Employee Benefits Guide

2026/2027 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

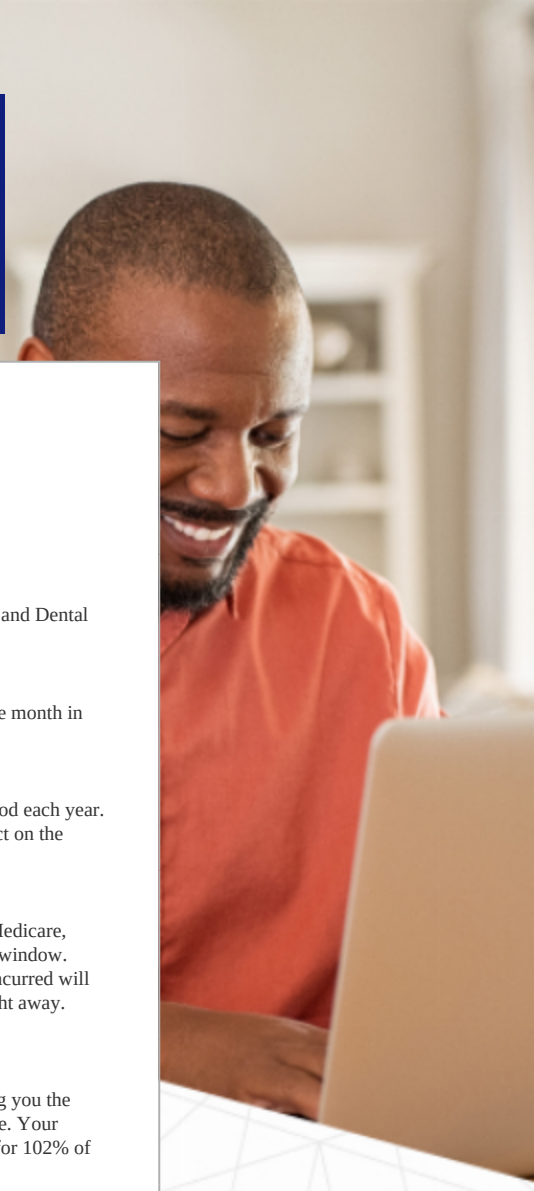
Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) 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 2026 are $4,400 for single coverage and $8,750 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.

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Important Items to Remember



OPEN ENROLLMENT DATES & SUPPORT INFORMATION

OPEN ENROLLMENT DATES: May 6th - May 15th
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

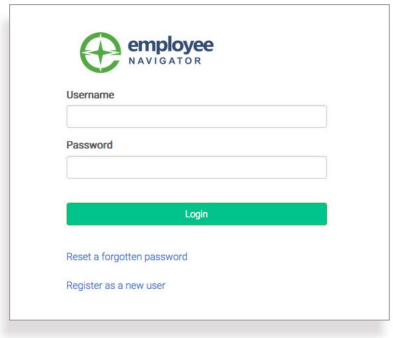
Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) 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

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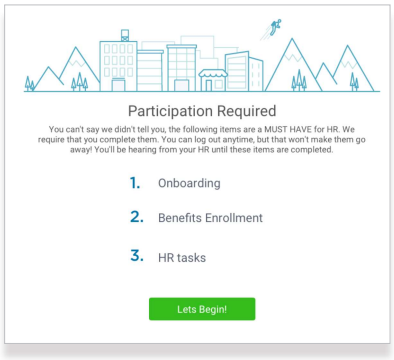
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

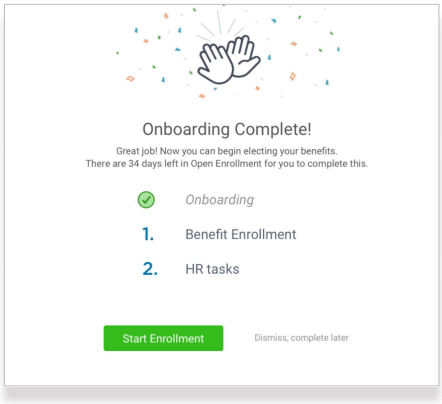
Go to www.employeenavigator.com and click **Login**

- **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.

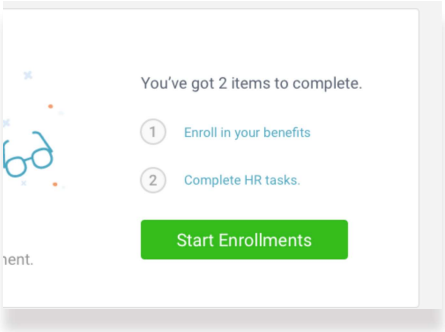


Step 3: Onboarding (For first time users, if applicable)

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

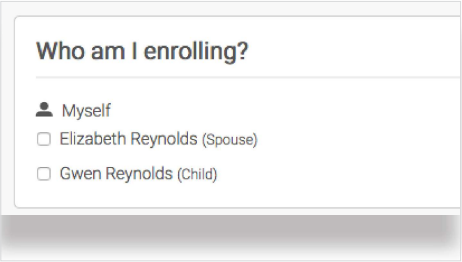
After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

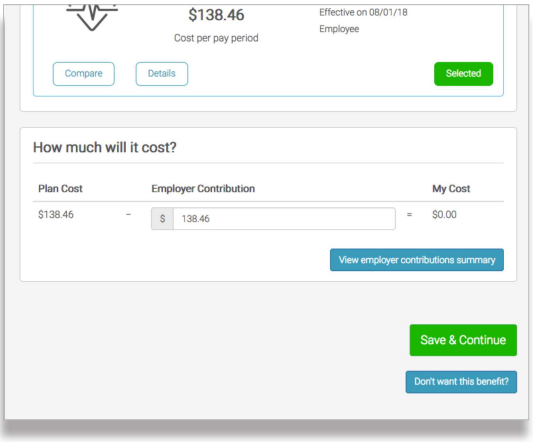
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

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.

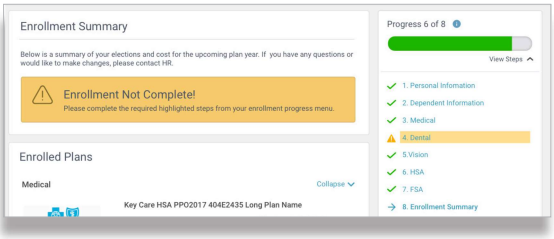


Click **Save & Continue** at the bottom of each screen to save your elections.

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.

