Advantage Prescription Drug List (PDL)[1,2,3,4]

PPACA[5] $0 cost-share preventive medications

Effective January 1, 2027

Connecticut
Delaware
District of Columbia
Illinois
Maine
Maryland
Massachusetts
Minnesota
New Jersey
Oregon
Washington

surest

U.S. Preventive Services Task Force A & B recommendation medications and supplements[6]

The health care reform law (Affordable Care Act) makes certain preventive medications and supplements available to you at no cost — both prescription and over-the-counter (OTC). The following preventive medications are covered at 100% with $0 copay when:

- Prescribed by a health care professional, and
- Age and/or condition appropriate, and
- Filled at a network pharmacy

Medication/supplement	Population	Reason
Over-the-counter		
Aspirin – 81 mg	Persons who are at risk for preeclampsia during pregnancy	Prevent preeclampsia during pregnancy
Folic acid 400 & 800 mcg	Persons who plan to or could become pregnant	Prevent birth defects
Bisacodyl EC[7]	Recommended age 45-75	Bowel preparation for colonoscopy needed for colon cancer screening
Magnesium Citrate[7]	Recommended age 45-75	Bowel preparation for colonoscopy needed for colon cancer screening
PEG 3350 (generic Miralax)[7] Only the OTC product is covered at $0 cost-share. The prescription version of this product may require a copay or coinsurance depending on your plan.	Recommended age 45-75	Bowel preparation for colonoscopy needed for colon cancer screening
Prescription		
Generic Colyte 240/22.74 g sold as: PEG-3350/electrolytes Gavilyte-C	Recommended age 45-75	Bowel preparation for colonoscopy needed for colon cancer screening
Generic Golytely 236/22.7 g sold as: PEG-3350/electrolytes Gavilyte-G	Recommended age 45-75	Bowel preparation for colonoscopy needed for colon cancer screening
Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl Gavilyte-N	Recommended age 45-75	Bowel preparation for colonoscopy needed for colon cancer screening
Fluoride tablets, solution (not toothpaste, rinses)	Children age 0 -16 years	Prevent dental cavities if water source is deficient in fluoride
Golytely 236/22.7 g	Recommended age 45-75	Bowel preparation for colonoscopy needed for colon cancer screening

Birth control[8]

Over-the-counter birth control (contraceptives) for women

Birth control contraceptives
The following forms of birth control (contraceptives) are available OTC and will be covered at $0 cost-share when filled at a network pharmacy. Ask your pharmacy to submit a claim[9] to Surest.
Condoms
Contraceptive films
Contraceptive foams
Contraceptive gels
Contraceptive sponges
Contraceptive suppositories
Emergency birth control (contraceptives) (AfterPill, generic for Plan B, generic for Plan B One-Step)
Opill

Prescription birth control (contraceptives)

KEY

pill ..... Hormonal birth control pill (oral contraceptive)
ring..... Hormonal birth control ring (contraceptive vaginal ring)
shot..... Hormonal birth control shot (injectable contraceptive)
patch..... Hormonal birth control patch (contraceptive transdermal patch)
gel ..... Non-hormonal birth control gel (vaginal contraceptive)

Brand birth control (contraceptives)					
ring	Annovera	**pill**	Lo Loestrin FE	**patch**	Twirla
pill	Averi	**pill**	Natazia	**pill**	Tyblume
shot	Depo-SubQ Provera 104 mg	**pill**	Nextstellis	**pill**	Yasmin
pill	Femlyv	**gel**	Phexxi	**pill**	Yaz
patch	Gwyn Lo	**pill**	Slynd		

Generic birth control (contraceptives)	
pill	Afirmelle, Aubra EQ, Aviane, Delyla, Falmina, Lessina, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg, Lutera, Sronyx, Vienva (generic Alesse)
pill	Altavera, Ayuna, Chateal EQ, Kurvelo, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Levora-28, Marlissa, Portia-28 (generic Nordette)
pill	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35 (generic Ortho-Novum 1/35)
pill	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7 (generic Ortho-Novum 7/7/7)
pill	Ashlyna, Camrese, Daysee, Jaimiess, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg (84), Simpesse (generic Seasonique)
pill	Amethyst, Dolishale, Levonorgestrel/Ethinyl Estradiol 0.09/0.02 mg (generic Lybrel)
pill	Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen (generic Desogen, Ortho-Cept)
pill	Aranelle, Leena (generic Tri-Norinyl)
pill	Aurovela, Hailey, Junel, Larin, Luizza 1.5/30, Microgestin, Norethindrone/Ethinyl Estradiol 1.5 mg/30 mcg (generic Loestrin 1.5 mg/30 mcg)
pill	Aurovela, Junel, Larin, Luizza 1/20, Microgestin, Norethindrone/Ethinyl Estradiol 1 mg/20 mcg (generic Loestrin 1 mg/20 mcg)

