

Morrison Education dba Sun Valley Academy

2024-2025 EMI Health Member Benefits Guide



Every
Member is
Important



Administered by EMI Health
EMI Health Customer Service 801-262-7475 or 1-800-662-5851
Self Funded Employee Medical Benefit Plan

All services are subject to the EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the Covered Person is responsible for all fees in excess of the Maximum Allowable Charge.		
A 5000 6500 100% 2024-2025 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note *	\$6,500 / \$13,000	\$13,000 / \$26,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$5,000 / \$10,000	\$10,000 / \$20,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	\$500 Reduction in Payment	Not Applicable
PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Participating Pharmacy (up to 30 day supply)	Generic - \$15 Preferred - \$40 Non-Preferred - \$80	
Non-Participating Pharmacy	Not Covered	
Mail Order (up to 90 day supply)	Generic - \$38 Preferred - \$100 Non-Preferred - \$200	
Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Express Scripts Specialty Pharmacy.	25% (\$250 Max)	
Specialty Pharmacy SaveOnSP Program 1-800-683-1074 http://emihealth.com/pdf/saveon.pdf	Must enroll to receive: *\$0 Copay	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	\$30	♦50%
Physician Office Visits (secondary care)	\$60	♦50%
Physician Office Visits (after hours)	\$60	♦50%
Physician Visits (Inpatient)	♦Covered 100%	♦50%
Physician Visits (Outpatient)	♦Covered 100%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	Covered 100%	♦50%
Injections (office)	Covered 100%	♦50%
Surgery (office)	Covered 100%	♦50%
Surgery (Inpatient)	♦Covered 100%	♦50%
Surgery (Outpatient)	♦Covered 100%	♦50%
Anesthesiology (office)	Covered 100%	♦50%
Anesthesiology (Inpatient)	♦Covered 100%	♦50%
Anesthesiology (Outpatient)	♦Covered 100%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	♦Covered 100%	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦Covered 100%	♦50%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year per injury/illness)	\$30	♦50%
Chiropractic Therapy (20 visits per Year)	\$30	♦50%
Allergy Testing	Covered 100%	♦50%

A 5000 6500 100% 2024-2025 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	Covered 100%	◆50%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆Covered 100%	◆50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆Covered 100%	◆50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆Covered 100%	◆50%
Medical/Surgical Care (Outpatient)	◆Covered 100%	◆50%
Emergency Room (ER)	\$350	\$350
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	◆50%
Newborn	Covered 100%	50%
Urgent Care Clinic	\$75	◆50%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆Covered 100%	◆50%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆20%	
Orthodontic Injury Treatment	◆*50%	
Dental Injury Treatment	◆20%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	\$100	◆50%
Medical Supplies	◆Covered 100%	◆50%
Medical Supplies (office)	Covered 100%	◆50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆Covered 100%	◆50%
Hearing Aids (\$2,500 per Year)	◆Covered 100%	◆50%
Orthotic Supplies (foot inserts & arch supports)	◆Covered 100%	◆50%
Growth Hormone	◆Covered 100%	◆50%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	◆Covered 100%	◆50%
Residential Treatment (30 days per Year)	◆Covered 100%	◆50%
Outpatient Services	◆Covered 100%	◆50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	\$30	◆50%
ADDITIONAL BENEFITS	YOU PAY	
TMJ Syndrome diagnosis & non-surgical treatment	◆*50%	Not Covered
Orthognathic/Mandibular Osteotomy	◆*50%	Not Covered
Total Parenteral Nutrition (TPN)	◆*50%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆*50%	Not Covered
Reduction Mammoplasty	◆*50%	Not Covered
Autism Applied Behavior Analysis	◆Covered 100%	◆50%
Services designated ◆ are subject to the Medical Deductible		
Services designated *, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.		
PROVIDER NETWORK		
Utah	EMI Health Care Plus	
Arizona	Blue Cross® Blue Shield® of Arizona	
Outside of Utah and Arizona	First Health	

Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross and Blue Shield Association, provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona.

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Self Funded Employee Medical Benefit Plan

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A 6000 7350 80% 2024-2025 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note *	\$7,350 / \$14,700	\$15,000 / \$30,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$6,000 / \$12,000	\$12,000 / \$24,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	\$500 Reduction in Payment	Not Applicable
PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Participating Pharmacy (up to 30 day supply)	Generic - \$20 Preferred - \$50 Non-Preferred - \$100	
Non-Participating Pharmacy	Not Covered	
Mail Order (up to 90 day supply)	Generic - \$50 Preferred - \$125 Non-Preferred - \$250	
Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Express Scripts Specialty Pharmacy.	25% (\$250 Max)	
Specialty Pharmacy SaveOnSP Program 1-800-683-1074 http://emihealth.com/pdf/saveon.pdf	Must enroll to receive: *\$0 Copay	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	\$40	♦50%
Physician Office Visits (secondary care)	\$75	♦50%
Physician Office Visits (after hours)	\$75	♦50%
Physician Visits (Inpatient)	♦20%	♦50%
Physician Visits (Outpatient)	♦20%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦20%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦20%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	Covered 100%	♦50%
Injections (office)	Covered 100%	♦50%
Surgery (office)	Covered 100%	♦50%
Surgery (Inpatient)	♦20%	♦50%
Surgery (Outpatient)	♦20%	♦50%
Anesthesiology (office)	Covered 100%	♦50%
Anesthesiology (Inpatient)	♦20%	♦50%
Anesthesiology (Outpatient)	♦20%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	♦20%	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦20%	♦50%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year per injury/illness)	\$40	♦50%
Chiropractic Therapy (20 visits per Year)	\$40	♦50%
Allergy Testing	20%	♦50%

A 6000 7350 80% 2024-2025 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	20%	◆50%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆20%	◆50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆20%	◆50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆20%	◆50%
Medical/Surgical Care (Outpatient)	◆20%	◆50%
Emergency Room (ER)	\$500	\$500
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆20%	◆50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆20%	◆50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	◆50%
Newborn	20%	50%
Urgent Care Clinic	\$100	◆50%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆20%	◆50%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆20%	
Orthodontic Injury Treatment	◆*50%	
Dental Injury Treatment	◆20%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	\$125	◆50%
Medical Supplies	◆20%	◆50%
Medical Supplies (office)	Covered 100%	◆50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆20%	◆50%
Hearing Aids (\$2,500 per Year)	◆20%	◆50%
Orthotic Supplies (foot inserts & arch supports)	◆20%	◆50%
Growth Hormone	◆20%	◆50%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	◆20%	◆50%
Residential Treatment (30 days per Year)	◆20%	◆50%
Outpatient Services	◆20%	◆50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	\$40	◆50%
ADDITIONAL BENEFITS	YOU PAY	
TMJ Syndrome diagnosis & non-surgical treatment	◆*50%	Not Covered
Orthognathic/Mandibular Osteotomy	◆*50%	Not Covered
Total Parenteral Nutrition (TPN)	◆*50%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆*50%	Not Covered
Reduction Mammoplasty	◆*50%	Not Covered
Autism Applied Behavior Analysis	◆20%	◆50%
Services designated ◆ are subject to the Medical Deductible		
Services designated *, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.		
PROVIDER NETWORK		
Utah	EMI Health Care Plus	
Arizona	Blue Cross® Blue Shield® of Arizona	
Outside of Utah and Arizona	First Health	

Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross and Blue Shield Association, provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona.

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	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note *	\$8,000 / \$16,000	\$25,000 / \$50,000
Medical Deductible (Per Person/Family Per Year - Separate from and not satisfied by the Prescription Drug Deductible). Please note ♦	\$7,500 / \$15,000	\$20,000 / \$40,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	\$500 Reduction in Payment	Not Applicable
PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Prescription Drug Deductible (Per Person/Family Per Year - Separate from and not satisfied by the Medical Deductible). Please note ●	\$500 / \$1,500	
Participating Pharmacy (up to 30 day supply)	●Generic - \$25 ●Preferred - \$50 ●Non-Preferred - \$100	
Non-Participating Pharmacy	Not Covered	
Mail Order (up to 90 day supply)	●Generic - \$63 ●Preferred - \$125 ●Non-Preferred - \$250	
Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Express Scripts Specialty Pharmacy.	●25% (\$250 Max)	
Specialty Pharmacy SaveOnSP Program 1-800-683-1074 http://emihealth.com/pdf/saveon.pdf	Must enroll to receive: *\$0 Copay	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	\$50	♦50%
Physician Office Visits (secondary care)	\$100	♦50%
Physician Office Visits (after hours)	\$100	♦50%
Physician Visits (Inpatient)	♦Covered 100%	♦50%
Physician Visits (Outpatient)	♦Covered 100%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	Covered 100%	♦50%
Injections (office)	Covered 100%	♦50%
Surgery (office)	Covered 100%	♦50%
Surgery (Inpatient)	♦Covered 100%	♦50%
Surgery (Outpatient)	♦Covered 100%	♦50%
Anesthesiology (office)	Covered 100%	♦50%
Anesthesiology (Inpatient)	♦Covered 100%	♦50%
Anesthesiology (Outpatient)	♦Covered 100%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	♦Covered 100%	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦Covered 100%	♦50%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year per injury/illness)	\$50	♦50%
Chiropractic Therapy (20 visits per Year)	\$50	♦50%
Allergy Testing	Covered 100%	♦50%

A 7500 8000 100% 2024-2025 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	Covered 100%	◆50%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆Covered 100%	◆50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆Covered 100%	◆50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆Covered 100%	◆50%
Medical/Surgical Care (Outpatient)	◆Covered 100%	◆50%
Emergency Room (ER)	\$500	\$500
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	◆50%
Newborn	Covered 100%	50%
Urgent Care Clinic	\$100	◆50%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆Covered 100%	◆50%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆20%	
Orthodontic Injury Treatment	◆*50%	
Dental Injury Treatment	◆20%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	\$125	◆50%
Medical Supplies	◆Covered 100%	◆50%
Medical Supplies (office)	Covered 100%	◆50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆Covered 100%	◆50%
Hearing Aids (\$2,500 per Year)	◆Covered 100%	◆50%
Orthotic Supplies (foot inserts & arch supports)	◆Covered 100%	◆50%
Growth Hormone	◆Covered 100%	◆50%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	◆Covered 100%	◆50%
Residential Treatment (30 days per Year)	◆Covered 100%	◆50%
Outpatient Services	◆Covered 100%	◆50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	\$50	◆50%
ADDITIONAL BENEFITS	YOU PAY	
TMJ Syndrome diagnosis & non-surgical treatment	◆*50%	Not Covered
Orthognathic/Mandibular Osteotomy	◆*50%	Not Covered
Total Parenteral Nutrition (TPN)	◆*50%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆*50%	Not Covered
Reduction Mammoplasty	◆*50%	Not Covered
Autism Applied Behavior Analysis	◆Covered 100%	◆50%
Services designated ● are subject to the Prescription Drug Deductible.		
Services designated ◆ are subject to the Medical Deductible		
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PROVIDER NETWORK		
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Group: Morrison Education dba Sun Valley Academy (Plan #5655)
Plan: Summit Plus Indemnity
Underwritten & Administered by: EMI Health
Plan Type: Voluntary / Fully Insured
Effective Date: 8/1/2024
Benefit Year: Calendar

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100% up to R&C
Type 2 - Basic Fillings, Oral Surgery	90%	90% up to R&C
Type 3 - Major Crowns, Bridges, Prosthodontics	60%	60% up to R&C
Type 4 - Orthodontics Dependent children ages 7 through 18	No Coverage	No Coverage
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive
Waiting periods		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	N / A	
Deductible	In and Out of Network Deductibles are Combined	
Per Person	\$50.00	\$50.00
Family Max	\$150.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3
Annual Maximum Per Person	\$2,500.00	
Orthodontic Lifetime Maximum	N / A	
Network / Reimbursement Schedule	Summit Plus	R & C (90th)
Monthly Rates		
Employee	\$50.30	
Employee + Spouse	\$105.00	
Employee + Child(ren)	\$109.70	
Employee + Spouse + Child(ren)	\$169.60	
Provisions / Limitations / Exclusions		
Exams (including Periodontal), Cleanings and Fluoride	2 per year	
Fluoride	Up to age 16	
Sealants	Up to age 16	
Space Maintainers	Up to age 16	
Bitewing X-Rays	Up to 4, twice per year	
Periapical X-Rays	6 per year	
Panoramic X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major*	
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major*	
Implants / Implant Abutments	Covered in Type 3 - Major	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	
Benefits illustrated are in summary only. Refer to your certificate for a complete description of benefits, limitations and exclusions.		
When using a Non-participating Provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).		
* Anesthesia is not subject to waiting periods.		



Group: Morrison Education dba Sun Valley Academy (Plan #5655)
Plan: Summit Plus PPO
Underwritten & Administered by: EMI Health
Plan Type: Voluntary / Fully Insured
Effective Date: 8/1/2024
Benefit Year: Calendar

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 18	No Coverage	No Coverage
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive
Waiting periods		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	N / A	
Deductible	In and Out of Network Deductibles are Combined	
Per Person	\$50.00	\$50.00
Family Max	\$150.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3
Annual Maximum Per Person	\$2,000.00	
Orthodontic Lifetime Maximum	N / A	
Network / Reimbursement Schedule	Summit Plus	MAC
Monthly Rates		
Employee	\$40.90	
Employee + Spouse	\$85.20	
Employee + Child(ren)	\$88.40	
Employee + Spouse + Child(ren)	\$136.40	
Provisions / Limitations / Exclusions		
Exams (including Periodontal), Cleanings and Fluoride	2 per year	
Fluoride	Up to age 16	
Sealants	Up to age 16	
Space Maintainers	Up to age 16	
Bitewing X-Rays	Up to 4, twice per year	
Periapical X-Rays	6 per year	
Panoramic X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major**	
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major**	
Implants / Implant Abutments	Covered in Type 3 - Major	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	
Benefits illustrated are in summary only. Refer to your certificate for a complete description of benefits, limitations and exclusions.		
* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).		
** Anesthesia is not subject to waiting periods.		



