Employee Benefits Package

2025/2026 Plan Year

Lakeview Public Schools ISD #2167

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Insurance Terms and Definitions

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

CREDITABLE COVERAGE

Creditable coverage refers to health insurance or prescription drug coverage that meets certain standards and is considered comparable to or better than Medicare Part D coverage.
This is applicable when you become Medicare eligible.

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc…

EMBEDDED DEDUCTIBLE

This only applies to employees who have dependents enrolled on their plans. In an Embedded deductible, no member of the family unit can satisfy more than the single deductible during the deductible period. Even though the family is subject to the family deductible as a whole, no one person can satisfy more than the single deductible.

NON-EMBEDDED DEDUCTIBLE

This only applies to employees who have dependent enrolled on their plans. In an Aggregate deductible, one member of the family can satisfy the entire family deductible during the deductible period.

DEDUCTIBLE PERIOD

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM

This is the maximum amount you will pay for covered medical expenses during your deductible period

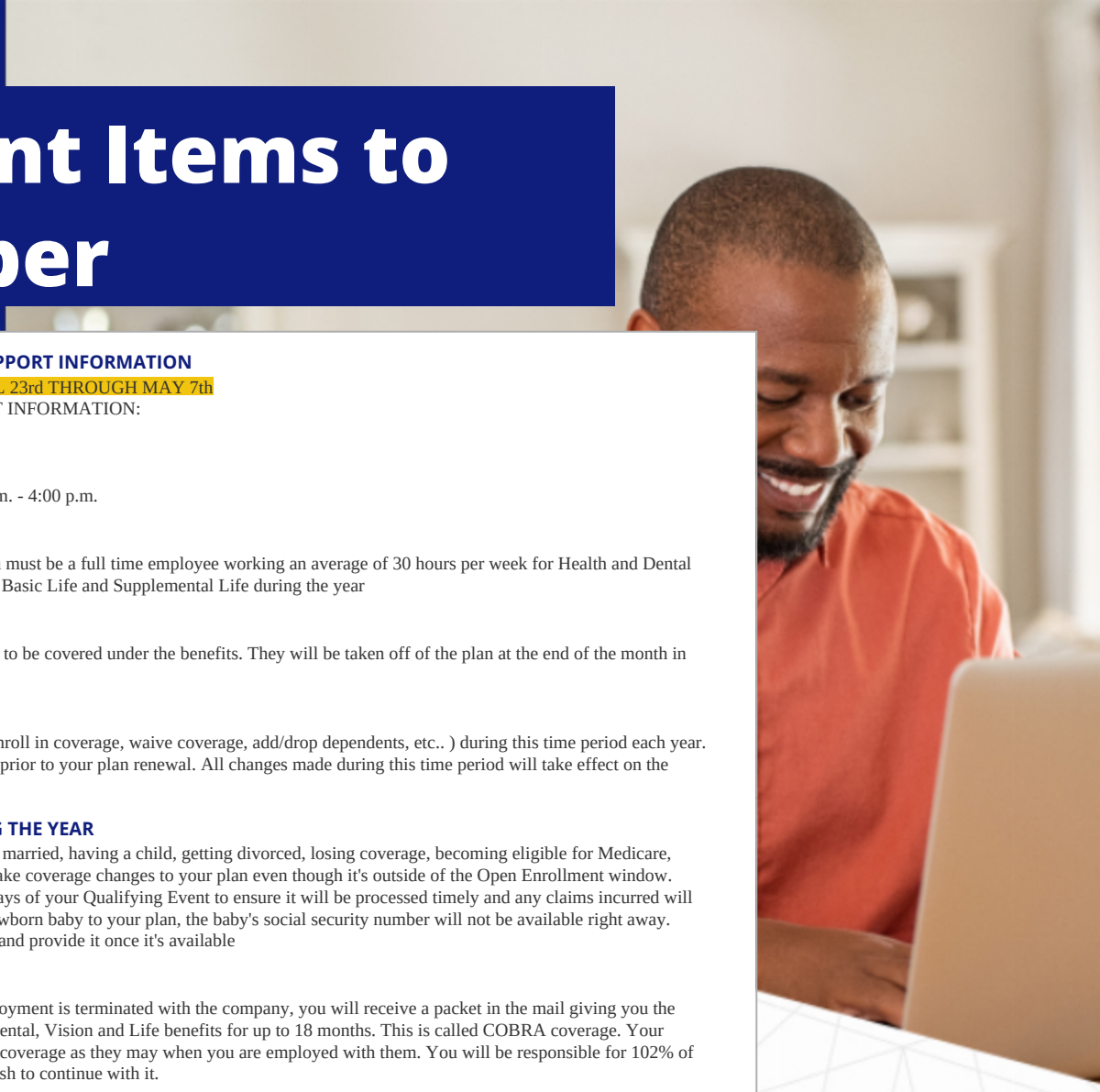
EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

HEALTH SAVINGS ACCOUNT (H S A)

This is an Employee Owned savings account that allows you to pay for Qualified Medical Expenses (IRS Publication 502) through tax free contributions. The maximum contributions for 2025 are $4,300 for single coverage and $8,550 for family coverage. Members ages 55-64 can contribute an additional $1,000. If you are age 65 or older, you are no longer eligible to contribute to the H S A. This is a true savings account plan, so you can rollover all unused funds from year to year. With an H S A, money has to be in the account for you to be able to use it.

Important Items to Remember



OPEN ENROLLMENT DATES & SUPPORT INFORMATION

OPEN ENROLLMENT DATES: APRIL 23rd THROUGH MAY 7th
ENROLLMENT SUPPORT CONTACT INFORMATION:
Angie Magee - Benefit Innovations
Email: angie@benefits-mn.com
Phone: 320-412-1883
Support hours: Monday - Friday 8:00 a.m. - 4:00 p.m.

ELIGIBLE EMPLOYEES

To be eligible for company benefits, you must be a full time employee working an average of 30 hours per week for Health and Dental and 20 hours per week for Vision, LTD, Basic Life and Supplemental Life during the year

DEPENDENT CHILDREN

Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26

OPEN ENROLLMENT

You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time period each year. Open enrollment occurs at least 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date

MAKING PLAN CHANGES DURING THE YEAR

If you've had a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc…) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid. PLEASE NOTE: If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available

COBRA

PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental, Vision and Life benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

STAY IN NETWORK

To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc... is in your network

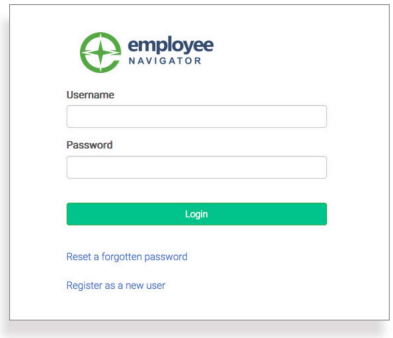
EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?

You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact: Angie Magee at Benefit Innovations Email: angie@benefits-mn.com Phone: 320-412-1883

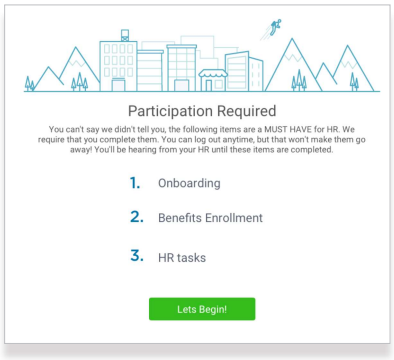
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

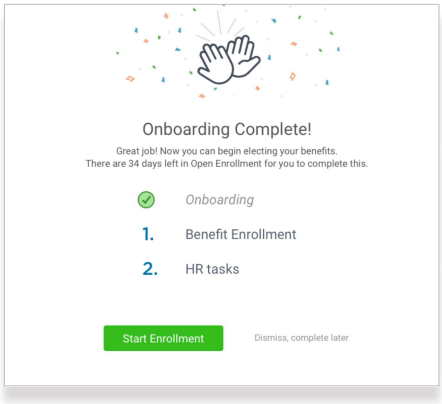
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users**: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

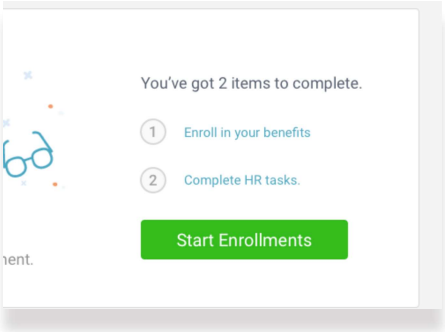


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

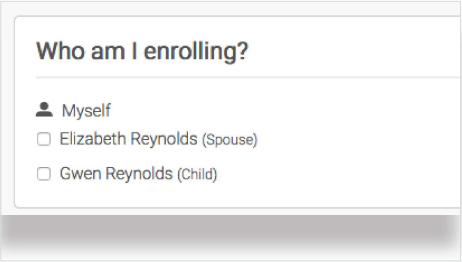
After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

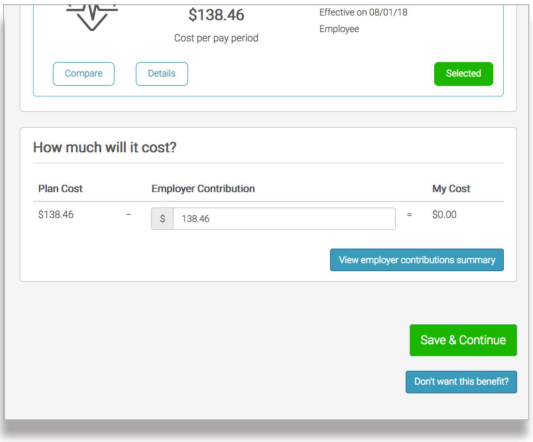
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**



Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

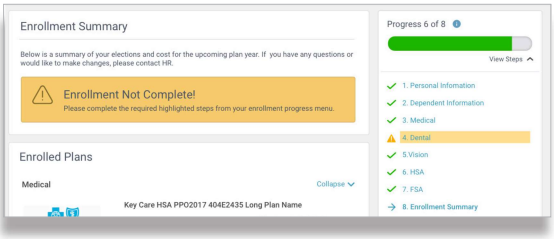


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

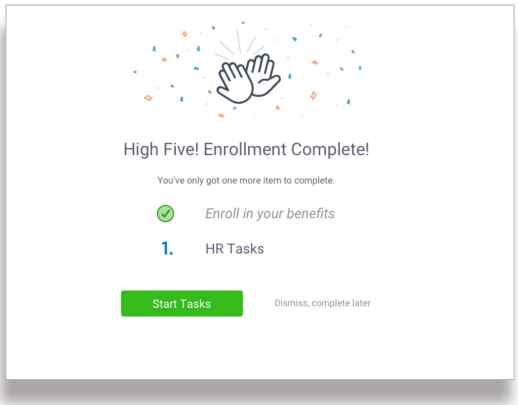


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

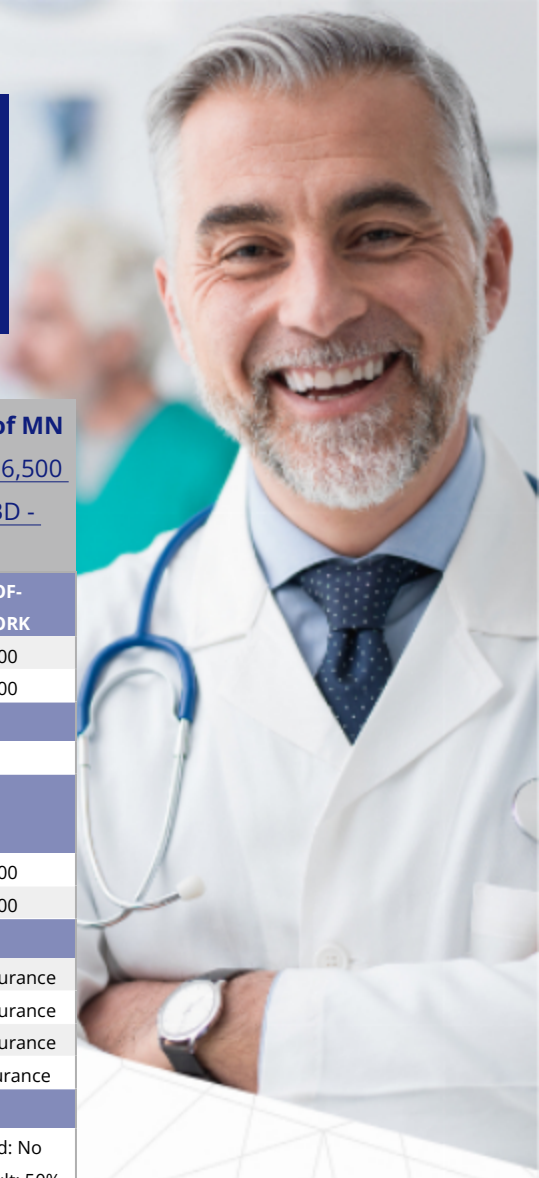


Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

2025/2026 Health Plans



	Blue Cross Blue Shield of MN | T25105P Aware® HSA $8,300 Ded 0% Coins with VBBD - Embedded		Blue Cross Blue Shield of MN | T25124P Aware® HSA $6,500 Ded 0% Coins with VBBD - Embedded	
DEDUCTIBLE	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Single	$8,300	$10,000	$6,500	$10,000
Family	$16,600	$20,000	$13,000	$20,000
COINSURANCE				
Member %	0%	0%		
OUT OF POCKET MAXIMUM - NO 4TH QUARTER CARRYOVER				
Single	$8,300	$15,000	$6,500	$15,000
Family	$16,600	$30,000	$13,000	$30,000
COMMONLY USED SERVICES				
Primary Care Physician Office Visit	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
Specialist Office Visit	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
Urgent Care	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
Emergency Room	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
PREVENTIVE CARE				
Preventive Services	No charge	Well child: No charge Adult: 50% coinsurance	No charge	Well child: No charge Adult: 50% coinsurance
MAJOR MEDICAL EXPENSES				
Outpatient Surgery /Inpatient Hospitalization Surgery, Behavioral Health	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
CT scan, PT scan, MRI, Durable Medical Equipment	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
Bariatric, Reproductive Treatment	Not covered	Not covered	Not covered	Not covered
Hospital Newborn Delivery	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
PRESCRIPTION DRUG COVERAGE				
HSA Preventive Drug List - KeyRx Classic - no Target/CVS	No Charge	Not covered	No Charge	Not covered
Generic (Tier 1)	0% coinsurance	Not covered	0% coinsurance	Not covered
Brand Name (Tier 2)	0% coinsurance	Not covered	0% coinsurance	Not covered
Non-Preferred (Tier 3)	0% coinsurance	Not covered	0% coinsurance	Not covered
Specialty (Tier 4)	0% coinsurance	Not covered	0% coinsurance	Not covered
PLAN INFORMATION				
Plan Year	7/1/2025 - 6/30/2026		7/1/2025 - 6/30/2026	
Network Type	PPO		PPO	
Member Website	www.bluecrossmn.com		www.bluecrossmn.com	
Customer Service Phone Number	1-866-873-5943		1-866-873-5943	

MONTHLY PREMIUM - EMPLOYEE'S PER PAY PERIOD DEDUCTION WILL APPEAR IN THEIR INDIVIDUAL BENEFIT PORTAL		
Employee Only	$877.40	$968.37
Family	$2,109.36	$2,328.05

Plan Explanation

These plans are **NON-creditable** Medicare Part D plans.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to the BCBS Benefit Hightlights and SBC in your Employee Benefits Portal.

2025/2026 Health Plans

Blue Cross Blue Shield of MN | Custom Aware HSA $4,000 Ded 0% Coins with VBBD - Embedded

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	$4,000	$8,000
Family	$8,000	$16,000
COINSURANCE		
Member %	0%	0%
OUT OF POCKET MAXIMUM - INCLUDES 4TH QUARTER CARRYOVER		
Single	$4,000	$4,000
Family	$8,000	$8,000
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	0% coinsurance	20% coinsurance
Specialist Office Visit	0% coinsurance	20% coinsurance
Urgent Care	0% coinsurance	20% coinsurance
Emergency Room	0% coinsurance	0% coinsurance
PREVENTIVE CARE		
Preventive Services	No charge	Well child: No charge Adult: 20% coinsurance
MAJOR MEDICAL EXPENSES		
Outpatient Surgery, Inpatient Hospitalization/Surgery, Behavioral Health	0% coinsurance	20% coinsurance
Inpatient Hospitalization / Surgery	0% coinsurance	20% coinsurance
CT scan, PT scan, MRI, Bariatric, Reproductive Treatment	0% coinsurance	20% coinsurance
Hospital Newborn Delivery	0% coinsurance	20% coinsurance
PRESCRIPTION DRUG COVERAGE		
FlexRx HSA Preventive Drug List- Flex-Classic-No Target/CVS	No Charge	Not covered
Generic (Tier 1)	0% coinsurance	Not covered
Brand Name (Tier 2)	0% coinsurance	Not covered
Non-Preferred (Tier 3)	Not covered	Not covered
Specialty (Tier 4)	Refer to applicable prescription drug cost sharing	Not covered
PLAN INFORMATION		
Plan Year	7/1/2025-6/30/2026	
Network Type	PPO	
Member Website	www.bluecrossmn.com	
Customer Service Phone Number	1-800-531-5943	

MONTHLY PREMIUM - EMPLOYEE'S PER PAY PERIOD DEDUCTION WILL APPEAR IN THEIR INDIVIDUAL BENEFIT PORTAL	
Employee Only	$1,168.04
Family	$2,808.09

Plan Explanation

This plan is a **Creditable** Medicare Part D plan.

Disclaimer

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2025/2026 Health Plans

Blue Cross Blue Shield of MN | T25619P Aware® HSA

$2,700 Non-embedded Ded 0% Coins with VBBD

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	$2,700	$10,000
Family	$5,400	$20,000
COINSURANCE		
Member %	0%	0%
OUT OF POCKET MAXIMUM - NO 4TH QUARTER CARRYOVER		
Single	$2,700	$30,000
Family	$5,400	$60,000
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	0% coinsurance	50% coinsurance
Specialist Office Visit	0% coinsurance	50% coinsurance
Urgent Care	0% coinsurance	50% coinsurance
Emergency Room	0% coinsurance	0% coinsurance
PREVENTIVE CARE		
Preventive Services	No charge	Well child: No charge Adult: 50% coinsurance
MAJOR MEDICAL EXPENSES		
Outpatient Surgery, Inpatient Hospitalization/Surgery, Behavioral Health	0% coinsurance	50% coinsurance
CT scan, PT scan, MRI	0% coinsurance	50% coinsurance
Bariatric, Reproductive Treatment	Not covered	Not covered
Hospital Newborn Delivery	0% coinsurance	50% coinsurance
PRESCRIPTION DRUG COVERAGE		
HSA Preventive Drug List - KeyRx Classic - No Target/CVS	No charge	Not covered
Generic (Tier 1)	0% coinsurance	Not covered
Brand Name (Tier 2)	0% coinsurance	Not covered
Non-Preferred (Tier 3)	0% coinsurance 0% coinsurance	Not covered Not covered
Specialty (Tier 4)	0% coinsurance	Not covered
PLAN INFORMATION		
Plan Year	7/1/2025 - 6/30/2026	
Network Type	PPO	
Member Website	www.bluecrossmn.com	
Customer Service Phone Number	1-800-531-5943	

MONTHLY PREMIUM - EMPLOYEE'S PER PAY PERIOD DEDUCTION WILL APPEAR IN THEIR INDIVIDUAL BENEFIT PORTAL	
Employee Only	$1,234.74
Family	$2,968.44

Plan Explanation

This plan is a **Creditable** Medicare Part D plan.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to the BCBS Benefit Highlights and SBC in your Employee Benefits portal.

$4,000 Aware HSA

Blue Cross and Blue Shield of Minnesota
FlexRx Preventive Drug List
Large Group
Effective January 1, 2025

Your employer may have elected to include a Preventive Drug coverage feature with your prescription benefit plan. Below is the list of medications available under your Preventive Drug coverage. The actual cost of the medication will be applied toward the preventive benefit offered by your employer, allowing you to receive coverage even if you have not met your deductible.

This list will be reviewed at least annually and is subject to change at any time.

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic prescription drugs are shown in lower-case boldface type. Many generic drugs include mention of a brand name drug in parentheses as a reference. Some generic drugs have no reference to a brand. Brand prescription drugs are shown in capital letters followed by the generic name. Generic drugs are available for many of the brand-name drugs listed though may not be available in all strengths.

NOTE:
This list may not apply. Check your coverage or other plan information for benefit details.

Should this list apply to your benefit plan, your employer may not cover all categories included in this list.

Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook, or prescription drug endorsement. Or call the number on the back of your member ID card if you have questions about your coverage.

ANTI-ANGINA
isosorbide dinitrate tab 5 mg (Isordil titradose)
isosorbide dinitrate tab 10 mg
isosorbide dinitrate tab 20 mg
isosorbide dinitrate tab 30 mg
ISOSORBIDE MONONITRATE – isosorbide mononitrate tab 10 mg
ISOSORBIDE MONONITRATE – isosorbide mononitrate tab 20 mg
isosorbide mononitrate tab er 24hr 30 mg
isosorbide mononitrate tab er 24hr 60 mg
isosorbide mononitrate tab er 24hr 120 mg
NITRO-BID – nitroglycerin oint 2%
NITRO-TIME – nitroglycerin cap er 2.5 mg
NITRO-TIME – nitroglycerin cap er 6.5 mg
NITRO-TIME – nitroglycerin cap er 9 mg
nitroglycerin sl tab 0.3 mg (Nitrostat)
nitroglycerin sl tab 0.4 mg (Nitrostat)
nitroglycerin sl tab 0.6 mg (Nitrostat)
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)

ANTI-ARRHYTHMICS
amiodarone hcl tab 100 mg
amiodarone hcl tab 200 mg
amiodarone hcl tab 400 mg
digoxin tab 125 mcg (0.125 mg) (Lanoxin)
digoxin tab 250 mcg (0.25 mg) (Lanoxin)
disopyramide phosphate cap 100 mg (Norpace)
disopyramide phosphate cap 150 mg (Norpace)
flecainide acetate tab 50 mg
flecainide acetate tab 100 mg
flecainide acetate tab 150 mg

ANTI-ARRHYTHMICS *(continued)*
mexiletine hcl cap 150 mg
mexiletine hcl cap 200 mg
mexiletine hcl cap 250 mg
propafenone hcl cap er 12hr 225 mg (Rythmol sr)
propafenone hcl cap er 12hr 325 mg (Rythmol sr)
propafenone hcl cap er 12hr 425 mg (Rythmol sr)
propafenone hcl tab 150 mg
propafenone hcl tab 225 mg
propafenone hcl tab 300 mg
quinidine gluconate tab er 324 mg
QUINIDINE SULFATE – quinidine sulfate tab 200 mg
QUINIDINE SULFATE – quinidine sulfate tab 300 mg
sotalol hcl (afib/afl) tab 80 mg (Betapace af)
sotalol hcl (afib/afl) tab 120 mg (Betapace af)
sotalol hcl (afib/afl) tab 160 mg (Betapace af)
sotalol hcl tab 80 mg (Betapace)
sotalol hcl tab 120 mg (Betapace)
sotalol hcl tab 160 mg (Betapace)
sotalol hcl tab 240 mg

ANTI-COAGULANTS/ANTI-PLATELETS
anagrelide hcl cap 0.5 mg (Agrylin)
anagrelide hcl cap 1 mg
BRILINTA – ticagrelor tab 60 mg
BRILINTA – ticagrelor tab 90 mg
cilostazol tab 50 mg
cilostazol tab 100 mg
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)
dipyridamole tab 25 mg
dipyridamole tab 50 mg
dipyridamole tab 75 mg
ELIQUIS – apixaban tab 2.5 mg
ELIQUIS – apixaban tab 5 mg

3160-C © Prime Therapeutics LLC 09/24 Product Names are the property of their respective owners.