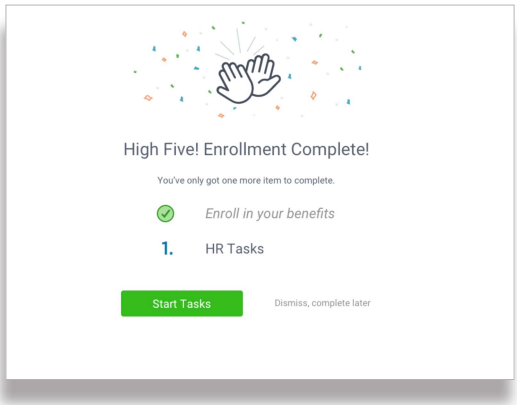


Step 7: Review & Confirm Elections

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

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Lakeview Schools ISD #2167

2026/2027 Health Plan Monthly Premiums

T26705-A $10,600 Deductible - 0% Non-HSA, No PrevRx

	Monthly Premium
Single	$1057.02
Family	$2541.18

T26505P-A $8,500-0% VBBD Embedded HSA

	Monthly Premium
Single	$1167.42
Family	$2806.59

T26490P-A $6,500-25% VBBD Embedded HSA

	Monthly Premium
Single	$1236.29
Family	$2972.18

26450P-A $4,500-0% VBBD Embedded HSA

	Monthly Premium
Single	$1494.64
Family	$3593.28

T26435P - A $3,500-25% VBBD Embedded HSA

	Monthly Premium
Single	$1503.10
Family	$3613.60

Your employer contributes to your monthly health premium.

The above premiums are the total premium billed to the district. These premiums DO NOT account for the Employer Contribution.

Your per pay period premium amount, which includes the employer contribution, will be displayed in your individual benefits portal.

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2026/2027 Health Plans

Blue Cross Blue Shield of MN | T26705-A $10,600 Deductible - 0% Non-HSA, No PrevRx



DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	$10,600	$15,000
Family	$21,200	$25,000
COINSURANCE		
Member %	0%	50%
OUT OF POCKET MAXIMUM		
Single	$10,600	$20,000
Family	$21,200	$30,000
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	0% after deductible	50% after deductible
Specialist Office Visit	0% after deductible	50% after deductible
E-visits	First five E-visits are FREE (no deductible):subsequent E-visits are 0% after the deductible	50% after deductible
Emergency Room	0% after deductible	0% after deductible
PREVENTIVE CARE		
Preventive Services	0% No deductible	Well child to age 6 & prenatal - no charge; age 6 and over 50% after deductible
MAJOR MEDICAL EXPENSES		
Outpatient Surgery, Inpatient Hospitalization/Surgery, Behavioral Health	0% after deductible	50% after deductible
Inpatient Hospitalization / Surgery	0% after deductible	50% after deductible
CT scan, PT scan, MRI	0% after deductible	50% after deductible
Hospital Newborn Delivery	0% after deductible	50% after deductible
PRESCRIPTION DRUG COVERAGE		
Generic (Tier 1)	0% after deductible	No Coverage
Brand Name (Tier 2)	0% after deductible	No Coverage
Non-Preferred (Tier 3)	0% after deductible	No Coverage
Specialty (Tier 4)	0% after deductible	No Coverage
Specialty (Tier 5)	0% after deductible	No Coverage
Mail Order - 90 day Supply	0% after deductible	No Coverage
PLAN INFORMATION		
Plan Year	2026/2027	
Deductible Explanation	Embedded - The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.	
Network Type	PPO	
Network Name	Aware	
Member Website	www.bluecrossmn.com	

Plan Explanation

This plan is a **NON-Creditable** Medicare Part D plan. This plan is NOT an HSA plan. This plan does NOT offer Preventive Rx coverage.

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 Certificate of Coverage located in your Employee Benefits portal.**To view the the BCBS Benefit, click on the plan name link at the top of the page.**

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2026/2027 Health Plans



	Blue Cross Blue Shield of MN | T26505P-A $8,500-0% VBBD Embedded HSA		Blue Cross Blue Shield of MN | 26490P-A $6,500-25% VBBD Embedded HSA	
DEDUCTIBLE	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Single	$8,500	$10,000	$6,500	$10,000
Family	$17,000	$20,000	$13,000	$20,000
COINSURANCE				
Member %	0%	50%	25%	50%
OUT OF POCKET MAXIMUM				
Single	$8,500	$15,000	$8,300	$15,000
Family	$17,000	$30,000	$16,600	$30,000
COMMONLY USED SERVICES				
Primary Care Physician Office Visit	0% after deductible	50% after deductible	25% after deductible	50% after deductible
Specialist Office Visit	0% after deductible	50% after deductible	25% after deductible	50% after deductible
E-visits	First five E-visits are free; subsequent E-visits are 0% after deductible	50% after deductible	First five E-visits are free; subsequent E-visits are 0% after deductible	50% after deductible
Emergency Room	0% after deductible	0% after deductible	25% after deductible	0% after deductible
PREVENTIVE CARE				
Preventive Services	0% no charge	Well-child to age 6 & prenatal: no charge, age 6 and older 50% after deductible	0% no charge	Well-child to age 6 & prenatal: no charge, age 6 and older 50% after deductible
MAJOR MEDICAL EXPENSES				
Outpatient Surgery /Inpatient Hospitalization Surgery, Behavioral Health	0% after deductible	50% after deductible	25% after deductible	50% after deductible
CT scan, PT scan, MRI, Durable Medical Equipment	0% after deductible	50% after deductible	25% after deductible	50% after deductible
Bariatric, Reproductive Treatment	NO COVERAGE	NO COVERAGE	NO COVERAGE	NO COVERAGE
Hospital Newborn Delivery	0% after deductible	50% after deductible	25% after deductible	50% after deductible
PRESCRIPTION DRUG COVERAGE				
Value Based Benefit Design (Preventive Rx)	0% (no deductible) for Tier 1 and Tier 3 drugs. Tier 2 drugs pay as retail drugs.	No Coverage	0% (no deductible) for Tier 1 and Tier 3 drugs. Tier 2 drugs pay as retail drugs.	No Coverage
Generic (Tier 1)	0% after deductible	No Coverage	25% after deductible	No Coverage
Brand Name (Tier 2)	0% after deductible	No Coverage	25% after deductible	No Coverage
Non-Preferred (Tier 3)	0% after deductible	No Coverage	25% after deductible	No Coverage
Specialty (Tier 4)	0% after deductible	No Coverage	25% after deductible	No Coverage
Specialty (Tier 5)	0% after deductible	No Coverage	25% after deductible	No Coverage