Generic birth control (contraceptives) continued...	
pill	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE (generic Loestrin 24 FE)
pill	Aurovela FE, Blisovi FE, Feirza, Hailey FE, Junel FE, Larin FE, Microgestin FE, Norethindrone/Ethinyl Estradiol FE, Tarina FE (generic Loestrin FE)
pill	Azurette, Desogestrel/Ethinyl Estradiol 0.15/0.02 mg, Kariva, Pimtrea, Simliya, Viorele, Volnea (generic Mircette)
pill	Balziva, Briellyn, Philith, Vyfemla (generic Ovcon-35)
pill	Camila, Deblitane, Emzahh, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, Norethindrone 35 mcg, Norlyroc, Orquidea, Sharobel (generic Micronor, Nor-Q-D)
pill	Camrese Lo, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg (84), LoJaimiess (generic LoSeasonique)
pill	Charlotte 24 FE, Finzala, Mibelas 24 FE, Norethindrone/Ethinyl Estradiol FE 1/0.02 mg Chewable (generic Minastrin 24 FE)
pill	Cryselle, Cryselle-28, Elinest, Low-Ogestrel, Turqoz (generic Lo/Ovral)
pill	Drospirenone/Ethinyl Estradiol/Levomefolate 3-0.02-0.451 mg, (generic Beyaz)
pill	Drospirenone/Ethinyl Estradiol/Levomefolate 3-0.03-0.451 mg, Tydemy (generic Safyral)
ring	Eluryng, Enilloring, Etonogestrel/Ethinyl Estradiol 0.12/0.015 mg/24 hr, Haloette (generic NuvaRing)
pill	Enpresse-28, Levonest, Levonorgestrel/Ethinyl Estradiol 6-5-10, Trivora-28 (generic Triphasil)
pill	Estarylla, Mili, Mono-Linyah, Norgestimate/Ethinyl Estradiol 0.25/0.035 mg, Sprintec-28, Vylibra (generic Ortho-Cyclen)
pill	Ethynodiol Diacetate/Ethinyl Estradiol 1/0.035 mg, Kelnor 1/35, Valtya 1/35, Zovia 1/35 (generic Demulen 1/35)
pill	Ethynodiol Diacetate/Ethinyl Estradiol 1/0.05 mg, Kelnor 1/50, Valtya 1/50 (generic Demulen 1/50)
pill	Galbriela chew, Kaitlib FE Chew, Layolis FE Chew, Norethindrone/Ethinyl Estradiol FE 0.8/0.025 mg Chew (generic Generess FE)
pill	Gemmily, Merzee, Norethindrone/Ethinyl Estradiol FE, Taysofy (generic Taytulla)
pill	Iclevia, Introvale, Jolessa, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Setlakin (generic Seasonale)
pill	Levonorgestrel/Ethinyl Estradiol, Rivelsa, Rosyrah (generic Quartette)
pill	Levonorgestrel/Ethinyl Estradiol FE 0.1 mg/20 mcg, Joyeaux, Minzoya (generic Balcoltra)
shot	Medroxyprogesterone Acetate 150 mg (generic Depo-Provera 150 mg)
pill	Necon 0.5 mg/35 mcg, Nortrel 0.5 mg/35 mcg, Wera 0.5 mg/35 mcg (generic Brevicon, Modicon)
patch	Norelgestromin/Ethinyl Estradiol 150/35 mcg, Xulane, Zafemy (generic Ortho Evra)
pill	Norethindrone/Ethinyl Estradiol FE 0.4/0.35 mg, Wymzya FE, Xelria FE (generic Femcon FE)
pill	Norethindrone/Ethinyl Estradiol FE 1-20/1-30/1-35 mg-mcg, Tilia FE, Tri-Legest FE, Xarah FE (generic Estrostep FE)
pill	Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.025 mg, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo (generic Ortho Tri-Cyclen Lo)
pill	Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.035 mg, Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra (generic Ortho Tri-Cyclen)
pill	Velivet (generic Cyclessa)

Prescription cervical caps and diaphragms for birth control (contraceptives)

Brand cervical caps
Femcap
Brand diaphragms
Caya
Omniflex
Wide-Seal

Prescription emergency birth control (contraceptives)

