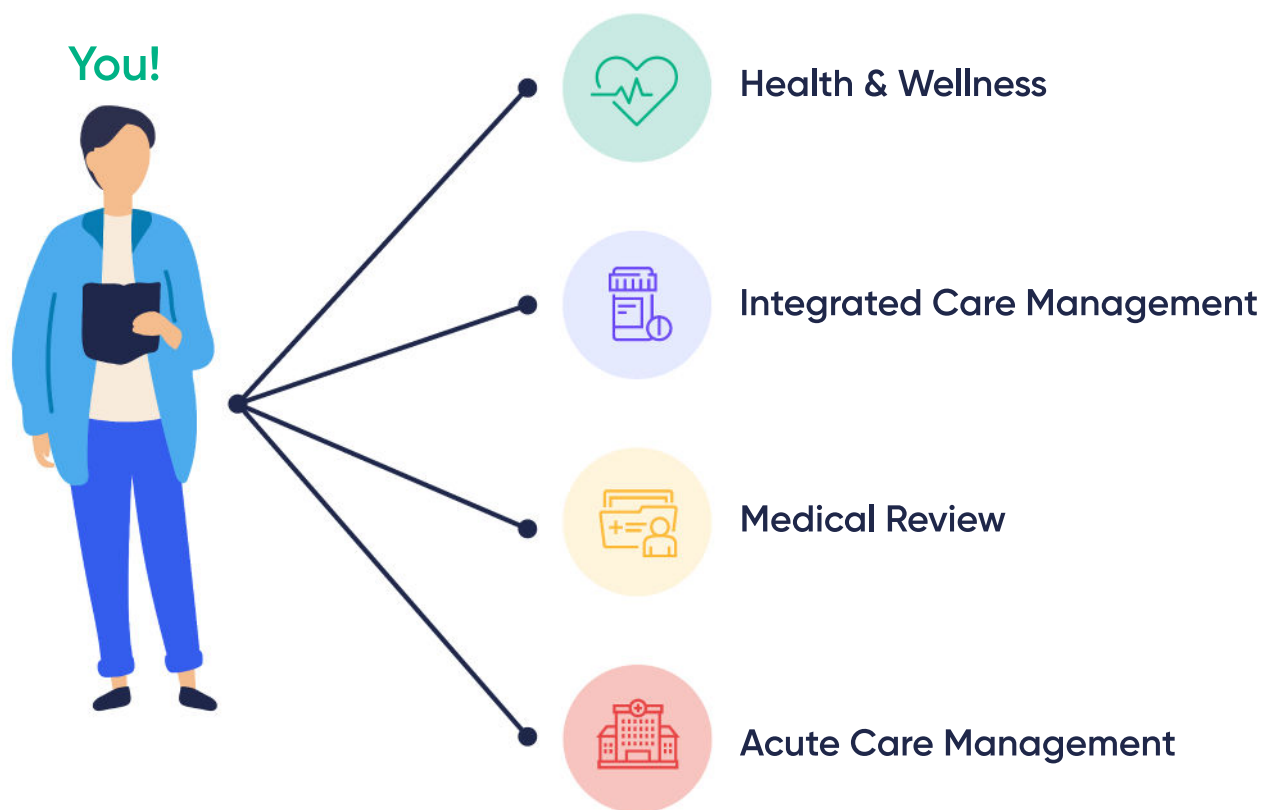
Integrated Care Management



Get one-on-one support from a team of pros.

What does this mean?

While partnering with American Health Holding, EMI Health strives to provide our members with the best possible care and support. With this unified system of care, healthcare professionals **work as a team** to give you a personalized, one-on-one experience. Simplifying your healthcare experience not only maintains consistency in the care you receive, but also decreases your overall healthcare costs.



Contact your Integrated Care Management team if you:

- have been newly diagnosed with a health condition
- are managing a health condition
- are being discharged from the hospital
- have questions about healthcare decisions
- are wanting to make changes to your lifestyle
- need access to different resources

Learn more by calling **1-800-641-3224** Case Management or **1-800-451-6123** Disease Management

Mental Health Made Easy

Fast and easy access to high quality
mental health care through Lyra



In-person



Self-guided care



Live video

Learn more at emihealth.lyrahealth.com | (877) 299-4765

EMI plan members have access to Lyra's network of diverse providers for coaching and therapy support. These sessions are billed through the EMI plan and subject to in-network outpatient mental health cost-sharing, as defined under your health plan.



Preventive Care

Detect potential problems early.

The Affordable Care Act (ACA) provides for certain preventive services to be covered 100 percent when received by participating providers.

Preventive services are those provided when no symptoms or diagnosed medical conditions exist. For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copayments, coinsurance, or deductibles may apply.

Here are some preventive services covered with no patient cost:

- Routine physical exam
- Routine vision exam
- Routine hearing exam
- Routine gynecological exam
- Routine Pap smear
- Screening mammogram
- Screening colonoscopy or Cologuard
- FDA-approved contraception

Immunizations recommended by the Advisory Committee on Immunizations Practices of the Center for Disease Controls and Prevention (CDC) are covered 100 percent if received from a participating provider. As of June 2021, those recommendations are as follows:

Children

VACCINE	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	2-3 Yrs	4-6 Yrs	7-10 Yrs	11-12 Yrs	13-18 Yrs
Hepatitis B	HepB	HepB				HepB							HepB Catch Up	
Rotavirus			RV	RV	RV									
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP	DTaP Catch Up	DTaP	DTaP Catch Up
Haemophilus Influenzae Type b			Hib	Hib	Hib		Hib							
Inactivated Poliovirus			IPV	IPV		IPV					IPV		Poliovirus Catch Up	
Measles, Mumps, Rubella						MMR					MMR		MMR Catch Up	
Varicella						Varicella					Varicella		Varicella Catch Up	
Pneumococcal			PCV	PCV	PCV	PCV								
Influenza											Influenza (Yearly)			
Hepatitis A						HepA (2 Doses)							HepA Catch Up	
Meningococcal													MenACWY	MenACWY
Human Papillomavirus													HPV	HPV Catch Up

Adults

VACCINE	19-26 Yrs	27-49 Yrs	50-59 Yrs	60-64 Yrs	≥ 65 Yrs
Diphtheria, Tetanus, Pertussis (Td/Tdap)	One dose of Tdap; then boost with Td every 10 years				
Influenza	One dose annually				
Pneumococcal	1 or 2 doses				1 dose
Zoster (Shingles)		2 doses after age 50			
IF NOT RECEIVED AS A CHILD					
Measles Mumps, Rubella	MMR				
Human Papillomavirus	HPV				
Varicella	Varicella				

Major Diagnostic Testing

Preauthorization Guidelines

Benefit preauthorization to confirm medical necessity is required for **ALL in-patient** confinements and surgeries as part of our commitment to help ensure all EMI Health members get the appropriate care, at the appropriate time, and in the appropriate setting.

In addition, **some major out-patient diagnostic testing** like MRIs, CT scans, PET scans and certain outpatient surgical procedures may also require preauthorization. Please have your provider's office contact EMI Health's customer service for preauthorization codes prior to any services being rendered.

EMI Health continually monitors procedures requiring preauthorization and makes adjustments as necessary.

Recent updates

For the new plan year (plans renewing on or after 07/01/2020), major diagnostic tests will require preauthorization.

Important member details

As a reminder, if the member uses a participating provider, the provider (not the member) is responsible for preauthorization.