Plan Explanation

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

Disclaimer

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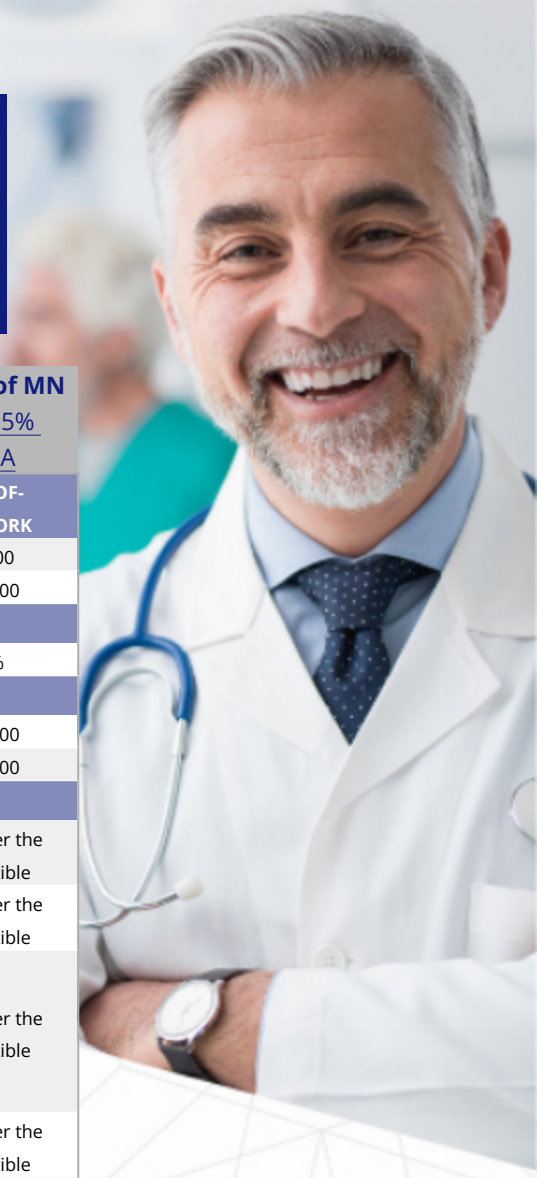
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	Blue Cross Blue Shield of MN | T26505P-A $8,500-0% VBBD Embedded HSA		Blue Cross Blue Shield of MN | 26490P-A $6,500-25% VBBD Embedded HSA	
Mail Order - 90 day Supply	0% after deductible	No Coverage	25% afterdeductible	No Coverage
PLAN INFORMATION				
Plan Year	2026/2027		2026/2027	
Deductible Period				
Deductible Explanation	Embedded - The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.		Embedded - The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.	
Network Type	PPO		PPO	
Network Name	AWARE		Aware	
Member Website	www.bluecrossmn.com		www.bluecrossmn.com	

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2026/2027 Health Plans



	Blue Cross Blue Shield of MN | T26450P-A $4,500-0% VBBD Embedded HSA		Blue Cross Blue Shield of MN | T26435P - A $3,500-25% VBBD Embedded HSA	
DEDUCTIBLE	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Single	$4,500	$7,500	$3,500	$5,000
Family	$9,000	$15,000	$7,000	$10,000
COINSURANCE				
Member %	0%	50%	25%	50%
OUT OF POCKET MAXIMUM				
Single	$4,500	$12,500	$5,400	$10,000
Family	$9,000	$25,000	$10,800	$20,000
COMMONLY USED SERVICES				
Primary Care Physician Office Visit	0% after deductible	50% after deductible	25% after the deductible	50% after the deductible
Specialist Office Visit	0% after deductible	50% after deductible	25% after the deductible	50% after the deductible
E-visits	First five E-visits are 0% (no deductible): subsequent E-visits are 0% after the deductible	50% after deductible	First five E-visits are 0% (no deductible): subsequent E-visits are 25% after the deductible	50% after the deductible
Emergency Room	0% after deductible	0% after deductible	25% after the deductible	25% after the deductible
PREVENTIVE CARE				
Preventive Services	0% no charge	Well-child to age 6 & prenatal: no charge - age 6 and older 50% after deductible	0% no charge	Well-child to age 6 & prenatal: no charge - age 6 and older 50% after deductible
MAJOR MEDICAL EXPENSES				
Outpatient Surgery	0% after deductible	50% after deductible	25% after the deductible	50% after the deductible
Inpatient Hospitalization / Surgery	0% after deductible	50% after deductible	25% after the deductible	50% after the deductible
CT scan, PT scan, MRI	0% after deductible	50% after deductible	25% after the deductible	50% after the deductible
Hospital Newborn Delivery	0% after deductible	50% after deductible	25% after the deductible	50% after the deductible
PRESCRIPTION DRUG COVERAGE				
Value Based Benefit Design (Preventive Rx)	0% (no deductible) for Tier 1 and Tier 3 drugs. Tier 2 drugs pay as retail drugs	No Coverage	0% (no deductible) for Tier 1 and Tier 3 drugs. Tier 2 drugs pay as retail drugs	No Coverage
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Brand Name (Tier 2)	0% after deductible	No Coverage	25% after the deductible	No Coverage
Non-Preferred (Tier 3)	0% after deductible	No Coverage	25% after the deductible	No Coverage
Specialty (Tier 4)	0% after deductible	No Coverage	25% after the deductible	No Coverage

Plan Explanation

These plans are **Creditable** Medicare Part D Plans.

Disclaimer

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	Blue Cross Blue Shield of MN | T26450P-A $4,500-0% VBBD Embedded HSA		Blue Cross Blue Shield of MN | T26435P - A $3,500-25% VBBD Embedded HSA	
Specialty (Tier 5)	0% after deductible	No Coverage	25% after the deductible	No Coverage
Mail Order - 90 day Supply	0% after deductible	No Coverage	25% after the deductible	No Coverage
PLAN INFORMATION				
Plan Year	2026/2027		2026/2027	
Deductible Explanation	Embedded - The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.		Embedded - The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.	
Network Type	PPO		PPO	
Network Name	Aware		Aware	
Member Website	www.bluecrossmn.com		www.bluecrossmn.com	



KeyRx
ACA Preventive Drug List
Effective July 1, 2026

Recommendations by
United States Preventive Services Task Force (USPSTF)**,**
Health Resources and Services Administration (HRSA)**, and**
Advisory Committee on Immunization Practices (ACIP, adopted by the Centers for Disease Control)

In accordance with requirements put forth through the Affordable Care Act (ACA), your employer has elected to provide evidence-based Preventive Drug coverage at $0. Below is the list of preventive medications that may be available under your ACA Preventive Drug coverage. This list is subject to the terms of your health plans and may change, based on ACA guidelines and updates.

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Please verify with your plan if a generic drug must be tried before the brand version of a drug is filled. **Please refer to your benefit materials for coverage details and the plan website for current information as this list will be reviewed periodically and 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.

ASPIRIN

aspirin chew tab 81 mg
aspirin tab delayed release 81 mg

BOWEL PREPARATION

(FOR ELIGIBLE MEMBERS AGES 45 AND OLDER)

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm

BREAST CANCER PRIMARY PREVENTION

(FOR ELIGIBLE MEMBERS AGES 35 AND OLDER)

anastrozole tab 1 mg (Arimidex)
raloxifene hcl tab 60 mg (Evista)
tamoxifen citrate tab 10 mg (base equivalent)
tamoxifen citrate tab 20 mg (base equivalent)

FLUORIDE

Dental Products & Combinations

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 rinse 0.2% (Prevident Rinse)
stannous fluoride conc 0.63%
stannous fluoride gel 0.4% (Gel-kam gel)

Supplements & Combinations

SODIUM FLUORIDE - 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)
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)

FOLIC ACID SUPPLEMENTS

folic acid cap 0.8 mg
folic acid tab 400 mcg
folic acid tab 800 mcg

HUMAN IMMUNODEFICIENCY VIRUS PREEXPOSURE PROPHYLAXIS

HIV PrEP (generic list)

DESCOVY – emtricitabine-tenofovir alafenamide tab 200-25 mg
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)