Group: Morrison Education dba Sun Valley Academy (Plan #5655)
Plan: VSP Plus 10-130
Effective Date: 8/1/2024
Plan Type: Voluntary

	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	\$10 Co-pay	Up to \$65
Lenses (Glass or Plastic)		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
Lens Options		
Progressive (Standard no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	N/A
Solid Plastic Dye	\$15 Co-pay	
Photochromic Lenses	\$75 Co-pay	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-pay	
Coatings		
Scratch Resistant Coating	\$17 Co-pay	N/A
Anti-Reflective Coating	\$41 Co-pay	
UV Protection	\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses		
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$130 Allowance	Up to \$115
Frequency		
Exam, Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to \$500 in Savings	Not Covered
Monthly Rates	Voluntary	
Employee	\$6.60	
Employee + Spouse	\$14.00	
Employee + Child(ren)	\$15.10	
Employee + Spouse + Child(ren)	\$21.60	
Notes		
This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.		
** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.		
*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3		

Underwritten by: EMI Health

VSP Choice Plus

Awesome coverage and easy to use benefits.

- 1 Choose a VSP™ network provider**
- 2 Give your EMI Health ID number**
- 3 VSP does the rest!**

No claim forms.
No paperwork.
It's that easy!

Choice Plus Network

- Costco
 - Walmart
 - Sam's Club
 - Visionworks
- Plans include Exams
& Hardware**



Extra savings with your vision plan

Here are some perks on your vision benefits!

- All non-covered lens options are cost-controlled, averaging 20-25% off retail prices.
- Most popular lens options have fixed co-pay for upgrades like light-reactive, impact-resistant, scratch-resistant, anti-glare coating, UV coatings, and more.
- 20% savings on frame cost over the frame allowance.
- 20% savings on complete pairs within the last 12 months of exam.
- 15% savings on contact lens evaluation & fitting fees.
- Laser vision correction.
 - Average 15% off the regular price or 5% off the promotional prices; only available from contracted facilities.
 - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Out-of-Network (OON) Claim Submittal Options

If you do visit an out-of-network provider, you have options

1 Provider Level - Assignment of Benefit Option (AoB)

- Provider bills VSP for OON reimbursement.
- Member pays overage at the time of service.

2 Member Level - Submitting for Reimbursement

- ALL CLAIMS BY MAIL MUST BE SUBMITTED ON A VSP MEMBER REIMBURSEMENT FORM.
- To submit a claim, you will need a copy of the itemized receipts or service statements.
- To submit a claim by mail, contact VSP Member Services at 800.877.7195 to request a VSP Member Reimbursement Form. The form can be sent to a preferred address or emailed to you. You must complete the form and mail it to the address below.

VSP
Attention: Claims Services
PO Box 385018
Birmingham, AL 35239-5018

3 Online Submission - VSP.com

- Member signs in and completes online form and submits electronically.

TeleMedicine

Reach a doctor 24/7/365.

70% of doctor visits can be handled over the phone, and 40% of urgent care visits can be managed using TeleMedicine. Save time and money while still getting the treatment you need through EMI Health TeleMed offered through Recuro.

When to Use TeleMed

Recuro doctors diagnose acute, non-emergent medical conditions and prescribe medications when clinically appropriate.

Speak with a doctor anytime and pay no consultation fee rather than paying the high costs associated with office visits, urgent care visits, and emergency room visits.

Just call **855.6RECURO**.

Video consultations are available as well from 7 AM – 7 PM.

Common Conditions

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Constipation
- Cough
- Ear Pain*
- Fever
- Gout
- Headache
- Hemorrhoids
- High Blood Pressure
- Joint Pain
- Nausea
- Pink Eye
- Rashes
- Sinus Conditions
- Sore Throat
- Stomach Virus
- Thyroid Conditions
- Urinary Tract Infections
- Yeast Infections

**In accordance with telemedicine guidelines, ear infections are only diagnosed for patients that are 18 years of age or older.*

Common Medications

- Albuterol
- Allegra
- Asthma
- Flonase
- Ibuprofen 800 mg
- Levaquin
- Lipitor
- Nasonex
- Many Others



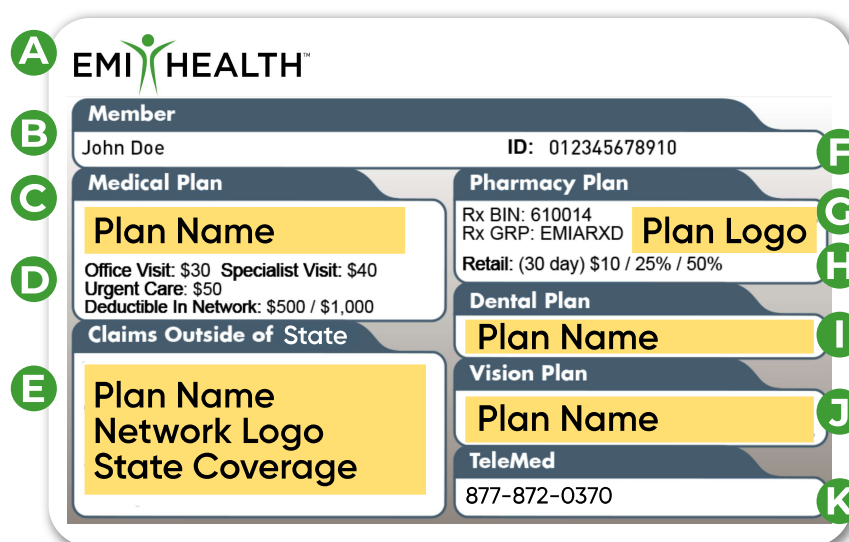
Download the
Recuro mobile app

Your ID Card *Front*

It is important that you present your ID card each time you receive services.

Your EMI Health ID card contains a lot of useful information for you and your provider.

Card Front



A EMI Health is your insurance carrier.

B The employee's name is listed on the ID card. Covered dependents are not listed.

C This is the name of your medical plan and also indicates your participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.

D These are your basic copay, coinsurance, and deductible amounts when you visit a participating provider. For more detailed benefits information, see your Summary of Benefits and member handbook.

E This is your medical participating provider network when traveling outside of your state. To verify a provider's status, visit emihealth.com or call 800-662-5851.

F Your unique member number is required in order to verify coverage, determine benefits, and pay claims for you and your dependents.

G Your Pharmacy Benefits Manager Name/Logo will appear here.

H These are your basic pharmacy copays and coinsurance amounts.

I If you have dental coverage with EMI Health, the name of your dental plan will appear here. This also indicates your dental participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851. If this section is not on your card, you do not have dental coverage through EMI Health.

J If you have vision coverage with EMI Health, the name of your vision plan will appear here. This also indicates your vision participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have vision coverage through EMI Health.

K This is the phone number to call for a Telemed consultation with a Recuro physician. EMI Telemed can eliminate the need for office visits for many common conditions.

If this section is not on your card, you do not have TeleMed services through EMI Health.

Questions? 1 (800) 662-5851

Your ID Card *Back*

Card Back

The diagram shows the back of an ID card with the following sections:

- A** **Claims Submission**: EMI Health Payer ID: SX110, 5101 S Commerce Dr, Murray, UT 84107
- B** **Customer Service**: 1-800-662-5851, cs@emihealth.com, www.emihealth.com. Underwritten or Administered by Educators Health Plans Life, Accident, and Health
- C** **Medical Networks**: Network Name, Network Logo, State Coverage
- D** **Pre-Authorizations**: This card does not guarantee coverage. Please confirm eligibility and benefits prior to services. Pre-authorization must be obtained for services as specified in the member's plan. All hospital admissions require pre-authorization. Emergency admissions require authorization within 48 hrs. Failure to comply may result in a reduction of benefits. Pre-authorizations: Call 888-223-6866 or email preauthorization@emihealth.com. Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.
- E** **Dental Networks**: Network Name, Network Logo, State Coverage

A This is the claims submission address for medical claims and all dental claims. In most cases, your provider will submit claims directly to EMI Health.

B This is the telephone number to call for customer service inquiries.

C These are your participating provider medical networks for in-state and out-of-state. To verify a provider's status, visit emihealth.com or call 800-662-5851.

D This is the telephone number to call for preauthorizations.

E These are your participating provider dental networks for in-state and out-of-state. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have dental coverage through EMI Health.

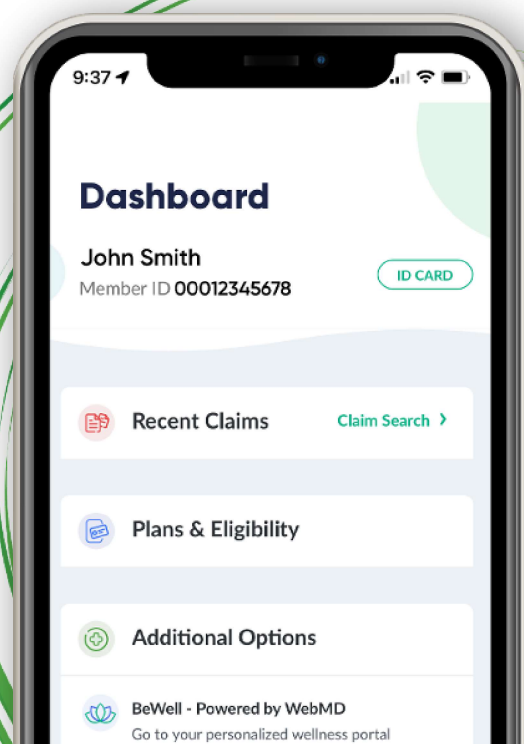
Access your ID Card, *and much more!*

The EMI Health App

Download the app and log in using your My EMI Health username and password. If you haven't registered your account, you can do so in the app or online at emihealth.com.



Scan this QR code with your phone to download.



Reading Your EOB



EMI Health
5101 South Commerce Drive
Murray UT 84107

J148 [1] 1 of 1



How To Read Explanation of Benefits

Forwarding Service Requested

*****SGLP
1 1 SP 0.490
JOE SAMPLE
123 MAIN ST
ANYTOWN, USA 12345

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

①

Customer Service

8:00 am to 6:00 pm MST Monday through Friday
Customer Service and Benefit Inquires call
(Local)(801)262-7475(Toll Free)(800)662-5851
(Fax)(801)269-9734

Employer Group: GROUP ABC
Date Processed: 05/09/2018

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

Patient: JOE SAMPLE		Provider:ABC Hospital								
Claim #: 215-000111111-00		Subscriber:JOE SAMPLE					Subscriber #: 123456789			
② Service Dates	③ Description of Service	④ Billed	⑤ Allowed	⑥ Provider Discount	⑦ Not Covered	⑧ Reason Code	⑨ Deductible	⑩ Coinsurance	⑪ Co-pay	⑫ Payment
04/03-04/03/2018	Minor diagnostic testing (outpatient)	\$677.79	\$474.45	\$203.34	\$0.00	05	\$474.45	\$0.00	\$0.00	\$0.00
Column Totals		\$677.79	\$474.45	\$203.34	\$0.00		\$474.45	\$0.00	\$0.00	\$0.00
⑬ Other Insurance Credits or Adjustments										\$142.56
⑭ Total Payment Amount										\$0.00
⑮ Member Responsibility										\$474.45

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

Patient: JOE SAMPLE		Provider:ABC Hospital								
Claim #: 215-000222222-00		Subscriber: JOE SAMPLE					Subscriber #: 123456789			
② Service Dates	③ Description of Service	④ Billed	⑤ Allowed	⑥ Provider Discount	⑦ Not Covered	⑧ Reason Code	⑨ Deductible	⑩ Coinsurance	⑪ Co-pay	⑫ Payment
04/07-04/07/2018	Major diagnostic testing (outpatient)	\$907.50	\$385.84	\$521.66	\$0.00	05 49	\$25.55	\$0.00	\$100.00	\$0.00
Column Totals		\$907.50	\$385.84	\$521.66	\$0.00		\$25.55	\$0.00	\$100.00	\$0.00
⑬ Other Insurance Credits or Adjustments										\$69.18
⑭ Total Payment Amount										\$0.00
⑮ Member Responsibility										\$125.55

Plan Year Accruals

⑯

Description	Claim Year	Amount Met
JOE SAMPLE Medical Individual Network Deductible - Participating	2018	\$500.00
JOE SAMPLE Medical Individual Network Out-of-Pocket - Participating	2018	\$100.00
Medical Family Network Deductible - Participating	2018	\$500.00

The Amounts listed above are subject to change due to claim adjustments and/or the order in which claims are received.

Explanation of Codes

⑰

05 Negotiated discount has been applied.
49 Service copayment applied.

Reading Your EOB

Benefits Determination

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Read this carefully - this is your notice of payment or nonpayment of claims.

In accordance with the provisions of your plan, you may appeal for reconsideration of any denied portion of this claim by writing to the Administration Office (address above). You should state the reason you believe your claim should be paid, attaching any documentation to support your appeal. The Administrator will consider and respond to your appeal within the time required by your plan. You should review your Plan Summary for specific directions on how and when an appeal must be filed.