ANTI-COAGULANTS/ANTI-PLATELETS *(continued)*

ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg
prasugrel hcl tab 5 mg (base equiv) (Effient)
prasugrel hcl tab 10 mg (base equiv) (Effient)
warfarin sodium tab 1 mg
warfarin sodium tab 2 mg
warfarin sodium tab 2.5 mg
warfarin sodium tab 3 mg
warfarin sodium tab 4 mg
warfarin sodium tab 5 mg
warfarin sodium tab 6 mg
warfarin sodium tab 7.5 mg
warfarin sodium tab 10 mg
XARELTO – rivaroxaban for susp 1 mg/ml
XARELTO – rivaroxaban tab 2.5 mg
XARELTO – rivaroxaban tab 10 mg
XARELTO – rivaroxaban tab 15 mg
XARELTO – rivaroxaban tab 20 mg
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg

BREAST CANCER PRIMARY PREVENTION

raloxifene hcl tab 60 mg (Evista)
SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)
tamoxifen citrate tab 10 mg (base equivalent)
tamoxifen citrate tab 20 mg (base equivalent)

CONTRACEPTIVES

Barrier Method Types

Cervical Caps

FEMCAP – cervical cap 22 mm
FEMCAP – cervical cap 26 mm
FEMCAP – cervical cap 30 mm

Diaphragms

CAYA – diaphragm arc-spring
OMNIFLEX DIAPHRAGM – diaphragms
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm

Emergency Method Types

Emergency Ella

ELLA – ulipristal acetate tab 30 mg

Hormonal Method Types

Injectable Progestin

medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contraceptive)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contraceptive)

Oral Combined

Afirmelle
Altavera
Alyacen
Apri
Aranelle
Aubra eq
Aurovela
Aurovela fe
Aviane
Ayuna
Azurette
Balziva
Blisovi fe
Briellyn
Charlotte 24 fe
Chateal eq
Cryselle-28
Cyred
Cyred eq
Dasetta
Delyla
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)
Elinest
Enpress-28
Enskyce
Estarylla
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg
Falmina
Finzala
Hailey
Hailey fe
Isibloom
Jasmiel
Juleber
Junel
Junel fe
Kaitlib fe
Kalliga
Kariva

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Oral Combined (continued)

Kelnor
Kurvelo
Larin
Larin fe
Layolis fe
Leena
Lessina
Levonest
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30 mg-mcg
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Levora
LO LOESTRIN FE
Loestrin
Loestrin fe
Loryna
Low-ogestrel
Lo-zumandimine
Lutera
Marlissa
Merzee
Microgestin
Microgestin fe
Mili
Mono-Linyah
Necon 0.5/35
NEXTSTELLIS
Nikki
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg
norethindrone ace-ethinyl estradiol fe tab 1-20/1-30/1-35 mg-mcg
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg
Nortrel
Nylia
Nymyo
Ocella
Philith
Pimtrea
Pirmella
Portia
Reclipsen
Simliya
Sprintec 28
Sronyx
Syeda
Tarina fe eq
Taysofy
Tilia fe
Tri-estarylla
Tri-legest fe
Tri-linyah
Tri-lo-estarylla

Oral Combined (continued)

Tri-lo-marzia
Tri-lo-mili
Tri-lo-sprintec
Tri-mili
Tri-nymyo
Tri-sprintec
Trivora-28
Tri-vylibra
Tri-vylibra lo
Turquoz
TYBLUME
Tydemy
VELIVET
Vestura
Vienva
Viorele
Volnea
Vyfemla
Vylibra
Wera
Wymzya fe
Zovia
Zumandimine

Oral Extended

Amethyst
Ashlyna
Camrese
Camrese lo
Daysee
Dolishale
Fayosim
Iclevia
Introvale
Jaimiess
Jolessa
levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7) (Loseasonique)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
Lojaimiess
levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)
Setlakin
Simpesse

Oral Progestin

Camila
Deblitane
Errin
Emzahh
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-be
norethindrone tab 0.35 mg
Norlyroc
Sharobel
SLYND

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Transdermal Combined

TWIRLA
Xulane – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr
Zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr

Vaginal Combined

NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr

DEPRESSION – SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram hydrobromide oral soln 10 mg/5ml
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)
escitalopram oxalate soln 5 mg/5ml (base equiv)
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)
fluoxetine hcl cap 10 mg (Prozac)
fluoxetine hcl cap 20 mg (Prozac)
fluoxetine hcl cap 40 mg (Prozac)
fluoxetine hcl solution 20 mg/5ml
paroxetine hcl tab 10 mg (Paxil)
paroxetine hcl tab 20 mg (Paxil)
paroxetine hcl tab 30 mg (Paxil)
paroxetine hcl tab 40 mg (Paxil)
sertraline hcl tab 25 mg (Zoloft)
sertraline hcl tab 50 mg (Zoloft)
sertraline hcl tab 100 mg (Zoloft)

DIABETES MEDICATIONS

Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR - glucagon (rdna) for inj kit 1 mg
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR – glucagon hcl for inj 1 mg
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml

Insulin

FIASP – insulin aspart (with niacinamide) inj 100 unit/ml
FIASP FLEXTOUCH – insulin aspart (with niacinamide) soln pen-inj 100 unit/ml
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml
HUMULIN R U 500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml
HUMULIN R U 500 KWIKPEN – insulin regular (human) soln pen injector 500 unit/ml
HUMALOG - insulin lispro inj soln 100 unit/ml
HUMALOG - insulin lispro soln cartridge 100 unit/ml
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml
HUMULIN R – insulin regular (human) inj 100 unit/ml
HUMULIN R U-500 (CONCENTRATE) – insulin regular (human) inj 500 unit/ml
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml
INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml
LEVEMIR – insulin detemir inj 100 unit/ml
LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml
LYUMJEV – insulin lispro-aabc inj 100 unit/ml
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml
NOVOLIN R – insulin regular (human) inj 100 unit/ml
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml
NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml

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Insulin (continued)

NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)
NOVOLOG – insulin aspart inj soln 100 unit/ml
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml
NOVOLOG RELION – insulin aspart inj 100 unit/ml
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
SEMGLEE - insulin glargine-yfgn soln pen injector 100 unit/ml
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2-unit dial)
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1-unit dial)
TRESIBA – insulin degludec inj 100 units/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

Oral

acarbose tab 25 mg
acarbose tab 50 mg
acarbose tab 100 mg
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)
glimepiride tab 1 mg (Amaryl)
glimepiride tab 2 mg (Amaryl)
glimepiride tab 4 mg (Amaryl)
glipizide tab 5 mg
glipizide tab 10 mg
glipizide tab er 24hr 2.5 mg (Glucotrol xl)
glipizide tab er 24hr 5 mg (Glucotrol xl)
glipizide tab er 24hr 10 mg (Glucotrol xl)
glipizide-metformin hcl tab 2.5-250 mg
glipizide-metformin hcl tab 2.5-500 mg

Oral (continued)

glipizide-metformin hcl tab 5-500 mg
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg
GLYBURIDE MICRONIZED - glyburide micronized tab 3 mg
GLYBURIDE MICRONIZED - glyburide micronized tab 6 mg
glyburide tab 1.25 mg
glyburide tab 2.5 mg
glyburide tab 5 mg
glyburide-metformin tab 1.25-250 mg
glyburide-metformin tab 2.5-500 mg
glyburide-metformin tab 5-500 mg
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg
JANUMET – sitagliptin-metformin hcl tab 50-500 mg
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)
JARDIANCE – empagliflozin tab 10 mg
JARDIANCE – empagliflozin tab 25 mg
metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab 1000 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg
nateglinide tab 60 mg
nateglinide tab 120 mg
pioglitazone hcl tab 15mg (base equiv) (Actos)
pioglitazone hcl tab 30 mg (base equiv) (Actos)
pioglitazone hcl tab 45 mg (base equiv) (Actos)
pioglitazone hcl-metformin hcl tab 15-500 mg
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)
repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg
RYBELSUS – semaglutide tab 3 mg
RYBELSUS – semaglutide tab 7 mg
RYBELSUS – semaglutide tab 14 mg
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000 mg

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Oral (continued)

TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg

Other Diabetic Injectables

MOUNJARO – tirzepatide soln pen-injector 2.5 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 5 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 7.5 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 10 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 12.5 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 15 mg/0.5ml
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 3 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 4.5 mg/0.5ml

DIABETIC SUPPLIES

Calibration
Liquid
Insulin
Syringes
Lancets
Lancet
Devices
Pen Needles
Test Strips (blood glucose) associated with Bayer line of meters: Contour, Contour Next, Contour Next EZ, Contour Next GEN, Contour Next Link, Contour Next One

FLUORIDE

Dental Products & Combinations

FLUORIDEX SENSITIVITY REL – sodium fluoride-potassium nitrate paste 1.1-5%
PREVIDENT RINSE - sodium fluoride rinse 0.2%
sodium fluoride cream 1.1% (Prevident 5000 plus)
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)
sodium fluoride paste 1.1% (Prevident 5000 boost)
sodium fluoride-potassium nitrate gel 1.1-5%

Supplements & Combinations

sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)
SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)

HEPARINS/LOW MOLECULAR WEIGHT HEPARIN

enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)
enoxaparin sodium inj 300 mg/3ml (Lovenox)

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg
acebutolol hcl cap 400 mg
amiloride hcl tab 5 mg
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)
amlodipine besylate-benazepril hcl cap 2.5-10 mg
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)
amlodipine besylate-benazepril hcl cap 5-40 mg
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)

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HIGH BLOOD PRESSURE *(continued)*

amlodipine besylate-valsartan tab 5-160 mg (Exforge)
amlodipine besylate-valsartan tab 5-320 mg (Exforge)
amlodipine besylate-valsartan tab 10-160 mg (Exforge)
amlodipine besylate-valsartan tab 10-320 mg (Exforge)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)
atenolol tab 25 mg (Tenormin)
atenolol tab 50 mg (Tenormin)
atenolol tab 100 mg (Tenormin)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)
benazepril hcl tab 5 mg
benazepril hcl tab 10 mg (Lotensin)
benazepril hcl tab 20 mg (Lotensin)
benazepril hcl tab 40 mg (Lotensin)
benazepril & hydrochlorothiazide tab 5-6.25 mg
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)
bisoprolol fumarate tab 5 mg
bisoprolol fumarate tab 10 mg
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)
bumetanide tab 0.5 mg (Bumex)
bumetanide tab 1 mg
bumetanide tab 2 mg
candesartan cilexetil tab 4 mg (Atacand)
candesartan cilexetil tab 8 mg (Atacand)
candesartan cilexetil tab 16 mg (Atacand)
candesartan cilexetil tab 32 mg (Atacand)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)

HIGH BLOOD PRESSURE *(continued)*

captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-15 mg
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-25 mg
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-15 mg
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-25 mg
diltiazem hcl cap er 12hr 90 mg
diltiazem hcl cap er 12hr 120 mg
diltiazem hcl cap er 24hr 120 mg
diltiazem hcl cap er 24hr 180 mg
diltiazem hcl cap er 24hr 240 mg
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)
lisinopril tab 2.5 mg (Zestril)
lisinopril tab 5 mg (Zestril)
lisinopril tab 10 mg (Zestril)
lisinopril tab 20 mg (Prinivil)
lisinopril tab 30 mg (Zestril)
lisinopril tab 40 mg (Zestril)
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)
losartan potassium tab 25 mg (Cozaar)
losartan potassium tab 50 mg (Cozaar)
losartan potassium tab 100 mg (Cozaar)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)
METHYLDOPA – methyldopa tab 250 mg
METHYLDOPA – methyldopa tab 500 mg
metolazone tab 2.5 mg
metolazone tab 5 mg
metolazone tab 10 mg
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)
metoprolol & hydrochlorothiazide tab 50-25 mg
metoprolol & hydrochlorothiazide tab 100-25 mg
metoprolol & hydrochlorothiazide tab 100-50 mg
metoprolol tartrate tab 25 mg
metoprolol tartrate tab 50 mg (Lopressor)
metoprolol tartrate tab 100 mg (Lopressor)
metoprolol & hydrochlorothiazide tab 50-25 mg
metoprolol & hydrochlorothiazide tab 100-25 mg
metoprolol & hydrochlorothiazide tab 100-50 mg