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

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IRON SUPPLEMENTS
(FOR ELIGIBLE INFANTS UP TO 12 MONTHS)

carbonyl iron susp 15 mg/1.25ml (elemental iron) (Icar pediatric)
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe) (Fer-In-Sol)
ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)
IRON UP – polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)
NOVAFERRUM PEDIATRIC DROP – polysaccharide iron complex liquid 15 mg/ml (fe equiv)

SINGLE AGENT STATINS
(FOR ELIGIBLE MEMBERS AGES 40-75 YEARS)

lovastatin tab 20 mg
lovastatin tab 40 mg
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg
pravastatin sodium tab 40 mg
pravastatin sodium tab 80 mg

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 24 hr 7 mg/24 hr
nicotine td patch 24 hr 14 mg/24 hr
nicotine td patch 24 hr 21 mg/24 hr
NICOTINE TRANSDERMAL SYSTEM – nicotine td patch 24 hr kit 21-14-7 mg/24hr
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)
varenicline starting month box- varenicline tartrate tab 11 x 0.5 mg & 42 x 1 start pack
varenicline tartrate tab 0.5 mg (base equiv)
varenicline tartrate tab 1 mg (base equiv)

VACCINES (FOR ELIGIBLE MEMBERS AGES 9-45)

GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac im susp
GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac susp pref syr

VACCINES
(FOR ELIGIBLE MEMBERS AGES 19 AND OLDER)

SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml

VACCINES

ABRYSVO – rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml
ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj
ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf lf-mcg/0.5ml
AFLURIA – influenza virus vaccine split im susp
AFLURIA – influenza virus vaccine split pf susp pref syringe 0.5 ml
AREXVY – rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml
BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml
CAPVAXIVE – pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml
COMIRNATY – covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3 ml
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml
ENGERIX-B – hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml
ENGERIX-B – hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml
ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml
FLUAD – influenza vac type a&b surface ant adj susp pref syr 0.5 ml
FLUARIX – influenza virus vaccine split pf susp pref syringe 0.5 ml
FLUBLOK – influenza virus vacc recombinant ha pf soln pref syr 0.5 ml
FLUCELVAX – influenza virus vac tiss-cult subunit im susp
FLUCELVAX – influenza virus vac tiss-cult subunit susp pref syr 0.5 ml
FLULAVAL – influenza virus vaccine split pf susp pref syringe 0.5 ml
FLUMIST NASAL VACCINE – influenza virus vaccine live intranasal liquid
FLUZONE – influenza virus vaccine split im susp
FLUZONE – influenza virus vaccine split pf susp pref syringe 0.5 ml
FLUZONE HIGH-DOSE – influenza virus vac split high-dose pf susp pref syr 0.5 ml
HAVRIX – hepatitis a vaccine inj susp 1440 el unit/ml
HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml
HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml

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VACCINES *(continued)*

HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection
JYNNEOS – smallpox & monkeypox vac 0.5ml
KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml
MENQUADFI – meningococcal (a, c, y, and w-135) conjugate vaccine inj
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac im soln
M-M-R II – measles-mumps-rubella virus vaccines for inj soln
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25 ml
MRESVIA – rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml
NOVAVAX COVID-19 VACCINE / 2023-24 – covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml
PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr
PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5ml
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj
PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y – covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3 ml
PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y – covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3 ml
PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml

VACCINES *(continued)*

PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5ml
PRIORIX – measles-mumps-rubella virus vaccines for subcutaneous susp
PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp
QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj
QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5ml
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 10 mcg/ml
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 40 mcg/ml
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml
ROTARIX – rotavirus vaccine, live oral susp
ROTATEQ – rotavirus vaccine, live oral pentavalent soln
SPIKEVAX COVID-19 VACCINE – covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5 ml
SPIKEVAX COVID-19 VACCINE – covid-19 (sars-cov-2) mrna vacc-moderna im susp 50 mcg/0.5 ml
TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu
TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr
TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml
VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml
VAQTA – hepatitis a vaccine inj susp 50 unit/ml
VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml
VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr
VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp
VAXNEUVANCE– pneumococcal 15-valent conjugate vaccine sus pref syr 0.5ml

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Recommendation on Contraceptives by
Health Resources and Services Administration (HRSA)

Eligible benefit plans include coverage under the Affordable Care Act for the following contraceptives to be covered at $0. To determine cost share for medications not listed below, log onto your account at MyPrime.com. Please refer to your benefit materials for coverage details and the plan website for current information as this publication is subject to change. ***This list will be reviewed periodically and 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.

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

Female Condom

FC2 FEMALE CONDOM – condoms – female

Male Condom

ALL MALE CONDOMS

Spermicide

ENCARE – nonoxynol-9 vaginal suppos 100 mg
OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%

Spermicide (continued)

VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 gel 4%

Vaginal pH Regulator Gel

PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%

Sponge

TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg

Emergency Method Types

Emergency Ella

ELLA – ulipristal acetate tab 30 mg

Emergency Progestin

Aftera - levonorgestrel tab 1.5 mg (Plan B One-Step)
Afterpill - levonorgestrel tab 1.5 mg (Plan B One-Step)
Econtra one-step - levonorgestrel tab 1.5 mg (Plan B One-Step)
Her style - levonorgestrel tab 1.5 mg
levonorgestrel tab 1.5 mg (Plan B One-Step)
My choice - levonorgestrel tab 1.5 mg (Plan B One-Step)
My way - levonorgestrel tab 1.5 mg (Plan B One-Step)
New day - levonorgestrel tab 1.5 mg (Plan B One-Step)
Opcicon one-step - levonorgestrel tab 1.5 mg (Plan B One-Step)
Option 2 - levonorgestrel tab 1.5 mg (Plan B One-Step)
React - levonorgestrel tab 1.5 mg (Plan B One-Step)
Take action - levonorgestrel tab 1.5 mg (Plan B One-Step)

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CONTRACEPTIVES

Hormonal Method Types

Injectable Progestin

DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate susp pref syr 104 mg/0.65mL
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 - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Altavera – levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg
Alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75- 35/1-35 mg-mcg
Apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg
Aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg
Aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg
Aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)
Aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
Aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg
Aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)
Balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg
Blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)
Blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
Blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg
Briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg
Charlotte 24 fe - norethindrone acetate/ethinyl estradiol/fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)

Oral Combined (continued)

Chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg
Cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg
Cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg
Dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75- 35/1-35 mg-mcg
Delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
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 ESTR - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg
Elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg
Enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg
Enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg
Falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Feirza 1/20 – norethindrone ace-eth estradiol-fe tab 1 mg-20 mcg
Feirza 1.5/30 – norethindrone ace-eth estradiol-fe tab 1.5 mg-30 mcg
Finzala - norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)
FEMLYV - norethindrone ace-eth estradiol tab disint 1 mg-20 mcg
Gemmily - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)
Hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg
Hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)
Hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
Hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg

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Oral Combined (continued)

Isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)
Joyeaux - levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)
Juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg
Junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg
Junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)
Junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
Junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg
Kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)
Kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)
Kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg
Kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg
Kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg
Larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg
Larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)
Larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
Larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg
Layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)
Leena - norethindrone-eth estradiol tab 0.5-35/ 1-35/0.5-35 mg-mcg
Lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
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
levonorgestrel-eth estra tab 0.05-30/0.075-40/ 0.125-30 mg-mcg

Oral Combined (continued)

levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)
Levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)
Loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg
Loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg
Loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
Loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg
LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)
Loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)
Low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg
Lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Merzee - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)
Mibelas 24 fe - norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)
Microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg
Microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg
Microgestin fe 1/20 - norethindrone ace & ethinyl estradiol- fe tab 1 mg-20 mcg
Microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg
Mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg
Minzoya – levonorgestrel & eth estradiol-fe tab 0.1 mg-20 mcg (21)
Mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-3 5 mcg
NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg
Necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg
NEXTSTELLIS – drospirenone-estetrol tab 3-14.2 mg
Nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg

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Oral Combined (continued)

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 acetate/ethinyl estradiol/fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)
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 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg
Nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg
Nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg
Nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg
Nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35 /1-35 mg-mcg
Ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)
Philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg
Pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.0 1 mg (21/5) (Mircette)
Pirmella 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75 -35/1-35 mg-mcg
Portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg
Simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.0 1 mg (21/5) (Mircette)
Sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg
Sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)
Tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)
Tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg
Taysofy - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)
Tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg

Oral Combined (continued)

Tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35 /0.25-35 mg-mcg
Tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg
Tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg
Tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg
Tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25 /0.25-25 mg-mcg
Tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg
Tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg
Tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25 -35 mg-mcg
Tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/ 0.25-35 mg-mcg
Tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg
Tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-2 5/0.25-25 mg-mcg
Trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30 mg-mcg
Turqoz- - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg
TYBLUME - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Valtya 1/50 – ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg
VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg
Vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)
Vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)
Volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)
Vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg
Vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg
Wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg
Wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg
Xarah Fe - norethindrone ac-estradiol-fe tab 1-20/1-30/1-35 mg-mcg
Xelria Fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg
Zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg
Zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)

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CONTRACEPTIVES

Hormonal Method Types

Oral Extended Continuous

Amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg
Ashlyna - levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)
Camrese - levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)
Camrese lo - levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7) (Loseasonique)
Daysee - levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)
Dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg
Iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
Introvale - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
Jaimiess - levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)
Jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7) (Loseasonique)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)
levonorg-eth est tab 0.15-0.03mg (84) & eth est tab 0.01mg (7) (Seasonique)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg
Lojaimiess - levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7) (Loseasonique)
Rivelsa - levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)
Setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
Simpesse - levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)

Oral Progestin

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

Oral Progestin (continued)

Norlyroc- norethindrone tab 0.35 mg
OPILL – norgestrel tab 0.075mg
Sharobel - norethindrone tab 0.35 mg
SLYND – drospirenone tab 4 mg

Transdermal Combined

norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24Hr
TWIRLA – levonorgestrel-ethinyl estradiol transdermal ptwk 120-30 mcg/24hr
Xulane – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr
Zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr

Vaginal Combined

ANNOVERA – segesterone acetate-ethinyl estradiol vaginal ring 0.15-0.013 mg/24hr
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr

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KeyRx
Value-Based Benefit Design Drug List
Effective January 1, 2026

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)
rivaroxaban tab 2.5 mg (Xarelto)
ticagrelor tab 60 mg (Brilinta)
ticagrelor tab 90 mg (Brilinta)
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

DEPRESSION *(continued)*
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)
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)

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

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DEPRESSION *(continued)*

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
fluoxetine hcl tab 10 mg
fluoxetine hcl tab 20 mg
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)

DEPRESSION *(continued)*

venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)
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 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
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 auto-injector 2.5 mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 5 mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 7.5 mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 10 mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 12.5 mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 15 mg/0.5 ml
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/3 ml)
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3 ml)
RYBELSUS – semaglutide tab 3 mg
RYBELSUS – semaglutide tab 7 mg
RYBELSUS – semaglutide tab 14 mg
TRULICITY – dulaglutide soln auto-injector 0.75 mg/0.5 ml
TRULICITY – dulaglutide soln auto-injector 1.5 mg/0.5 ml
TRULICITY – dulaglutide soln auto-injector 3 mg/0.5 ml
TRULICITY – dulaglutide soln auto-injector 4.5 mg/0.5 ml

Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose
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

Hypoglycemic Agents *(continued)*

ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6 ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6 ml

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)
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)
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)
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)

HIGH BLOOD PRESSURE *(continued)*

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)
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)

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HIGH BLOOD PRESSURE *(continued)*

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
irbesartan tab 150 mg (Avapro)
irbesartan tab 300 mg (Avapro)
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)
labetalol hcl tab 100 mg
labetalol hcl tab 200 mg
labetalol hcl tab 300 mg

HIGH BLOOD PRESSURE *(continued)*

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
nadolol tab 40 mg
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)

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HIGH BLOOD PRESSURE *(continued)*

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 4 mg
phenoxybenzamine hcl cap 10 mg (Dibenzyline)
pindolol tab 5 mg
pindolol tab 10 mg
prazosin hcl cap 1 mg
prazosin hcl cap 2 mg
prazosin hcl cap 5 mg
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
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)

HIGH BLOOD PRESSURE *(continued)*

ramipril cap 1.25 mg
ramipril cap 2.5 mg (Altace)
ramipril cap 5 mg
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)
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
triamterene & hydrochlorothiazide tab 75-50 mg
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)
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)
verapamil hcl cap er 24hr 120 mg
verapamil hcl cap er 24hr 180 mg
verapamil hcl cap er 24hr 240 mg
verapamil hcl tab er 120 mg
verapamil hcl tab er 180 mg
verapamil hcl tab er 240 mg
verapamil hcl tab 40 mg
verapamil hcl tab 80 mg
verapamil hcl tab 120 mg

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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)
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/3 ml)
albuterol sulfate soln nebu 0.5% (5 mg/ml)
albuterol sulfate soln nebu 0.63 mg/3 ml (base equiv)
albuterol sulfate soln nebu 1.25 mg/3 ml (base equiv)
albuterol sulfate syrup 2 mg/5 ml
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/2 ml (base equiv) (Brovana)
ARNUITY ELLIPTA – fluticasone furoate aerosolpowder breath activ 50 mcg/act
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 MET – mometasone furoate inhal powd 110 mcg/act (breath activated)

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RESPIRATORY *(continued)*

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/2 ml (Pulmicort)
budesonide inhalation susp 0.5 mg/2 ml (Pulmicort)
budesonide inhalation susp 1 mg/2 ml (Pulmicort)
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act
cromolyn sodium soln nebu 20 mg/2 ml
DULERA – mometasone furoate-formoterolfumarate 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 232-14mcg/act
formoterol fumarate soln nebu 20 mcg/2 ml (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%

RESPIRATORY *(continued)*

ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3 ml
levalbuterol hcl soln nebu concentrate 1.25 mg/0.5 ml (base equiv)
levalbuterol hcl soln nebu 0.31 mg/3 ml (base equiv)
levalbuterol hcl soln nebu 0.63 mg/3 ml (base equiv)
levalbuterol hcl soln nebu 1.25 mg/3 ml (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 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
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/15 ml
theophylline soln 80 mg/15 ml
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)

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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

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BlueCross BlueShield Minnesota



ONLINE CARE

FEELING SICK? GET CARE QUICK.

