



## Guidance Regarding Preventive Medications

### Affordable Care Act (ACA) Prevention

The ACA requires most group and individual health plans to waive cost share for in-network preventive services, including certain preventive medications and devices. This requirement does not apply to “grandfathered plans.” If you do not know whether your plan is subject to this requirement, please contact BCBSAZ. If your plan does not have ACA prevention, a cost share will apply.

The United States Preventive Services Task Force (USPSTF) has identified certain medications as the recommended preventive medications.

There are two important things to remember about this mandate.

1. The cost share waiver does not apply if you use an out-of-network or non-contracted pharmacy provider, so make sure to check your pharmacy provider’s network status.
2. There are some medications and devices that can be used for both preventive care and to treat a medical condition. Cost share is waived only when the medication or device is prescribed for preventive care.

## Questions?

Log in to MyBlue<sup>SM</sup> to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

## ACA Prevention Drug List

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Drug	Status	Notes
<b>*Analgesics - Nonnarcotic*</b>		
<b>*Salicylate Combinations***</b>		
BUFFERIN LOW DOSE ORAL TABLET	\$0	QL (2 tablets per day); ACA (Tier 3 if ACA does not apply); AL (Min 45 Years)
<b>*Salicylates***</b>		
adult aspirin ec low strength	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
adult aspirin regimen	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin 81	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin adult	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin adult low dose	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin adult low strength	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin childrens	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin ec	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin ec adult low strength	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin ec low dose	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin ec low strength	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin low dose adult	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin low dose oral tablet chewable	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin low dose oral tablet delayed release	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
aspirin low strength	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin oral tablet 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin oral tablet chewable	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin oral tablet delayed release 325 mg, 81 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirin regimen low dose adult	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>ASPIR-LOW</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
aspirtab	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>BAYER ADVANCED ASPIRIN REG ST</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>BAYER ASPIRIN EC LOW DOSE</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>BAYER LOW DOSE</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
childrens aspirin	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
childrens aspirin low strength	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
cvs aspirin adult low dose	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
cvs aspirin adult low strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
cvs aspirin ec oral tablet delayed release 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
cvs aspirin ec oral tablet delayed release 81 mg	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
cvs aspirin low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
cvs aspirin low strength oral tablet delayed release	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
cvs aspirin oral tablet 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
cvs aspirin oral tablet delayed release 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ec-81 aspirin	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>ECOTRIN</b>	\$0	QL (1 tablet per day); ACA (Tier 3 if ACA does not apply); AL (Min 45 Years)
<b>ECOTRIN LOW STRENGTH</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>ECPIRIN</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eq adult aspirin low strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eq aspirin adult low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eq aspirin low dose oral tablet chewable	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eq aspirin low dose oral tablet delayed release	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eq aspirin oral tablet	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eq aspirin oral tablet delayed release 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eq childrens aspirin	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eql aspirin	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
eql aspirin low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
gnp adult aspirin low strength oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
gnp aspirin low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
gnp aspirin oral tablet 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
gnp aspirin oral tablet delayed release 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
gnp aspirin oral tablet delayed release 81 mg	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
goodsense aspirin adult low st	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
goodsense aspirin low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
goodsense aspirin oral tablet	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
goodsense aspirin oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
goodsense aspirin oral tablet delayed release	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
h-e-b aspirin	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
hm aspirin ec	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
hm aspirin ec low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
hm aspirin oral tablet	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
hm aspirin oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
hm aspirin oral tablet delayed release	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
kls aspirin ec	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
kls aspirin low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
kp aspirin	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>MEDIQUE ASPIRIN</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
meijer aspirin ec	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>MINIPRIN LOW DOSE</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
mm aspirin	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>NORWICH ASPIRIN ORAL TABLET 325 MG</b>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
px aspirin oral tablet	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
px aspirin oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
px enteric aspirin oral tablet delayed release 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
px enteric aspirin oral tablet delayed release 81 mg	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
qc aspirin low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
qc aspirin oral tablet	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
qc aspirin oral tablet delayed release	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
qc childrens aspirin	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
qc enteric aspirin	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ra aspirin adult low dose	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ra aspirin adult low strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ra aspirin childrens	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ra aspirin ec	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ra aspirin ec adult low st	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ra aspirin oral tablet 325 mg	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
ra childrens aspirin	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
<i>ra pain relief aspirin</i>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sb aspirin adult low strength</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sb aspirin ec</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sb aspirin oral tablet</i>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sb aspirin oral tablet delayed release</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sb childrens aspirin</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sb low dose asa ec</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin</i>	\$0	QL (1 tablet per day); ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin adult low strength</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin ec</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin ec low strength</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin low dose oral tablet chewable</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>sm childrens aspirin</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>ST JOSEPH LOW DOSE</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>tgt aspirin</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>tgt aspirin ec</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<i>tgt childrens aspirin</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 45 Years)
<b>*Antineoplastics And Adjunctive Therapies*</b>		
<b>*Antiestrogens***</b>		
<i>tamoxifen citrate oral</i>	\$0	DS (30); ACA (Tier 1 if ACA does not apply)