Any request for a review of this claim must be received by EMI Health within 180 days of the date of this Explanation of Benefits. You are entitled to receive, upon request and free of charge, reasonable access to all documents, records, and other information relevant to this claim. If agreement is not reached after exhaustion of the claims review process outlined in your member handbook, you may have the right to submit the matter to voluntary binding arbitration or independent review or to pursue civil action. If you are covered by more than one health plan, you should file all your claims with each plan.

EMI Health now offers a full selection of Medigap & Medicare Prescription Drug Plans. Call us or visit www.emihealth.com and click on the Medicare Products tab for more information.

Claim Summary

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Claim #	Patient	Billed	Allowed	Provider Discount	Not Covered	Deductible	Coinsurance	Copay	Payment
215-000111111-00	JOE SAMPLE	\$677.79	\$677.79	\$203.34	\$0.00	\$474.45	\$0.00	\$0.00	\$0.00
215-000222222-00	JOE SAMPLE	\$907.50	\$907.50	\$521.66	\$0.00	\$25.55	\$0.00	\$100.00	\$0.00
Totals:		\$1,585.29	\$1,585.29	\$725.00	\$0.00	\$500.00	\$0.00	\$100.00	\$0.00

How To Read EOB

1. Customer Service: If you have questions, please call us at the toll free number listed at the top of your Explanation of Benefits. Our friendly and knowledgeable representatives are here to assist you.
2. Service Dates: Represents the date(s) the patient received services.
3. Description of Service: Lists the procedure performed.
4. Billed: This is the billed amount before any negotiated adjustments, co-pays, deductibles or any ineligible amount.
5. Allowed: The amount allowed by the provider contract.
6. Provider Discount: The amount discounted.
7. Not Covered: Any specific amount that was determined to be ineligible for payment by the plan.
8. Reason Code: This code is used to explain the reason for an adjustment or benefit limitation.
9. Deductible: This amount reflects the deductible requirement at the time charges were processed.
10. Coinsurance: Percentage of allowed amount for which the patient is responsible.
11. Co-Pay: Represents amounts responsible to the patient.
12. Payment: Total amount less any adjustments.
13. Other Insurance Credit or Adjustments: The amount paid by another health plan or insurance company toward services the member received.
14. Total Payment Amount: Total amount less any adjustments.
15. Member Responsibility: This is the total amount that you owe the provider. This includes any co-payments, deductibles, co-insurance and/or excluded charges.
16. Plan Year Accruals: The amount of money you have paid to date for health care services.
17. Explanation of Codes: This code is used to explain the reason something is not covered or is discounted from the billed amount.
18. Benefits Determination: This will be the procedure and information needed to file a formal review for any denied claim.
19. Claim Summary: Provides a summary of claims processed during an extended timeframe.

Preventive Care

Detect potential problems early.

The Affordable Care Act (ACA) provides for certain preventive services to be covered 100 percent when received by participating providers.

Preventive services are those provided when no symptoms or diagnosed medical conditions exist. For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copayments, coinsurance, or deductibles may apply.

Here are some preventive services covered with no patient cost:

- Routine physical exam
- Routine vision exam
- Routine hearing exam
- Routine gynecological exam
- Routine Pap smear
- Screening mammogram
- Screening colonoscopy or Cologuard
- FDA-approved contraception

Immunizations recommended by the Advisory Committee on Immunizations Practices of the Center for Disease Controls and Prevention (CDC) are covered 100 percent if received from a participating provider. As of June 2021, those recommendations are as follows:

Children

VACCINE	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	2-3 Yrs	4-6 Yrs	7-10 Yrs	11-12 Yrs	13-18 Yrs
Hepatitis B	HepB	HepB				HepB							HepB Catch Up	
Rotavirus			RV	RV	RV									
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP	DTaP Catch Up	DTaP	DTaP Catch Up
Haemophilus Influenzae Type b			Hib	Hib	Hib		Hib							
Inactivated Poliovirus			IPV	IPV		IPV					IPV		Poliovirus Catch Up	
Measles, Mumps, Rubella						MMR					MMR		MMR Catch Up	
Varicella						Varicella					Varicella		Varicella Catch Up	
Pneumococcal			PCV	PCV	PCV	PCV								
Influenza											Influenza (Yearly)			
Hepatitis A						HepA (2 Doses)							HepA Catch Up	
Meningococcal													MenACWY	MenACWY
Human Papillomavirus													HPV	HPV Catch Up

Adults

VACCINE	19-26 Yrs	27-49 Yrs	50-59 Yrs	60-64 Yrs	≥ 65 Yrs
Diphtheria, Tetanus, Pertussis (Td/Tdap)	One dose of Tdap; then boost with Td every 10 years				
Influenza	One dose annually				
Pneumococcal	1 or 2 doses				1 dose
Zoster (Shingles)		2 doses after age 50			
IF NOT RECEIVED AS A CHILD					
Measles Mumps, Rubella	MMR				
Human Papillomavirus	HPV				
Varicella	Varicella				

Major Diagnostic Testing

Preauthorization Guidelines

Benefit preauthorization to confirm medical necessity is required for **ALL in-patient** confinements and surgeries as part of our commitment to help ensure all EMI Health members get the appropriate care, at the appropriate time, and in the appropriate setting.

In addition, **some major out-patient diagnostic testing** like MRIs, CT scans, PET scans and certain outpatient surgical procedures may also require preauthorization. Please have your provider's office contact EMI Health's customer service for preauthorization codes prior to any services being rendered.

EMI Health continually monitors procedures requiring preauthorization and makes adjustments as necessary.

Recent updates

For the new plan year (plans renewing on or after 07/01/2020), major diagnostic tests will require preauthorization.

Important member details

As a reminder, if the member uses a participating provider, the provider (not the member) is responsible for preauthorization.

If the member uses a non-participating provider for treatments or procedures requiring preauthorization, the member is responsible for obtaining preauthorization, and benefits may be denied or reduced if preauthorization is not obtained.

Refer to the plan document for more information regarding preauthorization.

A heartfelt thank you

We appreciate the opportunity of providing your healthcare coverage.

If you have any questions about this notice, please do not hesitate to call or email us.

Phone: 800.662.5851

Email: cs@emihealth.com

Please note: First Health, Blue Cross Blue Shield of AZ, and Cigna all have different preauthorization requirements.



Diabetes Management

Your medical plan covers diabetic equipment and supplies under the major medical benefit and/or Prescription Drug (Pharmacy) Benefit. Contact customer service for the specifics of your plan. Here are some common coverages.

Diabetic Testing Supplies

Diabetic testing supplies, such as blood sugar (glucose) test strips, and lancets, may be covered through your Major Medical or Prescription Drug Benefit:

Major Medical Benefits

Coverage falls under the Medical Supplies & Equipment benefit. Refer to the Diabetic Testing Supplies line item of your Schedule of Benefits for your member cost share.

The following suppliers are participating providers on EMI Health plans. If you obtain supplies through any other medical provider or facility, benefits are subject to your Non-Participating Provider benefit option, if any.

- Byram Healthcare - 800-775-4372
- Edgepark / Cardinal - 877-215-2568
- JQ Medical Supply - 801-942-8582

Prescription Drug (Pharmacy) Benefit

Refer to the Prescription Drug section of your Schedule of Benefits for your member cost share.

The 2022 formulary includes OneTouch and Freestyle. All other brands are excluded from coverage.



Continuous Glucose Monitoring Systems (CGMS) and Sensors

CGMS and sensors may be covered through your Major Medical or Prescription Drug Benefit, subject to preauthorization criteria and plan review. Refer to the Durable Medical Equipment and Prescription Drug sections of your Schedule of Benefits for your member cost share.

Insulin Pump and Insulin Pump Supplies

Insulin pumps are covered through your Major Medical Benefit, subject to preauthorization criteria and plan review. Refer to the Durable Medical Equipment section of your Schedule of Benefits for your member cost share.

Insulin pump supplies (cartridges and infusion sets) may be covered through your Major Medical or Prescription Drug Benefit. Refer to the Durable Medical Equipment and Prescription Drug sections of your Schedule of Benefits for your member cost share.

Insulin

Insulin is covered under the Prescription Drug Benefit. You may receive up to a 30-day supply per retail copayment or up to a 90-day supply per mail-order copayment. Refer to the Prescription Drug section of your Schedule of Benefits for member cost share.

Preferred insulin copayments will be capped at \$25 per 30-day supply and \$75 per 90-day supply through the Cigna/Express Scripts Patient Assurance Program.

Preferred insulins are Humalog, Humulin, and Semglee.

Prescription Drugs

Prescription drugs are covered under the Prescription Drug Benefit. This includes Glucagon, GLPI agents (e.g., Byetta, Bydureon, and Tradjenta), and oral agents for Type 2 diabetes (e.g., Glucophage, Avandia, and Amaryl). Refer to the Prescription Drug section of your Schedule of Benefits for member cost share.

Blood sugar testing monitors, glucose control solutions, and weight loss medications are NOT covered under the Major Medical or Prescription Drug Benefits.

Questions?

As always, we are here to help. **Call customer service at 800-662-5851**

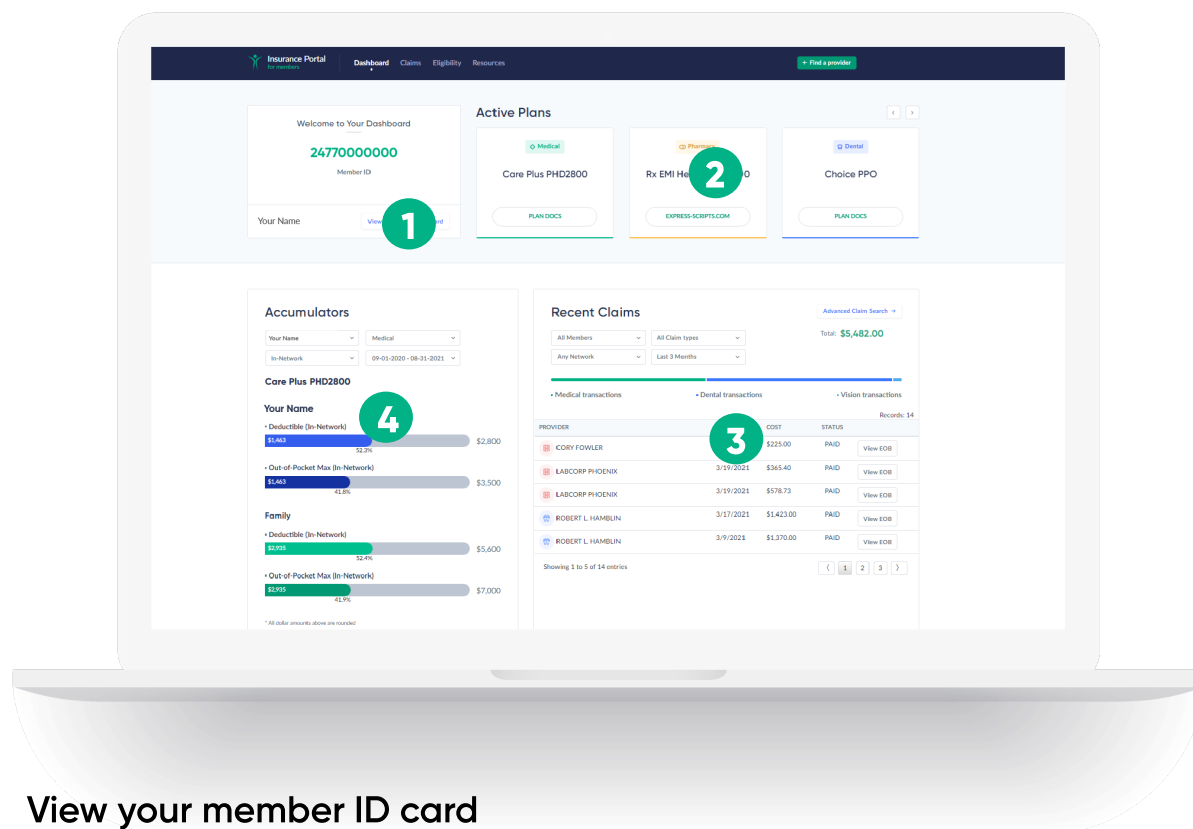


My EMI Health Account

Welcome to your member dashboard! In less than 30 seconds, you can see everything you need to know.

Let's take a tour of your dashboard

Note: not all of these blocks may appear on your dashboard. This guide covers all that may possibly show up, but they may not apply to the EMI Health plans you are enrolled in.



1 View your member ID card

View, download, or print your EMI Health ID card by clicking on "View Your Member ID Card" button.

2 See your plan documents

Here are the plans you are currently enrolled in through EMI Health. From here, you can view your plan documents (your coverage grids and/or fee schedules if applicable) and access your pharmacy tools.

3 View and sort your recent claims

Use the toggles to filter and sort your claims by type, covered member, network, and date range. View your **Explanation of Benefits (EOBs)** documents by clicking on "View EOB" to the right of each claim. *Note: These documents are not mailed, so it's important to check your dashboard regularly for any new EOBs that come into your account.*

4 At-a-glance accumulators

In this block, you are able to see your progress towards applicable plan accumulators for medical and dental plans. Use the drop down options at the top to switch between covered members on your plan, time period, and accumulator type.

Bonus tools included with your account

Below your account tools, you can scroll through some additional tools included with your plan to help you save money and get the most out of your EMI Health benefits. *(What you will see in your dashboard depends on the plans you are currently enrolled in with EMI Health.)*



\$0 Copay TeleMed

You can speak to a board-certified physician for FREE anytime, anywhere. You can save money and time by avoiding the doctor's office, urgent care, and emergency room visits for acute, non-emergency illnesses or injuries.