Brand emergency birth control (contraceptives)
AfterPill
ella
Plan B One-Step
Generic emergency birth control (contraceptives)
Aftera, Curae, EContra One Step, Her Style, Levonorgestrel 1.5 mg, My Choice, My Way, New Day, Opcicon One-Step, Option 2, React, Shewise, Take Action, Your Choice (generic Plan B One-Step)

Tobacco cessation medications[6]

If you need help to quit smoking or using tobacco products, these preventive medications are available to you at $0 cost-share. To qualify, you need to:

- Be age 18 or older[10]
- Ask your doctor to obtain notification/prior authorization, if required[11,12,13]
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

Up to two 90-day treatment courses are covered at no cost each year.

Over-the-counter tobacco cessation medications
Nicotine Replacement Gum
Nicotine Replacement Lozenge
Nicotine Replacement Patch
Prescription tobacco cessation medications
Bupropion sustained-release (generic Zyban) Tablet
varenicline tartrate (generic Chantix) tablet[14,15]
The following prescription medication is covered with prior authorization after members have tried: **1) One over-the-counter nicotine product and** **2) Bupropion sustained-release (generic Zyban) separately.** **Prior authorization[13] is required for each 90-day drug supply.[11,12]**
Nicotrol Nasal Spray

Human Immunodeficiency Virus (HIV) preventive medications

If you have a higher chance to become infected with HIV but are not yet infected, these preventive medications are available at $0 cost-share.

HIV pre-exposure prophylaxis medications
Descovy 200-25 mg tab[16]
emtricitabine + tenofovir disoproxil fumarate 200-300 mg tab (generic Truvada)
tenofovir disoproxil fumarate tab 300 mg (generic Viread)[16]

Breast cancer preventive medications[6]

If you are at increased risk for breast cancer but have not had breast cancer, these preventive medications are available at $0 cost-share. To qualify, you must:

- Be age 35 or older[17], and
- Be at an increased risk for the first occurrence of breast cancer — after risk assessment and counseling, and
- Obtain prior authorization

These medications are typically covered at the customary cost-share amount for your plan for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. They are available at $0 cost-share to prevent the first occurrence of breast cancer if a prior authorization is obtained. If you qualify, you can receive these drugs at $0 cost-share for up to 5 years, minus any time you have been taking them for prevention.

Breast cancer medications	
raloxifene[18]	prior authorization required to confirm use is for breast cancer prevention
tamoxifen[18]	prior authorization required to confirm use is for breast cancer prevention
anastrozole[18]	prior authorization required to confirm use is for breast cancer prevention
exemestane[18]	prior authorization required to confirm use is for breast cancer prevention
letrozole[18]	prior authorization required to confirm use is for breast cancer prevention

Statin preventive medications[6]

The U.S. Preventive Services Task Force recommends that adults without a history of cardiovascular disease (CVD) — symptomatic coronary artery disease or stroke — use a low-to-moderate-dose statin for the prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- Have a calculated 10-year risk of a cardiovascular event of 10% or greater.

Statin medications	
lovastatin (generic Mevacor) – All strengths	
atorvastatin (generic Lipitor) 10 & 20 mg[19]	prior authorization required to confirm risk of CVD
simvastatin (generic Zocor) 5, 10, 20 & 40 mg[19]	prior authorization required to confirm risk of CVD

Gonococcal ophthalmia neonatorum preventive medication

The U.S. Preventive Services Task Force recommends prophylactic ocular topical erythromycin ointment administration for all newborns to prevent gonococcal ophthalmia neonatorum. Typically this medication is administered after birth in a hospital setting and covered under the medical benefit. If the birth of a newborn occurs outside of the hospital setting, administration of this medication after birth is still recommended and may be covered under the pharmacy benefit.

This medication is typically covered at the customary cost-share amount for your plan. However, it is available at $0 cost-share for newborn babies 0-1 month of age. For parents trying to get this medication before the birth of the baby, a prior authorization from your health care provider is required to receive this drug at $0 cost-share.

Gonococcal ophthalmia neonatorum medication	
erythromycin ophthalmic ointment 0.5%[20]	prior authorization required if outside of age limit to confirm use is for gonococcal ophthalmia neonatorum prevention

Frequently asked questions

Under the health care reform law, health plans must cover certain medications as recommended by the U.S. Preventive Services Task Force (USPSTF) A & B Recommendation and the Health Resources & Services Administration (HRSA) women's health guidelines, including FDA-approved prescription and over-the-counter (OTC) contraceptives for women[8] at 100% without charging a copayment, coinsurance or deductible when:

- Prescribed by a health care professional, and
- Age and/or condition appropriate, and
- Filled at a network pharmacy

To comply with these regulations, Surest offers this list of $0 cost-share Preventive Care Medications.