Drug	Status	Notes
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral</i>	\$0	QL (1 tablet per day); DS (30); ACA (Tier 1 if ACA does not apply); F
<i>exemestane</i>	\$0	QL (1 tablet per day); DS (30); ACA (Tier 1 if ACA does not apply); F
<i>letrozole oral</i>	\$0	QL (1 tablet per day); DS (30); ACA (Tier 1 if ACA does not apply); F
<b>*Antivirals*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	QL (1 tablet per day); ACA (Tier 3 if ACA does not apply)
<b>*Contraceptives*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
<b>AZURETTE</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>BEKYREE</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>desogestrel-ethynodiol dihydrogenetic steroid oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>KARIVA</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>MIRCETTE</b>	\$0	QL (28 tablets per month); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>PIMTREA</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>SIMLIYA</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>vodorele</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>VOLNEA</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Combination Contraceptives - Oral***</b>		
<b>AFIRMELLE</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ALTAVERA</b>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
alyacen 1/35	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
APRI	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AUBRA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AUBRA EQ	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AUROVELA 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AUROVELA 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AUROVELA 24 FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AUROVELA FE 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AUROVELA FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AVIANE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AYUNA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
BALZIVA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
BLISOVI 24 FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
BLISOVI FE 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
BLISOVI FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
briellyn	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
CHATEAL	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CHATEAL EQ	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CRYSELLE-28	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CYCLAFEM 1/35	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CYRED	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CYRED EQ	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
DASETTA 1/35	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
DELYLA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>desogestrel-ethynodiol estradiol oral tablet 0.15-30 mg-mcg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>drospirenone-ethynodiol estradiol oral tablet 3-0.03 mg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ELINEST	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
EMOQUETTE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ESTARYLLA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>ethynodiol diac-eth estradiol</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
FALMINA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
FEMYNOR	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
HAILEY 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
HAILEY 24 FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
HAILEY FE 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
HAILEY FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ISIBLOOM	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JULEBER	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JUNEL 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JUNEL 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JUNEL FE 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JUNEL FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JUNEL FE 24	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
KALLIGA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
KELNOR 1/35	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
KELNOR 1/50	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
KURVELO	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
LARIN 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LARIN 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LARIN 24 FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LARIN FE 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LARIN FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LARISSIA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LESSINA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LEVORA 0.15/30 (28)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LILLOW	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LOESTRIN FE 1/20	\$0	QL (28 tablets per month); F
LOW-OGESTREL	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LUTERA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
marlissa	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MICROGESTIN 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MICROGESTIN 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
MICROGESTIN FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MILI	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MONO-LINYAH	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MONONESSA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NECON 0.5/35 (28)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethin ace-eth estrad-fe oral tablet</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethindrone acet-ethinyl est oral tablet</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORTREL 0.5/35 (28)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (21)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (28)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
OCELLA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ORSYTHIA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
PHILITH	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
PIRMELLA 1/35	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
PORTIA-28	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
PREVIFEM	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
RECLIPSEN	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SPRINTEC 28	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SRONYX	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SYEDA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TARINA 24 FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TARINA FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TARINA FE 1/20 EQ	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TYBLUME ORAL TABLET	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply)