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HIGH BLOOD PRESSURE *(continued)*

minoxidil tab 2.5 mg
minoxidil tab 10 mg
moexipril hcl tab 7.5 mg
moexipril hcl tab 15 mg
nadolol tab 20 mg (Corgard)
nadolol tab 40 mg (Corgard)
nadolol tab 80 mg
nifedipine tab er 24hr 30 mg
nifedipine tab er 24hr 60 mg
nifedipine tab er 24hr 90 mg
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)
olmesartan medoxomil tab 5 mg (Benicar)
olmesartan medoxomil tab 20 mg (Benicar)
olmesartan medoxomil tab 40 mg (Benicar)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg
perindopril erbumine tab 4 mg
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg
phenoxybenzamine hcl cap 10 mg (Dibenzyline)
pindolol tab 5 mg
pindolol tab 10 mg
prazosin hcl cap 1 mg (Minipress)
prazosin hcl cap 2 mg (Minipress)
prazosin hcl cap 5 mg (Minipress)
propranolol hcl oral soln 20 mg/5ml
PROPRANOLOL HCL – propranolol hcl oral soln 40mg/5ml
propranolol hcl cap er 24hr 60 mg (Inderal la)
propranolol hcl cap er 24hr 80 mg (Inderal la)
propranolol hcl cap er 24hr 120 mg (Inderal la)
propranolol hcl cap er 24hr 160 mg (Inderal la)
propranolol hcl tab 10 mg
propranolol hcl tab 20 mg
propranolol hcl tab 40 mg
propranolol hcl tab 60 mg
propranolol hcl tab 80 mg
quinapril hcl tab 5 mg (Accupril)
quinapril hcl tab 10 mg (Accupril)
quinapril hcl tab 20 mg (Accupril)
quinapril hcl tab 40 mg (Accupril)
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)
quinapril-hydrochlorothiazide tab 20-25 mg
ramipril cap 1.25 mg (Altace)
ramipril cap 2.5 mg (Altace)
ramipril cap 5 mg (Altace)
ramipril cap 10 mg (Altace)
spironolactone tab 25 mg (Aldactone)
spironolactone tab 50 mg (Aldactone)
spironolactone tab 100 mg (Aldactone)
spironolactone & hydrochlorothiazide tab 25-25 mg

HIGH BLOOD PRESSURE *(continued)*

telmisartan tab 20 mg (Micardis)
telmisartan tab 40 mg (Micardis)
telmisartan tab 80 mg (Micardis)
terazosin hcl cap 1 mg (base equivalent)
terazosin hcl cap 2 mg (base equivalent)
terazosin hcl cap 5 mg (base equivalent)
terazosin hcl cap 10 mg (base equivalent)
torsemide tab 5 mg
torsemide tab 10 mg
torsemide tab 20 mg
torsemide tab 100 mg
trandolapril tab 1 mg
trandolapril tab 2 mg
trandolapril tab 4 mg
triamterene & hydrochlorothiazide cap 37.5-25 mg
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)
valsartan tab 40 mg (Diovan)
valsartan tab 80 mg (Diovan)
valsartan tab 160 mg (Diovan)
valsartan tab 320 mg (Diovan)
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)
verapamil hcl cap er 24hr 120 mg (Verelan)
verapamil hcl cap er 24hr 180 mg (Verelan)
verapamil hcl cap er 24hr 240 mg (Verelan)
verapamil hcl tab 40 mg
verapamil hcl tab 80 mg
verapamil hcl tab 120 mg
verapamil hcl tab er 120 mg (Calan sr)
verapamil hcl tab er 180 mg (Calan sr)
verapamil hcl tab er 240 mg (Calan sr)

HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)
cholestyramine light powder 4 gm/dose (Questran light)
cholestyramamine powder 4 gm/dose (Questran)
colesevelam hcl tab 625 mg (Welchol)
colestipol hcl granules 5 gm (Colestid flavored)
colestipol hcl tab 1 gm (Colestid)
ezetimibe tab 10 mg (Zetia)
ezetimibe-simvastatin tab 10-10 mg (Vytorin)
ezetimibe-simvastatin tab 10-20 mg (Vytorin)
ezetimibe-simvastatin tab 10-40 mg (Vytorin)
ezetimibe-simvastatin tab 10-80 mg (Vytorin)

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HIGH CHOLESTEROL *(continued)*

fenofibrate micronized cap 67 mg
fenofibrate micronized cap 134 mg
fenofibrate micronized cap 200 mg
fenofibrate tab 48 mg (Tricor)
fenofibrate tab 54 mg
fenofibrate tab 145 mg (Tricor)
fenofibrate tab 160 mg
gemfibrozil tab 600 mg (Lopid)
lovastatin tab 10 mg
lovastatin tab 20 mg
lovastatin tab 40 mg
NEXLETOL – bempedoic acid tab 180 mg
NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg
niacin tab er 500 mg (antihyperlipidemic)
niacin tab er 750 mg (antihyperlipidemic)
niacin tab er 1000 mg (antihyperlipidemic)
omega-3-acid ethyl esters cap 1 gm (Lovaza)
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg
pravastatin sodium tab 40 mg
pravastatin sodium tab 80 mg
rosuvastatin calcium tab 5 mg (Crestor)
rosuvastatin calcium tab 10 mg (Crestor)
rosuvastatin calcium tab 20 mg (Crestor)
rosuvastatin calcium tab 40 mg (Crestor)
simvastatin tab 5 mg
simvastatin tab 10 mg (Zocor)
simvastatin tab 20 mg (Zocor)
simvastatin tab 40 mg (Zocor)
simvastatin tab 80 mg
VASCEPA – icosapent ethyl cap 0.5 gm
VASCEPA – icosapent ethyl cap 1gm

INFANT EYE OINTMENT (for newborns)

erythromycin ophth oint 5 mg/gm

OSTEOPOROSIS

ALENDRONATE SODIUM – alendronate sodium tab 5 mg
alendronate sodium tab 10 mg
alendronate sodium tab 35 mg
alendronate sodium tab 70 mg (Fosamax)
calcitonin (salmon) nasal soln 200 unit/act
ibandronate sodium tab 150 mg (base equivalent) (Boniva)
raloxifene hcl tab 60 mg (Evista)

PRENATAL VITAMINS

KOSHER PRENATAL PLUS IRON
PRENATAL 19
PRENATAL-U
PRENATAL VITAMINS PLUS LOW IRON
PRENATAL PLUS IRON
TRINATE

RESPIRATORY

acetylcysteine inhal soln 10%
acetylcysteine inhal soln 20%
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)
albuterol sulfate soln nebu 0.5% (5 mg/ml)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)
albuterol sulfate syrup 2 mg/5ml
ANORO ELLIPTA – umeclidinium vilanterol aero pow dba 62.5-25 mg
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/inh (breath activated)
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)
ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)
ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/inh
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh
BRETZRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)
budesonide inhalation susp 1 mg/2ml (Pulmicort)
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act
cromolyn sodium soln nebu 20 mg/2ml

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RESPIRATORY *(continued)*

DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act
DULERA – mometasone-fuorate-formoterol aerosol 100-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 113-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 232-14 mcg/act
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 110 mcg/act
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 220 mcg/act
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)
ipratropium bromide inhal soln 0.02%
ipratropium-albuterol nebu soln 0.5-2.5 (3) mg/3ml
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)
levalbuterol hcl soln nebu concentrate 1.25 mg/ 0.5 ml (base equiv)
montelukast sodium chew tab 4 mg (base equiv) (Singulair)
montelukast sodium chew tab 5 mg (base equiv) (Singulair)
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)
montelukast sodium tab 10 mg (base equiv) (Singulair)
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act
STIOLTO RESPIMAT– tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act

RESPIRATORY *(continued)*

theophylline tab er 12hr 300 mg
theophylline tab er 12hr 450 mg
theophylline tab er 24hr 400 mg
theophylline tab er 24hr 600 mg
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv)
zafirlukast tab 10 mg (Accolate)
zafirlukast tab 20 mg (Accolate)

TOBACCO CESSATION

bupropion hcl (smoking deterrent) tab er 12hr 150 mg
nicotine polacrilex gum 2 mg
nicotine polacrilex gum 4 mg
nicotine polacrilex lozenge 2 mg
nicotine polacrilex lozenge 4 mg
nicotine td patch 24hr 7 mg/24hr
nicotine td patch 24hr 14 mg/24hr
nicotine td patch 24 hr 21 mg/24hr
NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr
NICOTROL INHALER – nicotine inhaler system 10 mg (4mg delivered)
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)
varenicline tartrate tablet 0.5 mg (base equiv)
varenicline tartrate tablet 1 mg (base equiv)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack

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T25105P Aware HSA $8300
T25124P Aware HSA $6500
T25619P Aware HSA $2700

KeyRx

Value-Based Benefit Design Drug List

Effective January 1, 2025

BlueCross BlueShield Minnesota

Your employer has chosen a Value-Based Benefit Design (VBBD) for your prescription benefit plan. This means you may have lower out-of-pocket costs for drugs in value drug categories included in your VBBD. Value drug categories include drugs that treat certain chronic or long-term conditions.

Below is a list of medications that may be available under your VBBD benefit. Please verify with your plan if a generic drug must be tried before filling a brand version of a drug. **Please refer to your benefit materials for coverage details and the plan website for current information as this publication is subject to change.**

Generic prescription drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Reference brands may not themselves be covered, please check your benefit. Some generic products have no reference brand. Brand prescription drugs are shown in all capital letters followed by the generic name. Generic medicines are available for many of the brand-name drugs listed though may not be available in all strengths.

ANTI-COAGULANTS/ANTI-PLATELETS

anagrelide hcl cap 0.5 mg (Agrylin)
anagrelide hcl cap 1 mg
aspirin-dipyridamole cap er 12hr 25-200 mg
cilostazol tab 50 mg
cilostazol tab 100 mg
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (Pradaxa)
dipyridamole tab 25 mg
dipyridamole tab 50 mg
dipyridamole tab 75 mg
prasugrel hcl tab 5 mg (base equiv) (Effient)
prasugrel hcl tab 10 mg (base equiv) (Effient)
warfarin sodium tab 1 mg
warfarin sodium tab 2 mg
warfarin sodium tab 2.5 mg
warfarin sodium tab 3 mg
warfarin sodium tab 4 mg
warfarin sodium tab 5 mg
warfarin sodium tab 6 mg
warfarin sodium tab 7.5 mg
warfarin sodium tab 10 mg

DEPRESSION

amitriptyline hcl tab 10 mg
amitriptyline hcl tab 25 mg
amitriptyline hcl tab 50 mg
amitriptyline hcl tab 75 mg
amitriptyline hcl tab 100 mg
amitriptyline hcl tab 150 mg
bupropion hcl tab 75 mg
bupropion hcl tab 100 mg
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)

DEPRESSION *(continued)*

bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)
citalopram hydrobromide oral soln 10 mg/5ml
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)
desipramine hcl tab 10 mg (Norpramin)
desipramine hcl tab 25 mg (Norpramin)
desipramine hcl tab 50 mg
desipramine hcl tab 75 mg
desipramine hcl tab 100 mg
desipramine hcl tab 150 mg
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)
doxepin hcl cap 10 mg
doxepin hcl cap 25 mg
doxepin hcl cap 50 mg
doxepin hcl cap 75 mg
doxepin hcl cap 100 mg
doxepin hcl cap 150 mg
doxepin hcl conc 10 mg/ml
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)
escitalopram oxalate soln 5 mg/5ml (base equiv)
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

