

*This is the enhanced offering for Qualified HDHPs.
Fully insured plans cover all drugs listed in the ACA and Standard Drug column, except insulin, with a \$0 copay. Insulin is covered with a \$25 copay per monthly fill.
ALL drugs in all three columns are included in this benefit.*

	ACA REQUIRED	STANDARD DRUGS	ENHANCED DRUGS
Anticoagulant/ Antiplatelet	Cardiovascular Disease: Aspirin 81 mg Colorectal Cancer: Aspirin 81 mg Preeclampsia: Aspirin 81 mg		
Asthma			Amuity Ellipta Breo Ellipta Budesonide Suspension Flovent Fluticasone-Salmeterol Diskus Pulmicort Flexhaler Qvar Redihaler Qvar Inhaler Symbicort Wixela Inhub
Cardiovascular	Atorvastatin 10 mg Lovastatin 20 mg Pravastatin 10 mg, 20 mg, 40 mg Rosuvastatin 5 mg Simvastatin 10 mg, 20 mg <i>For Ages 40 to 75 years</i>	Acebutolol Atenolol Bisoprolol Betaxolol Captopril Carvedilol Labetalol Lisinopril Metoprolol Propranolol Propranolol ER Ramipril Sotalol	Amlodipine/Benazepril Atenolol/Chlorthalidone Atorvastatin 20 mg, 40 mg, 80 mg Benazepril (+HCTZ) Bisoprolol/HCTZ Captopril/HCTZ Fosinopril (+ HCTZ) Lisinopril/HCTZ Lovastatin 10 mg, 40 mg Metoprolol Succinate (+HCTZ) Metoprolol Tartrate/HCTZ Moexepiril (+ HCTZ) Nadolol Nadolol/Bendroflumethiazide Pindolol Pravastatin 80mg Propranolol/HCTZ Quinapril (+HCTZ) Rosuvastatin 10 mg, 20 mg, 40 mg Simvastatin 40 mg, 80 mg Timolol
Cancer	Colonoscopy Screening Bowel Preps: <i>For ages 45-75 years old</i> Breast Cancer Prevention: Tamoxifen Raloxifene Anastrozole Exemestane <i>Benefit copay may apply when used for breast cancer treatment</i>		
Contraceptive*	Barrier Emergency Hormonal Implants		
Diabetes		Humalog Humulin Lantus Levemir Lyumjev Toujeo Solostar Tresiba	Acarbose Glimperide Glipizide Glipizide/Metformin Glyburide Glyburide/Metformin Metformin IR Metformin ER (generic Glucophage XR) Miglitol Nateglinide Pioglitazone Pioglitazone/Glimepiride Pioglitazone/Metformin Repaglinide
HIV Pre-Exposure Prophylaxis (PrEP)	Emtricitabine/Tenofovir		
Mental Health		Citalopram Escitalopram Fluoxetine Paroxetine Sertraline	Fluvoxamine Olanzapine/Fluoxetine
Osteoporosis			Alendronate Sodium Ibandronate Risedronate 5 mg, 35 mg, 150 mg
Tobacco Cessation	Bupropion SR Varenicline Nicotine Gum Nicotine Inhaler Nicotine Lozenges Nicotine Patches Nicotrol NS (Nasal Spray)		
Vaccines	DTaP, Tdap, Td Gardasil Hepatitis A & B Hib Influenza Meningitis MMR Pneumonia Polio Rotavirus Shingles (For adults 50+) Varicella		
Vitamins/Minerals	Iron (For ages 6 - 12 months) Fluoride (For ages 6 months - 16 years) Folic Acid (400-800 mcg per day for females)		

Drugs on this list are subject to change as new drugs or clinical information becomes available.

Some generic drug manufacturers may be excluded from this benefit

** A complete list of drugs is available upon request.*

HCTZ = Hydrochlorothiazide