VIENVA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
VYFEMLA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
VYLIBRA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
WERA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
WYMZYA FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ZARAH	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
ZOVIA 1/35E (28)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ZUMANDIMINE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Combination Contraceptives - Transdermal***</b>		
XULANE	\$0	QL (3 patches per month); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
ZAFEMY	\$0	QL (3 patches per month); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>*Combination Contraceptives - Vaginal***</b>		
ELURYNG	\$0	QL (1 vaginal ring per month); ACA (Tier 1 if ACA/Women's Prevention does not apply)
<i>etonogestrel-ethynodiol estradiol</i>	\$0	QL (1 vaginal ring per month); ACA (Tier 1 if ACA/Women's Prevention does not apply)
NUVARING	\$0	QL (1 vaginal ring per month); ACA (Tier 3 if ACA/Women's Prevention does not apply)
<b>*Continuous Contraceptives - Oral***</b>		
AMETHYST	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>levonorgestrel-ethynodiol estradiol oral tablet 90-20 mcg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Emergency Contraceptives***</b>		
AFTERA	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ECONTRA EZ	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ECONTRA ONE-STEP	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MY CHOICE	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
MY WAY	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
NEW DAY	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
OPCICON ONE-STEP	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
OPTION 2	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
PREVENTEZA	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
REACT	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TAKE ACTION	\$0	QL (3 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Extended-Cycle Contraceptives - Oral***</b>		
AMETHIA	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
AMETHIA LO	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ASHLYNA	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CAMRESE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CAMRESE LO	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
DAYSEE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
INTROVALE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JAIMIESS	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JOLESSA	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
levonorgest-eth estrad 91-day	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
LOJAIMIESS	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
QUASENSE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SEASONIQUE	\$0	QL (91 tablets per 91 days); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
SETLAKIN	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SIMPESSE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Progestin Contraceptives - Injectable***</b>		
<i>medroxyprogesterone acetate intramuscular suspension</i>	\$0	QL (1 injection per 90 days); DS (90); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	\$0	DS (90); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Progestin Contraceptives - Oral***</b>		
CAMILA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
DEBLITANE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ERRIN	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
HEATHER	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
INCASSIA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JENCYCLA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JOLIVETTE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LYLEQ	\$0	QL (28 tablets per month); F
LYZA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
NORA-BE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethindrone oral</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORLYDA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORLYROC	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SHAROBEL	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SLYND	\$0	QL (28 tablets per month); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
TULANA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Triphasic Contraceptives - Oral***</b>		
<i>alyacen 7/7/7</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ARANELLE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CAZIANT	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CYCLAFEM 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ENPRESSE-28	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LEENA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LEVONEST	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
MYZILRA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
norgestim-eth estrad triphasic	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
PIRMELLA 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TILIA FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI FEMYNOR	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LEGEST FE	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LINYAH	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LO-MARZIA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LO-MILI	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LO-SPRINTEC	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-MILI	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRINESSA (28)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
TRINESSA LO	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-NYMYO	\$0	QL (28 tablets per month)
TRI-PREVIFEM	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRIVORA (28)	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
VELIVET	\$0	QL (28 tablets per month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Endocrine And Metabolic Agents - Misc.*</b>		
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
raloxifene hcl	\$0	QL (1 tablet per day); DS (30); ACA (Tier 1 if ACA does not apply)
<b>*Hematopoietic Agents*</b>		
<b>*Folic Acid/Folates***</b>		
folic acid oral tablet 1 mg	\$0	QL (2 tablets per day); ACA (Tier 1 if ACA does not apply)
<b>*Iron***</b>		
BPROTECTED PEDIA IRON	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 1 Years)
FER-IN-SOL	\$0	ACA (Tier 3 if ACA does not apply); AL (Max 1 Years)
ferrous sulfate oral solution 75 (15 fe) mg/ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 1 Years)
iron supplement childrens	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 1 Years)
pc pediatric iron drops	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 1 Years)
SPATONE PUR-ABSORB IRON	\$0	QL (60ml per day); ACA (Tier 3 if ACA does not apply); AL (Max 1 Years)
<b>*Laxatives*</b>		
<b>*Bowel Evacuant Combinations***</b>		
GAVILYTE-G	\$0	ACA (Tier 1 if ACA does not apply)