Be Well - Wellness Platform powered by WebMD

Be Well puts you in the driver's seat when it comes to your health and wellness goals. Your platform is customized to your health profile and your interests, so the resources, challenges, and recommendations you can access in this platform are tailored to you.



Smart Cost Calculator

You can easily see the estimated cost of procedures, services, and prescriptions before you go, empowering you to make the smartest decisions for your health care.

Setup your My EMI Health Account

If you haven't set up your My EMI Health account yet, here are the instructions:

- Go to **emihealth.com**.
- Click **Login** and select My EMI Health.
- Select **Register** and choose **Member** as the type of account.
- Enter the data to identify yourself and click **Continue**.

** You will need your Member ID found on your EMI Health ID card. Also, for your security, your password must be at least six characters and include a special character, e.g., !, @, #, \$, etc.*

***Please note that you will only make an EMI Health account for your family through the plan subscriber. Dependents and spouses will not have their own account.*

Finding a Provider

Using in-network providers and facilities gets you the most coverage for healthcare services and saves you money.

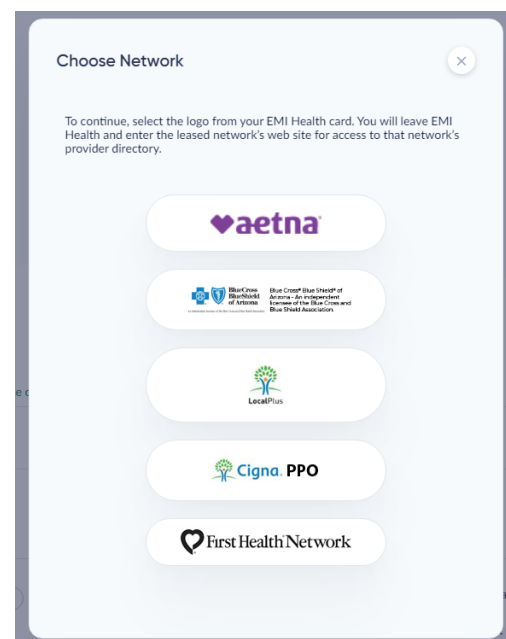
Blue Cross® Blue Shield® of Arizona Provider Search

As a member of EMI Health, you have access to a great network of doctors, hospitals, and other facilities.

To find an in-network provider, follow these simple steps.

- 1 **Go to emihealth.com**
Click on **Find a Provider** along the upper part of the home page.
- 2 **Enter your plan name and state**
Choose **medical** as the type of provider, choose **Care Plus** as your plan name, and select your state from the drop-down list.
- 3 **Click on the Blue Cross® Blue Shield® of Arizona logo**
When you see this pop-up, click on the BCBSAZ logo to be redirected to their provider search tool.
- 4 **Customize your search**
Now, choose a plan (**Arizona PPO or Mayo Clinic**) and click Find a Doctor.

From here, you'll enter your location and search doctors, hospitals, and more.



That's all there is to it!

You will see a list of participating providers along with contact information, address, and the ability to map the location of their offices. You can also download the results as a PDF to keep or take with you.

Traveling outside Arizona?

Searching outside Arizona and Utah: If you are outside Arizona and Utah, First Health has you covered. Follow steps 1 & 2 above, and choose the First Health logo when you see the pop-up. This will take you to First Health's website. Click on **Start now**. Then, mark what you'd like to search (physician, hospital, urgent care center, etc.), hone in with the geography filters, and hit **Search now** to find your providers.

Searching in Utah: Enter your location on the EMI Health provider search tool, selecting Utah as your state. You will then be taken to the results page, and you can then filter by specialties, locations, languages, and more. You can map the provider's location, get contact information, and download your results to a PDF.

Looking for dental and vision providers?

It's easy to find in-network dental and vision providers near you using the EMI Health Provider Search tool.

1

Go to emihealth.com

Click on [Find a Provider](#) along the upper part of the home page.

2

Select the type of provider

Select dental or vision.

3

Enter your plan name (found on your ID card)

These are the plan options you will see.

Dental	Vision
Premier (Choice)	Opticare
Advantage/Advantage Plus (Choice)	VSP Choice
Value	VSP Choice Plus
Summit*	
Summit Plus*	

**If you have the Summit or Summit Plus dental plans, you will be redirected to Cigna's dental provider search.*

4

Enter your location information and click "Search"

You can also select ["Use My Location."](#) This feature will automatically populate the state and zip code where you are searching.

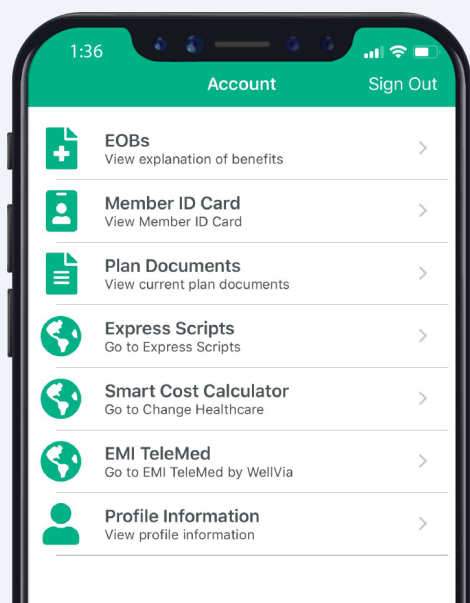
5

Filter and sort your results

Now you can filter your results for locations, specialties, facilities, languages, and more. Click ["Search"](#) each time you adjust a filter to refresh the results list.

That's all there is to it!

You will see a list of participating providers along with contact information, address, and the ability to map the location of their offices. You can also download the results as a PDF to keep or take with you.



Search on the go

In addition to being another convenient way to search for providers and facilities, the EMI Health mobile app allows you to do even more.

Access your ID Card

View and download your plan grids so you always know the benefits you have.

View your EOBs and search by person, service, date, and more.

Update your profile information like email address, password, or security questions.

The EMI Health Mobile App

Your benefits. Anytime. Anywhere.

Provider Search

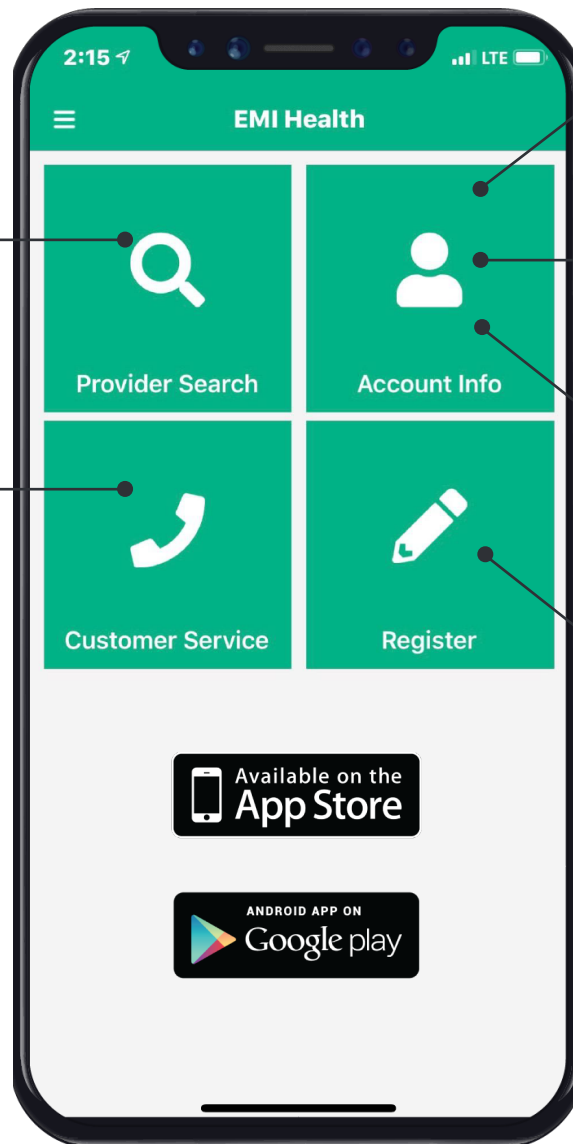
Find in-network providers and facilities.

Customer Service

Need to talk to a person?
No problem.
Call us from the app.

Other Features

- Access current and past issues of the Hope Health newsletter.
- Update your profile information like email address, password, or security questions.



ID Card

Access your ID Card from anywhere at any time.

EOBs

View your EOBs and search by person, service, date, and more.

Plan Information

View and download your plan grids so you always know the benefits you have.

Log in/Register

Download the app and log in using your My EMI Health username and password.

If you haven't registered your account, you can do so in the app or online at emihealth.com.

Scan this QR code
with your phone
to download.



Be Well

A wellness program specifically tailored for every individual's unique goals

EMI Health has teamed up with WebMD Health Services to create a comprehensive well-being tool that puts you in the driver's seat when it comes to your health and wellness goals.

Each view into the BE WELL platform is unique. The customized dashboard is based on your individual priorities, health risks, and biometric testing data. As a result, it's completely tailored to your needs and continues to evolve over time as your priorities and health conditions change. The BE WELL tools can help you focus on areas such as weight loss, stress management, nutrition, improving your sleep habits, and tobacco cessation.

Eligible EMI Health subscribers* who currently have a medical plan can access BE WELL through the member portal at emihealth.com. *A subscriber is the main account holder whose name appears on the EMI Health ID card. Dependents are not eligible to participate at this time.

A look at the BE WELL digital platform

Track Personal Health

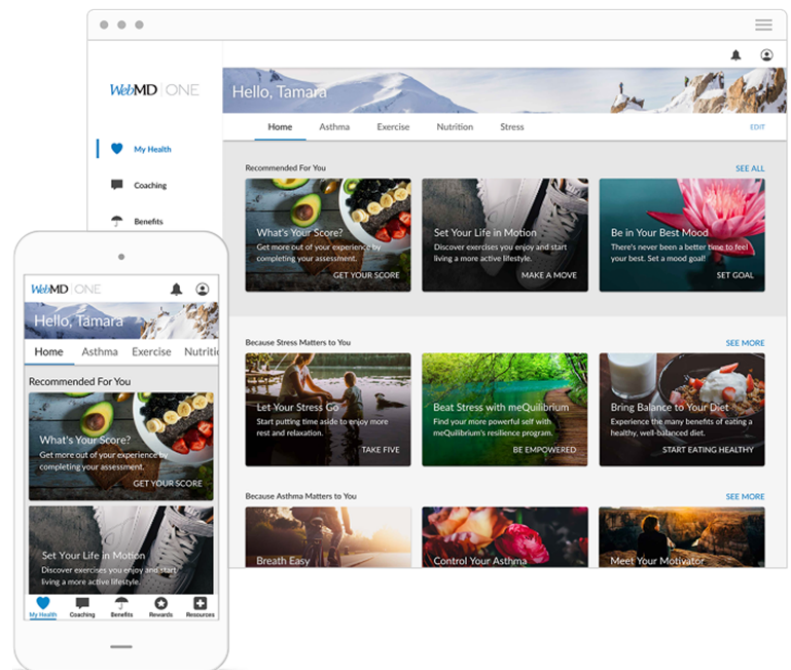
Receive a report on your current health, along with recommended steps to improve it. Whether you want to spend more time focusing on general well-being or a specific health condition, you will have the ability to choose your own priorities, and your personalized dashboard will reflect those interests.

Manage Specific Health Conditions

If you happen to have a specific health condition or concern, BE WELL can provide a recommended plan to help manage that condition as well as educational materials to help you better understand it. BE WELL can help manage diabetes, high blood pressure, hypertension, COPD, and many others.

Reevaluate Your Priorities at Anytime

As you track your personal progress you can make adjustments to the program. At any time along your journey you can switch gears and let BE WELL know you're interested in a new area of focus. If you feel like you have conquered one major milestone, then keep going and strive to reach another. With BE WELL, you can achieve what matters most to you.



Set Goals and Work on Daily Habits

The Daily Habits tool uses the power of behavioral science to help you achieve your personal well-being goals and implement lifestyle changes. You can choose from a number of categories to help with things like diet and nutrition, stress management, depression, and even staying connected in your social life. Resources like workout routines, recipes, and food journals can help encourage you to stay motivated, track your progress and achieve real results.

Mental Health Made Easy

Fast and easy access to high quality
mental health care through Lyra



In-person



Self-guided care



Live video

Learn more at emihealth.lyrahealth.com | (877) 299-4765

EMI plan members have access to Lyra's network of diverse providers for coaching and therapy support. These sessions are billed through the EMI plan and subject to in-network outpatient mental health cost-sharing, as defined under your health plan.



90-Day Maintenance Medications

Get a 90-day supply of maintenance medications at any participating pharmacy or have them delivered directly to your home!

How Does the 90-Day Retail Fill Work?

1. Ask your doctor for a prescription for a 90-day supply (plus refills, as applicable).
2. Take your prescription to any participating pharmacy.
3. You will pay three times the 30-day retail copayment for your plan. The exact amount you pay will depend on whether your medication is generic, preferred, or non-preferred brand. Please refer to your Summary of Benefits for the details of your plan.

How Does Mail Order Work?

1. Ask your doctor for a prescription for a 90-day supply (plus refills, as applicable).
2. If you need to start taking the medication right away, ask for another prescription for up to a 30-day supply to be filled at a retail pharmacy.
3. Send the 90-day prescription, along with the completed mail-order form (which can be downloaded from www.emihealth.com) and the appropriate copayment, to Express Scripts at the address on the form. (You may also ask your doctor to fax your order to Express Scripts.)
4. You will pay the Mail-order Copayment amount indicated on your Summary of Benefits. The exact amount will depend on whether your medication is generic, preferred, or non-preferred brand.
5. Express Scripts will process the order and return it via U.S. Mail or UPS, along with instructions for future refills. Allow up to 14 days for delivery from the time you mail the prescription.

