

Save money on preventive medications



You can spend less on preventive medications for chronic conditions with your HSA-qualified high-deductible health plan (HDHP).

When you fill a prescription for one of the preventive medications listed on the following pages, your deductible will be waived. That means you only pay your copay or coinsurance each time you fill one of these prescriptions, even if your deductible has not been met.

Keep chronic conditions under control with preventive medications

Taking preventive medications helps you manage your long-term conditions, prevent complications, and avoid costly trips to the emergency room or hospital.

Questions?

Call **1-800-ASK BLUE (1-800-275-2583)**
or visit **ibx.com**.

Check our list of preventive medications

The following page lists commonly used drugs that treat chronic conditions, such as asthma, diabetes, high blood pressure, and high cholesterol. When you fill any of these prescriptions, simply pay your copay or coinsurance and your deductible will be waived.

Refer to your Benefits Summary by logging in at ibx.com to see what your copay is for all medications. This list is only applicable to Select and Value Formulary for plans with group sizes of 100+ members. This list is not applicable to the Premium Formulary.

List of commonly prescribed preventive medications with no deductible

Drugs listed are examples of commonly prescribed medications. To determine the current status of any drug, please use the drug look-up tool at ibx.com.

Asthma/COPD

Albuterol Sulfate HFA
Albuterol Sulfate Nebulization
Anoro Ellipta®
Atrovent HFA®
Breo Ellipta®
Budesonide Inhalation Suspension
Combivent Respimat®
Fluticasone-Salmeterol Diskus/HFA
Ipratropium-Albuterol Solution
Levalbuterol
Montelukast
Pulmicort Flexhaler®
Spiriva®
Symbicort®
Trelegy Ellipta®

Diabetes

Bydureon®
Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide-Metformin
Janumet®
Januvia®
Jardiance®
Lantus®
Metformin
Mounjaro®
Novolin®
NovoLog®
Ozempic®
Pioglitazone
Synjardy®
Toujeo Solostar®
Tresiba®
Trulicity®
Victoza®

High Blood Pressure

Amlodipine
Amlodipine-benazepril
Atenolol
Atenolol-Chlorthalidone
Benazepril
Bisoprolol
Bisoprolol-Hydrochlorothiazide
Bumetanide
Candesartan
Cartia XT
Carvedilol
Chlorthalidone
Clonidine
Diltiazem ER
Doxazosin
Enalapril
Furosemide
Hydralazine
Hydrochlorothiazide
Irbesartan
Irbesartan-Hydrochlorothiazide
Labetalol
Lisinopril
Lisinopril-Hydrochlorothiazide
Losartan
Losartan Potassium-HCTZ
Metoprolol Succinate ER
Metoprolol Tartrate
Nadolol
nebivolol
Nifedipine ER
Olmesartan
Propranolol
Ramipril Capsule
Spironolactone
Telmisartan
Terazosin
Triamterene-HCTZ
Valsartan
Valsartan-Hydrochlorothiazide
Verapamil HCl ER

High Cholesterol

Atorvastatin
Cholestyramine
Colesevelam
Colestipol
Ezetimibe
Ezetimibe-Simvastatin
Fenofibrate
Fenofibric Acid
Fluvastatin
Gemfibrozil
Lovastatin
Omega-3-acid Ethyl Esters
Pravastatin
Rosuvastatin
Simvastatin

Emotional/Mental Disorders

Amitriptyline
Aripiprazole
Bupropion HCl ER
Citalopram
Desvenlafaxine
Duloxetine
Escitalopram
Fluoxetine
Fluvoxamine
Lithium Carbonate
Mirtazapine
Nortriptyline
Olanzapine
Paroxetine
Paroxetine HCl ER
Quetiapine
Risperidone
Rexulti®
Sertraline
Trazodone
Venlafaxine ER

Osteoporosis

Alendronate
Estradiol

Prenatal Vitamins

Multiple Manufacturers

Refer to your plan booklet to see if your plan includes the HDHP Preventive Enhancement. The medications on the preventive drug list are periodically reviewed by Independence Blue Cross and are subject to change. Additionally, formulary status may change. Each category includes medications that are commonly prescribed for preventive care purposes. Preventive medications on this list will not be subject to your plan deductible but will be subject to the terms and conditions of your benefits contract.

This list was developed based on Independence Blue Cross's interpretation of IRS requirements for HSA-qualified high-deductible health plans. If the IRS releases additional guidance on preventive medications, this list may require revision.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Telugu: శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషాసహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) కు కాల్ చేయండి.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griegie in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi): توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih koji' 1-800-275-2583.

Urdu: توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

This plan:

- Provides 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).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

If you believe that this Plan 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: our Civil Rights Coordinator, in person or by mail: 1901 Market Street, Philadelphia, PA 19103, by phone: 1-888-377-3933 (TTY: 711), by fax: 215-761-0245, or by email: civilrightscordinator@1901market.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the following website:
www.healthinsurancehosting.com/notices.