Drug	Status	Notes
GAVILYTE-N WITH FLAVOR PACK	\$0	ACA (Tier 1 if ACA does not apply)
peg 3350/electrolytes	\$0	ACA (Tier 1 if ACA does not apply)
peg 3350-kcl-na bicarb-nacl	\$0	ACA (Tier 1 if ACA does not apply)
peg-3350/electrolytes	\$0	ACA (Tier 1 if ACA does not apply)
peg-3350/electrolytes/ascorbat	\$0	ACA (Tier 1 if ACA does not apply)
TRILYTE	\$0	ACA (Tier 1 if ACA does not apply)
<b>*Medical Devices And Supplies*</b>		
<b>*Cervical Caps***</b>		
FEMCAP	\$0	DS (30); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>*Condoms - Female***</b>		
FC FEMALE CONDOM	\$0	QL (12 units per month); DS (30); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
FC2 FEMALE CONDOM	\$0	QL (12 units per month); DS (30); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>*Diaphragms***</b>		
CAYA	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
OMNIFLEX DIAPHRAGM	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 60	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 65	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 70	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 75	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 80	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 85	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 90	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 95	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>*Glucose Monitoring Test Supplies***</b>		
ONETOUCH ULTRA 2	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)

Drug	Status	Notes
ONETOUCH ULTRA MINI	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
ONETOUCH ULTRALINK	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
ONETOUCH VERIO	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
ONETOUCH VERIO FLEX SYSTEM	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
ONETOUCH VERIO IQ SYSTEM	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
ONETOUCH VERIO REFLECT	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
ONETOUCH VERIO SYNC SYSTEM	\$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescan's toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
<b>*Minerals &amp; Electrolytes*</b>		
<b>*Fluoride***</b>		
fluoritab oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 6 Years)
NAFRINSE	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral tablet	\$0	ACA (Tier 3 if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 6 Years)

Drug	Status	Notes
<b>*Mouth/Throat/Dental Agents*</b>		
<b>*Fluoride Dental Products***</b>		
NAFRINSE DAILY/NEUTRAL	\$0	ACA (Tier 3 if ACA does not apply); AL (Max 6 Years)
NAFRINSE WEEKLY	\$0	ACA (Tier 3 if ACA does not apply); AL (Max 6 Years)
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>		
<b>*Smoking Deterrents***</b>		
bupropion hcl er (smoking det)	\$0	QL (2 tablets per day); ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG	\$0	QL (2 tablets per day); ACA (Tier 3 if ACA does not apply); AL (Min 18 Years)
CHANTIX ORAL TABLET 1 MG	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	\$0	QL (2 tablets per day); ACA (Tier 3 if ACA does not apply); AL (Min 18 Years)
cvs nicotine	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
cvs nicotine polacrilex	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
eq nicotine mouth/throat gum 4 mg	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
eq nicotine mouth/throat lozenge	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
eq nicotine polacrilex	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
eq nicotine step 3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
eq nicotine transdermal	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
eql nicotine polacrilex	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
gnp nicotine mini mouth/throat lozenge 2 mg	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
gnp nicotine polacrilex	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
goodsense nicotine	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)

Drug	Status	Notes
<i>hm nicotine</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>hm nicotine polacrilex</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>KLS QUIT2</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>KLS QUIT4</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>NICORELIEF MOUTH/THROAT GUM 2 MG</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>NICORETTE MOUTH/THROAT GUM 4 MG</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 18 Years)
<b>NICORETTE MOUTH/THROAT LOZENGE 2 MG</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM 4 MG</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 18 Years)
<i>nicotine mini</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex mouth/throat</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 1</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 2</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 3</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>nicotine transdermal patch 24 hour</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>NICOTROL</b>	\$0	ACA (Tier 2 if ACA does not apply); AL (Min 18 Years)
<b>NICOTROL NS</b>	\$0	QL (12x 10ml bottles per month); ACA (Tier 3 if ACA does not apply); AL (Min 18 Years)
<i>px stop smoking aid</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>ra mini nicotine</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine polacrilex</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)

