

Preventive drug coverage

Under the Patient Protection and Affordable Care Act, also known as national health care reform, most health plans must cover certain preventive services and drugs with no cost-sharing. Listed below are drugs covered by Blue Cross and Blue Shield of Michigan and Blue Care Network of Michigan that comply with health care reform's preventive benefits requirements.

For information specific to your preventive benefits, please check your Blue Cross benefits-at-a-glance or BCN drug rider. Preventive services are based on recommendations from the U.S. Preventive Services Task Force.

This table shows what is available to you at no out-of-pocket cost, subject to any plan requirements. You should consult with your doctor in choosing the product or drug that is right for you. A prescription from your doctor is required for preventive care drugs or products covered under your pharmacy plan, including over-the-counter drugs, and you must use network providers.

Preventive drug coverage at \$0 copay

Contraceptives	Plan requirements
Oral, injectable and patch	Generic only Quantity limits may apply
NuvaRing®	Quantity limits may apply For members age 50 to 75 years
Over-the-counter female contraceptives: generic and select brand-name products Conceptrol® Gynol II® Today® Contraceptive Sponge nonoxynol-9 vaginal Foam(VCF®) VCF Vaginal Film® Female condom	Quantity limits may apply (Male condoms are not covered)
Emergency contraceptives: Generic oral levonorgestrel (<i>Plan B, Plan B One Step®</i> , <i>Next Choice™</i>) Ella®	Quantity limits may apply
Other preventive drugs	Plan requirements
Aspirin – over the counter	Generic only – 81 mg and 325 mg For members age 10 to 79 To prevent cardiovascular disease and colorectal cancer and for pregnant members who are high risk for preeclampsia
Fluoride	Generic only – 0.25 mg and 0.5 mg drops and tablets Children ages 6 months to 5 years
Folic acid – over the counter	Generic only – 0.4 mg and 0.8 mg For members who may become pregnant

Other preventive drugs (continued)	Plan requirements
Vitamin D – over the counter	Generic only – 1,000 IU or less Adults age 65 or older
Over-the-counter smoking-cessation drugs: Nicotine gum Nicotine lozenge Nicotine patch	Generic only Adults age 18 or older Quantity limits may apply
Smoking-cessation drugs: Bupropion (<i>generic Zyban</i> ®) Chantix® Nicotrol®, Nicotrol® NS	Adults age 18 or older BCBSM and BCN members require step therapy for Nicotrol and Nicotrol NS. BCBSM members require step therapy for Chantix. Quantity limits may apply
Breast cancer preventive drugs: tamoxifen raloxifene	Generic only Approved for \$0 copay if criteria met: <ul style="list-style-type: none"> • Women age 35 or older • Diagnosis of primary prevention for breast cancer • Documentation from the prescriber of risk factors showing the member is high risk for developing breast cancer • Member does not have a history of breast cancer nor personal or family history of venous thromboembolic events (VTE) • Post-menopausal (raloxifene only) Quantity limits may apply for BCBSM members.
Bowel preparation medications for colonoscopy screening of colorectal cancer: polyethylene glycol 3350 products (Miralax®, Colyte®, Golytely®) bisacodyl magnesium citrate magnesium hydroxide phosphate laxative	Generic only OTC and prescription products ONE bowel preparation regimen per year with \$0 copay For members age 50 to 75 years

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話。

بە پێوەندی، ئەگەر تۆ یان کەسێکێت دەبەجێت، تۆ دەتوانێت بە بەرێزێکەوە، بە زمانی خۆت، ئامۆژگاری و زانیاری پێشکەش بکەیت. بۆ ئەوەی بە هاوڕێتێکەوە، بە زمانی خۆت، ئامۆژگاری و زانیاری پێشکەش بکەیت، پێشکەش بکە. ئەگەر تۆ دەتوانێت، پێشکەش بکە. ئەگەر تۆ دەتوانێت، پێشکەش بکە.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy w własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazany na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様のお身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta .

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.