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DEPRESSION *(continued)*

escitalopram oxalate tab 20 mg (base equiv) (Lexapro)
fluoxetine hcl cap 10 mg (Prozac)
fluoxetine hcl cap 20 mg (Prozac)
fluoxetine hcl cap 40 mg (Prozac)
fluoxetine hcl solution 20 mg/5ml
imipramine hcl tab 10 mg
imipramine hcl tab 25 mg
imipramine hcl tab 50 mg
mirtazapine tab 7.5 mg
mirtazapine tab 15 mg (Remeron)
mirtazapine tab 30 mg (Remeron)
mirtazapine tab 45 mg
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)
nortriptyline hcl cap 10 mg (Pamelor)
nortriptyline hcl cap 25 mg (Pamelor)
nortriptyline hcl cap 50 mg (Pamelor)
nortriptyline hcl cap 75 mg (Pamelor)
nortriptyline hcl soln 10 mg/5ml
paroxetine hcl tab 10 mg (Paxil)
paroxetine hcl tab 20 mg (Paxil)
paroxetine hcl tab 30 mg (Paxil)
paroxetine hcl tab 40 mg (Paxil)
protriptyline hcl tab 5 mg
protriptyline hcl tab 10 mg
sertraline hcl tab 25 mg
sertraline hcl tab 50 mg
sertraline hcl tab 100 mg
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)
tranylcypromine sulfate tab 10 mg (Parnate)
trazodone hcl tab 50 mg
trazodone hcl tab 100 mg
trazodone hcl tab 150 mg
trimipramine maleate cap 25 mg
trimipramine maleate cap 50 mg
trimipramine maleate cap 100 mg
venlafaxine hcl tab 25 mg (base equivalent)
venlafaxine hcl tab 37.5 mg (base equivalent)
venlafaxine hcl tab 50 mg (base equivalent)
venlafaxine hcl tab 75 mg (base equivalent)
venlafaxine hcl tab 100 mg (base equivalent)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)

DEPRESSION *(continued)*

vilazodone hcl tab 10 mg (Viibryd)
vilazodone hcl tab 20 mg (Viibryd)
vilazodone hcl tab 40 mg (Viibryd)

DIABETES MEDICATIONS

Insulin

FIASP – insulin aspart (with niacinamide) inj 100 unit/ml
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml
HUMALOG – insulin lispro inj soln 100 unit/ml
HUMALOG – insulin lispro soln cartridge 100 unit/ml
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)
HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50)
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)
HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/transmitter port 100 unit/ml
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
HUMULIN R – insulin regular (human) inj 100 unit/ml
HUMULIN R U-500 (CONCENTRATE) – insulin regular (human) inj 500 unit/ml
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml
INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml
INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml
LEVEMIR – insulin detemir inj 100 unit/ml
LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml
LYUMJEV – insulin lispro-aabc inj 100 unit/ml

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Insulin *(continued)*

LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml
LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
NOVOLIN R – insulin regular (human) inj 100 unit/ml
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml
NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
NOVOLOG – insulin aspart inj soln 100 unit/ml
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml
NOVOLOG RELION – insulin aspart inj soln 100 unit/ml
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)

Insulin *(continued)*

TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)
TRESIBA – insulin degludec inj 100 unit/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

Preferred Brand GLP-1s - Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

Oral

acarbose tab 25 mg
acarbose tab 50 mg
acarbose tab 100 mg
glimepiride tab 1 mg (Amaryl)
glimepiride tab 2 mg (Amaryl)
glimepiride tab 4 mg (Amaryl)
glipizide tab er 24hr 2.5 mg (Glucotrol xl)
glipizide tab er 24hr 5 mg (Glucotrol xl)
glipizide tab er 24hr 10 mg (Glucotrol xl)
glipizide tab 5 mg
glipizide tab 10 mg
glipizide-metformin hcl tab 2.5-250 mg
glipizide-metformin hcl tab 2.5-500 mg
glipizide-metformin hcl tab 5-500 mg
glyburide tab 1.25 mg
glyburide tab 2.5 mg
glyburide tab 5 mg
glyburide-metformin tab 1.25-250 mg
glyburide-metformin tab 2.5-500 mg
glyburide-metformin tab 5-500 mg
metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab 1000 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg
nateglinide tab 60 mg
nateglinide tab 120 mg
pioglitazone hcl tab 15 mg (base equiv) (Actos)
pioglitazone hcl tab 30 mg (base equiv) (Actos)
pioglitazone hcl tab 45 mg (base equiv) (Actos)
pioglitazone hcl-metformin hcl tab 15-500 mg
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)
repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg

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Preferred Brand GLP-1s – Oral & Other Diab Injectables

MOUNJARO – tirzepatide soln pen-injector 2.5 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 5 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 7.5 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 10 mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 12.5 mg/0.5ml

Preferred Brand GLP-1s – Oral & Other Diab Injectables (continued)

MOUNJARO – tirzepatide soln pen-injector 15 mg/0.5ml
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)
RYBELSUS – semaglutide tab 3 mg
RYBELSUS – semaglutide tab 7 mg
RYBELSUS – semaglutide tab 14 mg
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml

DIABETES MEDICATIONS

Preferred Brand GLP-1s – Oral & Other Diab Injectables (continued)

TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 3 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 4.5 mg/0.5ml

Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR – glucagon hcl for inj 1 mg
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml

Hypoglycemic Agents (continued)

GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml

DIABETIC SUPPLIES

Basic Supplies

Calibration Liquid

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

Insulin Syringes

Lancets
Lancet Devices
Pen Needles

Test Strips & Discs

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg
acebutolol hcl cap 400 mg
amiloride hcl tab 5 mg
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)
amlodipine besylate-benazepril hcl cap 2.5-10 mg
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)
amlodipine besylate-benazepril hcl cap 5-40 mg
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)

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HIGH BLOOD PRESSURE *(continued)*

amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)
amlodipine besylate-valsartan tab 5-160 mg (Exforge)
amlodipine besylate-valsartan tab 5-320 mg (Exforge)
amlodipine besylate-valsartan tab 10-160 mg (Exforge)
amlodipine besylate-valsartan tab 10-320 mg (Exforge)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)
atenolol tab 25 mg (Tenormin)
atenolol tab 50 mg (Tenormin)
atenolol tab 100 mg (Tenormin)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)
benazepril hcl tab 5 mg
benazepril hcl tab 10 mg (Lotensin)
benazepril hcl tab 20 mg (Lotensin)
benazepril hcl tab 40 mg (Lotensin)
benazepril & hydrochlorothiazide tab 5-6.25 mg
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)
betaxolol hcl tab 10 mg
betaxolol hcl tab 20 mg
bisoprolol fumarate tab 5 mg
bisoprolol fumarate tab 10 mg
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)
bumetanide tab 0.5 mg (Bumex)

HIGH BLOOD PRESSURE *(continued)*

bumetanide tab 1 mg
bumetanide tab 2 mg
candesartan cilexetil tab 4 mg (Atacand)
candesartan cilexetil tab 8 mg (Atacand)
candesartan cilexetil tab 16 mg (Atacand)
candesartan cilexetil tab 32 mg (Atacand)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
carvedilol tab 3.125 mg (Coreg)
carvedilol tab 6.25 mg (Coreg)
carvedilol tab 12.5 mg (Coreg)
carvedilol tab 25 mg (Coreg)
chlorthalidone tab 25 mg
chlorthalidone tab 50 mg
clonidine hcl tab 0.1 mg
clonidine hcl tab 0.2 mg
clonidine hcl tab 0.3 mg
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)
diltiazem hcl tab 30 mg (Cardizem)
diltiazem hcl tab 60 mg (Cardizem)
diltiazem hcl tab 90 mg
diltiazem hcl tab 120 mg (Cardizem)
diltiazem hcl cap er 12hr 60 mg
diltiazem hcl cap er 12hr 90 mg
diltiazem hcl cap er 12hr 120 mg
diltiazem hcl cap er 24hr 120 mg
diltiazem hcl cap er 24hr 180 mg
diltiazem hcl cap er 24hr 240 mg
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)
diltiazem hcl extended-release beads cap er 24hr 120 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 180 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 240 mg (Tiazac)

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HIGH BLOOD PRESSURE *(continued)*

diltiazem hcl extended-release beads cap er 24hr 300 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 360 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 420 mg (Tiazac)
diltiazem hcl extended-release tabs 24hr 120 mg (Cardizem la)
doxazosin mesylate tab 1 mg (Cardura)
doxazosin mesylate tab 2 mg (Cardura)
doxazosin mesylate tab 4 mg (Cardura)
doxazosin mesylate tab 8 mg (Cardura)
enalapril maleate oral soln 1 mg/ml (Epaned)
enalapril maleate tab 2.5 mg (Vasotec)
enalapril maleate tab 5 mg (Vasotec)
enalapril maleate tab 10 mg (Vasotec)
enalapril maleate tab 20 mg (Vasotec)
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)
eplerenone tab 25 mg (Inspra)
eplerenone tab 50 mg (Inspra)
felodipine tab er 24hr 2.5 mg
felodipine tab er 24hr 5 mg
felodipine tab er 24hr 10 mg
fosinopril sodium tab 10 mg
fosinopril sodium tab 20 mg
fosinopril sodium tab 40 mg
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg
furosemide oral soln 10 mg/ml
furosemide tab 20 mg (Lasix)
furosemide tab 40 mg (Lasix)
furosemide tab 80 mg (Lasix)
guanfacine hcl tab 1 mg
guanfacine hcl tab 2 mg
hydralazine hcl tab 10 mg
hydralazine hcl tab 25 mg
hydralazine hcl tab 50 mg
hydralazine hcl tab 100 mg
hydrochlorothiazide cap 12.5 mg
hydrochlorothiazide tab 12.5 mg
hydrochlorothiazide tab 25 mg
hydrochlorothiazide tab 50 mg
indapamide tab 1.25 mg
indapamide tab 2.5 mg
irbesartan tab 75 mg (Avapro)
irbesartan tab 150 mg (Avapro)
irbesartan tab 300 mg (Avapro)
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)

HIGH BLOOD PRESSURE *(continued)*

irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)
isradipine cap 2.5 mg
isradipine cap 5 mg
labetalol hcl tab 100 mg
labetalol hcl tab 200 mg
labetalol hcl tab 300 mg
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)
lisinopril tab 2.5 mg (Zestril)
lisinopril tab 5 mg (Zestril)
lisinopril tab 10 mg (Zestril)
lisinopril tab 20 mg (Zestril)
lisinopril tab 30 mg (Zestril)
lisinopril tab 40 mg (Zestril)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)
losartan potassium tab 25 mg (Cozaar)
losartan potassium tab 50 mg (Cozaar)
losartan potassium tab 100 mg (Cozaar)
metolazone tab 2.5 mg
metolazone tab 5 mg
metolazone tab 10 mg
metoprolol & hydrochlorothiazide tab 50-25 mg
metoprolol & hydrochlorothiazide tab 100-25 mg
metoprolol & hydrochlorothiazide tab 100-50 mg
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)
metoprolol tartrate tab 25 mg
metoprolol tartrate tab 37.5 mg
metoprolol tartrate tab 50 mg (Lopressor)
metoprolol tartrate tab 75 mg
metoprolol tartrate tab 100 mg (Lopressor)
minoxidil tab 2.5 mg
minoxidil tab 10 mg
moexipril hcl tab 7.5 mg
moexipril hcl tab 15 mg
nadolol tab 20 mg (Corgard)
nadolol tab 40 mg (Corgard)