Drug	Status	Notes
<i>sm nicotine polacrilex mouth/throat gum</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>sr nicotine</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>tgt nicotine</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>tgt nicotine polacrilex</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>tgt nicotine step one</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>tgt nicotine step three</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<i>tgt nicotine step two</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>THRIVE MOUTH/THROAT GUM 2 MG</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 18 Years)
<b>*Vaginal And Related Products*</b>		
<b>*Spermicides***</b>		
<b>ENCARE VAGINAL SUPPOSITORY</b>	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>OPTIONS CONCEPTROL</b>	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>OPTIONS GYNOL II CONTRACEPTIVE</b>	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>SHUR-SEAL CONTRACEPTIVE</b>	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>TODAY SPONGE</b>	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM</b>	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM</b>	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL GEL</b>	\$0	ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Vitamins*</b>		
<b>*Vitamin D***</b>		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<i>baby super daily d3 oral liquid 10 mcg /0.028ml</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)

Drug	Status	Notes
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
cholecalciferol oral liquid 25 mcg/0.03ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
cvs d3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
cvs vitamin d child gummies	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
cvs vitamin d3 drops/infant oral liquid 10 mcg /0.028ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
cvs vitamin d3 oral capsule 250 mcg (10000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d 1000	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d 10000	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d 400 oral tablet	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d 400 oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d 5000	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d-1000	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d-1000 extra strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d-2000 maximum strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d2000 ultra strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d3 adult	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
D3 DOTS	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
d3 high potency	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d3 kids	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d3 maximum strength oral capsule	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)

Drug	Status	Notes
d3 maximum strength oral liquid 125 mcg/ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d3 super strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d3 vitamin oral liquid 10 mcg/ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d3-1000	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d-3-5	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
D3-50	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d-400	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
d-5000	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<b>DDROPS ORAL LIQUID 25 MCG /0.028ML, 25 MCG/0.03ML, 50 MCG /0.028ML, 50 MCG/0.03ML</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<b>DECARA ORAL CAPSULE 1.25 MG (50000 UT), 250 MCG (10000 UT)</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>DECARA ORAL CAPSULE 625 MCG (25000 UT)</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<i>delta d3</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>DIALYVITE VITAMIN D 5000</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>DIALYVITE VITAMIN D3 MAX</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>D-VI-SOL ORAL LIQUID 10 MCG/ML</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<i>d-vite pediatric</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<i>eq d3 drops infants/childrens</i>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<i>eql vitamin d3 gummies</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<i>eql vitamin d3 oral capsule</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<i>gnp d 1000</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<i>gnp d 2000</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)

Drug	Status	Notes
gnp vitamin d maximum strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
gnp vitamin d super strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
gnp vitamin d3 extra strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
gnp vitamin d-400 oral tablet 10 mcg (400 unit)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>HEALTHY KIDS VITAMIN D3</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
hm vitamin d	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
hm vitamin d3 oral capsule	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
hm vitamin d3 oral tablet 25 mcg (1000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>JUST D ORAL LIQUID 10 MCG/ML</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>KIDS FIRST VITAMIN D3 GUMMIES</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
kls d3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
kp vitamin d oral capsule 25 mcg (1000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
kp vitamin d oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
kp vitamin d3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<b>MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
nat-rul vitamin d	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
natural vitamin d-3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>OPTIMAL D3 M</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
<b>OPTIMAL-D</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>OPURITY VITAMIN D</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
pa vitamin d-3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
pa vitamin d-3 gummy	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)

Drug	Status	Notes
PRONUTRIENTS VITAMIN D3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
qc vitamin d3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
ra vitamin d-3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
RADIANCE PLATINUM VITAMIN D3	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
REPLESTA	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
REPLESTA CHILDRENS	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
REPLESTA NX	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
sm vitamin d	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
sm vitamin d3 oral capsule 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg (2000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
sm vitamin d3 oral tablet	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
super daily d3 oral liquid 25 mcg /0.028ml, 50 mcg /0.028ml	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
THERA-D 2000	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
THERA-D 4000	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
THERA-D RAPID REPLETION	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
VITAJOY DAILY D GUMMIES	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
VITAMELTS VITAMIN D	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
vitamin d (cholecalciferol)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d high potency	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d infant oral liquid 10 mcg/ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d oral liquid 10 mcg/ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d oral tablet 25 mcg (1000 ut), 400 unit, 50 mcg (2000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)