If the member uses a non-participating provider for treatments or procedures requiring preauthorization, the member is responsible for obtaining preauthorization, and benefits may be denied or reduced if preauthorization is not obtained.

Refer to the plan document for more information regarding preauthorization.

A heartfelt thank you

We appreciate the opportunity of providing your healthcare coverage.

If you have any questions about this notice, please do not hesitate to call or email us.

Phone: 800.662.5851

Email: cs@emihealth.com

Please note: First Health, Blue Cross Blue Shield of AZ, and Cigna all have different preauthorization requirements.



Diabetes Management

Your medical plan covers diabetic equipment and supplies under the major medical benefit and/or Prescription Drug (Pharmacy) Benefit. Contact customer service for the specifics of your plan. Here are some common coverages.

Diabetic Testing Supplies

Diabetic testing supplies, such as blood sugar (glucose) test strips, and lancets, may be covered through your Major Medical or Prescription Drug Benefit:

Major Medical Benefits

Coverage falls under the Medical Supplies & Equipment benefit. Refer to the Diabetic Testing Supplies line item of your Schedule of Benefits for your member cost share.

The following suppliers are participating providers on EMI Health plans. If you obtain supplies through any other medical provider or facility, benefits are subject to your Non-Participating Provider benefit option, if any.

- Byram Healthcare - 800-775-4372
- Edgepark / Cardinal - 877-215-2568
- JQ Medical Supply - 801-942-8582

Prescription Drug (Pharmacy) Benefit

Refer to the Prescription Drug section of your Schedule of Benefits for your member cost share.

The 2020 formulary includes OneTouch and Freestyle. All other brands are excluded from coverage.



Continuous Glucose Monitoring Systems (CGMS) and Sensors

CGMS and sensors may be covered through your Major Medical or Prescription Drug Benefit, subject to preauthorization criteria and plan review. Refer to the Durable Medical Equipment and Prescription Drug sections of your Schedule of Benefits for your member cost share.

Insulin Pump and Insulin Pump Supplies

Insulin pumps are covered through your Major Medical Benefit, subject to preauthorization criteria and plan review. Refer to the Durable Medical Equipment section of your Schedule of Benefits for your member cost share.

Insulin pump supplies (cartridges and infusion sets) may be covered through your Major Medical or Prescription Drug Benefit. Refer to the Durable Medical Equipment and Prescription Drug sections of your Schedule of Benefits for your member cost share.

Insulin

Insulin is covered under the Prescription Drug Benefit. You may receive up to a 30-day supply per retail copayment or up to a 90-day supply per mail-order copayment. Refer to the Prescription Drug section of your Schedule of Benefits for member cost share.

Preferred insulin copayments will be capped at \$25 per 30-day supply and \$75 per 90-day supply through the Cigna/Express Scripts Patient Assurance Program.

Preferred insulins are Humalog, Humulin, and Lantus.

Prescription Drugs

Prescription drugs are covered under the Prescription Drug Benefit. This includes Glucagon, GLPI agents (e.g., Byetta, Bydureon, and Tradjenta), and oral agents for Type 2 diabetes (e.g., Glucophage, Avandia, and Amaryl). Refer to the Prescription Drug section of your Schedule of Benefits for member cost share.

Blood sugar testing monitors, glucose control solutions, and weight loss medications are NOT covered under the Major Medical or Prescription Drug Benefits.

Questions?

As always, we are here to help. **Call customer service at 800-662-5851**



90-Day Maintenance Medications

Get a 90-day supply of maintenance medications at any participating pharmacy or have them delivered directly to your home!

How Does the 90-Day Retail Fill Work?

1. Ask your doctor for a prescription for a 90-day supply (plus refills, as applicable).
2. Take your prescription to any participating pharmacy.
3. You will pay three times the 30-day retail copayment for your plan. The exact amount you pay will depend on whether your medication is generic, preferred, or non-preferred brand. Please refer to your Summary of Benefits for the details of your plan.

How Does Mail Order Work?

1. Ask your doctor for a prescription for a 90-day supply (plus refills, as applicable).
2. If you need to start taking the medication right away, ask for another prescription for up to a 30-day supply to be filled at a retail pharmacy.
3. Send the 90-day prescription, along with the completed mail-order form (which can be downloaded from www.emihealth.com) and the appropriate copayment, to Express Scripts at the address on the form. (You may also ask your doctor to fax your order to Express Scripts.)
4. You will pay the Mail-order Copayment amount indicated on your Summary of Benefits. The exact amount will depend on whether your medication is generic, preferred, or non-preferred brand.
5. Express Scripts will process the order and return it via U.S. Mail or UPS, along with instructions for future refills. Allow up to 14 days for delivery from the time you mail the prescription.

Questions?

As always, we are here to help.

Call customer service at 1-800-662-5851.





2022 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.
Generic drugs are listed
in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa
(by Cipla, Lupin, Par,
Perrigo, Proficient Rx,
Sandoz & Teva)
ALECENSA
alendronate
allopurinol
alprazolam
ALUNBRIG
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARNUVITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUBAGIO
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BAFIERTAM
BAQSIMI
BARACLUDE SOLUTION

BAXDELA
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BETASERON [INJ]
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
BOSULIF
BREQ ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
budesonide nebulization
suspension
buprenorphine/naloxone
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]

C

CABOMETYX
CALQUENCE
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMDUO
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
colchicine tablets
COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ
CREON

cyanocobalamin [INJ]
cyclobenzaprine

D

dapsone topical
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
TRANSMITTER
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
dimethyl fumarate
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR

E

ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
emtricitabine/tenofovir
disoproxil fumarate
EMVERM
enalapril
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
ENSTILAR
ENTRESTO
ENTYVIO [INJ]
EPLUSA
EPIDIOLEX
epinephrine auto-injector
(by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET

escitalopram
esomeprazole magnesium
delayed-release
ESPEROCT [INJ]
estradiol
estradiol patches
estradiol vaginal inserts
estradiol/norethindrone
acetate
eszopiclone
ethinyl estradiol/drospirenone
ethinyl estradiol/
drospirenone/levomefolate
ethinyl estradiol/etonogestrel
vaginal ring
ethinyl estradiol/
levonorgestrel
ethinyl estradiol/
norelgestromin patches
ethinyl estradiol/
norethindrone acetate
ethinyl estradiol/
norethindrone/iron
ethinyl estradiol/norgestimate
EUFLEXXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE & LIBRE 2
READER, SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
FULPHILA
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
INBRIA
INCRUSE ELLIPTA
indomethacin
INFLECTRA [INJ]
INLYTA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JIVI [INJ]
JULUCA

(continued)

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

Go to express-scripts.com/2022drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2022 THROUGH DECEMBER 31, 2022. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

K

KANJINTI [INJ]
 KESIMPTA [INJ]
 ketoconazole topical
 ketorolac
 KITABIS PAK
 KLOXXADO
 KOGENATE FS [INJ]
 KOVALTRY [INJ]
 KYLEENA
 KYNMOBI