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HIGH BLOOD PRESSURE *(continued)*

nadolol tab 80 mg
nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic)
nebivolol hcl tab 5 mg (base equivalent) (Bystolic)
nebivolol hcl tab 10 mg (base equivalent) (Bystolic)
nebivolol hcl tab 20 mg (base equivalent) (Bystolic)
nicardipine hcl cap 20 mg
nicardipine hcl cap 30 mg
nifedipine cap 10 mg
nifedipine cap 20 mg
nifedipine tab er 24hr 30 mg
nifedipine tab er 24hr 60 mg
nifedipine tab er 24hr 90 mg
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)
olmesartan medoxomil tab 5 mg (Benicar)
olmesartan medoxomil tab 20 mg (Benicar)
olmesartan medoxomil tab 40 mg (Benicar)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)
perindopril erbumine tab 2 mg
perindopril erbumine tab 4 mg
phenoxybenzamine hcl cap 10 mg (Dibenzyline)
pindolol tab 5 mg
pindolol tab 10 mg
prazosin hcl cap 1 mg (Minipress)
prazosin hcl cap 2 mg (Minipress)
prazosin hcl cap 5 mg (Minipress)
propranolol hcl oral soln 20 mg/5ml
propranolol hcl tab 10 mg
propranolol hcl tab 20 mg
propranolol hcl tab 40 mg
propranolol hcl tab 60 mg
propranolol hcl tab 80 mg

HIGH BLOOD PRESSURE *(continued)*

propranolol hcl cap er 24hr 60 mg (Inderal la)
propranolol hcl cap er 24hr 80 mg (Inderal la)
propranolol hcl cap er 24hr 120 mg (Inderal la)
propranolol hcl cap er 24hr 160 mg (Inderal la)
quinapril hcl tab 5 mg (Accupril)
quinapril hcl tab 10 mg (Accupril)
quinapril hcl tab 20 mg (Accupril)
quinapril hcl tab 40 mg (Accupril)
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)
quinapril-hydrochlorothiazide tab 20-25 mg
ramipril cap 1.25 mg (Altace)
ramipril cap 2.5 mg (Altace)
ramipril cap 5 mg (Altace)
ramipril cap 10 mg (Altace)
spironolactone tab 25 mg (Aldactone)
spironolactone tab 50 mg (Aldactone)
spironolactone tab 100 mg (Aldactone)
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)
telmisartan tab 20 mg (Micardis)
telmisartan tab 40 mg (Micardis)
telmisartan tab 80 mg (Micardis)
terazosin hcl cap 1 mg (base equivalent)
terazosin hcl cap 2 mg (base equivalent)
terazosin hcl cap 5 mg (base equivalent)
terazosin hcl cap 10 mg (base equivalent)
timolol maleate tab 10 mg
torsemide tab 5 mg
torsemide tab 10 mg
torsemide tab 20 mg
torsemide tab 100 mg
trandolapril tab 1 mg
trandolapril tab 2 mg
trandolapril tab 4 mg
triamterene & hydrochlorothiazide cap 37.5-25 mg
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)
triamterene cap 50 mg (Dyrenium)
triamterene cap 100 mg (Dyrenium)
valsartan tab 40 mg (Diovan)
valsartan tab 80 mg (Diovan)
valsartan tab 160 mg (Diovan)
valsartan tab 320 mg (Diovan)
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 160-25 mg Diovan hct)

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HIGH BLOOD PRESSURE *(continued)*

valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)
verapamil hcl cap er 24hr 120 mg (Verelan)
verapamil hcl cap er 24hr 180 mg (Verelan)
verapamil hcl cap er 24hr 240 mg (Verelan)
verapamil hcl tab er 120 mg (Calan sr)
verapamil hcl tab er 180 mg (Calan sr)
verapamil hcl tab er 240 mg (Calan sr)
verapamil hcl tab 40 mg
verapamil hcl tab 80 mg
verapamil hcl tab 120 mg

HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)
cholestyramine light powder 4 gm/dose (Questran light)
cholestyramine powder 4 gm/dose (Questran)
colesevelam hcl tab 625 mg (Welchol)
colestipol hcl granules 5 gm (Colestid flavored)
colestipol hcl granule packets 5 gm (Colestid flavored)
colestipol hcl tab 1 gm (Colestid)
ezetimibe tab 10 mg (Zetia)
ezetimibe-simvastatin tab 10-10 mg (Vytorin)
ezetimibe-simvastatin tab 10-20 mg (Vytorin)
ezetimibe-simvastatin tab 10-40 mg (Vytorin)
ezetimibe-simvastatin tab 10-80 mg (Vytorin)
fenofibrate micronized cap 67 mg
fenofibrate micronized cap 134 mg
fenofibrate micronized cap 200 mg
fenofibrate tab 48 mg (Tricor)
fenofibrate tab 54 mg
fenofibrate tab 145 mg (Tricor)
fenofibrate tab 160 mg
gemfibrozil tab 600 mg (Lopid)
lovastatin tab 10 mg
lovastatin tab 20 mg
lovastatin tab 40 mg
niacin tab er 500 mg (antihyperlipidemic)
niacin tab er 750 mg (antihyperlipidemic)
niacin tab er 1000 mg (antihyperlipidemic)
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg
pravastatin sodium tab 40 mg
pravastatin sodium tab 80 mg
rosuvastatin calcium tab 5 mg (Crestor)

HIGH CHOLESTEROL *(continued)*

rosuvastatin calcium tab 10 mg (Crestor)
rosuvastatin calcium tab 20 mg (Crestor)
rosuvastatin calcium tab 40 mg (Crestor)
simvastatin tab 5 mg
simvastatin tab 10 mg (Zocor)
simvastatin tab 20 mg (Zocor)
simvastatin tab 40 mg (Zocor)
simvastatin tab 80 mg

OSTEOPOROSIS

alendronate sodium oral soln 70 mg/75 ml
alendronate sodium tab 10 mg
alendronate sodium tab 35 mg
alendronate sodium tab 70 mg (Fosamax)
calcitonin (salmon) nasal soln 200 unit/act
ibandronate sodium tab 150 mg (base equivalent)
raloxifene hcl tab 60 mg (Evista)
risedronate sodium tab 5 mg
risedronate sodium tab 30 mg
risedronate sodium tab 35 mg (Actonel)
risedronate sodium tab 150 mg (Actonel)

RESPIRATORY

Medications

acetylcysteine inhal soln 10%
acetylcysteine inhal soln 20%
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)
albuterol sulfate soln nebu 0.5% (5 mg/ml)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)
albuterol sulfate syrup 2 mg/5ml
albuterol sulfate tab 2 mg
albuterol sulfate tab 4 mg
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act

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RESPIRATORY *(continued)*

ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated)
ASMANEX TWISTHALER 14 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 120 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act
BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)
budesonide inhalation susp 1 mg/2ml (Pulmicort)
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act
cromolyn sodium soln nebu 20 mg/2ml
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 113-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 232-14 mcg/act

RESPIRATORY *(continued)*

formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq)
ipratropium bromide inhal soln 0.02%
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml
levalbuterol hcl soln nebu concentrate 1.25 mg/0.5ml (base equiv)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)
montelukast sodium chew tab 4 mg (base equiv) (Singulair)
montelukast sodium chew tab 5 mg (base equiv) (Singulair)
montelukast sodium tab 10 mg (base equiv) (Singulair)
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act
roflumilast tab 250 mcg (Daliresp)
roflumilast tab 500 mcg (Daliresp)
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act
terbutaline sulfate tab 2.5 mg
terbutaline sulfate tab 5 mg
theophylline elixir 80 mg/15ml
theophylline soln 80 mg/15ml
theophylline tab er 12hr 300 mg
theophylline tab er 12hr 450 mg
theophylline tab er 24hr 400 mg
theophylline tab er 24hr 600 mg

3160NR-E (NR-F VBD version) © Prime Therapeutics LLC 09/24 Product names listed are the property of their respective owners.

RESPIRATORY *(continued)*

TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)
zafirlukast tab 10 mg (Accolate)
zafirlukast tab 20 mg (Accolate)

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Blue Cross Blue Shield Value Adds

Blue Care Advisor

REGISTER FOR YOUR MEMBER PORTAL AT: https://www.bluecrossmn.com/

Your BCBS member portal – Download mobile app or go to https://www.BlueCrossMN.com/bca
Care Cost Estimator – Estimate costs by logging into your member portal

Virtual Care

https://www.bluecrossmn.com/virtualcare

Doctor on Demand

https://doctorondemand.com/

Blue365

Get discounts on products & Services - https://www.blue365deals.com/BCBSMN/

Learn to Live

Clinically proven programs to improve mental health outcomes
https://www.learntolive.com/partners Enter Code: BCBSMN

Health & Wellbeing & Maternity Management

Preventive Care, Making Health Decisions, Managing Stress, Eating Right, Fitness & Activity, Managing Weight, Quit Tobacco, Health Pregnancy
https://www.bluecrossmn.com/members/health-wellbeing

Behavioral Health: Mental Health & Substance Abuse

Quit Smoking, Opioid Use, Depression, Anxiety, Autism, Stress, Pain Management, Gender Care, Case Managers, Wellness Coach
https://www.bluecrossmn.com/members/wellbeing/behavioral-health-mental-health-and-substance-use

Peer Recovery Specialist

• **Certified Family Peer Specialists** – have raised or are raising a child with a mental health or substance use disorder, providing non-clinical support to strengthen the family and increase parents' ability to support the treatment goals of the child

• **Certified Peer Specialists** – have had a mental health diagnosis and are available to assist members with their recovery journey

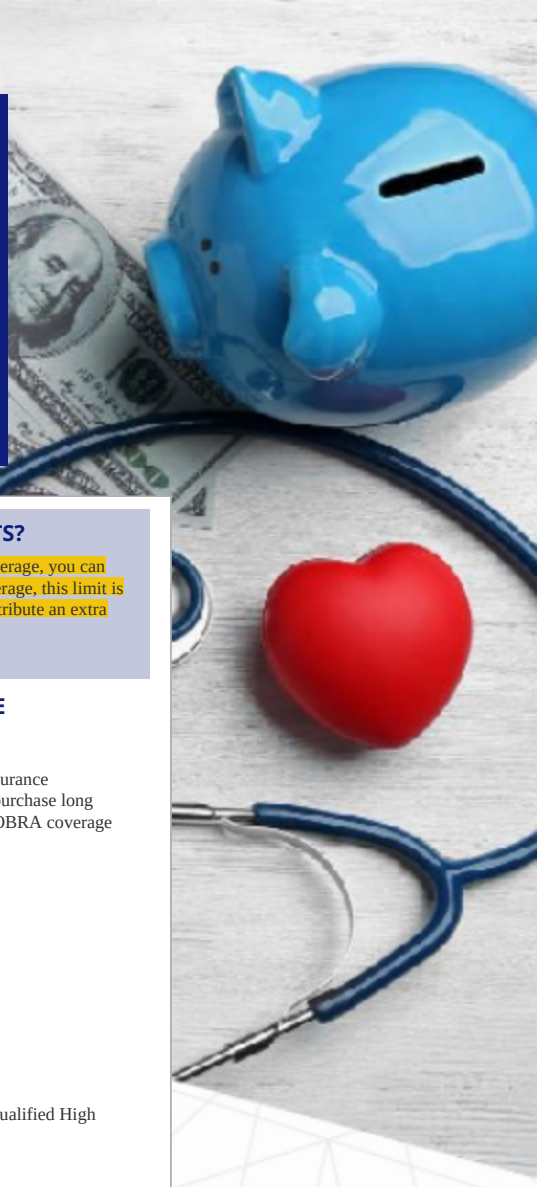
• **Peer Recovery Specialists** – have had a substance use diagnosis and are available to assist members with their recovery journey

To find a specialist go to https://www.bluecrossmn.com/FindADoctor or call the number on the back of your member ID card

Omada

Diabetes & Heart Disease Prevention
https://go.omadahealth.com/deployments/bcbsmn1

Health Savings Account - Health Equity



WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

A Health Savings Account (HSA) is a personal savings account that you can use to pay for Qualified medical expenses on a tax free basis.

ARE THERE ANY CONTRIBUTION LIMITS?

Yes. For 2025, if you are enrolled in employee only coverage, you can contribute up to $4,300 during the year. For family coverage, this limit is $8,550. If you are between ages 55 and 64, you can contribute an extra $1,000 per year.

WHAT ARE HSA ELIGIBLE EXPENSES?

Eligible Expenses under the HSA are called Qualified Medical Expenses (QME). These are defined in IRS Publication 502. Examples of qualified medical expenses are Deductibles, Office Visits, Prescription Drugs, Hospital bills, etc… Please note: There are penalties if you use the HSA for Non -QME's.