Drug	Status	Notes
VITAMIN D-1000 MAX ST	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 adult gummies	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 gummies	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 gummies adult	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>VITAMIN D3 IMMUNE HEALTH</b>	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
vitamin d3 maximum strength	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d-3 oral	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 oral capsule	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 oral liquid 10 mcg/ml, 125 mcg/ml, 5000 unit/ml	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 oral liquid 125 mcg/0.5ml, 25 mcg/spray, 30 mcg/15ml	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
vitamin d3 oral tablet 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut)	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 oral tablet 20 mcg (800 unit), 250 mcg (10000 ut), 75 mcg (3000 ut)	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
vitamin d3 oral tablet chewable	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 oral tablet dispersible	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
vitamin d-3 sublingual	\$0	ACA (Tier 3 if ACA does not apply); AL (Min 65 Years)
vitamin d3 super strength oral tablet	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d3 ultra potency	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
vitamin d-400	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)
<b>WEEKLY-D</b>	\$0	ACA (Tier 1 if ACA does not apply); AL (Min 65 Years)



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HEALTHY KIDS VITAMIN D3.....	30	LYLEQ.....	19	ONETOUCH ULTRA MINI .....	24
HEATHER.....	19	LYZA.....	19	ONETOUCH ULTRALINK .....	24
h-e-b aspirin.....	7	marlissa.....	14	ONETOUCH VERIO .....	24
hm aspirin.....	7	MAXIMUM D3.....	30	ONETOUCH VERIO FLEX SYSTEM .....	24
hm aspirin ec.....	7	MEDIQUE ASPIRIN .....	7	ONETOUCH VERIO IQ SYSTEM .....	24
hm aspirin ec low dose .....	7	medroxyprogesterone acetate .....	19	ONETOUCH VERIO REFLECT .....	24
hm nicotine .....	26	meijer aspirin ec .....	8	ONETOUCH VERIO SYNC SYSTEM .....	24
hm nicotine polacrilex .....	26	MICROGESTIN 1.5/30 .....	14	OPCICON ONE-STEP .....	18
hm vitamin d .....	30	MICROGESTIN 1/20 .....	14	OPTIMAL D3 M .....	30
hm vitamin d3 .....	30	MICROGESTIN FE 1.5/30 .....	14	OPTIMAL-D .....	30
INCASSIA.....	19	MICROGESTIN FE 1/20 .....	15	OPTION 2 .....	18
INTROVALE .....	18	MILI.....	15	OPTIONS CONCEPTROL .....	27
iron supplement childrens .....	22	MINIPRIN LOW DOSE .....	8	OPTIONS GYNOL II CONTRACEPTIVE .....	27
ISIBLOOM .....	13	MIRCETTE .....	10	OPURITY VITAMIN D .....	30
JAIMIESS .....	18	mm aspirin .....	8	ORSYTHIA.....	15
JENCYCLA.....	19	MOMMY'S BLISS VIT D .....		pa vitamin d-3 .....	30
JOLESSA .....	18	ORGANIC .....	30	pa vitamin d-3 gummy .....	30
JOLIVETTE .....	19	MONO-LINYAH .....	15	pc pediatric iron drops .....	22
JULEBER .....	13	MONONESSA .....	15	peg 3350/electrolytes .....	23
JUNEL 1.5/30 .....	13	MY CHOICE .....	17	peg 3350-kcl-na bicarb-nacl .....	23
JUNEL 1/20 .....	13	MY WAY .....	17	peg-3350/electrolytes .....	23
JUNEL FE 1.5/30 .....	13	MYZILRA .....	21	peg-3350/electrolytes/ascorbat .....	23
JUNEL FE 1/20 .....	13	NAFRINSE .....	24	PHILITH .....	15
JUNEL FE 24 .....	13	NAFRINSE DAILY/NEUTRAL .....	25	PIMTREA .....	10
JUST D .....	30	NAFRINSE WEEKLY .....	25	PIRMELLA 1/35 .....	15
KALLIGA .....	13	nat-rul vitamin d .....	30	PIRMELLA 7/7/7 .....	21
KARIVA .....	10	natural vitamin d-3 .....	30	PORTIA-28 .....	16
KELNOR 1/35 .....	13	NECON 0.5/35 (28) .....	15	PREVENTEZA .....	18
KELNOR 1/50 .....	13	NEW DAY .....	18	PREVIFEM .....	16
KIDS FIRST VITAMIN D3 GUMMIES .....	30	NICORELIEF .....	26	PRONUTRIENTS VITAMIN D3 .....	31
kls aspirin ec .....	7	NICORETTE .....	26	px aspirin .....	8
kls aspirin low dose .....	7	NICORETTE MINI .....	26	px enteric aspirin .....	8
kls d3 .....	30	NICORETTE STARTER KIT .....	26	px stop smoking aid .....	26
KLS QUIT2 .....	26	nicotine .....	26	qc aspirin .....	8
KLS QUIT4 .....	26	nicotine mini .....	26	qc aspirin low dose .....	8
kp aspirin .....	7	nicotine polacrilex .....	26	qc childrens aspirin .....	8
kp vitamin d .....	30	nicotine step 1 .....	26	qc enteric aspirin .....	8
kp vitamin d3 .....	30	nicotine step 2 .....	26	qc vitamin d3 .....	31
KURVELO .....	13	nicotine step 3 .....	26	QUASENSE .....	19
LARIN 1.5/30 .....	14	NICOTROL .....	26	ra aspirin .....	8
LARIN 1/20 .....	14	NICOTROL NS .....	26		
LARIN 24 FE .....	14	NORA-BE .....	20		