Which preventive care medications are available at $0 cost-share?

Refer to the list in this document, sign in to your plan's member website, or call the number on the back of your health plan ID card for a list of medications covered at $0 cost-share.

Please note, in order to obtain coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your health care professional.

Your **medical benefit** will also cover other forms of birth control such as IUDs, implants and surgical sterilization (having your tubes tied).

What if my plan has a religious or moral exemption for covering contraceptives?

Some plans may not have coverage for contraceptives if your employer or plan sponsor cites a religious or moral exemption under applicable law. However, you will still have coverage at $0 cost-share of the U.S. Preventive Services Task Force A & B Recommendation medications listed on the Preventive Care Medications list, such as aspirin, tobacco cessation and breast cancer preventive medications.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the $0 cost preparation medications. You can fill this prescription at a retail network pharmacy.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive,** these medications may still be covered with a copayment or coinsurance.

If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost-share for individuals who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to contact us to get medications approved for you at no additional cost if you meet coverage criteria. For members who don't meet this $0 cost-share criteria or don't request prior authorization, those statins will continue to be covered at the customary cost-share amount for your plan.

How can I get preventive medications to help me stop using tobacco at no cost?

If you are age 18[10] or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe an over-the-counter or prescription medication.

Your doctor can submit a prior authorization[11,12,13] request to get these approved for you at $0 cost-share if you are also getting counseling to help you stop using tobacco products. Your doctor can provide this counseling or help you to find a provider.

If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for $0 cost-share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is right for you, your doctor may offer to prescribe risk-reducing medications, such as emtricitabine + tenofovir disoproxil fumarate 200-300 mg tablet (generic Truvada), Descovy 200-25 mg tab, or tenofovir disoproxil fumarate 300 mg tablet. When prescribed for treatment of HIV, which is commonly used in combination with other anti-viral medications, these medications may process for your standard cost-share. If your medication is processing with a cost-share and you or your doctor feel it should be covered at $0, your doctor may notify us that the medication is being used for HIV prevention and the drug will be covered at $0 cost-share.

Your **medical benefit** will also cover other forms of HIV prevention such as Apretude.

If I'm at risk for breast cancer, how can I get preventive medications for no cost?

If you are a member age 35 or older,[17] talk to your doctor about your risk of getting breast cancer if you have not had it.

If your doctor decides these drugs are right for you, your doctor may offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.

Your doctor can submit a prior authorization request to get these approved for you at $0 cost-share if you meet coverage criteria.

How can I get aspirin to prevent preeclampsia during pregnancy for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant persons at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, ask your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin to be filled at a retail network pharmacy at no additional cost to you.

How can I get medications to prevent gonococcal ophthalmia neonatorum in my newborn's eyes?

Erythromycin ophthalmic ointment 0.5% is available at no cost to newborns 0-1 month of age. If you are a parent trying to get this medication before the birth of your baby, a prior authorization from your health care provider is required to receive this drug at $0 cost-share.

Will this drug list change?

Drug lists can and do change, so it's always good to check. You can find updated information by:

- Signing in to your plan's member website
- Calling the number on your health plan ID card

What if I have a high-deductible or consumer-driven health (CDH) plan?

The same no-cost options on the list applicable to your plan will be available to you if you are in one of these plans. If you fill a prescription for covered products not on your plan's no-cost drug list, you will need to pay the full cost, until your pharmacy plan deductible is reached.

Are the no-cost Preventive Care Medications available at both retail and mail pharmacies?

Preventive Care Medications are available at both network retail pharmacies and the mail order pharmacy for plans with a mail order benefit.

What if the health care reform law requirements for preventive care medication coverage change?

If the law requiring plans to provide preventive care medications at no additional cost changes, information on how your costs may be impacted will be available to you by:

- Signing in to your plan's member website
- Calling the number on your health plan ID card

What if my doctor prescribes a similar preventive medication that is not on this list?

The health care reform law allows plans to use reasonable medical management to decide which product/medications are provided at $0 cost-share. If you choose a no-cost product from the list applicable to your plan, your cost at the pharmacy will be $0. If you choose a covered product/medication that is not on the list, a copay or coinsurance may be required. And this cost will apply to your deductible if you have one.