L

labetalol
 lamotrigine
 lansoprazole delayed-release
 latanoprost eye solution
 LATUDA
 LEVEMIR [INJ]
 levetiracetam
 levocetirizine
 levofloxacin
 levothyroxine sodium
 LICART
 lidocaine patches
 LINZESS
 liothyronine
 LIPOFEN
 lisinopril
 lisinopril/hctz
 LIVALO
 LOKELMA
 lorazepam
 LOREBENA
 losartan
 losartan/hctz
 loteprednol eye suspension
 lovastatin
 LUPANETA PACK [INJ]
 LUPRON DEPOT
 3.75 MG, 11.25 MG [INJ]
 LUPRON DEPOT-PED [INJ]
 LYNPARZA
 LYUMJEV [INJ]

M

MAYZENT
 meclizine
 medroxyprogesterone
 meloxicam
 metaxalone
 metformin
 metformin ext-release
 methimazole
 methocarbamol
 methotrexate
 methylphenidate
 methylphenidate ext-release
 methylprednisolone
 metoclopramide
 metoprolol succinate
 ext-release
 metoprolol tartrate
 metronidazole
 metronidazole topical
 metronidazole vaginal
 minocycline
 MIRENA
 mirtazapine
 MIRVASO
 MITIGARE
 mometasone
 MONOVISC [INJ]
 montelukast
 morphine sulfate ext-release

MOVANTIK
 moxifloxacin eye solution
 mupirocin
 MUSE
 MYDAYIS
 MYFEMBREE
 MYRBETRIQ

N

nabumetone
 NAMZARIC
 naproxen, naproxen sodium
 NASCOBAL
 NATESTO
 NAYZILAM
 neomycin/polymyxin/
 hydrocortisone ear solution
 NEXLETOL
 NEXLIZET
 niacin ext-release nifedipine
 ext-release NINLARO
 nitrofurantoin macrocrystal
 NITYR
 NIVESTYM [INJ] NORDITROPIN
 [INJ] nortriptyline
 NOVAREL [INJ]
 NOVOEIGHT [INJ]
 NOVOFINE AUTOSHIELD
 NEEDLES
 NOVOFINE NEEDLES
 NOVOTWIST NEEDLES NUBEQA
 NUCALA [INJ]
 NUEDEXTA
 nystatin
 nystatin topical

O

ODACTRA
 ODEFSEY
 ODOMZO
 OFEV
 ofloxacin
 olanzapine
 olmesartan
 olmesartan/hctz
 omeprazole delayed-release
 ondansetron
 ondansetron orally
 disintegrating tablets
 ONETOUCH KITS/METERS:
 ULTRA 2, ULTRAMINI,
 VERIO, VERIO FLEX
 ONETOUCH TEST STRIPS:
 ULTRA, VERIO
 ONEXTON
 OPSUMIT
 ORALAIR
 ORIAHNN
 ORILISSA
 ORTHOVISC [INJ]
 osetamivir
 OTEZLA
 OVIDREL [INJ]
 oxcarbazepine
 oxybutynin ext-release
 oxycodone
 oxycodone/acetaminophen
 OXYCONTIN
 OZEMPIC [INJ]

P

PANCREAZE
 pantoprazole delayed-release
 paroxetine hcl
 penicillin v potassium
 PENTASA
 PERFOROMIST
 PHOSLYRA
 pioglitazone
 PLEGRIDY [INJ]
 polymyxin/trimethoprim
 eye solution
 PONVORY
 potassium chloride
 ext-release
 pramipexole
 pravastatin
 PRECISION XTRA METERS,
 TEST STRIPS,
 B-KETONE STRIPS
 prednisolone acetate
 eye suspension
 prednisolone sodium
 phosphate
 prednisone
 pregabalin
 PREMARIN CREAM
 PROCRIT [INJ]
 progesterone micronized
 PROLASTIN C [INJ]
 promethazine
 promethazine/
 dextromethorphan
 propranolol
 propranolol ext-release

Q

QUDEXY XR
 quetiapine
 QUILLICHEW ER
 QUILLIVANT XR
 quinapril
 QVAR REDHALER

R

rabeprazole delayed-release
 RAGWITEK
 raloxifene
 ramipril
 RASUVO [INJ]
 REBIF [INJ]
 RECTIV
 RELISTOR [INJ]
 RELISTOR TABLETS
 REPATHA [INJ]
 RESTASIS
 RETACRIT [INJ]
 REVLIMID
 RINVOQ ER
 risperidone
 rizatriptan
 ropinirole
 rosuvastatin
 ROZLYTREK
 RUBRACA
 RUCONEST [INJ]
 RUXIENCE [INJ]
 RYBELSUS

S

SAVELLA
 SEGLUROMET
 SEMGLEE (YFGN) [INJ]
 SEREVENT DISKUS

sertraline
 SEVENFACT [INJ]
 sildenafil
 SIMPONI 100 MG (for
 Ulcerative Colitis only) [INJ]
 simvastatin
 SKYLA
 SKYRIZI [INJ]
 SOLIQUA [INJ]
 SOLOSEC
 SOMATULINE DEPOT [INJ]
 SOMAVERT [INJ]
 SPIRIVA HANDIHALER
 SPIRIVA RESPIMAT
 spironolactone
 SPRYCEL
 STEGLATRO
 STEGLUJAN
 STELARA SC [INJ]
 STIOLTO RESPIMAT
 STIVARGA
 STRENSIQ [INJ]
 SUBLOCADE [INJ]
 sulfamethoxazole/
 trimethoprim
 sumatriptan
 SUNOSI
 SUTENT
 SYMBICORT
 SYMFI
 SYMFI LO
 SYMJEPI [INJ]
 SYMLINPEN [INJ]
 SYMPROIC
 SYMTUZA
 SYNJARDY, SYNJARDY XR

T

tacrolimus topical
 tadalafil
 TAGRISSE
 TAKHZYRO [INJ]
 TALICIA
 TALTZ [INJ]
 TALZENNA
 tamoxifen
 tamsulosin ext-release
 TASIGNA
 TAVALISSE
 TAZORAC GEL
 TAZORAC 0.05% CREAM
 TEGSEDI [INJ]
 TEKTURNA HCT
 telmisartan
 TEMIXYS
 terazosin
 terconazole vaginal
 testosterone cypionate [INJ]
 thyroid
 timolol maleate eye solution
 tizanidine
 TOBI PODHALER
 tobramycin eye solution
 tobramycin/dexamethasone
 eye suspension
 topiramate
 TOUJO [INJ]
 TOVIAZ
 TRACLEER SUSPENSION
 tramadol
 travoprost eye solution
 TRAZIMERA [INJ]
 trazodone
 TRELEGY ELLIPTA
 TREMFYA [INJ]
 treprostinil [INJ]
 TRESIBA [INJ]

tretinoin
 triamcinolone topical
 triamterene/hctz
 TRIJARDY XR
 TRIPTODUR [INJ]
 TRIUMEQ
 TRULANCE
 TRULICITY [INJ]
 TYMLOS [INJ]

U

UCERIS FOAM
 UPTRAVI

V

valacyclovir
 valsartan
 valsartan/hctz
 VARUBI
 VASCEPA
 VELPHORO
 venlafaxine
 venlafaxine ext-release
 verapamil ext-release
 VERQUVO
 VERZENIO
 VIBERZI
 VIMPAT
 VIOKACE
 VITRAKVI
 VIZIMPRO
 VOSEVI
 VUMERITY
 VYVANSE

W

warfarin
 WEGOVY [INJ]

X

XALKORI
 XARELTO
 XELJANZ, XELJANZ XR
 XIFAXAN
 XIGDUO XR
 XIIDRA
 XOLAIR [INJ]
 XTANDI
 XULTOPHY [INJ]