<i>ra aspirin adult low dose</i>	8	<i>tgt nicotine</i>	27	<b>WIDE-SEAL DIAPHRAGM 70</b>	23
<i>ra aspirin adult low strength</i>	8	<i>tgt nicotine polacrilex</i>	27	<b>WIDE-SEAL DIAPHRAGM 75</b>	23
<i>ra aspirin childrens</i>	8	<i>tgt nicotine step one</i>	27	<b>WIDE-SEAL DIAPHRAGM 80</b>	23
<i>ra aspirin ec</i>	8	<i>tgt nicotine step three</i>	27	<b>WIDE-SEAL DIAPHRAGM 85</b>	23
<i>ra aspirin ec adult low st</i>	8	<i>tgt nicotine step two</i>	27	<b>WIDE-SEAL DIAPHRAGM 90</b>	23
<i>ra childrens aspirin</i>	8	<b>THERA-D 2000</b>	31	<b>WIDE-SEAL DIAPHRAGM 95</b>	23
<i>ra mini nicotine</i>	26	<b>THERA-D 4000</b>	31	<b>WYMZYA FE</b>	16
<i>ra nicotine</i>	26	<b>THERA-D RAPID REPLETION</b>	31	<b>XULANE</b>	17
<i>ra nicotine gum</i>	26	<b>THRIVE</b>	27	<b>ZAFEMY</b>	17
<i>ra nicotine polacrilex</i>	26	<b>TILIA FE</b>	21	<b>ZARAH</b>	16
<i>ra pain relief aspirin</i>	9	<b>TODAY SPONGE</b>	27	<b>ZOVIA 1/35E (28)</b>	17
<i>ra vitamin d-3</i>	31	<b>TRI FEMYNOR</b>	21	<b>ZUMANDIMINE</b>	17
<b>RADIANCE PLATINUM VITAMIN D3</b>	31	<b>TRI-ESTARYLLA</b>	21		
<i>raloxifene hcl</i>	22	<b>TRI-LEGEST FE</b>	21		
<b>REACT</b>	18	<b>TRI-LINYAH</b>	21		
<b>RECLIPSEN</b>	16	<b>TRI-LO-ESTARYLLA</b>	21		
<b>REPLESTA</b>	31	<b>TRI-LO-MARZIA</b>	21		
<b>REPLESTA CHILDRENS</b>	31	<b>TRI-LO-MILI</b>	21		
<b>REPLESTA NX</b>	31	<b>TRI-LO-SPRINTEC</b>	21		
<i>sb aspirin</i>	9	<b>TRILYTE</b>	23		
<i>sb aspirin adult low strength</i>	9	<b>TRI-MILI</b>	21		
<i>sb aspirin ec</i>	9	<b>TRINESSA (28)</b>	21		
<i>sb childrens aspirin</i>	9	<b>TRINESSA LO</b>	22		
<i>sb low dose asa ec</i>	9	<b>TRI-NYMYO</b>	22		
<b>SEASONIQUE</b>	19	<b>TRI-PREVIFEM</b>	22		
<b>SETLAKIN</b>	19	<b>TRI-SPRINTEC</b>	22		
<b>SHAROBEL</b>	20	<b>TRIVORA (28)</b>	22		
<b>SHUR-SEAL CONTRACEPTIVE</b>	27	<b>TRI-VYLIBRA</b>	22		
<b>SIMLIYA</b>	10	<b>TRI-VYLIBRA LO</b>	22		
<b>SIMPESSE</b>	19	<b>TULANA</b>	20		
<b>SLYND</b>	20	<b>TYBLUME</b>	16		
<i>sm aspirin</i>	9	<b>UPSPRING BABY VIT D</b>	31		
<i>sm aspirin adult low strength</i>	9	<b>VCF VAGINAL CONTRACEPTIVE</b>	27		
<i>sm aspirin ec</i>	9	<b>VELIVET</b>	22		
<i>sm aspirin ec low strength</i>	9	<b>VIENVA</b>	16		
<i>sm aspirin low dose</i>	9	<i>viorele</i>	10		
<i>sm childrens aspirin</i>	9	<b>VITAJOY DAILY D GUMMIES</b>	31		