There is a summarized list of eligible expenses located in this booklet. For the full list go to https://www.irs.gov/forms-pubs/about-publication-502

A condensed version is also included in this benefit guide.

CAN I USE MY HSA TO PAY INSURANCE PREMIUMS?

Generally, no. You cannot use HSA funds to pay for insurance Premiums. There are a couple caveats to this. You can purchase long term care insurance (specific age guidelines apply), COBRA coverage and Medicare supplement coverage with HSA funds.

HOW DO I USE IT?

In most cases, your HSA bank will provide you with a debit card. Use this to be for any prescriptions or doctor visits at the time of service or you can use it to pay for any bills you receive in the mail.

WHO IS ELIGIBLE FOR AN HSA?

Employees and their dependents that are enrolled in a Qualified High Deductible health plan.

WHEN CAN I ENROLL IN AN HSA?

Typically, you'll enroll in an HSA during your open enrollment period when you make your annual benefit elections.

DO I HAVE TO USE ALL FUNDS BEFORE THE END OF THE YEAR?

No - all unused funds remain in your account - just like a regular savings account.

HOW CAN I ACCESS THE FUNDS?

Through a debit card or checks provided by the HSA bank you use.

HOW DO I CONTRIBUTE?

In most cases, your employer will allow you to contribute through pre-tax payroll deductions. You can also contribute outside of payroll - be sure to talk to your tax consultant about these contributions to make sure you receive all the tax benefits available.

CAN I CONTRIBUTE AFTER I TURN 65?

Generally, no. You cannot contribute after you turn 65, but you can use any funds you have left in your account.

WHAT TAX BENEFITS ARE THERE?

The goal of the HSA is to allow you to pay for medical expenses tax free. If you choose to contribute via payroll deductions, the money is taken out pre-tax. If you make contributions on your own, you will be able to deduct these amounts from your taxes for that year.

IS THE HSA PORTABLE?

Yes. The HSA is your personal savings account. The money in this account is yours no matter where you are employed.

MEMBER WEBSITE

https://www.healthequity.com/

CUSTOMER SERVICE PHONE NUMBER

1-866-924-3967

HSA Examples of Eligible Expenses

Qualified medical expenses incurred by the account beneficiary and his or her spouse and dependents;

- COBRA premiums;
- Health insurance premiums while receiving unemployment benefits;
- Qualified long-term care premiums*; and
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals age 65 or older; and
- Certain personal protective equipment (PPE)—such as masks, hand sanitizer and sanitizing wipes—used for the primary purpose of preventing the spread of COVID-19.

Distributions made from an HSA to reimburse the account beneficiary for eligible expenses are excluded from gross income.

Qualified Medical Expenses

The Internal Revenue Service (IRS) defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

The products and services listed below are examples of medical expenses eligible for payment under your HSA, when such services are not covered by your high-deductible health plan. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

This list is not all-inclusive; additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulations. For more information or clarification on individual list items, refer to Publication 502 or consult a tax professional.

- Abortion
- Acupuncture
- Alcoholism
- Ambulance
- Annual physical examination
- Artificial limb
- Artificial teeth
- Bandages
- Birth control pills
- Body scan
- Braille books and magazines
- Breast pumps and supplies
- Breast reconstruction surgery
- Capital expenses
- Car
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Crutches
- Dental treatment
- Diagnostic devices
- Disabled dependent care expenses
- Drug addiction
- Drugs
- Eye exam
- Eyeglasses
- Eye surgery
- Fertility enhancement
- Founder's fee
- Guide dog or other service animal

- Health institute
- Health maintenance organization (HMO)
- Hearing aids
- Home care
- Home improvements
- Hospital services
- Insurance premiums
- Laboratory fees
- Lactation expenses
- Lead-based paint removal
- Learning disability
- Lifetime care—advance payments
- Lodging
- Long-term care
- Meals
- Medical conferences
- Medical information plan
- Medicines
- Nursing home
- Nursing services
- Operations
- Optometrist
- Organ donors
- Osteopath
- Oxygen
- PPE used for the primary purpose of preventing the spread of COVID-19, such as:
  - Masks
  - Hand sanitizer
  - Sanitizing wipes
- Physical examination
- Pregnancy test kit
- Prescribed weight-loss programs
- Prescription drugs
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education
- Sterilization
- Stop-smoking programs
- Surgery
- Telephone
- Television
- Therapy
- Transplants
- Transportation
- Trips
- Tuition
- Vasectomy
- Vision correction surgery
- Wheelchair
- Wig
- X-ray

Source: www.irs.gov

Plans that do not allow reimbursement of all eligible medical expenses as defined by the IRS and Department of Treasury must customize this article prior to use.

** For purposes of reimbursement of qualified long-term care premiums from an HSA, reimbursement in excess of the amount which may be deducted on an individual's personal tax return is not an eligible expense. IRS 213(d)(10) establishes the tax deduction allowed for qualified long-term care premiums on individual tax returns. If the HSA reimburses long-terms care premiums for an amount greater than set forth in IRC 213(d)(10), the amount greater than allowed is included in the account holder's taxable income and is subject to a 20 percent penalty.*

2025/2026 Dental Benefit

MetLife

	Metlife | 100/80/50, $1,500 Max - LOW Plan w/Ortho		Metlife | 100/80/50, $1,500 Max - HIGH Plan w/Ortho	
DEDUCTIBLE	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Single	$50	$50	$0	$0
Family	$150	$150	$0	$0
MAXIMUM THE CARRIER WILL PAY				
Annual Maximum	$1,500	$1,500	$1,500	$1,500
FREQUENCIES				
Cleaning	Once every 6 months		Once every 6 months	
Exam	Once every 6 months		Once every 6 months	
DENTAL COVERAGE				
Cleanings	100%	100% U&C	100%	100% U&C
Exams	100%	100% U&C	100%	100% U&C
X-Rays	100%	100% U&C	100%	100% U&C
Sealants	80%	50% U&C	80%	80% U&C
Fillings	80%	50% U&C	80%	80% U&C
Simple Extractions	80%	50% U&C	80%	80% U&C
Root Canal	50%	50% U&C	80%	80% U&C
Periodontal Gum Disease	50%	50% U&C	80%	80% U&C
Oral Surgery	50%	50% U&C	80%	80% U&C
Crowns	50%	50% U&C	50%	50% U&C
Dentures	50%	50% U&C	50%	50% U&C
Bridges	50%	50% U&C	50%	50% U&C
Implants	50%	50% U&C	50%	50% U&C
Orthodontia	50%	50% U&C	50%	50% U&C
Orthodontia Lifetime Maximum	$1000		$1,000	
Orthodontia Maximum Age	Ortho applies to Child Only - Child to age 19		Ortho applies to Child Only - Child to age 19	
OUT OF NETWORK EXPLANATION				
	Your insurance carrier will pay the out of network dentist what 99 out of 100 dentists in their area charge for a specific service. You may incur a small balance bill.		Your insurance carrier will pay the out of network dentist what 99 out of 100 dentists in their area charge for a specific service. You may incur a small balance bill.	
PLAN INFORMATION				
Waiting Period for Major Services	None		None	
Plan Year	2025		2025	
Network Type	PPO		PPO	
Network Name	PPO		PPO	
Member Website	metlife.com		https://www.metlifetakealongdental.com/Home/FindADentist	
Customer Service Phone Number	1-800-638-5433		1-800-638-5433	

PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	$22.00	$24.48
Employee + Spouse	$45.07	$50.17
Employee + Child(ren)	$59.67	$66.44
Family	$86.53	$96.31

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to the MetLife Benefit Summary in your Employee Benefits portal.

2025 Vision Plan

Blue Cross Blue Shield of MN | Value Enhanced Eyewear Only - Option 1

Plan Explanation

*Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card. **Davis Vision Exclusive Collection available at many participating independent provider offices. Collection is subject to change. ***Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail providers.
†Available at many participating independent provider offices. Collection is subject to change. Boxes must be ordered as part of a single transaction.
††Available at participating retail providers.
This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary. Davis Vision is an independent company providing vision benefit management services and access to their network. Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Glass Enhancements - see Benefit Highlights for details	Found in your Employee Navigator Portal	$0
Single Vision, Lined Bifocal, Trifocal, Lenticular	100% after $10 copay	Reimbursements: Single: $40 Bifocal/Progressive: $60 Trifocal: $80 Lenticular: $100
Frames: Davis Vision Exclusive Collection	Fashion: 100%; no copay/Designer: 100%; no copay/Premier: 100%;$25 copay	$0
Frames: Non-Davis Vision Exclusive Collection - Visionworks Stores	No copay: plan pays up to $180 plus 20% discount on remaining costs***	$0
Frames: Non-Davis Vision Exclusive Collection - available from other participating retailers	No copay: plan pays up to $130 plus 20% discount on remaining costs***	$0
Contact Lens Allowance: Collection	Disposable: up to 4 boxes Planned Replacement: up to 2 boxes	Not Applicable
Contact Lens Allowance: NON-Collection	Plan pays up to $130 plus 15% discount on remaining costs***	$105
FREQUENCIES		
Lens and Frames OR Contacts Frequency	1 every 12 months	
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Plan Year	2025	
Network Name	BCBS - Davis Vision Network	
Member Website	www.bluecrossmn.com/findaneyedoctor	

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	$2.48
Employee + 1	$4.66
Employee + 2 or more	$7.16

BlueCross BlueShield

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to the BCBS Benefit Summary in your Employee Benefits portal.

Long Term Disability

MetLife | Long Term Disability

Plan Explanation

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness.

LTD INSURANCE BENEFITS	
How does my insurance carrier define Disability?	MetLife considers you disabled if you've lost 1 or more material and substantial duties of your own occupation, AND you've lost at least 20% of your pre-disability earnings due to an accident or illness.
Monthly Benefit	If you've lost income as a result of a disability, you will receive 60% of your pre-disability income. The max benefit amount is based on your Class.
When do benefits start? (Elimination period)	Benefits will begin after you've been disabled to a sickness or illness for 180 days.
How long do my benefits pay out?	You will receive a benefit from MetLife until you are no longer considered disabled, or until your Social Security Normal Retirement Age (SSNRA); whichever comes first.
Are there any limitations on coverage for Pre-Existing conditions?	If you had or received treatment for any pre-existing conditions 3 months prior to being covered under this policy, MetLife will not cover any disabilities due to these pre-existing conditions until you have been on the policy for 12 months.
Own Occupation Limitation	You will receive a benefit if you have lost the ability to perform the material and substantial duties of your Own Occupation for up to 2 years. After this period, if you are still disabled, the carrier will verify whether or not you are able to work in Any Occupation within your skill set and education.
Guaranteed Insurability	You will receive up the max benefit amount based on your Class, with no medical questions asked.
Taxation of Benefit	Because your employer has paid 100% of the premium for this policy, any benefit you receive will be taxed.