Y

YONSA
 YUPELRI

Z

ZARXIO [INJ]
 ZEGALOGUE [INJ]
 ZEJULA
 ZENPEP
 ZEPATIER
 ZEPOSIA (for Multiple
 Sclerosis only)
 ZIEXTENZO [INJ]
 ZIRABEV [INJ]
 zolpidem
 zolpidem ext-release
 ZOMIG NASAL
 ZTLIDO
 ZUBSOLV

Go to express-scripts.com/2022drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2022 THROUGH DECEMBER 31, 2022. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES		
Antibiotic Agents - Vancomycins (Oral)	FIRVANQ	vancomycin capsules, vancomycin oral solution
Antifungal Agents (Oral)	BREXAFEMME	fluconazole
	TOLSURA	itraconazole
Antivirals (Oral)	SITAVIG	acyclovir oral or cream, famciclovir, valacyclovir
Chagas Disease Agents	LAMPIT	BENZNIDAZOLE
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Alzheimer's Agents	ADUHELM	No alternatives recommended
Anticonvulsants	APTOM	carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT
	FINTEPLA	DIACOMIT, EPIDIOLEX
Antimigraine Agents	ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY	sumatriptan nasal spray, ZOMIG NASAL
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
Antiparkinsonism Agents	APOKYN	KYNMOBI
	GOCOVRI ER	amantadine capsules, amantadine tablets, amantadine oral solution
	ONGENTYS	entacapone
	XADAGO, ZELAPAR	rasagiline, selegiline
Antipsychotics (Oral)	CAPLYTA	aripiprazole, asenapine, olanzapine, quetiapine er, quetiapine fumarate, risperidone, ziprasidone, LATUDA
Antispasmodic Agents	OZOBAX	baclofen, tizanidine
Central Nervous System Non-Stimulants	QELBREE ER	atomoxetine, clonidine er, guanfacine er
Central Nervous System Stimulants	AMPHETAMINE ER SUSPENSION	dexamethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE
Duchenne Muscular Dystrophy (DMD) Agents	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	EMFLAZA	prednisone solution, prednisone tablets
Lambert-Eaton Myasthenic Syndrome Agents	FIRDAPSE	RUZURGI
Multiple Sclerosis (Beta Interferons)	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	MORPHABOND ER, NUCYNTA ER, OXYCODONE ER, XTAMPZA ER	hydromorphone er, morphine sulfate er, oxycodone er, HYSINGLA ER, OXYCONTIN
	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
	PRIMLEV, PROLATE SOLUTION	oxycodone/acetaminophen
	QDOLO	tramadol tablets

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM <i>(continued)</i> Narcotic Antagonists	BUNAVAIL	buprenorphine/naloxone, ZUBSOLV
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	estazolam, lorazepam
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	PEXEVA, VIIBRYD	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE	desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS	fentanyl citrate lozenges
Miscellaneous Antidepressants	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
CARDIOVASCULAR ACE Inhibitors	EPANED	enalapril
	QBRELIS	lisinopril
Angiotensin Receptor Blockers (ARBs) and Combinations	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Beta Blockers & Combinations	BYSTOLIC	atenolol, carvedilol, metoprolol succinate
	DUTOPROL	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide
	INDERAL XL, INNOPRAN XL	propranolol er
	KAPSPARGO SPRINKLE	metoprolol succinate
Calcium Channel Blockers	CONJUPRI	amlodipine, felodipine er, nifedipine er, nisoldipine
	KATERZIA	amlodipine
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO
PCSK9 Inhibitors	PRALUENT	REPATHA
Miscellaneous Cardiovascular Agents	CORLANOR	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
DERMATOLOGICAL Agents for Hyperhidrosis	DRYSOL	Over-the-Counter aluminum chloride containing products
Oral Agents for Acne	DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate, doxycycline monohydrate
	MINOCYCLINE ER CAPSULES, XIMINO	minocycline er tablets
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES	doxycycline hyclate, doxycycline monohydrate
Rosacea Agents (Topical)	ZILXI	azelaic acid, metronidazole, sodium sulfacetamide/sulfur, FINACEA
Topical Agents for Acne	CLENIA PLUS	sodium sulfacetamide/sulfur
	CLINDAGEL, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)	clindamycin phosphate gel, erythromycin gel
	EPIDUO FORTE	adapalene/benzoyl peroxide
	TAZAROTENE FOAM	tazarotene cream, TAZORAC GEL
	VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON
	WINLEVI	clindamycin phosphate gel, clindamycin/tretinoin, erythromycin gel, tretinoin, ONEXTON

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
DERMATOLOGICAL (continued) Topical Agents for Actinic Keratosis	CARAC, FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, KLISYRI, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream
Topical Antifungals	ECOZA, LULICONAZOLE, SULCONAZOLE, XOLEGEL	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Topical Corticosteroids	CLOCORTOLONE	betamethasone valerate, fluocinolone acetoneide, triamcinolone acetoneide
	IMPEKLO	betamethasone dipropionate, clobetasol, desonide, desoximetasone, diflorasone, fluocinonide, halcinonide, halobetasol, mometasone, triamcinolone
	VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM, SORILUX	calcipotriene, calcitriol
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
	LIDOCAINE/TETRACAINE, PLIAGLIS	lidocaine cream, lidocaine/prilocaine cream
	TRI-LUMA	fluocinolone acetoneide, hydroquinone, tretinoin
DIABETES Blood Glucose Meters & Test Strips	ASCENSIA (CONTOUR) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO, VERIO FLEX ONETOUCH TEST STRIPS: ULTRA, VERIO PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA	JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN	GLYXAMBI, STEGLUJAN
Glucagon-Like Peptide-1 Agonists	ADLYXIN, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
Insulins	ADMELOG, AFREZZA, APIDRA, FIASP, INSULIN ASPART, INSULIN ASPART PROTAMINE, INSULIN LISPRO, NOVLOG, RELION NOVLOG	HUMALOG, LYUMJEV
	INSULIN GLARGINE-YFGN, LANTUS	LEVEMIR, SEMGLEE (YFGN), TOUJEO, TRESIBA
	NOVOLIN, RELION NOVOLIN	HUMULIN
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, QNASL, ZETONNA	flunisolide, fluticasone, mometasone
Otic Fluoroquinolone Antibiotics	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC, OTOVEL	ciprofloxacin/dexamethasone otic
ENDOCRINE Cushing's Agents	ISTURISA	SIGNIFOR
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	BYNFEZIA	octreotide
	MYCAPSSA, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
Testosterone Products	AVEED	testosterone cypionate, testosterone enanthate