Questions?

As always, we are here to help.

Call customer service at 1-800-662-5851.





2024 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.
Generic drugs are listed
in lower case letters.

A

ABILIFY ASIMTUFI [INJ]
ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADALIMUMAB-ADAZ [INJ]
ADBRY [INJ]
ADEMPAS
ADVAIR HFA
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa
(by Cipla, Civala, Exelan,
Lupin, Perrigo, Sandoz,
Teva & West-Ward)

ALEGENSA
alendronate
allopurinol
alprazolam
ALTUVIIIO [INJ]
ALUNBRIG
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARMOUR THYROID
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atomoxetine
atorvastatin
AUSTEDO, AUSTEDO XR
AUVI-Q [INJ]
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BAFIERTAM
BAQSIMI
BARACLUDE SOLUTION

BAXDELA
BD DIABETES PEN NEEDLES
BD DIABETES SYRINGES
BELBUCA
benazepril
BENEFIX [INJ]
benzonatate
betaine anhydrous
BETASERON [INJ]
BIKTARVY
bisoprolol/hctz
BOSULIF
BREQ ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
budesonide nebulization
suspension
buprenorphine/naloxone
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON BCISE [INJ]
BYETTA [INJ]
BYOOVIZ [INJ]

C

CABOMETYX
CALQUENCE
CARBAGLU
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CEQR SIMPLICITY
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
chlorhexidine gluconate
chlorthalidone
CIBINQO
CIMDUO
CIMERLI [INJ]
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
colchicine tablets
COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ
COTELLIC
CREON
CRINONE 8%

cyanocobalamin [INJ]
cyclobenzaprine
cyclosporine eye solution
CYLTEZO [INJ]

D

DAYTRANA
deferiprone
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM G6: RECEIVER,
SENSOR, TRANSMITTER
DEXCOM G7:
RECEIVER, SENSOR
dextansoprazole ext-release
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
dimethyl fumarate
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
DOPELET
DOVATO
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYSPORT [INJ]

E

ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMPAVELI [INJ]
emtricitabine/tenofovir
disoproxil fumarate
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
ENTYVIO [INJ]
EPCUSA
EPIDIOLEX
epinephrine auto-injector
(by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE

ERLEADA
erythromycin eye ointment
escitalopram
esomeprazole magnesium
delayed-release
ESPEROCT [INJ]
estradiol
estradiol patches
estradiol vaginal inserts
estradiol/norethindrone
acetate
eszopiclone
ethinyl estradiol/desogestrel
ethinyl estradiol/drospirenone
ethinyl estradiol/
drospirenone/levomefolate
ethinyl estradiol/ethynodiol
ethinyl estradiol/etonogestrel
vaginal ring
ethinyl estradiol/
levonorgestrel
ethinyl estradiol/
norelgestromin patches
ethinyl estradiol/
norethindrone
ethinyl estradiol/
norethindrone acetate
ethinyl estradiol/
norethindrone/iron
ethinyl estradiol/norgestimate
ethinyl estradiol/norgestrel
EUFLEXXA [INJ]
EXKIVITY
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibric acid
delayed-release
FENSOLVI [INJ]
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
finaglimod
FLECTOR
fluconazole
fluocinonide
flouxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE:
READER, SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE

furosemide
FYCOMPA
fyremadel [INJ]

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
glucagon emergency kit
(by Amphastar) [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

halcinonide
HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydalazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYRIMOZ [INJ]
HYSINGLA ER

I

ibandronate
ibuprofen
icosapent ethyl
IDELVION [INJ]
IMBRUVICA
INBRIA
indomethacin
INFLECTRA [INJ]
INLYTA
INSULIN LISPRO [INJ]
irbesartan
isosorbide mononitrate
ext-release
isotretinoin

J

JAKAFI

(continued)

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

Go to express-scripts.com/2024drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2024, THROUGH DECEMBER 31, 2024. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JIVI [INJ]
JULUCA

K

KANJINTI [INJ]
KERENDIA
KESIMPTA [INJ]
ketoconazole topical
ketorolac
KISQALI
KISQALI FEMARA CO-PACK
KITABIS PAK
KLOXXADO
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA

L

labetalol
lamotrigine
lansoprazole delayed-release
latanoprost eye solution
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
levoxyl
LICART
lidocaine patches
LINZESS
liothyronine
lisinopril
lisinopril/hctz
LIVALO
LOKELMA
lorazepam
LORBRENA
losartan
losartan/hctz
loteprednol eye suspension
lovastatin
LUMYZ ER
LUPKYNIS
LUPRON DEPOT
3.75 MG, 11.25 MG [INJ]
lurasidone
LYNPARZA
LYUMJEV [INJ]

M

magnesium sulfate/
potassium sulfate/
sodium sulfate solution
MAYZENT
mecizine
medroxyprogesterone
MEKINIST
meloxicam
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
minocycline
MIRENA
mirtazapine
MIRVASO

MITIGARE
mometasone
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOUNJARO [INJ]
MOVANTIK
moxifloxacin eye solution
mupirocin
MUSE
MYDAYIS
MYFEMBREE
MYRBETRIQ

N

nabumetone
naloxone nasal spray
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NAYZILAM
nebivolol
neomycin/polymyxin/
hydrocortisone ear solution
NEXLETOL
NEXLIZET
niacin ext-release
nifedipine ext-release
NINLARO
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ]
norethindrone
nortriptyline
NOVAREL [INJ]
NOVOEIGHT [INJ]
NUBEQA
NUCALA [INJ]
NUEDEXTA
NURTEC ODT
nystatin
nystatin topical

O

OCREVUS [INJ]
ODACTRA
ODEFSEY
ODOMZO
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
omega-3 acid ethyl esters
omeprazole delayed-release
OMNIPOD 5: KITS, PODS
OMNIPOD DASH: KITS, PODS
OMNIPOD GO: PODS
OMNITROPE [INJ]
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS:
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX,
VERIO REFLECT
ONETOUCH TEST STRIPS:
ULTRA, VERIO
ONEXTON
OPSUMIT
ORALAIR
ORIAHNN
ORILISSA
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen

OXYCONTIN
OZEMPIC [INJ]

P

PANCREAZE
pantoprazole delayed-release
paroxetine hcl
penicillin v potassium
PENTASA 250 MG CAPSULES
PHEBURANE
PHESGO [INJ]
PHOSLYRA
pioglitazone
PIQRAY
PLEGRIDY [INJ]
polymyxin/trimethoprim
eye solution
PONVORY
potassium chloride
ext-release
pramipexole
pravastatin
PRECISION XTRA:
METERS, TEST STRIPS,
B-KETONE STRIPS
prednisolone acetate
eye suspension
prednisolone sodium
phosphate
prednisone
pregabalin
PREMARIN CREAM
prenatal vitamins
PROCRIT [INJ]
progesterone micronized
PROLASTIN C [INJ]
PROMACTA
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release

Q

quetiapine
quinapril
QULIPTA
QVAR REDHALER

R

rabeprazole delayed-release
RADICAVA ORS
RAGWITEK
raloxifene
ramipril
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REPATHA [INJ]
RESTASIS MULTIDOSE
RETACRIT [INJ]
REVLIMID
RINVOQ ER
risperidone
rizatriptan
roflumilast
ropinirole
rosuvastatin
ROZLYTREK
RUBRACA
RUCONEST [INJ]
RUXIENCE [INJ]
RYBELSUS

S

SAVELLA
SCEMBLIX
SEGLUROMET

SEMGLEE (YFGN) [INJ]
sertraline
SEVENFACT [INJ]
sildenafil
SIMPONI 100 MG (for
Ulcerative Colitis only) [INJ]
simvastatin
SKYLA
SKYRIZI [INJ]
SODIUM OXYBATE
solifenacin
SOLQUA [INJ]
SOLIRIS [INJ]
SOLOSEC
SOMATULINE DEPOT [INJ]
SOMAVERT [INJ]
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
SPRYCEL
STEGLATRO
STELARA SC [INJ]
STIOLTO RESPIMAT
STIVARGA
STRENSIQ [INJ]
STRIVERDI RESPIMAT
SUBLOCADE [INJ]
sulfamethoxazole/
trimethoprim
sumatriptan
SUNOSI
SYMFI
SYMFI LO
SYMJEPI [INJ]
SYMLINPEN [INJ]
SYMPROIC
SYMTUZA
SYNJARDY, SYNJARDY XR

T

tacrolimus topical
tadalafil
TAFINLAR
TAGRISSO
TAKHZYRO [INJ]
TALICIA
TALTZ [INJ]
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAVALISSE
TEGSEDI [INJ]
TEKTURNA HCT
telmisartan
TEMIXYS
terazosin
terconazole vaginal
teriflunomide
testosterone cypionate [INJ]
TEZSPIRE [INJ]
thyroid
timolol maleate eye solution
tizanidine
TOBI PODHALER
tobramycin eye solution
tobramycin/dexamethasone
eye suspension
topiramate
topiramate ext-release
TOUJEO [INJ]
TRACLEER SUSPENSION
tramadol
travoprost eye solution
TRAZIMERA [INJ]
trazodone
TRELEGY ELLIPTA
TREMIFYA [INJ]
treprostinil [INJ]
TRESIBA [INJ]
tretinoin topical
triamcinolone topical
triamterene/hctz

TRIARDY XR
TRIPTODUR [INJ]
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]
TVVASO DPI

U

UBRELVY
UCERIS FOAM
UPTRAVI TABLETS

V

valacyclovir
valsartan
valsartan/hctz
varenicline
VARUBI
VASCEPA
VELPHORO
VELTASSA
VEMLIDY
venlafaxine
venlafaxine ext-release
verapamil ext-release
VERQUVO
VERZENIO
VGO
VIBERZI
vilazodone
VIOKACE
VITRAKVI
VIZIMPRO
VOSEVI
VUMERITY
VYVANSE

W

warfarin
WEGOVY [INJ]

X

XACIATO
XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XYNTHA,
XYNTHA SOLOFUSE [INJ]
XYWAV

Y

YUPELRI

Z

ZEJULA
ZELBORAF
ZENPEP
ZEPATIER
ZEPOSIA
ZEXTENZO [INJ]
ZIRABEV [INJ]
zolpidem
zolpidem ext-release
ZOMIG 2.5 MG NASAL
ZTLIDO
ZUBSOLV

Go to express-scripts.com/2024drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

