

Preventive Drug Coverage

Under the Patient Protection and Affordable Care Act, also known as national health care reform, most health plans must cover certain preventive services and drugs with no out-of-pocket costs. Preventive services are based on recommendations from the U.S. Preventive Services Task Force.

Listed below are drugs and products covered by Blue Cross Blue Shield of Michigan and Blue Care Network that comply with health care reform’s preventive benefits requirements. These drugs and products will have a “PV1,” “PV2” or “PV3” listing in the “Notes” column of the drug lists and are available to you with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements aren’t met, either the drug isn’t covered, or coverage and applicable out-of-pocket costs apply based on your benefit design. Additional coverage requirements may also apply.

You should consult with your doctor in choosing the drug or product that’s right for you. A prescription from your doctor is required for preventive care drugs or products covered under your pharmacy plan, including over-the-counter drugs, and you must use network providers. For information specific to your preventive benefits, check your plan documents.

Representative drug and product brand names are listed below for reference. The generic equivalent will be dispensed where available when you fill a prescription.

**Find current lists of available drugs and products along with coverage requirements at
bcbsm.com/pharmacy.**

Drugs covered at \$0 copayment	Coverage requirements
Vaccines	
<ul style="list-style-type: none"> • Find the complete list of covered vaccines for each pharmacy benefit drug list at bcbsm.com/druglists • Find additional information regarding vaccine coverage at bcbsm.com/vaccines 	<ul style="list-style-type: none"> • Administered by a pharmacy that participates with Blue Cross Blue Shield of Michigan and Blue Care Network and is certified to administer vaccines • Quantity limits may apply • Additional coverage requirements may also apply
Contraception	
Prescription products	
<ul style="list-style-type: none"> • Oral, injectable and patch (various) • Etonogestrel/ethinyl estradiol vaginal ring (such as EluRyng®, Nuvaring®) • pH modulator (Phexxi®) • Diaphragms (Caya®, Wide-Seal®) • Cervical caps (FemCap®) 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply

Over-the-counter products	
<ul style="list-style-type: none"> • Nonoxynol-9 vaginal sponge (Today[®]) • Nonoxynol-9 vaginal 3% gel (Gynol II[®]) • Nonoxynol-9 vaginal 4% gel (Conceptrol[®]) • Nonoxynol-9 vaginal 28% medicated film (VCF[®]) • Female condom (FC[®], FC2[®]) • Male condom 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply
Emergency contraception	
<ul style="list-style-type: none"> • Levonorgestrel 1.5mg tablet (such as Plan B[®], Plan B One Step[®], My Choice[®], My Way[®], Preventeza[®]) • Ulipristal acetate (Ella[®]) 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply
Smoking cessation	
Prescription products	
<ul style="list-style-type: none"> • Bupropion 150mg extended-release tablet (Zyban[®]) • Varenicline tartrate tablet (Chantix[®]) • Nicotine inhaler (Nicotrol[®]) • Nicotine nasal spray (Nicotrol NS[®]) 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply • Members ages 18 or older • Additional coverage requirements may also apply • Out-of-pocket cost may apply if step therapy criteria is not met
Over-the-counter products	
<ul style="list-style-type: none"> • Nicotine gum, lozenge, and patch (such as Habitrol[®], Nicoderm CQ[®], KLS Quit[®], etc.) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 18 or older
Breast cancer prevention	
<ul style="list-style-type: none"> • Anastrozole (Arimidex[®]) • Exemestane (Aromasin[®]) • Tamoxifen • Raloxifene (Evista[®]) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Women ages 35 or older • Additional coverage requirements may also apply • Out-of-pocket cost may apply if step therapy criteria is not met
Colorectal cancer prevention screening (bowel preparation medications for colonoscopy)	
Prescription products	
<ul style="list-style-type: none"> • Polyethylene glycol 3350 (such as GaviLyte-C[®], GaviLyte-G[®], GaviLyte-N[®], Moviprep[®], Peg-Prep[®]) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 45 to 75 years • Two bowel preparation regimens per year with \$0 copay
Over-the-counter products	
<ul style="list-style-type: none"> • Polyethylene glycol 3350 (such as ClearLax[®], Glycolax[®], HealthyLax[®]) • Bisacodyl • Magnesium citrate (such as Citroma[®]) • Magnesium hydroxide (such as Milk of Magnesia[®]) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 45 to 75 years • Two bowel preparation regimens per year with \$0 copay

Cardiovascular disease prevention	
<p>Low-to-moderate dose statins:</p> <ul style="list-style-type: none"> • Atorvastatin (Lipitor®) <ul style="list-style-type: none"> - Less than or equal to 20mg • Fluvastatin (Lescol®/XL) <ul style="list-style-type: none"> - Less than or equal to 80mg • Lovastatin (Mevacor®) <ul style="list-style-type: none"> - Less than or equal to 40mg • Pravastatin (Pravachol®) <ul style="list-style-type: none"> - Less than or equal to 80mg • Rosuvastatin (Crestor®) <ul style="list-style-type: none"> - Less than or equal to 10mg • Simvastatin (Zocor®) <ul style="list-style-type: none"> - Less than or equal to 40mg 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 40 to 75 years
Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	
<ul style="list-style-type: none"> • Descovy® (emtricitabine/tenofovir 200mg/25mg) • Emtricitabine/tenofovir 200mg/300mg (Truvada®) 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply • For members at high risk of HIV acquisition • Out-of-pocket cost may apply if coverage criteria isn't met
Other preventive products	
<ul style="list-style-type: none"> • Aspirin — over-the-counter 81mg 	<ul style="list-style-type: none"> • Generic only • For pregnant members who are at high risk for preeclampsia
<ul style="list-style-type: none"> • Fluoride 0.25mg, 0.5mg, and 1mg drops and tablets 	<ul style="list-style-type: none"> • Generic only • Members 6 months to 16 years
<ul style="list-style-type: none"> • Folic acid — over-the-counter 400mcg and 800mcg 	<ul style="list-style-type: none"> • Generic only • For members planning or capable of becoming pregnant

We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。请致电 877-469-2583 (TTY: 711) 或咨询您的服务提供商。

ଆମେ: ଯଦି ଆପଣଙ୍କର କୌଣସି ଭାଷା ଅନୁସାରେ କୌଣସି ସେବା ଆବଶ୍ୟକ, ତେବେ ଆମେ ସେବାକୁ ମୁକ୍ତରେ ପ୍ରଦାନ କରିବା। ଆପଣଙ୍କର ସେବାକୁ ଆମେ ମୁକ୍ତରେ ପ୍ରଦାନ କରିବା। ଆପଣଙ୍କର ସେବାକୁ ଆମେ ମୁକ୍ତରେ ପ୍ରଦାନ କରିବା। ଆପଣଙ୍କର ସେବାକୁ ଆମେ ମୁକ୍ତରେ ପ୍ରଦାନ କରିବା। 877-469-2583 TTY: 711

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihe të përshtatshme dhe shërbime shpesh për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাে সহযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются

бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network 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 in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
Fax: 866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal website](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services [Office for Civil Rights website](https://www.hhs.gov/ocr/complaints/index.html) <https://www.hhs.gov/ocr/complaints/index.html>.

[This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/](https://www.hhs.gov/ocr/complaints/index.html)