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
ENDOCRINE (continued) Thyroid Replacement Therapy	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSINT, TIROSINT-SOL	levothyroxine tablets
Miscellaneous Endocrine Agents	KORLYM	ketoconazole, LYSODREN, SIGNIFOR
GASTROINTESTINAL Antidiarrheal Agents	MYTESI	diphenoxylate/atropine, loperamide
Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	ANTIVERT	meclizine
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
Bowel Evacuants	CLENPIQ, GOLYTELY PACKETS, OSMOPREP, PLENVU, SUPREP, SUTAB	peg-electrolyte solution (high and low volume generics)
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Gallstone Dissolution Agents	RELTONE	ursodiol
Gastroparesis Agents	GIMOTI	No alternatives recommended
Helicobacter Pylori Agents	HELIDAC, PYLERA	lansoprazole/amoxicillin/clarithromycin, TALICIA
Hemorrhoidal Preparations	PROCTOFOAM-HC	pramoxine/hydrocortisone
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITIZA, LUBIPROSTONE	LINZESS, TRULANCE
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, DEXILANT, ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
HEMATOLOGICAL Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor Deficiency Agents & Related Products	NOVOSEVEN RT	SEVENFACT
	NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN	NIVESTYM, ZARXIO
	NEULASTA, NYVEPRIA, UDENYCA	FULPHILA, ZIEXTENZO
Iron Replacement Agents	MONOFERRIC	sodium ferric gluconate complex, VENOFER
Sickle Cell Disease Agents	OXBRYTA	hydroxyurea, ADAKVEO, DROXIA
	SIKLOS	DROXIA
Thrombocytopenia Agents	MULPLETA	DOPTLET
HEPATITIS Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	CABENUVA	atazanavir plus lamivudine, darunavir plus lamivudine, lopinavir/ritonavir plus lamivudine, DOVATO, JULUCA, TIVICAY plus lamivudine, TIVICAY plus EDURANT
	COMPLERA	ODEFSEY
	DELSTRIGO	efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, lopinavir/ritonavir, ritonavir, PREZISTA

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
HIV Antiretrovirals (<i>continued</i>) Note: Current patients established on therapy are allowed to continue therapy.	RUKOBIA ER	Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.
	STRIBILD	BIKTARVY, GENVOYA
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE CAPSULES	colchicine tablets, MITIGARE
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC 35 MG CAPSULES, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY	diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam
	FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES	fenopropfen calcium tablets, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
	RELAFEN DS	nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin
	TIVORBEX	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone
	ZIPSOR, ZORVOLEX	diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES, PENNSAID	diclofenac sodium topical, FLECTOR PATCHES, LICART PATCHES
OBSTETRICAL & GYNECOLOGICAL Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	ANNOVERA, BALCOLTRA, LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME	generic oral, patch and ring contraceptives
	PHEXXI	Barrier methods of contraception, such as condoms, diaphragms, spermicides or sponges.
	SLYND	generic progestin-only oral contraceptives
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA, OSPHENA	estradiol cream, estradiol vaginal inserts, PREMARIN CREAM
	FEMRING	estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE, PREMPRO	estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate
Estrogens (Oral)	MENEST, PREMARIN TABLETS	estradiol tablets
Human Chorionic Gonadotropin‡	PREGNLY	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Prenatal Vitamins	PREGENNA, TRINAZ	generic prenatal vitamins
Topical Estrogen Agents	DIVIGEL, ELESTRIN, ESTROGEL, EVAMIST	estradiol patches
Vaginal Progestones	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
	CRINONE 8%	ENDOMETRIN
ONCOLOGY Acute Myeloid Leukemia (AML) Agents	ONUREG	azacitidine, decitabine
Bevacizumab-Containing Agents	AVASTIN	MVASI, ZIRABEV
Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
Multiple Myeloma Agents	BLENREP, XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE
Myelodysplastic Syndrome Agents	INQOVI	decitabine
Myelofibrosis Agents	INREBIC	JAKAFI
Non-Small Cell Lung Cancer Agents	TEPMETKO	TABRECTA
Prostate Cancer Agents	TRELSTAR	ELIGARD, FIRMAGON
Renal Cell Cancer Agents	FOTIVDA	everolimus, sunitinib malate, CABOMETYX, INLYTA, LENVIMA, NEXAVAR, VOTRIENT

‡ Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
ONCOLOGY (continued) Rituximab-Containing Agents	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT	KANJINTI, TRAZIMERA
	PHESGO	PERJETA plus KANJINTI or TRAZIMERA
Tyrosine Kinase Inhibitors	QINLOCK	imatinib, sunitinib malate, NEXAVAR, SPRYCEL, STIVARGA, TASIGNA, VOTRIENT
	TRUSELTIQ	PEMAZYRE
OPHTHALMIC Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	timolol drops, betaxolol drops, levobunolol drops
Antiglaucoma Agents (Other)	RHOPRESSA, ROCKLATAN	betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops
Antiglaucoma Agents (Ophthalmic Prostaglandins)	DURYSTA, XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
Blepharoptosis Agents	UPNEEQ	No alternatives recommended
Ophthalmic Agents - Other	CYSTADROPS	CYSTARAN
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE, ALREX, LASTACAPT, PAZEO, ZERVIAE	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops
Ophthalmic Combinations	TOBRADEX ST, ZYLET	tobramycin/dexamethasone drops
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, BROMSITE, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Nocturnal Polyuria Agents	NOCTIVA	desmopressin tablets
Overactive Bladder Agents	VESICARE LS	oxybutynin, oxybutynin er
Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE)	epinephrine auto-injector (by Mylan, Teva), EPIPEN, EPIPEN JR
Immunological Agents for Asthma	CINQAIR	DUPIXENT, FASENRA, NUCALA
Long-Acting Beta Agonist Inhalers	STRIVERDI RESPIMAT	SEREVENT DISKUS
Long-Acting Muscarinic Antagonist Inhalers	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ARMONAIR DIGIHALER, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	AIRDUO DIGIHALER, AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA)	fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
RESPIRATORY (continued) Respiratory Agents - Other	DALIRESP	fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, ANORO ELLIPTA, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, BEVESPI AEROSPHERE, BREO ELLIPTA, DULERA, FLOVENT DISKUS, FLOVENT HFA, INCRUSE ELLIPTA, PERFORMIST, QVAR REDIBHALER, SEREVENT DISKUS, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, SYMBICORT
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
MISCELLANEOUS AGENTS Allergen Immunotherapy	PALFORZIA	No alternatives recommended
Gaucher Disease Agents	ELELYSO, VPRIV	CEREZYME
Glucocorticoids	ALKINDI SPRINKLE	hydrocortisone tablets
	HEMADY	dexamethasone tablets
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
Immune Globulins	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	HIZENTRA	SC: XEMBIFY
Immunosuppressant Agents	ENVARUS XR	tacrolimus
	LUPKYNIS	mycophenolate mofetil plus systemic corticosteroid
	OTREXUP, REDITREX	methotrexate injection, RASUVO
	XATMEP	methotrexate
Infused TNF Antagonists	AVSOLA, REMICADE, RENFLEXIS	INFLECTRA
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
Osteoporosis - Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATRO	TEGSEDI
Potassium Binders	VELTASSA	LOKELMA

Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
Spinal Conditions (nr-axSpA)	COSENTYX	TALTZ, CIMZIA
Inflammatory Conditions‡ where COSENTYX is indicated	COSENTYX	TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR
Drug Class	Nonpreferred Medications	Preferred Alternatives
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for a patient already established on therapy with a Nonpreferred medication.	Preferred: ENBREL, HUMIRA, OTEZLA, RINVOQ ER, SKYRIZI, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR Preferred after Step through HUMIRA: ACTEMRA ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR ULCERATIVE COLITIS ONLY Step through HUMIRA and STELARA: ZEPOSIA

‡ Please note that product placement for treatment of Inflammatory Conditions in the Inflammatory Conditions Care Value (ICCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