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The excluded medications shown below are not covered on the Express Scripts drug list. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to express-scripts.com/covered to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card. If there is a clinical reason, identified by your doctor, that requires you to continue taking your current medication, your doctor can request a coverage review by visiting the Express Scripts online portal at esrx.com/PA.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES		
Antibiotic Agents - Vancomycins (Oral)	FIRVANQ, VANCOMYCIN 25 MG/ML SOLUTION	vancomycin capsules, vancomycin 50 mg/ml oral solution
Antibiotic Agents Other	SIVEXTRO	linezolid
Antifungal Agents (Oral)	TOLSURA	itraconazole
Antivirals (Oral)	SITAVIG, XERESE	acyclovir oral or cream, famciclovir, valacyclovir
Chagas Disease Agents	LAMPIT	BENZNIDAZOLE
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Alzheimer's Agents	ADUHELM, LEQEMBI	No alternatives recommended
Amyotrophic Lateral Sclerosis (ALS) Agents	QALSODY, RELYVRIO	No alternatives recommended
Anticonvulsants	EPRONTIA	topiramate sprinkle capsules
	FINTEPLA	DIACOMIT, EPIDIOLEX
	PRIMIDONE 125 MG TABLETS	primidone 50 mg or 250 mg tablets
	ZONISADE	zonisamide
Antimigraine Agents	ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY 2.5 MG	sumatriptan nasal spray, ZOMIG NASAL 2.5 MG
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
	ZAVZPRET	NURTEC ODT, UBRELVY
Antiparkinsonism Agents	APOKYN	Coverage may be approved for the treatment of Parkinson's Disease under certain conditions
	DHIVY	carbidopa/levodopa
	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine oral solution, amantadine tablets
	ONGENTYS	entacapone
	XADAGO, ZELAPAR	rasagiline, selegiline
Antipsychotics (Injectable)	INVEGA HAFYERA, UZEDY ER	ABILIFY ASIMTUFI, ABILIFY MAINTENA, ARISTADA, RISPERDAL CONSTA
Antipsychotics (Oral)	LYBALVI	aripiprazole, asenapine, lurasidone, olanzapine, paliperidone er, quetiapine, quetiapine er, ziprasidone
	QUETIAPINE 150 MG TABLETS	quetiapine, quetiapine er
Antispasmodic Agents	BACLOFEN SOLUTION, BACLOFEN SUSPENSION, FLEQSUVY, LYVISPAH, OZOBAX	baclofen tablets
Anxiolytic Agents	LOREEV XR	lorazepam tablets
Cataplexy Treatment	XYREM	LUMRYZ ER, SODIUM OXYBATE, XYWAV
Central Nervous System Stimulants	DYANAVEL XR, XELSTRYM	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Central Nervous System Stimulants <i>(continued)</i>	METHYLPHENIDATE ER 45 MG, 63 MG & 72 MG, QUILLICHEW ER, QUILLIVANT XR, RELEXII ER	dexmethylphenidate er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
Duchenne Muscular Dystrophy (DMD) Agents	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	EMFLAZA	prednisone solution, prednisone tablets
Friedreich's Ataxia Agents	SKYCLARYS	No alternatives recommended
Multiple Sclerosis Agents	BRIUMVI	KESIMPTA, OCREVUS
	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF
	GILENYA, TASCENSO ODT	fingolimod, teriflunomide, BAFIERTAM, MAYZENT, PONVORY, VUMERITY
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	CONZIP, QDOLO, TRAMADOL 100 MG TABLETS, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION	tramadol tablets, tramadol er tablets
	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
	NUCYNTA ER, OXYCODONE ER, XTAMPZA ER	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN
	OXAYDO, ROXYBOND	oxycodone
	PRIMLEV, PROLATE SOLUTION	oxycodone/acetaminophen
	SEGLENTIS	tramadol tablets plus celecoxib
Narcotic Antagonists	ZIMHI	naloxone syringes
Rett Syndrome Agents	DAYBUE	No alternatives recommended
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	estazolam, lorazepam
	ZOLPIDEM 7.5 MG CAPSULES, ZOLPIMIST	eszopiclone, zaleplon, zolpidem tablets
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	CITALOPRAM CAPSULES, PEKEVA, SERTRALINE CAPSULES	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER	desvenlafaxine er, duloxetine, venlafaxine hcl er, FETZIMA
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE BUCCAL TABLETS, FENTORA, SUBSYS	fentanyl citrate lozenges
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450 MG, FORFIVO XL	bupropion xl 150 mg or 300 mg
	AUVELITY ER	bupropion, citalopram, duloxetine, paroxetine, sertraline, venlafaxine, FETZIMA
	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
CARDIOVASCULAR ACE Inhibitors	QBRELIS	lisinopril
Alpha-Adrenergic Agonists	CLONIDINE ER 0.17 MG, NEXICLON XR	clonidine patches, clonidine tablets
Angiotensin Receptor Blockers (ARBs) and Combinations	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan
	VALSARTAN SOLUTION	valsartan tablets
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR (continued) Beta Blockers & Combinations	HEMANGEOL	propranolol solution
	INDERAL XL, INNOPRAN XL	propranolol er
	KAPSPARGO SPRINKLE	metoprolol succinate
Calcium Channel Blockers	CONJUPRI, LEVAMLODIPINE	amlodipine, felodipine er, nifedipine er, nisoldipine
	KATERZIA, NORLIQVA	amlodipine tablets
Diuretics	CAROSPIR	spironolactone
	FUROSCIX, SOAANZ	bumetanide, furosemide, torsemide
	THALITONE	chlorthalidone
Fenofibrates	ANTARA, FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG), LIPOFEN	fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibrate tablets, fenofibric acid
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ATORVALIQ, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO
	ROSUVASTATIN/EZETIMIBE	ezetimibe plus atorvastatin or rosuvastatin
PCSK9 & siRNA Inhibitors	LEQVIO, PRALUENT	REPATHA
Pulmonary Arterial Hypertension (PAH) Agents	LIQREV, TADLIQ	sildenafil oral suspension, sildenafil 20 mg tablets, tadalafil 20 mg tablets
Miscellaneous Cardiovascular Agents	ASPRUZYO SPRINKLE ER	ranolazine er
	CORLANOR	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
	NORPACE CR	amiodarone, quinidine sulfate, sotalol
DERMATOLOGICAL Agents for Hyperhidrosis	DRYSOL, QBREXZA	Over-the-Counter aluminum chloride containing products
Oral Agents for Acne	ABSORICA LD	isotretinoin capsules
	DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate, doxycycline monohydrate
	MINOCYCLINE BIPHASIC TABLETS, MINOCYCLINE ER CAPSULES, XIMINO	minocycline 24 hour er tablets
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES, ORACEA	Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole
Rosacea Agents (Topical)	NORITATE	metronidazole
	ZILXI	azelaic acid, ivermectin, metronidazole, sodium sulfacetamide/sulfur, FINACEA FOAM
Topical Agents for Acne	CLENIA PLUS, SULFACETAMIDE/SULFUR 8%-4% CLEANSER, SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION, ZMA CLEAR	sulfacetamide/sulfur 9%-4% cleanser, sulfacetamide/sulfur 8%-4% suspension
	FABIOR, TAZAROTENE FOAM	tazarotene cream, tretinoin
	VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON
	WINLEVI	azelaic acid, clindamycin phosphate gel, clindamycin/tretinoin, dapsone, erythromycin gel, tretinoin, ONEXTON
Topical Agents for Actinic Keratosis	CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA	diclofenac 3% gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream
Topical Antifungals	ECOZA, ERTACZO, LULICONAZOLE, LUZU, OXISTAT LOTION, SULCONAZOLE, XOLEGEL	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
	MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION	clotrimazole, ketoconazole, miconazole, nystatin

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
DERMATOLOGICAL (continued) Topical Corticosteroids	CLOCORTOLONE PUMP, IMPEKLO, HALOBETASOL 0.05% FOAM, IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO FOAM	generic topical corticosteroids
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM, SORILUX	calcipotriene, calcitriol
Miscellaneous Topical Dermatological Agents	ALCORTIN A	generic topical corticosteroids plus mupirocin
	CONDYLOX, VEREGEN	imiquimod 5% cream, podofilox solution
	LIDOCAINE/TETRACAINE, PLIAGLIS	lidocaine cream, lidocaine/prilocaine cream
	TAZORAC 0.05% CREAM	tazarotene 0.1% cream
	TRI-LUMA	fluocinolone acetonide, hydroquinone, tretinoin
DIABETES Biguanidine Agents	METFORMIN 625 MG TABLETS	metformin 500 mg or 850 mg tablets
Blood Glucose Meters & Test Strips	ASCENSIA (CONTOUR) ONETOUCH SOLUTIONS STARTER KIT ROCHE (ACCU-CHEK) TEMPO (WELCOME KIT, REFILL KIT, SMART BUTTON) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE KITS/METERS (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE) FREESTYLE TEST STRIPS (FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE) ONETOUCH KITS/METERS (ULTRA2, ULTRAMINI, VERIO, VERIO FLEX) ONETOUCH TEST STRIPS (ULTRA, VERIO) PRECISION XTRA METERS, TEST STRIPS
Diabetic Pen Needles & Syringes	PEN NEEDLES & SYRINGES BY: ARKRAY HOME AIDE DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD PRODIGY DIABETES CARE SIMPLE DIAGNOSTICS TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	BD DIABETES PEN NEEDLES BD DIABETES SYRINGES
Diabetic Supply Kits	BIGFOOT UNITY PROGRAM KIT	DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER DEXCOM G7: RECEIVER, SENSOR FREESTYLE LIBRE: READER, SENSOR
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA	JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN, STEGLUJAN	GLYXAMBI
Glucagon-Like Peptide-1 Agonists	VICTOZA	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
Glucose-Elevating Drugs	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	glucagon emergency kit (by Amphastar), BAQSIMI, GVOKE
Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combinations	XULTOPHY	SOLIQUA
Insulins	ADMELOG, AFREZZA, APIDRA, FIASP, HUMALOG TEMPO, INSULIN ASPART, LYUMJEV TEMPO, NOVOLOG, RELION NOVOLOG	HUMALOG, INSULIN LISPRO, LYUMJEV
	BASAGLAR TEMPO, INSULIN DEGLUDEC, INSULIN GLARGINE (BY WINTHROP), INSULIN GLARGINE-YFGN, LANTUS, LEVEMIR, REZVOGLAR	SEMGLEE (YFGN), TOUJEO, TRESIBA
	INSULIN ASPART PROTAMINE, NOVOLOG 70/30 MIX, RELION NOVOLOG 70/30 MIX	HUMALOG 75/25 MIX, INSULIN LISPRO PROTAMINE MIX
	NOVOLIN, RELION NOVOLIN	HUMULIN

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
DIABETES (continued) Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, QNASL, ZETONNA	flunisolide, fluticasone, mometasone
Otic Antibiotics & Combination Products	CETRAXAL	ciprofloxacin otic, ofloxacin otic
	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC	ciprofloxacin/dexamethasone otic
ENDOCRINE Cushing's Agents	ISTURISA	SIGNIFOR
	KORLYM	ketoconazole, LYSODREN, SIGNIFOR
	RECORLEV	ketoconazole, LYSODREN
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI, TRIPTODUR
Growth Hormones	HUMATROPE, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, SAIZEN, SAIZENPREP, SKYTROFA, SOGROYA, ZOMACTON	GENOTROPIN, OMNITROPE
Somatostatin Analogs	LANREOTIDE, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
Testosterone Products	AVEED	testosterone cypionate, testosterone enanthate
	KYZATREX, NATESTO, TLANDO	testosterone gel, testosterone solution, ANDRODERM PATCHES
Thyroid Replacement Therapy	ADTHYZA	levothyroxine tablets, ARMOUR THYROID
	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSINT, TIROSINT-SOL	levothyroxine tablets
Miscellaneous Endocrine Agents	CORTROPHIN GEL	No alternatives recommended
GASTROINTESTINAL Antidiarrheal Agents	MYTESI	diphenoxylate/atropine, loperamide
Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	ANTIVERT, MECLIZINE 50 MG TABLETS	meclizine 25 mg tablets
	ANZEMET	granisetron, ondansetron
	BONJESTA	doxylamine/pyridoxine hcl
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
Bowel Evacuants	CLENPIQ, OSMOPREP, PLENVU, SUTAB	magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Fecal Microbiota Agents	REBYOTA	No alternatives recommended
Gallstone Dissolution Agents	RELTONE	ursodiol
Gastroparesis Agents	GIMOTI	No alternatives recommended
Helicobacter Pylori Agents	VOQUEZNA	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
Hemorrhoidal Preparations	HYDROCORTISONE/PRAMOXINE 25-18 MG SUPPOSITORIES	hydrocortisone ac suppositories, pramoxine/hydrocortisone cream
	PROCTOFOAM-HC	pramoxine/hydrocortisone cream
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA 250 MG CAPSULES
Irritable Bowel Syndrome & Chronic Constipation Agents	IBSRELA, MOTEGRITY, ZELNORM	lubiprostone, LINZESS, TRULANCE
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
GASTROINTESTINAL (continued) Proton Pump Inhibitors	KONVOMEF, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	dexlansoprazole, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
Miscellaneous Gastrointestinal Agents	DARTISLA ODT	glycopyrrolate tablets
HEMATOLOGICAL Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor Deficiency Agents & Related Products	IXINITY, RIXUBIS	BENEFIX
	NOVOSEVEN RT	SEVENFACT
	NUWIQ, RECOMBINATE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
	REBINYN	ALPROLIX, IDELVION
Granulocyte Colony Stimulating Factors	FULPHILA, FYLNETRA, NEULASTA, NYVEPRIA, ROLVEDON, STIMUFEND, UDENYCA	ZIEXTENZO
	GRANIX, NEUPOGEN, RELEUKO, ZARXIO	NIVESTYM
Iron Replacement Agents	MONOFERRIC	sodium ferric gluconate complex, VENOFER
Sickle Cell Disease Agents	OXBRYTA	hydroxyurea, DROXIA
	SIKLOS	DROXIA
Thrombocytopenia Agents	MULPLETA	DOPTELET
HEPATITIS Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	CABENUVA	atazanavir plus lamivudine, darunavir plus lamivudine, lopinavir/ritonavir plus lamivudine, DOVATO, JULUCA, TIVICAY plus lamivudine, TIVICAY plus EDURANT
	COMPLERA	ODEFSEY
	DELSTRIGO	efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, lopinavir/ritonavir, ritonavir, PREZISTA
	RUKOBIA ER	Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.
	STRIBILD	BIKTARVY, GENVOYA
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	ALLOPURINOL 200 MG TABLETS	allopurinol 100 mg tablets
	COLCHICINE CAPSULES	colchicine tablets, MITIGARE
Muscle Relaxants & Antispasmodic Agents	METHOCARBAMOL 1,000 MG TABLETS	methocarbamol 500 mg tablets
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC 35 MG CAPSULES, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, RELAFEN DS, TIVORBEX, ZIPSOR, ZORVOLEX	diclofenac, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam
	ELYXYB	celecoxib
	FENOPROFEN 200 MG CAPSULES	fenopropfen calcium tablets, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
	INDOCIN SUPPOSITORIES	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
	INDOCIN SUSPENSION, MELOXICAM SUSPENSION	ibuprofen suspension, naproxen suspension
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES, LICART PATCHES