PLAN INFORMATION	
Plan Year	2025
Member Website	metlife.com
Customer Service Phone Number	1-800-638-5433

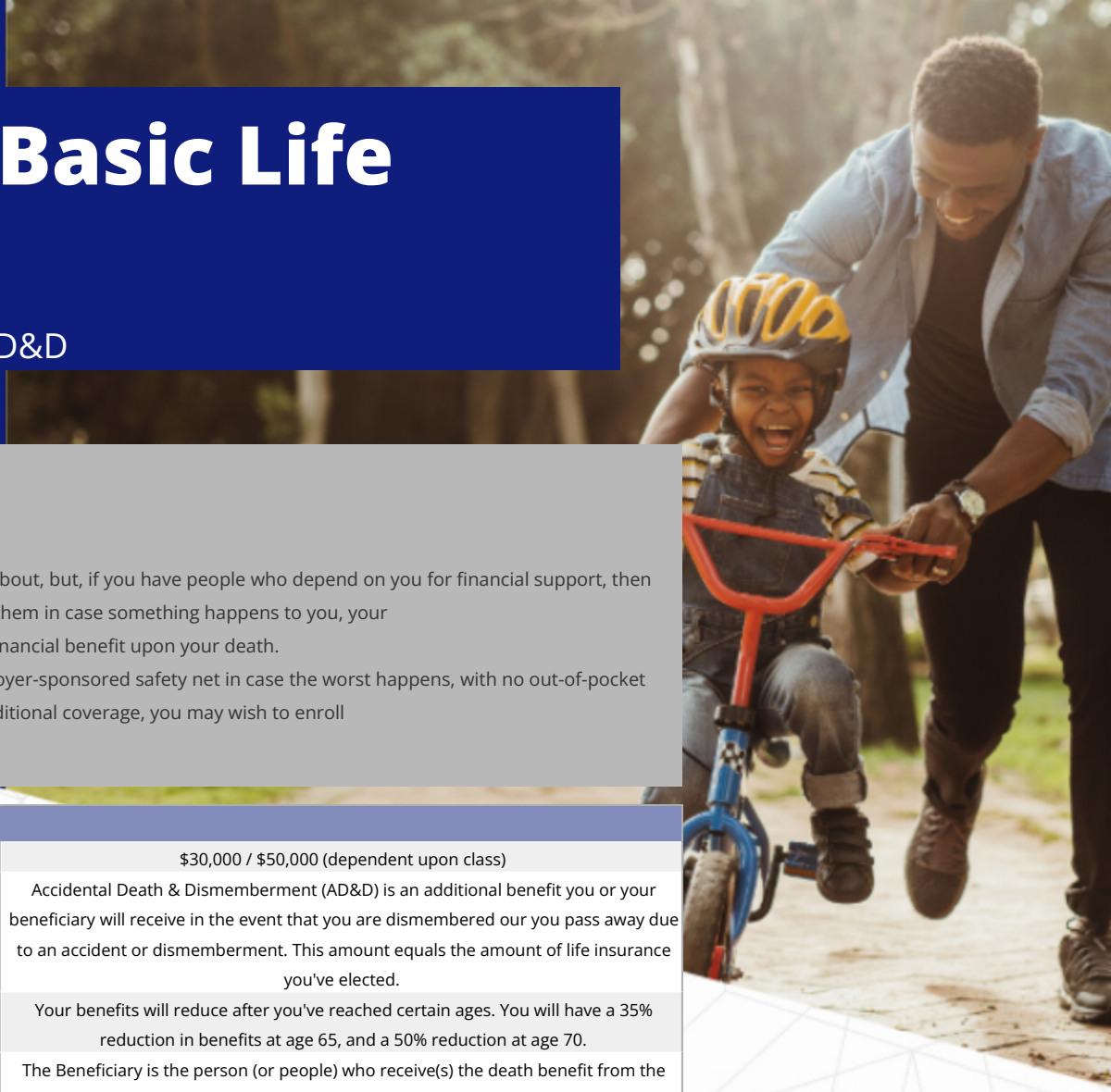
MetLife®

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to the MetLife Benefit Summary in your Employee Benefits portal.

MetLife Basic Life AD&D

MetLife | Basic Life AD&D



Plan Explanation

EMPLOYER PAID BENEFIT

Life insurance isn't a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you, your designated beneficiary would collect a financial benefit upon your death.
Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.

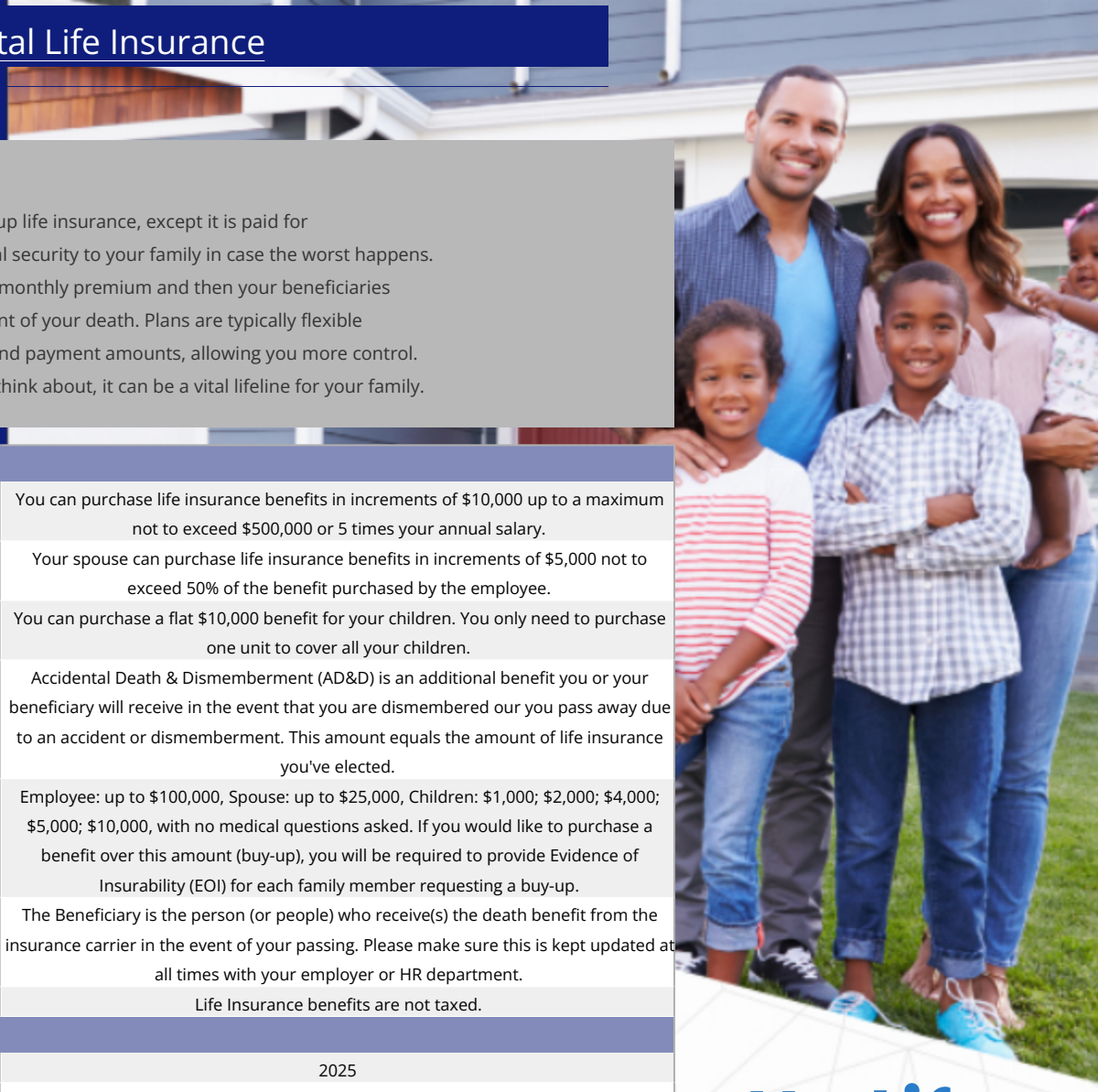
LIFE INSURANCE BENEFITS	
Life Insurance Coverage	$30,000 / $50,000 (dependent upon class)
Accidental Death & Dismemberment	Accidental Death & Dismemberment (AD&D) is an additional benefit you or your beneficiary will receive in the event that you are dismembered our you pass away due to an accident or dismemberment. This amount equals the amount of life insurance you've elected.
Age Reduction Schedule	Your benefits will reduce after you've reached certain ages. You will have a 35% reduction in benefits at age 65, and a 50% reduction at age 70.
Beneficiary	The Beneficiary is the person (or people) who receive(s) the death benefit from the insurance carrier in the event of your passing. Please make sure this is kept updated at all times with your employer or HR department.
Taxation of Benefit	Life Insurance benefits are not taxed.
PLAN INFORMATION	
Plan Year	2025
Member Website	metlife.com
Customer Service Phone Number	1-800-638-5433

MetLife®

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to the MetLife Benefit Summary in your Employee Benefits portal.

MetLife | Supplemental Life Insurance



Plan Explanation

Voluntary life insurance is similar to group life insurance, except it is paid for by you. It can provide additional financial security to your family in case the worst happens. With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control. While this type of insurance isn't fun to think about, it can be a vital lifeline for your family.

LIFE INSURANCE BENEFITS	
Employee Life Insurance Coverage	You can purchase life insurance benefits in increments of $10,000 up to a maximum not to exceed $500,000 or 5 times your annual salary.
Spouse Life Insurance Coverage	Your spouse can purchase life insurance benefits in increments of $5,000 not to exceed 50% of the benefit purchased by the employee.
Child(ren) Life Insurance Coverage	You can purchase a flat $10,000 benefit for your children. You only need to purchase one unit to cover all your children.
Accidental Death & Dismemberment	Accidental Death & Dismemberment (AD&D) is an additional benefit you or your beneficiary will receive in the event that you are dismembered our you pass away due to an accident or dismemberment. This amount equals the amount of life insurance you've elected.
Guaranteed Insurability	Employee: up to $100,000, Spouse: up to $25,000, Children: $1,000; $2,000; $4,000; $5,000; $10,000, with no medical questions asked. If you would like to purchase a benefit over this amount (buy-up), you will be required to provide Evidence of Insurability (EOI) for each family member requesting a buy-up.
Beneficiary	The Beneficiary is the person (or people) who receive(s) the death benefit from the insurance carrier in the event of your passing. Please make sure this is kept updated at all times with your employer or HR department.
Taxation of Benefit	Life Insurance benefits are not taxed.

PLAN INFORMATION	
Plan Year	2025
Member Website	metlife.com
Customer Service Phone Number	1-800-638-5433

PREMIUM PER EMPLOYEE PAYCHECK - RATES PER $1,000	
< 20	$0.032
20 - 24	$0.032
25 - 29	$0.032
30 - 34	$0.036
35 - 39	$0.047
40 - 44	$0.059
45 - 49	$0.084
50 - 54	$0.123
55 - 59	$0.217
60 - 64	$0.299
65 - 69	$0.493
70 - 74	$0.787
75 - 79	$0.787
80+	$0.787

PREMIUM CALCULATION

_____	/	___$1000___	x	_____	=	_____
Coverage Amount		per $1000		Unit Rate		Premium Per Paycheck

MetLife®

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

MetLife Value Adds

If you are enrolled in any of the following benefits, you can take advantage of additional services offered by MetLife at no additional cost to you. Complete information for each value add is located on your Employee Navigator benefits portal:

Dental

If you are enrolled in MetLife Dental coverage, you have access to the VisionAccess program. MetLife VisionAccess is a discount program that helps you save and stay on top of your care. You get great discounts that couldn't be easier to use – just visit one of the thousands of participating private practice ophthalmologists and optometrists.

For more information or to find a participating provider, visit MetLife's website:

www.metlife.com/mybenefits

Basic Life AD&D

Online Will Prep and Estate Planning: Help ensure your family is provided for in the future with MetLife's will preparation and estate planning services:

Visit: www.willscenter.com

You can also visit www.legalplans.com/estateplanning to get started

Funeral Discount & Planning Services:

Dignity Memorial – Provides funeral planning and assistance: 1-866-853-0954

Dignity Memorial also offers Final Wish Planning – www.finalwishesplanning.com

Supplemental Life AD&D

Face to Face Will Prep: Call MetLife Legal Plans at 1-800-821-6400 and a representative will help you find a participating plan attorney.

Empathy: MetLife is partnered with Empathy to provide you and your family with on-demand personalized guidance to help you throughout the weeks and months ahead after losing a loved one.

Register online at: www.join.empathy.com/metlife, or call 201-720-1584

Travel Assistance: Access to Travel Assistance services, whether traveling within the U.S. or abroad.

For more information or to access services:

Visit: www.metlife.com/travelassist

Call: Within the USA: 1-800-454-3679

Outside the USA: 1-312-9335-3783

Notes

This Benefit Booklet

Presented by

Benefit
INNOVATIONS

Benefit Innovations

Agency Website : https://www.benefitinnovationsmn.com/

Agency Phone number : 800-566-3444

46 East Broadway/PO Box 336, Little Falls, MN 56345