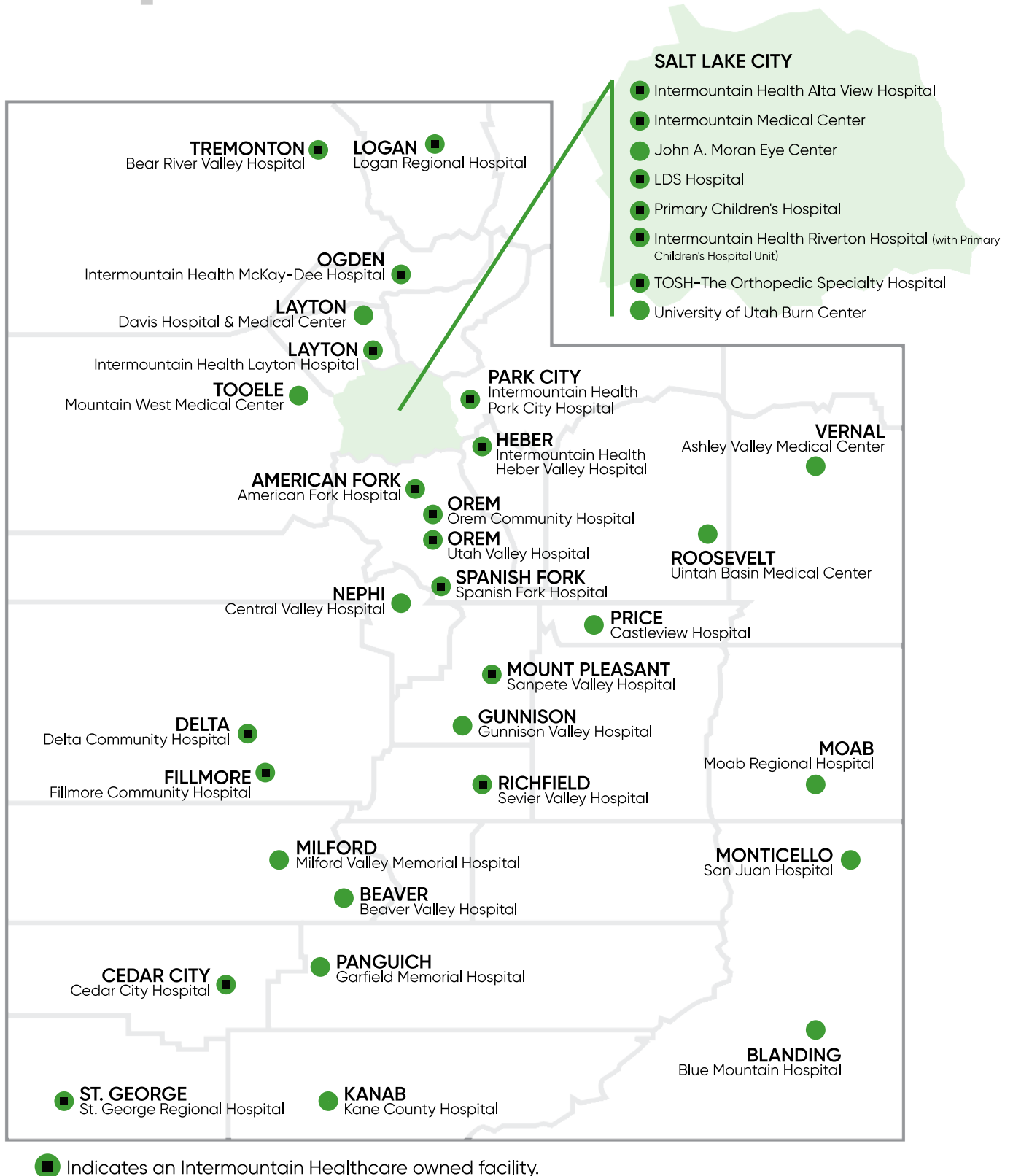
(continued)