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list.[21] If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no additional cost. Your doctor may visit **uhcprovider.com** for details on how to submit and what information to include with **Patient Protection and Affordable Care Act $0 Cost-Share Preventive Medications Exemption Requests**.

How do I get reimbursed for a qualifying product if I pay out-of-pocket?

For no up-front costs, ask your pharmacy to submit a claim to Surest. If you paid out of pocket, you can submit a reimbursement form. Learn more about the reimbursement process at **https://www.optumrx.com/en/forms.html**.

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ሥግባቤዎች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظه: إذا كنت تتحدث اللغه العربيه (Arabic)، ستوفر لك خدمات المساعدة اللغويه المجانيه والمراسلات المجانيه بتنسيقات اخرى، مثل الطباعه باحرف كبيرة. اتصل بالرقم المجانى المدون على بطاقه تعريف العضو حاصلك.

দেখুন: আপনি যদি **বাংলায় (Bengali-Bangala)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)**
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意：如果您說**中文 (Chinese - Traditional)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά **(Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ກ ານພິມຕ ວອ ກສ ບ ະ ຫ ນ າ ໃ ຫ ຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈໍາຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनु होस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان **فارسی** (Persian-Farsi) صحبت می‌کنید، خدمات زبانی کمک زبانی و ارتباطات زبانی در قالب‌های دیگر، مانند خط بزرگ، در دسترس شما هستند. با شماره زبانی مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਧਿਆਨ ਦਿਓ ਜੇ ਤੁਸ ੱ **ਪੰਜਾਬੀ** (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ! Если вы говорите на **русск**ом языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ ้หากคุณ**พูดภาษาไทย (Thai)** ้ได้
้คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ้ฟรี ้เช่น
้การพิมพ์ด้วยตัวอักษรขนาดใหญ่ ้โทรไปยังหมายเลข ้โทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте українською (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر اب **اردو (Urdu)** رباں بولے ہیں تو رہان کی معاوں حدماب اور دیگر فارمسس میں مواصلاب، جیسے برے برب، اب کے لیے مفب دسساب ہیں۔ اسے ممبر ساحبی کارد پر دسے کے بول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietna**mese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

Questions?



Sign in to your Surest account or call the number on your member ID card.

surest

1 Please note this list is subject to change.

2 Always refer to your benefit plan materials to determine your coverage for medications and cost-share. Some medications listed on the PDL may not be covered under your specific benefit plan. Where differences are noted, the benefit plan documents will govern.

3 All brand-name medications are trademarks or registered trademarks of their respective owners.

4 Generally state insurance laws do not apply to self-funded groups.

5 PPACA - Patient Protection and Affordable Care Act

6 The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.

7 The first fill within a 12-month period will automatically process at $0 cost-share. Additional fills may be covered at the customary cost-share amount for your plan. However, one additional fill during the 12-month period is available at $0 cost-share for colon cancer screening if a prior authorization is obtained.

8 Additional products not listed on this document are covered at $0 if your pharmacy benefit plan is administered in Connecticut, Oregon or Washington. Sign in to your plan's member website or call the number on your member ID card.

9 In certain scenarios, your pharmacy may ask you to contact your healthcare provider for a prescription..

10 For pharmacy benefit plans administered in the state of Oregon, these tobacco cessation medications are covered for members age 15 and older.

11 If your pharmacy benefit plan is administered in Illinois or Oregon, these products are not subject to prior authorization or the two 90-day treatment course restriction.

12 If your pharmacy benefit plan is administered in Delaware or Maine, these products are not subject to prior authorization.

13 If your pharmacy benefit plan is administered in New Jersey, these products are not subject to prior authorization, First Start or quantity limit requirements for the first 180 days of therapy per plan year.

14 Up to two 90-day treatment courses are covered at no additional cost each year.

15 If your pharmacy benefit plan is administered in Illinois, brand Chantix tablet will also be included as part of the program.

16 These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost-share when used for HIV prevention if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost-share.

17 For pharmacy benefit plans administered in the District of Columbia, there is no age restriction.

18 These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost-share when used for breast cancer prevention if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost-share.

19 These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost-share to prevent cardiovascular disease if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost-share.

20 These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost-share to prevent gonococcal ophthalmia neonatorum if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost-share.

21 When informed by a member's health care provider, Surest will accommodate a coverage exception request for any member when one of the $0 cost medications listed on the Preventive Care Medications list may be medically inappropriate as determined by the health care provider for that member and Surest will waive the otherwise applicable cost-sharing for a medication not represented on the Preventive Care Medications list.

508 Compliant

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