All you need is a smartphone, tablet or computer to get fast, convenient care with Doctor On Demand® by Included Health.

dr. on demand by Included Health

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Let the doctor come to you

With Doctor On Demand, video visits can be done in just minutes — with no travel time. It's quick, it's convenient and it saves you money.

Board-certified doctors are available 24/7, 365 days a year to treat many common medical conditions. You can also schedule next-day appointments to see licensed psychologists and psychiatrists between 7 a.m. and 10 p.m., local time.

FEEL BETTER FAST

Doctor On Demand is just a phone call away to get the care you need for your physical and mental health:

- Cold and flu
- Sinus infections
- Nausea and vomiting
- Asthma
- Allergies and rashes
- Urinary tract infections
- Headaches and migraines
- Stress and anxiety
- Insomnia
- Depression and mood swings
- Trauma and loss

What you can expect

- Typically costs less than an in-person visit*
- Easy registration
- Processed like a regular claim

*Depending on your health plan, all or some of the cost may be covered.

To learn more, or to sign up now, visit **doctorondemand.com/bluecrossmn**.

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HealthPartners®

Skip the clinic trip with online care

Save time and money by getting treated right from your smartphone, tablet or computer. Your plan covers two options.

Virtuwell® (online questionnaire)

- **Easy.** In fact, 99% of Virtuwell users say it's simple and 98% highly recommend it. Answer a few questions at **virtuwell.com** anytime, anywhere.*
- **Fast.** Get a treatment plan and prescription from a nurse practitioner. They can help with more than 60 common conditions, and it usually takes just one hour.
- **Guaranteed.** You're only charged if Virtuwell can treat you. Plus follow-up calls about your treatment are free. If you need to be seen in person, we'll let you know – but it's not usually needed.
- **Affordable.** Virtuwell visits are a fraction of the cost of walk-in, urgent or primary care visits. Use your member ID card to check your cost at **virtuwell.com/cost/healthpartners**.

Doctor On Demand (video chat)

- **Convenient.** Get started when and where it works for you at **doctorondemand.com**. Video capabilities are required.
- **Quick.** See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.
- **Affordable.** A visit to treat conditions like colds, the flu and allergies** costs less than a clinic visit. It's free to sign up and easy to check your coverage when you register.



The next time you're sick, your health plan has affordable options to help you get better, faster.
Julie, RN, Nurse Navigator

Questions about benefits?

We can help. Call Member Services at **952-883-5000** or **800-883-2177.**

*Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA and WI.

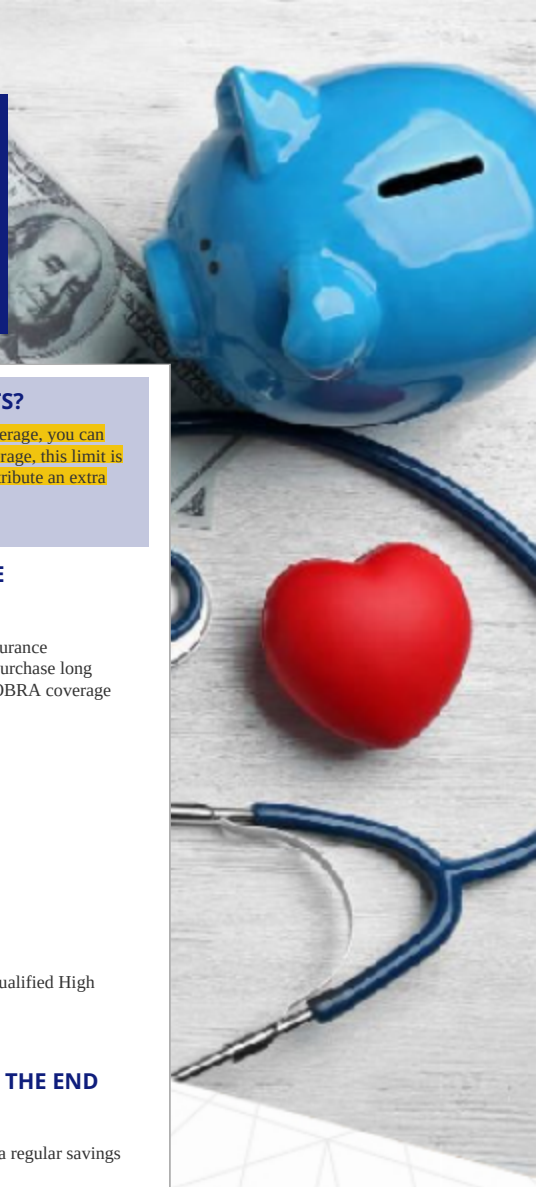
**The cost for behavioral health services varies depending on the services provided and duration of service.

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HSA/FSA/DCFSA - 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 2026, if you are enrolled in employee only coverage, you can contribute up to $4,400 during the year. For family coverage, this limit is $8,750. 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.

Flexible Spending Account (FSA) & Dependent Care Flexible Spending Account (DCFSA)

FSA: For eligible medical expenses. Pre-Tax Contribution - $3400 for 2026. Check with your employer on the roll-over amount

DCFSA: For dependent daycare expenses. Pre-Tax Contribution - $7500 for 2026. Check with your employer on the run-out period

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

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TAX SAVINGS
When Contributing to an H.S.A. Bank Account

2026 Max Annual HSA- SINGLE Contribution $4400 annually
2026 Max Annual HSA- FAMILY Contribution $8750 annually

Single Employee - 1 Exemption

	You Make an H.S.A. Contribution	You DO NOT Make an H.S.A. Contribution
Semi Monthly Salary	$2,000.00	$2,000.00
Pre Tax Premium Health/Dental/Vison	$100.00	$100.00
HSA Contribution	$172.00	$0.00
Taxable Income	$1,728.00	$1,900.00
FICA 7.65%	$132.19	$139.61
Federal Tax	$148.00	$172.00
State Tax	$74.00	$92.00
Net Pay	$1,373.81	$1,496.39
Contribution to HSA Account	$172.00	$0.00
Total Net Gain	**$1,545.81**	**$1,496.39**

Married Employee - 1 Exemption
Family Coverage

	You Make an H.S.A. Contribution	You DO NOT Make an H.S.A. Contribution
Semi Monthly Salary	$2,000.00	$2,000.00
Pre Tax Premium Health/Dental/Vison	$200.00	$200.00
HSA Contribution	$345.00	$0.00
Taxable Income	$1,455.00	$1,800.00
FICA 7.65%	$111.31	$137.70
Federal Tax	$65.00	$103.00
State Tax	$37.00	$57.00
Net Pay	$1,241.69	$1,502.30
Contribution to HSA Account	$345.00	$0.00
Total Net Gain	**$1,586.69**	**$1,502.30**

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Minimum and Maximum Risk Calculator
Lakeview School District
7.1.2026

Definition of Max Risk - means you or your family have meet your out of pocket and the premiums you have paid.
Definition of Minimum Risk - means you have only paid your premiums and used medical plan no cost services.