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
OBSTETRICAL & GYNECOLOGICAL Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	BALCOLTRA, LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME	generic oral, patch and ring contraceptives
	PHEXXI	Barrier methods of contraception, such as condoms, diaphragms, spermicides or sponges.
	SLYND	generic progestin-only oral contraceptives
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA, OSPHENA	estradiol cream, estradiol vaginal inserts, PREMARIN CREAM
	FEMRING	estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE, PREMPRO	estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate
Estrogens (Oral)	MENEST, PREMARIN TABLETS	estradiol tablets
Human Chorionic Gonadotropin‡	CHORIONIC GONADOTROPIN	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Prenatal Vitamins	CITRANATAL, NATAL PNV, PREGENNA, TRINAZ	generic prenatal vitamins
Topical Estrogen Agents	ELESTRIN, ESTROGEL, EVAMIST	estradiol gel, estradiol patches
Vaginal Progesterones	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
ONCOLOGY Acute Myeloid Leukemia (AML) Agents	ONUREG	No alternatives recommended
	REZLIDHIA	TIBSOVO
B-Cell Lymphoma Agents	EPKINLY	cyclophosphamide, cytarabine, dexamethasone, doxorubicin, prednisone, vincristine, CARVYKTI, KYMRIAHA, RUXIENCE, YESCARTA
Bendamustine Agents	VIVIMUSTA	bendamustine, BENDEKA, TREANDA
Bevacizumab-Containing Agents	ALYMSYS, AVASTIN, VEGZELMA	ZIRABEV
BRAF Inhibitors	BRAFTOVI	TAFINLAR, ZELBORAF
Bruton Tyrosine Kinase Inhibitors	JAYPIRCA	CALQUENCE
Cyclin-Dependent Kinase 4/6 Inhibitors	IBRANCE	KISQALI, VERZENIO
Interferons	BESREMI	hydroxyurea, PEGASYS
MEK Inhibitors	MEKTOVI	COTELLIC, MEKINIST
Multiple Myeloma Agents	BLENREP, XPOVIO	bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID
Myelodysplastic Syndrome Agents	INQOVI	decitabine
Myelofibrosis Agents	INREBIC	JAKAFI
Non-Small Cell Lung Cancer Agents	KRAZATI	Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer
	TEPMETKO	TABRECTA
Prostate Cancer Agents	CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR	ELIGARD, FIRMAGON
	YONSA	abiraterone, XTANDI
Renal Cell Cancer Agents	FOTIVDA	CABOMETYX, INLYTA, LENVIMA
Rituximab-Containing Agents	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT	KANJINTI, TRAZIMERA
Tyrosine Kinase Inhibitors	QINLOCK	imatinib, sorafenib, sunitinib malate, SPRYCEL, STIVARGA, TASIGNA, VOTRIENT

‡ Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
OPHTHALMIC Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	timolol drops, betaxolol drops, carteolol drops, levobunolol drops
Antiglaucoma Agents (Ophthalmic Prostaglandins)	DURYSTA, XELPROS	bimatoprost drops, latanoprost drops, tafluprost drops, travoprost drops
Antiglaucoma Agents (Other)	RHOPRESSA, ROCKLATAN	betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, tafluprost drops, timolol drops, travoprost drops
Blepharoptosis Agents	UPNEEQ	No alternatives recommended
Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)	LUCENTIS	BYOOVIZ, CIMERLI
	SUSVIMO	No alternatives recommended
	VABYSMO	EYLEA
Ophthalmic Agents (Other)	ATROPINE (PRESERVATIVE FREE) 1% EYE SINGLE USE DROPPERETTE	atropine 1% drops
	CYSTADROPS	CYSTARAN
	VERKAZIA	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
	VUITY	No alternatives recommended
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE, ALREX, ZERVATE	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops
Ophthalmic Combinations	TOBRADEX ST, ZYLET	tobramycin/dexamethasone drops
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, BROMSITE, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNOJOYNT, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Nephropathy Agents	FILSPARI	benazepril, candesartan, irbesartan, lisinopril, losartan, ramipril, valsartan
Nocturnal Polyuria Agents	NOCTIVA	desmopressin tablets
Overactive Bladder Agents	OXYBUTYNIN 2.5 MG, VESICARE LS	oxybutynin er, oxybutynin solution, oxybutynin 5 mg tablets, MYRBETRIQ ER
Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE)	epinephrine auto-injector (by Mylan, Teva), AUVI-Q, EPIPEN, EPIPEN JR
Idiopathic Pulmonary Fibrosis Agents	PIRFENIDONE 534 MG TABLETS	pirfenidone, OFEV
Immunological Agents for Asthma	CINQAIR	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT
Long-Acting Muscarinic Antagonist Inhalers	INCRUSE ELLIPTA, TUDORZA PRESSAIR	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	ANORO ELLIPTA, STIOLTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ALVESCO, ARMONAIR DIGIHALER, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
RESPIRATORY (continued) Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, FLUTICASONE/SALMETEROL DPI (BY A-S MEDICATION, TEVA), FLUTICASONE/SALMETEROL HFA, FLUTICASONE/VILANTEROL	budesonide/formoterol, fluticasone/salmeterol dpi (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	albuterol sulfate hfa (by Cipla, Civica, Exelan, Lupin, Perrigo, Sandoz, Teva & West-Ward)
MISCELLANEOUS AGENTS Allergen Immunotherapy	PALFORZIA	No alternatives recommended
Benign Prostatic Hyperplasia Agents	ENTADFI	finasteride 5 mg plus tadalafil 5 mg
Botulinum Toxin Products	BOTOX	DYSPORE, MYOBLOC Migraine - AIMOVIG, AJOVY, EMGALITY, QULIPTA Hyperhidrosis - Over-the-Counter aluminum chloride containing products
	XEOMIN	DYSPORE, MYOBLOC
Gaucher Disease Agents	ELELYSO, VPRIV	CEREZYME
Glucocorticoids	ALKINDI SPRINKLE	hydrocortisone tablets
	HEMADY	dexamethasone tablets
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
Immune Globulins	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	ENVARUS XR	tacrolimus
	OTREXUP, REDITREX	RASUVO
	XATMEP	methotrexate
Infused TNF Antagonists	AVSOLA, INFlixIMAB, REMICADE, RENFLEXIS	INFLECTRA
Metabolic Agents	RAVICTI	sodium phenylbutyrate, PHEBURANE
Myasthenia Gravis Agents	RYSTIGGO	Coverage may be approved for the treatment of generalized myasthenia gravis
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
Osteoporosis (Bone Modifiers)	EVENITY, PROLIA	alendronate, ibandronate, risendronate, zoledronic acid, FORTEO, TYMLOS
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	AMVUTTRA, ONPATRO	No alternatives recommended
Vasculitis Agents	TAVNEOS	azathioprine, methotrexate, mycophenolate, RUXIENCE
Wilson's Disease Agents	CUVRIOR	trientene

(continued)

Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-FKJP, AMJEVITA, HADLIMA, HULIO, IDACIO, YUFLYMA, YUSIMRY	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA or HYRIMOZ
Inflammatory Conditions‡ where SOTYKTU is indicated	SOTYKTU	See Below for Preferred Alternatives
Drug Class	Other Medications	Preferred Alternatives
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process.	Preferred: ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HUMIRA, HYRIMOZ, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA Preferred after Step through ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA or HYRIMOZ: ACTEMRA SC Preferred after Step through ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HUMIRA or HYRIMOZ: RINVOQ ER, XELJANZ, XELJANZ XR ULCERATIVE COLITIS ONLY Preferred after Step through ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA or HYRIMOZ: SIMPONI 100 MG, XELJANZ, XELJANZ XR

‡ Please note that formulary and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory and Atopic Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

Excluded Medications/Products at a Glance

ABILIFY^ ABSORICA LD ACANYA^ ACIPHEX^ ACUVAIL ADALIMUMAB-FKJP ADCIRCA^ ADDERALL^, ADDERALL XR^ ADMELOG ADTHYZA ADUHELM AFINITOR^, AFINITOR DISPERZ^ AFREZZA AIRDUO RESPICLIK AKYNZEO CAPSULES ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO) ALCORTIN A ALINIA TABLETS^ ALKINDI SPRINKLE ALLOPURINOL 200 MG TABLETS ALOCRI ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE ALOMIDE ALREX ALTOPREV ALVESCO ALYMSYS AMBIEN^, AMBIEN CR^ AMITIZA^ AMJEVITA AMONDYS 45 AMPYRA^ AMRIX^ AMVUTTRA ANDROGEL^ ANTARA ANTIVERT ANUSOL-HC^ ANZEMET APADAZ APIDRA APLENZIN	APOKYN APTENSIO XR^ ARANESP ARIMIDEX^ ARKRAY PEN NEEDLES & SYRINGES ARMONAIR DIGIHALER ASACOL HD^ ASCENSIA (CONTOUR) ASPIRIN/OMEPRazole DR ASPRUZO SPRINKLE ER ATACAND^, ATACAND HCT^ ATORVALIQ ATRALIN^ ATRIPLA^ ATROPINE PF 1% DROPPERETTE AUBAGIO^ AUVELITY ER AVALIDE^, AVAPRO^ AVASTIN AVEED AVODART^ AVSOLA AZOPT^ AZOR^ BACLOFEN SOLUTION BACLOFEN SUSPENSION BALCOLTRA BANZEL^ BARACLUDE TABLETS^ BASAGLAR TEMPO BECONASE AQ BENICAR^, BENICAR HCT^ BENZHYDROCODONE/ACETAMINOPHEN BEPREVE^ BERINERT BESIVANCE BESREMI BETIMOL BEVESPI AEROSPHERE BIDIL^ BIGFOOT UNITY PROGRAM KIT BIJUVA BLENREP BONJESTA	BOTOX BRAFTOVI BRIUMVI BROMSITE BUPAP^ BUPROPION XL 450 MG BUTRANS^ BYSTOLIC^ CABENUVA CALCIPOTRIENE FOAM CAMCEVI CANASA^ CARAC CARAFATE^ CAROSPIR CELEBREX^ CELEXA^ CETRAXAL CHORIONIC GONADOTROPIN CIALIS^ CILOXAN OINTMENT CINQAIR CIPRO HC CIPROFLOXACIN/FLUOCINOLONE OTIC CITALOPRAM CAPSULES CITRANATAL CLENIA PLUS CLENPIQ CLIMARA PRO CLINDAGEL^ CLOCORTOLONE PUMP CLONIDINE ER 0.17 MG COLCHICINE CAPSULES COLCRYS^ COMPLERA CONCERTA^ CONDYLOX CONJUPRI CONZIP COREG^ CORLANOR CORTIFOAM CORTROPHIN GEL COSOPT^, COSOPT PF^ COZAAR^, HYZAAR^ CRESTOR^	CRINONE 4% CUPRIMINE^ CUTAQUIG CUVPOSA^ CUVRIOR CYMBALTA^ CYSTADANE^ CYSTADROPS CYTOMEL^ DALIRESP^ DARTISLA ODT DAYBUE DELSTRIGO DELZICOL^ DETROL^, DETROL LA^ DEXILANT^ DHIVY DICLOFENAC 35 MG CAPSULES DICLOFENAC EPOLAMINE PATCHES DIOVAN^, DIOVAN HCT^ DIPENTUM DIVIGEL^ DORAL DORYX DR 50 MG^ & 200 MG^ DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG DOXYCYCLINE 40 MG CAPSULES DRIZALMA SPRINKLE DRYSOL DUAKLIR PRESSAIR DUREZOL^ DUROLANE DURYSTA DYANAVAL XR ECOZA EDARBI, EDARBYCLOR EFFEXOR XR^ ELELYSO ELESTRIN ELIDEL^ ELYXYB EMEND CAPSULES^, TRIFOLD PACK^	EMEND POWDER PACKETS EMFLAZA ENTADFI ENVARUS XR EPANED^ EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE) EPKINLY EPOGEN EPRONTIA ERTACZO ESBRIET^ ESTRACE CREAM^ ESTRING ESTROGEL EVAMIST EVEKEO^ EVENITY EXFORGE^, EXFORGE HCT^ EXJADE^ EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FABIOR FEMRING FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG) FENOPROFEN 200 MG CAPSULES FENTANYL CITRATE BUCCAL TABLETS FENTORA FERAHEME^ FIASP FILSPARI FINTEPLA FIRAZYR^ FIRVANQ FLAREX FLEQSUUVY FLOVENT DISKUS, FLOVENT HFA FLUOROURACIL 0.5% CREAM FLUTICASONE PROPRIONATE HFA	FLUTICASONE/SALMETEROL DPI (BY A-S MEDICATION, TEVA) FLUTICASONE/SALMETEROL HFA FLUTICASONE/VILANTEROL FML FORTE, FML S.O.P. FOCALIN^, FOCALIN XR^ FOLLISTIM AQ FORFIVO XL FOSRENOL CHEWABLE TABLETS^ FOSRENOL POWDER PACKETS FOTIVDA FULPHILA FUROSCIX FYLNETRA GAMMAKED GANIRELIX ACETATE^ GEL-ONE GELSYN-3 GENERESS FE^ GENVISC 850 GILENYA GIMOTI GLEEVEC^ GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT (by Fresenius) GLUMETZA^ GOCOVRI ER GRANIX HADLIMA HALOBETASOL 0.05% FOAM HEMADY HEMANGEOL HERCEPTIN HERCEPTIN HYLECTA HERZUMA HOME AIDE DIAGNOSTICS PEN NEEDLES & SYRINGES HTL-STREFA PEN NEEDLES & SYRINGES HULIO HUMALOG TEMPO HUMATROPE HYALGAN
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(continued)

Excluded Medications/Products at a Glance (continued)