<i>sm nicotine</i>	26	<b>VITAMELTS VITAMIN D</b>	31		
<i>sm nicotine polacrilex</i>	27	<i>vitamin d</i>	31		
<i>sm vitamin d</i>	31	<i>vitamin d (cholecalciferol)</i>	31		
<i>sm vitamin d3</i>	31	<i>vitamin d high potency</i>	31		
<i>sodium fluoride</i>	24	<i>vitamin d infant</i>	31		
<b>SPATONE PUR-ABSORB IRON</b>	22	<b>VITAMIN D-1000 MAX ST</b>	32		
<b>SPRINTEC 28</b>	16	<i>vitamin d3</i>	32		
<i>sr nicotine</i>	27	<i>vitamin d-3</i>	32		
<b>SRONYX</b>	16	<i>vitamin d3 adult gummies</i>	32		
<b>ST JOSEPH ASPIRIN</b>	9	<i>vitamin d3 gummies</i>	32		
<b>ST JOSEPH LOW DOSE</b>	9	<i>vitamin d3 gummies adult</i>	32		
<i>super daily d3</i>	31	<b>VITAMIN D3 IMMUNE HEALTH</b>	32		
<b>SYEDA</b>	16	<i>vitamin d3 maximum strength</i>	32		
<b>TAKE ACTION</b>	18	<i>vitamin d3 super strength</i>	32		
<i>tamoxifen citrate</i>	9	<i>vitamin d3 ultra potency</i>	32		
<b>TARINA 24 FE</b>	16	<i>vitamin d-400</i>	32		
<b>TARINA FE 1/20</b>	16	<b>VOLNEA</b>	10		
<b>TARINA FE 1/20 EQ</b>	16	<b>VYFEMLA</b>	16		
<i>tgt aspirin</i>	9	<b>VYLIBRA</b>	16		
<i>tgt aspirin ec</i>	9	<b>WEEKLY-D</b>	32		
<i>tgt aspirin low dose</i>	9	<b>WERA</b>	16		
<i>tgt childrens aspirin</i>	9	<b>WIDE-SEAL DIAPHRAGM 60</b>	23		
		<b>WIDE-SEAL DIAPHRAGM 65</b>	23		

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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# Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigií Blue Cross Blue Shield of Arizona haada yit'éego bína'ídílkidgo éí doodago Háida bíjá anilyeedígií t'áadoo le'é yína'ídílkidgo beehaz'áanii hólq díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'q doo baah ílinígóó. Ata' halne'ígií koj' bich'j' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعدك بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكالفة للتحدث مع مترجم اتصل ب 877-475-4799.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돋고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک می‌کنید، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایند].

Assyrian:

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีความเกี่ยวข้อง Blue Cross Blue Shield of Arizona  
คุณสมsth จะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย พดคุยกับลาม โทร  
877-475-4799



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BlueShield  
of Arizona**