	$3500-25% HSA		$4500-0% HSA		$6500-25% HSA		$8500-0% HSA		$10,600 Deductible -non HSA	
	Single	Family	Singe	Family	Single	Family	Single	Family	Single	Family
Plan Premium monthly	$1,503.10	$3,613.60	$1,494.64	$3,593.28	$1,236.29	$2,972.18	$1,167.42	$2,806.59	$1,057.02	$2,541.18
MINUS (-) Employer Contribution monthly	-	-	-	-	-	-	-	-	-	-
Your Monthly Premium Payroll deductions	$	$	$	$	$	$	$	$	$	$
x 12 monthly premium	x12	x12	x12	x12	x12	x12	x12	x12	x12	x12
This equals your Annual Premium paid. This is also your **minimum** dollar annual risk	$	$	$	$	$	$	$	$	$	$
Enter Your Annual Premium *amount from above*	$	$	$	$	$	$	$	$	$	$
ADD (+)	+	+	+	+	+	+	+	+	+	+
Out of Pocket maximum for each plan listed above	$5,400	$10,800	$4,500	$9,000	$8,300	$16,600	$8,500	$17,000	$10,600	$21,200
MINUS (-) *Employer HSA Contribution*	-	-	-	-	-	-	-	-	-	-
This is your Maximum Annual dollar risk	$	$	$	$	$	$	$	$	$	$
Max Risk No Employer Contribution Consideration	*$23,437.20*	*$54,163.20*	*$22,435.68*	*$52,119.36*	*$23,135.48*	*$52,266.16*	*$22,509.04*	*$50,679.08*	*$23,284.24*	*$51,694.16*

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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

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- 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.*

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2026/2027 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	$0	$0	$0	$0
Family	$0	$0	$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	80%	50% U&C	80%	80% U&C
Periodontal Gum Disease	80%	50% U&C	80%	80% U&C
Oral Surgery	80%	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	2026/2027		2026/2027	
Network Type	PDP Plus		PDP Plus	
Member Website	www.metlife.com		www.metlife.com	
Customer Service Phone Number	1-800-638-5433		1-800-638-5433	

PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	$22.66	$25.22
Employee + Spouse	$46.42	$51.67
Employee + Child(ren)	$61.46	$68.43
Family	$89.12	$99.20

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.

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2026/2027 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	2026/2027	
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.

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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 benefityou receive will be taxed.
PLAN INFORMATION	
Plan Year	2026/2027
Member Website	metlife.com
Customer Service Phone Number	1-800-638-5433

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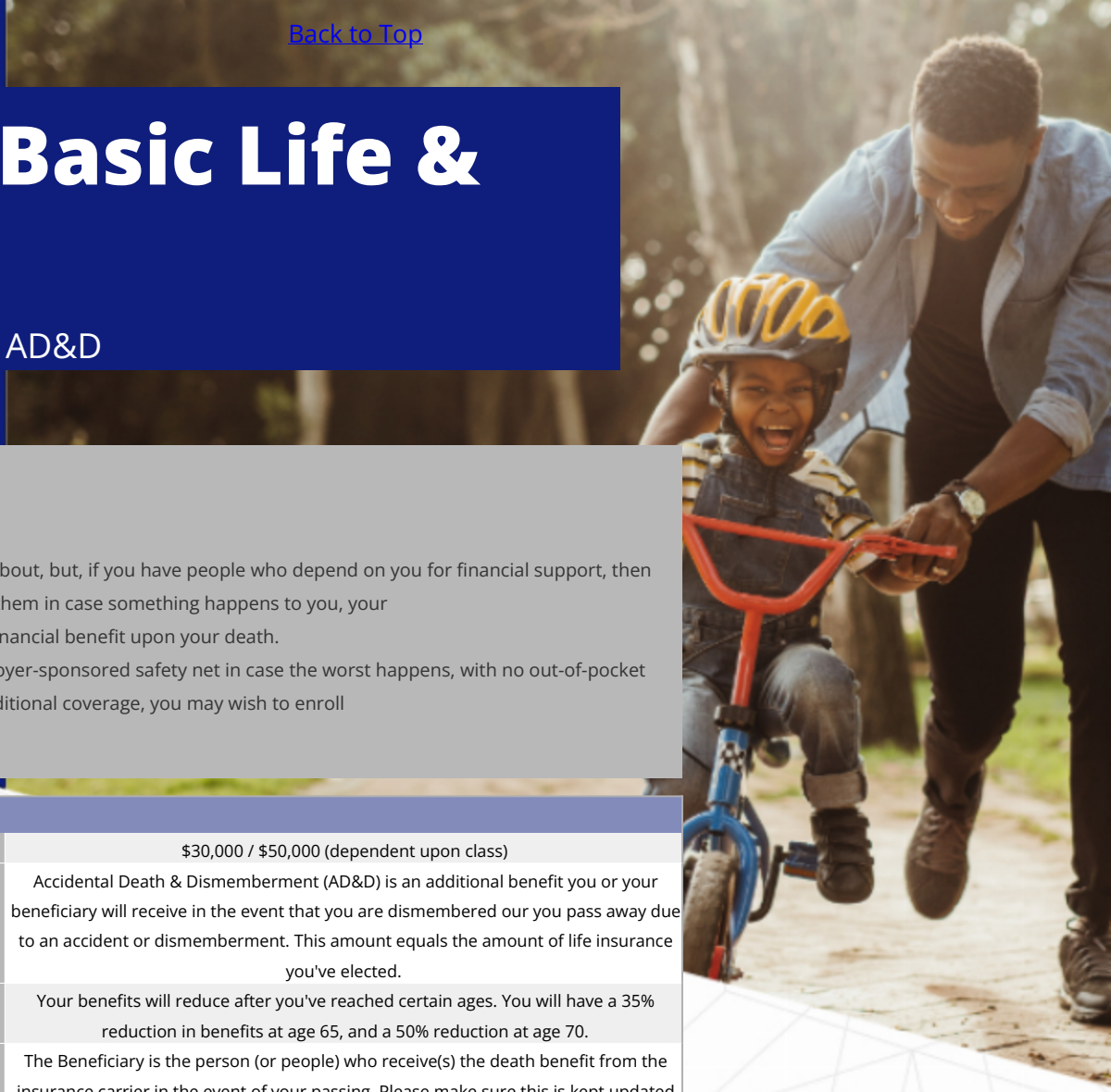
Disclaimer

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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	2026/2027
Member Website	metlife.com
Customer Service Phone Number	1-800-638-5433