HYDROCORTISONE/ PRAMOXINE 25-18 MG SUPPOSITORIES	LOESTRIN [^] , LOESTRIN FE [^] LOREEV XR LOTREL [^] LOTRONEX [^] LOVAZA [^] LOVENOX [^] LUCEMYRA LUCENTIS LULICONAZOLE LUNESTA [^] LUPRON DEPOT-PED LUZU LYBALVI LYRICA [^] , LYRICA CR [^] LYUMJEV TEMPO LYVISPAH MAYVRET MAXALT [^] , MAXALT MLT [^] MAXIDEX MECLIZINE 50 MG TABLETS MEKTOVI MELOXICAM SUSPENSION MENEST MESTINON [^] METFORMIN 625 MG TABLETS METHOCARBAMOL 1,000 MG TABLETS METHYLPHENIDATE ER 45 MG, 63 MG & 72 MG MICARDIS [^] , MICARDIS HCT [^] MICONAZOLE/ZINC OXIDE/ PETROLATUM MINASTRIN 24 FE [^] MINIVELLE [^] MINOCYCLINE BIPHASIC TABLETS MINOCYCLINE ER CAPSULES MIRCERA MIRCETTE [^] MONOFERRIC MOTEGRITY MOVIPREP [^] MULPLETA MYTESI NALFON CAPSULES [^] NAMENDA XR [^] NATAL PNV NATAZIA NATESTO NATROBA [^] NESINA NEULASTA NEUPOGEN NEURONTIN [^] NEVANAC NEXICLON XR NEXIUM CAPSULES [^] NEXIUM PACKETS NEXTSTELLIS NOCTIVA NORDITROPIN FLEXPRO NORITATE NORLIQVA NORPACE [^] NORPACE CR NORTHERA [^] NORVASC [^] NOVO NORDISK PEN NEEDLES NOVOLIN, RELION NOVOLIN NOVOLOG, NOVOLOG MIX, RELION NOVOLOG, RELION NOVOLOG MIX NOVOSEVEN RT NOXAFIL TABLETS [^] NUCYNTA, NUCYNTA ER NUTROPIN AQ NUSPIN NUVARING [^] NUVIGIL [^] NUWIQ NYVEPRIA	OGIVRI OMNARIS ONETOUCH SOLUTIONS STARTER KIT ONFI [^] ONGENTYS ONGLYZA ONPATRO ONTRUZANT ONUREG ONZETRA XSAIL ORACEA OSMOLEX ER OSMOPREP OSPHENA OTREXUP OWEN MUMFORD PEN NEEDLES OXAYDO OXBRYTA OXISTAT CREAM [^] OXISTAT LOTION OXYBUTYNIN 2.5 MG OXYCODONE ER OZOBAX PALFORZIA PENNSAID [^] PERCOCET [^] PERFOROMIST [^] PERTZYE PEXEVA PHEXXI PIFELTRO PIRFENIDONE 534 MG TABLETS PLAQUENIL [^] PLAVIX [^] PLIVU PLIAGLIS PRADAXA PRALUENT PRED MILD PREGENNA PREMARIN TABLETS, PREMPHASE, PREMPRO PREVACID [^] PREVACID SOLUTAB [^] PREZCOBIX PRILOSEC SUSPENSION PRIMIDONE 125 MG TABLETS PRIMLEV PRISTIQ [^] PROAIR DIGIHALER, PROAIR RESPICLICK PROAIR HFA [^] PROCTOFOAM-HC PROCYSKI PRODIGY DIABETES CARE PROLATE SOLUTION PROLIA PROTONIX [^] PROVENTIL HFA [^] PROVIGIL [^] PROZAC [^] PULMICORT FLEXHALER PULMICORT RESPULES [^] PYLERA [^] PYRIDIUM [^] QALSODY QBRELIS QBREXZA QDOLO QINLOCK QNASL QTERN QUARTETTE [^] QUAZEPAM QUETIAPINE 150 MG TABLETS QUILLICHEW ER QUILLIVANT XR RABEPRAZOLE DR SPRINKLE	RANEXA [^] RAPAFLO [^] RAVICTI REBINYN REBYOTA RECOMBINATE RECORLEV REDITREX RELAFEN DS RELEUKO RELEXII ER RELPAK [^] RELTONE RELYVRI REMICADE RENAGEL [^] RENFLXIS RETIN-A MICRO 0.04% & 0.1% [^] REZLIDHIA REZVOGLAR RHOPRESSA, ROCKLATAN RIABNI RITALIN [^] , RITALIN LA [^] RITUXAN, RITUXAN HYCELA RIXUBIS ROCHE (ACCU-CHEK) ROLVEDON ROSUVASTATIN/EZETIMIBE ROXYBOND ROZEREM [^] RUKOBIA ER RYSTIGGO SABRIL [^] SAFYRAL [^] SAIZEN, SAIZENPREP SAMSCA [^] SANDOSTATIN LAR DEPOT SAPHRIS [^] SAVAYA SEASONIQUE [^] , LOSEASONIQUE [^] SEGLENTIS SENSIPAR [^] SEREVENT DISKUS SERNIVO SEROQUEL [^] , SEROQUEL XR [^] SERTRALINE CAPSULES SIGNIFOR LAR SIKLOS SIMPLE DIAGNOSTICS PEN NEEDLES & SYRINGES SINGULAIR [^] SITAVIG SIVEXTRO SKYCLARYS SKYTROFA SLYND SOAAZ SOFOSBUVIR/VELPATASVIR SOGROYA SORILUX SOTYKTU SOVALDI SPRAVATO STEGLUJAN STIMUFEND STRATTERA [^] STRIBILD SUBOXONE [^] SUBSYS SULCONAZOLE SULFACETAMIDE/SULFUR 8%-4% CLEANSER SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION SUPARTZ FX SUPPRELIN LA SUPREP [^] SUSVIMO	SUTAB SYNOJOYNT SYNTHROID [^] SYNVISC, SYNVISC-ONE TADLIQ TARGRETIN CAPSULES [^] TASCENSO ODT TAVNEOS TAYTULLA [^] TAZAROTENE FOAM TAZORAC 0.05% CREAM TAZORAC 0.1% CREAM [^] , TAZORAC GEL [^] TECFIDERA [^] TEKTURN [^] TEMPO (WELCOME KIT, REFILL KIT, SMART BUTTON) TEPMETKO TESTIM [^] THALITONE THIOLA [^] THYQUIDITY TIKOSYN [^] TIMOPTIC OCUDOSE [^] TIROSINT, TIROSINT-SOL TIVORBEX TLANDO TOBI SOLUTION [^] TOBRADEX ST TOLSURA TOPAMAX [^] TOPICORT SPRAY [^] TOPROL XL [^] TOVIAZ [^] TRADJENTA TRAMADOL 100 MG TABLETS TRAMADOL ER CAPSULES TRAMADOL SOLUTION TRANSDERM-SCOP [^] TRAVATAN Z [^] TRELSTAR TREXIMET [^] TRI-LUMA TRIBENZOR [^] TRICOR [^] TRILEPTAL [^] TRILURON TRINAZ TRIVIDIA (NIPRO DIAGNOSTICS) PEN NEEDLES & SYRINGES TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC TRUVADA [^] TRUXIMA TUDORZA PRESSAIR TWIRLA TYBLUME UDENYCA ULORIC [^] ULTIMED PEN NEEDLES & SYRINGES ULTRAVATE UPLIZNA UPNEEQ UROXATRAL [^] UZEDY ER VABYSMO VAGIFEM [^] VALIUM [^] VALSARTAN SOLUTION VALTRESX [^] VANCOMYCIN 25 MG/ML SOLUTION VANOS [^] VEGZELMA VELTIN VENLAFAXINE BESYLATE ER VENTOLIN HFA	VERDESO FOAM VEREGEN VERKAZIA VESICARE [^] VESICARE LS VIAGRA [^] VICTOZA VIBRYD [^] VILTEPSO VIMOVO [^] VIMPAT [^] VISCO-3 VIVELLE-DOT [^] VIVIMUSTA VIVLODEX [^] VOQUEZNA VPRIV VUITY VUSION VYEPTI VYONDYS 53 VYTORIN [^] WELCHOL [^] WELLBUTRIN SR [^] , WELLBUTRIN XL [^] WINLEVI XADAGO XALATAN [^] XANAX [^] , XANAX XR [^] XATMEP XELPROS XELSTRYM XENAZINE [^] XEOMIN XERESE XIMINO XOLEGEL XOPENEX HFA XPOVIO XTAMPZA ER XULTOPHY XYREM YASMIN [^] YONSA YOSPRALA DR YUFLYMA YUSIMRY ZARXIO ZAVESCA [^] ZAVZPRET ZEGALOGUE ZEGERID [^] ZELAPAR ZELNORM ZERVATE ZETIA [^] ZETONNA ZILXI ZIMHI ZIOPTAN [^] ZIPSOR ZMA CLEAR ZOCOR [^] ZOLMITRIPTAN NASAL SPRAY 2.5 MG ZOLOFT [^] ZOLPIDEM 7.5 MG CAPSULES ZOLPIMIST ZOMACTON ZOMIG TABLETS [^] ZONEGRAN [^] ZONISADE ZORVOLEX ZOVIRAX OINTMENT [^] ZYCLARA ZYLET ZYTIGA [^]
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[^] Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request for your health insurer or **plan** to review a decision or a **grievance** again.

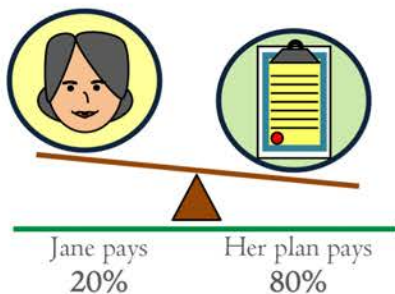
Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service.

You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

Complications of Pregnancy

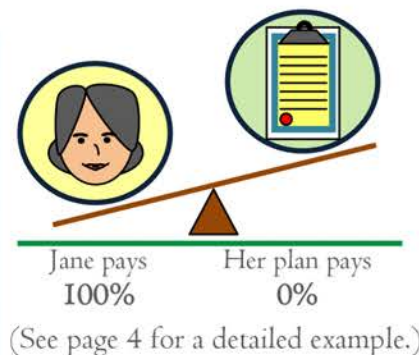
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or **plan** has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

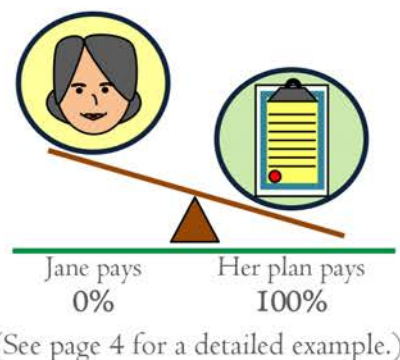
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or **plan** doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

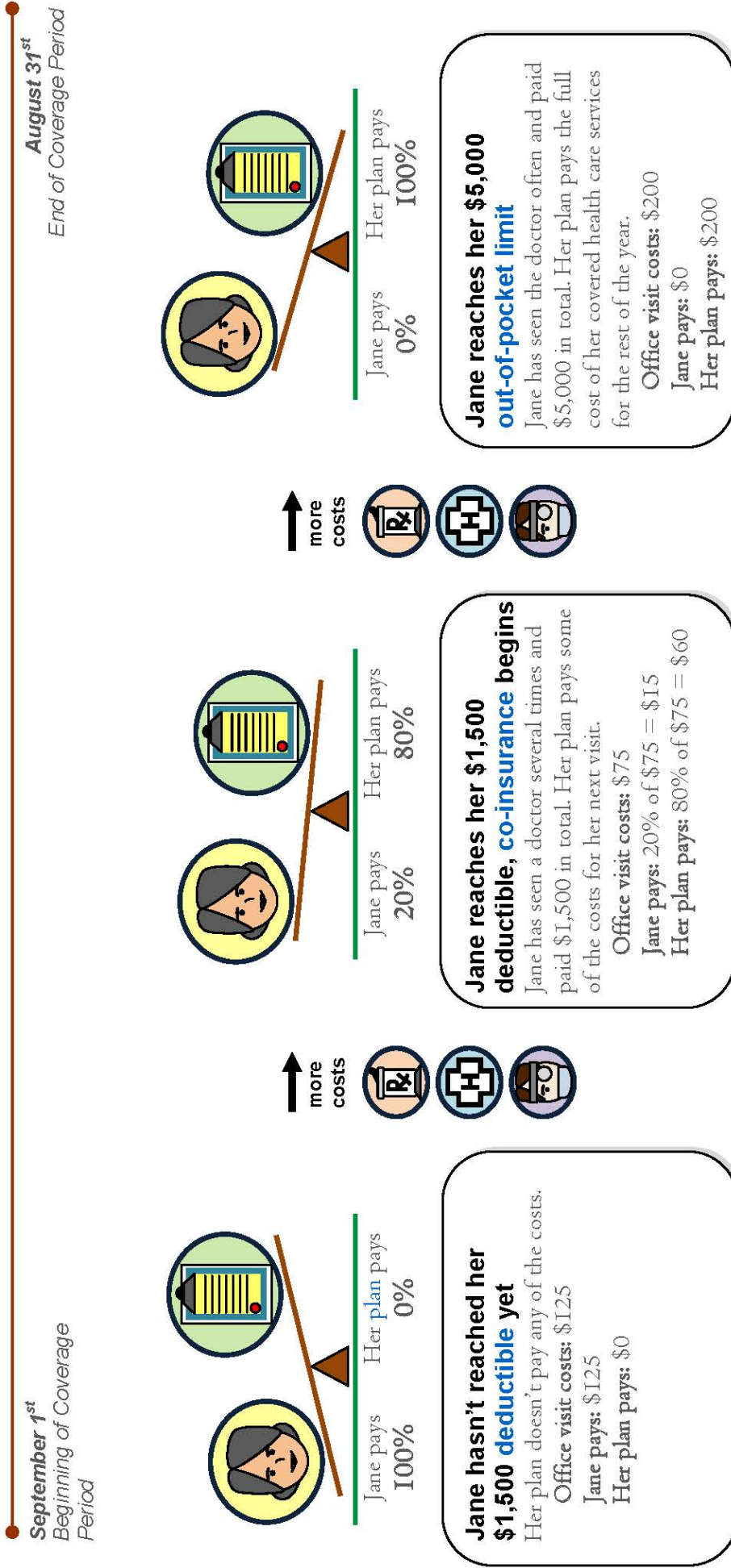
The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500 Co-insurance: 20% Out-of-Pocket Limit: \$5,000



www.emihealth.com
5101 S Commerce Drive | Murray, UT 84107
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