Excluded Medications/Products at a Glance

ABILIFY^ ACANYA^ ACIPHEX^ ACIPHEX SPRINKLE ACUVAIL ADCIRCA^ ADDERALL^, ADDERALL XR^ ADLYXIN ADMELOG ADUHELM AFREZZA AGGRENOLX^ AIRDUO DIGIHALER, AIRDUO RESPICLICK AKYNZEO CAPSULES ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO) ALCORTIN A ALINIA TABLETS^ ALKINDI SPRINKLE ALOCRIL ALOGIPTIN ALOGIPTIN/METFORMIN ALOGIPTIN/PIOGLITAZONE ALOMIDE ALREX ALTOPREV AMBIEN^, AMBIEN CR^ AMITIZA AMONDYS 45 AMPHETAMINE ER SUSPENSION AMPYRA^ AMRIX^ ANDROGEL^ ANNOVERA ANTIVERT ANUSOL-HC^ APADAZ APIDRA APOKYN APTOM ARANESP ARIMIDEX^ ARMONAIR DIGIHALER ASACOL HD^ ASCENSIA (CONTOUR) ASPIRIN/OMEPRAZOLE DR ATACAND^, ATACAND HCT^ ATRALIN^ ATRIPLA^ AUVI-Q AVALIDE^, AVAPRO^ AVASTIN AVEED AVODART^ AVSOLA AZOPT^ AZOR^ BALCOLTRA BARACLUDE TABLETS^ BECONASE AQ BENICAR^, BENICAR HCT^ BENZHYDROCODONE/ ACETAMINOPHEN BEPREVE^ BERINERT BESIVANCE BETIMOL BIUVA BIENREP BREXAFEMME BRISDELLE^ BROMSITE BUDESONIDE/FORMOTEROL BUNAVAIL BUPAP^ BUTRANS^ BYNFEZIA BYSTOLIC CABENUVA CALCIPOTRIENE FOAM CANASA^ CAPLYTA CARAC CELEBREX^ CELEXA^ CIALIS^ CILOXAN OINTMENT CINQAIR CIPRO HC	CIPROFLOXACIN/ FLUOCINOLONE OTIC CLENIA PLUS CLENPIQ CLIMARA PRO CLINDAGEL CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE) CLOCORTOLONE COLCHICINE CAPSULES COLCRYS^ COMPLERA CONCERTA^ CONJUPRI COREG^ CORLANOR CORTIFOAM COSENTYX COSOPT^, COSOPT PF^ COZAAR^, HYZAAR^ CRESTOR^ CRINONE CUPRIMINE^ CUTAQUIG CYMBALTA^ CYSTADROPS CYTOMEL^ DALIRESP DELSTRIGO DELZICOL^ DETROL^, DETROL LA^ DEXILANT DICLOFENAC 35 MG CAPSULES DICLOFENAC EPOLAMINE PATCHES DIOVAN^, DIOVAN HCT^ DIPENTUM DIVIGEL DORAL DORYX DR 50 MG^ & 200 MG^ DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG DOXYCYCLINE 40 MG CAPSULES DRIZALMA SPRINKLE DRYSOL DUAKLIR PRESSAIR DURAGESIC^ DUROLANE DURYSTA DUTOPROL ECOZA EDARBI, EDARBYCLOR EFFEXOR XR^ ELELYSO ELESTRIN ELIDEL^ EMEND CAPSULES^, TRIFOLD PACK^ EMEND POWDER PACKETS EMFLAZA ENVARUS XR EPANED EPIDUO^ EPIDUO FORTE EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE) EPOGEN ESOMEPRAZOLE STRONTIUM ESTRACE CREAM^ ESTRING ESTROGEL ESTROSTEP FE^ EVAMIST EVENTY EXFORGE^, EXFORGE HCT^ EXJADE^ EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FEMRING FENOPROFEN CAPSULES FENORTHO FENSOLVI FENTANYL CITRATE BUCCAL TABLETS FENTORA FIASP FINTEPLA FIRAZYR^	FIRDAPSE FIRVANQ FLAREX FLUOROURACIL 0.5% CREAM FLUTICASON/SALMETEROL (BY A-S MEDICATION, TEVA) FML FORTE, FML S.O.P. FOCALIN^, FOCALIN XR^ FOLLISTIM AQ FOSRENOL CHEWABLE TABLETS^ FOSRENOL POWDER PACKETS FOTIVDA GAMMAKED GANIRELIX ACETATE^ GEL-ONE GELSYN-3 GENERESS FE^ GENVISC 850 GIMOTI GLEEVEC^ GLUCOPHAGE^, GLUCOPHAGE XR^ GLUMETZA^ GOCOVRI ER GOLYTELY PACKETS GRANIX HELIDAC HEMADY HERCEPTIN, HERCEPTIN HYLECTA HERZUMA HIZENTRA HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX^ IMPEKLO IMVEXX INDERAL LA^ INDERAL XL, INNOPRAN XL INDOMETHACIN 20 MG CAPSULES INQOVI INREBIC INSULIN ASPART, INSULIN ASPART PROTAMINE INSULIN GLARGINE-YFGN INSULIN LISPRO INTRAROSA INTUNIV^ INVOKAMET, INVOKAMET XR, INVOKANA ISTALOL^ ISTURISA JADENU^, JADENU SPRINKLE^ JENTADUETO, JENTADUETO XR KAPSPARGO SPRINKLE KATERZIA KAZANO KEPPRA^, KEPPRA XR^ KERYDIN^ KETOROLAC NASAL SPRAY KISQALI, KISQALI FEMARA CO-PACK KLISYRI KOMBIGLYZE XR KORLYM LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^ LAMPIT LANTUS LASTACRAFT LAZANDA LEDIPASVIR/SOFOSBUVIR LETAIRIS^ LEVALBUTEROL HFA LEVOTHYROXINE CAPSULES LEXAPRO^ LIALDA^ LIBRAX^ LIDOCAINE/TETRACAINE LIDODERM^ LIPITOR^ LO LOESTRIN FE LOCOID^, LOCROID LIPOCREAM^ LOESTRIN^, LOESTRIN FE^ LOREL^ LOTROXEX^ LOVENOX^	LUBIPROSTONE LUCEMYRA LULICONAZOLE LUNESTA^ LUPKYNIS LYRICA^, LYRICA CR^ MAYVRET MAXALT^, MAXALT MLT^ MAXIDEX MENEST MESTINON^ MICARDIS^, MICARDIS HCT^ MINASTRIN 24 FE^ MINIVELLE^ MINOCYCLINE ER CAPSULES MIRCERA MIRCECET^ MONOFERRIC MORPHABOND ER MOVIPREP^ MULPLETA MYCAPSSA MYTESI NALFON CAPSULES NAMENDA XR^ NASONEX^ NATAZIA NATROBA^ NESINA NEULASTA NEUPOGEN NEURONTIN^ NEVANAC NEXIUM CAPSULES^ NEXIUM PACKETS NEXTSTELLIS NOCTIVA NORCO^ NORTHERA^ NORVASC^ NOVOLIN NOVOLIN, RELION NOVOLIN NOVOLOG, RELION NOVLOG NOVOSEVEN RT NOXAFIL TABLETS^ NUCYNTA, NUCYNTA ER NUTROPIN AQ NUSPIN NUVARING^ NUVIGIL^ NUWIG NYVEPRIA OGIVRI OMNARIS OMNITROPE ONGENTYS ONGLYZA ONPATRO ONTRUZANT ONUREG ONZETRA XSAIL OSMOPREP OSPHERA OTOVEL OTREXUP OXBRYTA OXYCODONE ER OZOBAX PALFORZIA PATADAY^ PAZE0 PENNSAID PERCOCET^ PERTZYE PEXEVA PHESGO PHEXXI PIFELTRO PIQRAY PLAQUENIL^ PLAYIX^ PLENVU PLIAGLIS PRADAXA PRALUENT PRAVACHOL^ PRED MILD PREGENNA PREGNYL PREMARIN TABLETS, PREMPHASE, PREMPRO PREVACID^, PREVACID SOLUTAB^	PREZCOBIX PRILOSEC SUSPENSION PRIMLEV PRISTIQ^ PROAIR DIGIHALER, PROAIR RESPICLICK PROAIR HFA^ PROCTOFOAM-HC PROCYSBI PROLATE SOLUTION PROLIA PROTONIX^ PROVENTIL HFA^ PROVIGIL^ PROZAC^ PULMICORT FLEXHALER PULMICORT RESPULES^ PYLERA QBRELIS QDOLO QELBREE ER QINLOCK QNASL QTERN QUARTETTE^ QUAZEPAM RABEPRAZOLE DR SPRINKLE RANEXA^ RAPAFLO^ RECOMBIMATE REDITREX RELAFEN DS RELPAK^ RELTONE REMICADE RENAGEL^ RENFLEXIS RETIN-A MICRO 0.04% & 0.1% ^ RHOPRESSA, ROCKLATAN RIABNI RITUXAN, RITUXAN HYCELA ROCHE (ACCU-CHEK) ROZEREM^ RUKOBIA ER SAFYRAL^ SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAPHRIS^ SAVAYA SEASONIQUE^, LOSEASONIQUE^ SENSIPAR^ SEROQUEL^, SEROQUEL XR^ SIGNIFOR LAR SIKLOS SINGULAIR^ SITAVIG SLYND SOFOSBUVIR/VELPATASVIR SORILUX SOVALDI SPRAVATO STRATTERA^ STRIBILD STRIVERDI RESPIMAT SUBOXONE^ SUBSYS SULCONAZOLE SUPARTZ FX SUPREP SUTAB SYNTHROID^ SYNVISC, SYNVISCO-ONE TARGRETIN CAPSULES^ TAYTULLA^ TAZAROTENE FOAM TAZORAC 0.1% CREAM^ TECFIDERA^ TEKTURNA^ TEPMETKO TESTIM^ THYQUIDITY TIKOSYN^ TIMOPTIC OCUDOSE^ TIROSINT, TIROSINT-SOL TIVORBEX TOBI SOLUTION^ TOBRADEX ST TOLSURA TOPAMAX^ TOPICORT SPRAY^ TOPROL XL^	TRADJENTA TRANSDERM-SCOP^ TRAVATAN Z^ TRELSTAR TREXIMET^ TRI-LUMA TRIBENZOR^ TRICOR^ TRILEPTAL^ TRILURON TRINAZ TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC TRUSELTIQ TRUVADA^ TRUXIMA TUDORZA PRESSAIR TWIRLA TYBLUME UDENYCA ULORIC^ UPLIZNA UPNEQ UROXATRAL^ VAGIFEM^ VALIUM^ VALTREX^ VANOS^ VELTASSA VELTIN VENTOLIN HFA VERDESO FOAM VESICARE^ VESICARE LS VIAGRA^ VICTOZA VIBRYD VILTEPSO VIMOVO^ VISCO-3 VIVELLE-DOT^ VIVLODEX^ VPRIV VTEPTI VYONDYS 53 VYTORIN^ WELCHOL^ WELLBUTRIN SR^, WELLBUTRIN XL^ WINLEVI XADAGO XALATAN^ XANAX^, XANAX XR^ XATMEP XELPROS XENAZINE^ XIMINO XOLEGEL XOPENEX HFA XPOVIO XTAMPZA ER XYNTHA, XYNTHA SOLOFUSE YASMIN^ YOSPRALA DR ZAVESCA^ ZEGERID^ ZELAPAR ZERVIAE ZETIA^ ZETONNA ZILXI ZIOPTAN ZIPSOR ZOCOR^ ZOHYDRO ER^ ZOLMITRIPTAN NASAL SPRAY ZOLOFT^ ZOMACTON ZOMIG TABLETS^, ZOMIG ZMT^ ZONEGRAN^ ZORVOLEX ZOVIRAX OINTMENT^ ZYCLARA ZYLET ZYTIGA^
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^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

Utah Hospital Network



InstaCare & KidsCare

Get care quickly for non-emergency illnesses and injuries at these Intermountain Healthcare Facilities.