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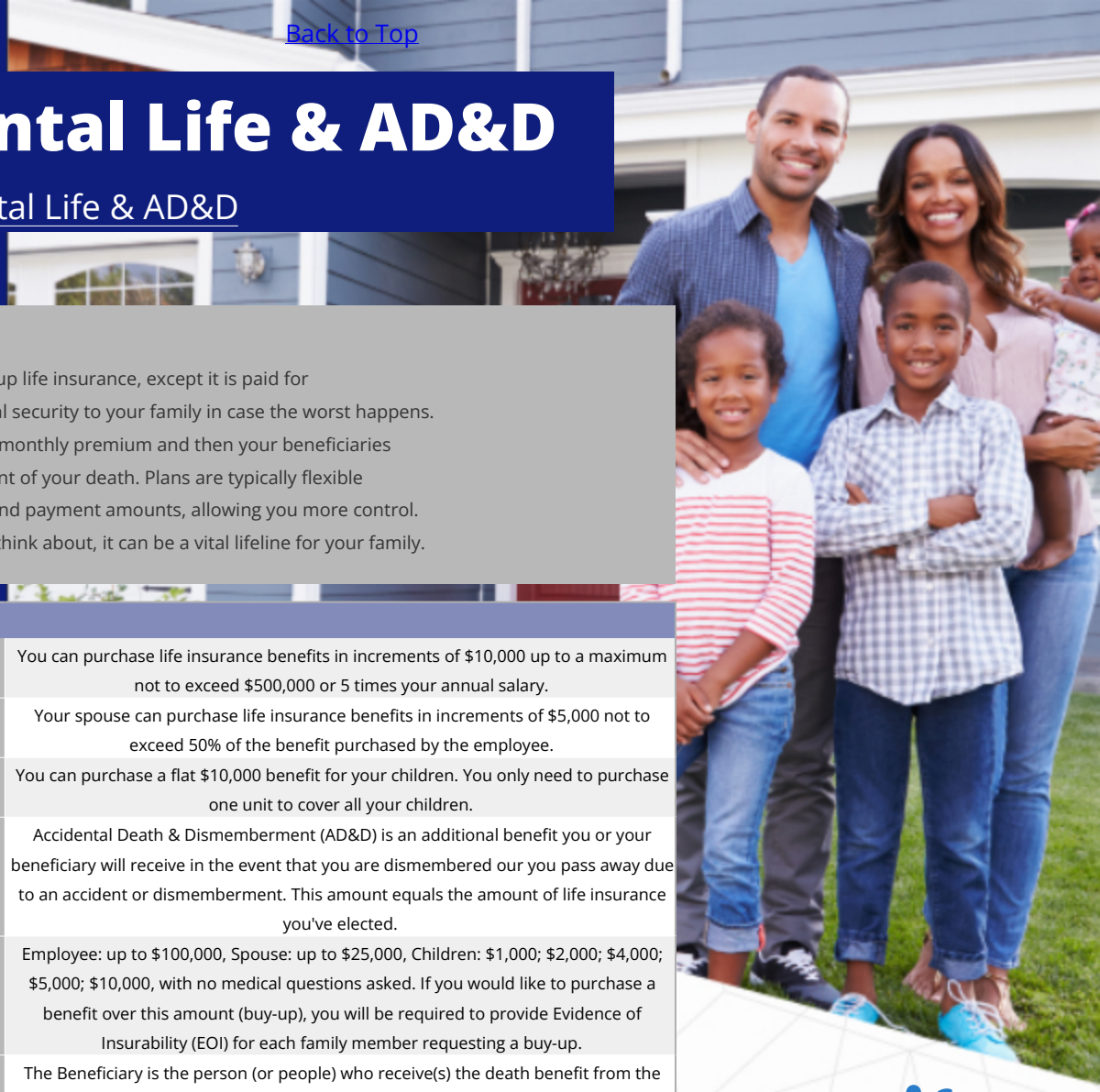
Disclaimer

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.

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Supplemental Life & AD&D

MetLife | Supplemental Life & AD&D



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	2026/2027
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

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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.

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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

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MetLife | Minnesota Paid Family and Medical Leave

Employer Name: Lakeview Public Schools #2167 **MetLife Policy number:** 5390134-G-MN

Effective January 1, 2026

Minnesota Paid Family and Medical Leave (MN PFML) provides payments and job protections when you need time off to care for yourself or your family.

Equivalent Plan

Your employer provides Paid Leave through an approved equivalent plan instead of through the state of Minnesota. This plan provides time off, payments, and job protections that are equal to or greater than those offered under Minnesota Paid Leave.

Name of insurer: MetLife

Equivalent plan covers: ☐ Family Leave ☐ Medical Leave ■ Both

Website: www.metlife.com/pfml **Phone:** (800) 300-4296

More information available on the state website: https://paidleave.mn.gov/

What can I use MN PFML for?

Medical Leave:

- To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

Family Leave:

- **Bonding Leave** – to care for and bond with a new child welcomed through birth, adoption, or foster placement
- **Caring Leave** – to care for a family member with a serious health condition
- **Military Family Leave** – to support a family member called to active duty
- **Safety Leave** – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member.

  Generally, conditions must last more than seven days and be certified by a healthcare provider or other professional.

Am I covered by MN PFML?

Most workers in Minnesota are covered by MN PFML. You are covered no matter the size of your employer, or the hours or days you work. Independent contractors and self-employed individuals are not automatically covered but may opt in. You may qualify for payments if you've been paid a minimum amount for work in Minnesota in the last year ($3,900 for the start of MN PFML in 2026).

How long can I take leave?

An equivalent plan must offer leave time that is equal to or greater than what is offered under the state plan. Under the state plan, you may qualify to take up to 12 weeks of family or medical leave per benefit year. If you need both family and medical leave in the same benefit year, you may qualify for up to 20 weeks in total.

How much will I get paid?

An equivalent plan must offer payments that are equal to or greater than what is offered under the state plan. Under the state plan, you will be paid up to 90% of your wages, based on your income level, with a maximum weekly amount set at the state's average weekly wage. This amount changes each year and is $1,423 for the start of Paid Leave in 2026.

Who pays for MN PFML?

Minnesota Paid Leave is funded by premiums paid by employees and employers. Your employer may not charge you more than 0.44% of your wages to fund your portion of the Equivalent Plan premium.

What are my employment protections?

- **Job protections:** Generally, you must be restored to your job or an equivalent position when returning from leave. Job protections take effect 90 days after your date of hire.
- **Health insurance continuation:** Generally, employers must continue to fund their portion of healthcare insurance premiums while you are on leave.
- **No retaliation or interference:** Employers must not interfere with or retaliate against you if you apply for or use MN PFML. Employers cannot take your MN PFML payments.

How do I apply for MN PFML benefits?

Beginning January 1, 2026, when benefits become payable, you may file a claim with MetLife.

For inquiries related to Minnesota Paid Leave, please contact the state at 651-556-7777 or visit their website: https://paidleave.mn.gov/.
If you think your employer is violating employment protections, contact the Labor Standards Division at the Minnesota Department of Labor and Industry.

Your employer's Paid Family and Medical Leave benefits insurance carrier is:
Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10016 (800) 300-4296

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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