Wasatch Front

Alta View InstaCare/KidsCare
Bountiful InstaCare/KidsCare
Cottonwood InstaCare
Draper InstaCare
Heber Valley InstaCare
Holladay InstaCare
Layton Parkway InstaCare
North Ogden InstaCare
Roy InstaCare
Salt Lake InstaCare
Southridge InstaCare/KidsCare
Taylorsville InstaCare/KidsCare
West Jordan InstaCare
West Valley InstaCare

Summit County

Park City InstaCare

Utah Valley

American Fork InstaCare
Lehi Clinic InstaCare
Saratoga Springs InstaCare
Spanish Fork InstaCare
Utah Valley Clinic InstaCare

Northern Utah

Logan InstaCare
North Cache Valley InstaCare

Southern Utah

Cedar City InstaCare
Hurricane Valley InstaCare
River Road InstaCare
Sunset InstaCare



Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request for your health insurer or **plan** to review a decision or a **grievance** again.

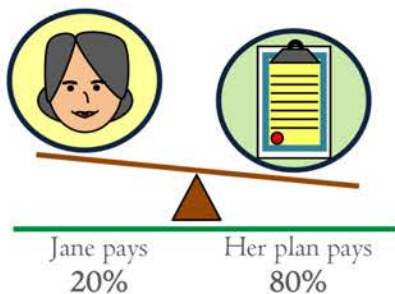
Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service.

You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

Complications of Pregnancy

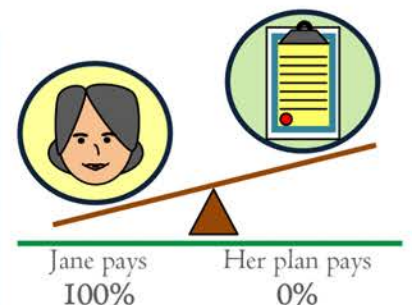
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or **plan** has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

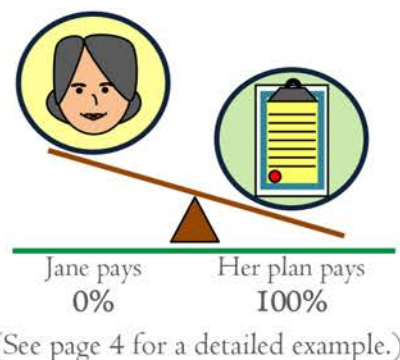
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or **plan** doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

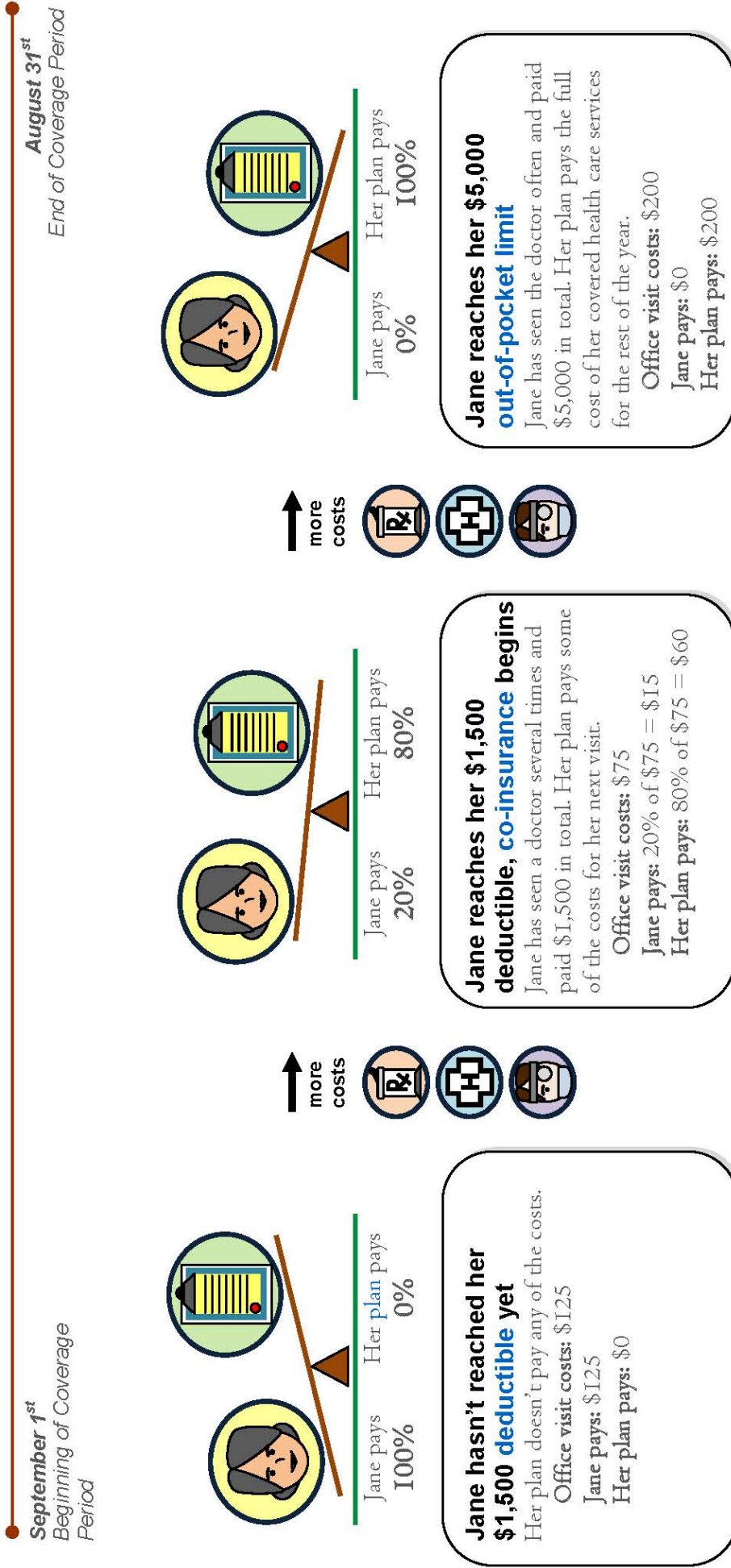
The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500 Co-insurance: 20% Out-of-Pocket Limit: \$5,000





The EMI Health Mobile App

Your benefits.
Anytime.
Anywhere.

