

YOUR 2024 BENEFITS ENROLLMENT GUIDE

ARCHDIOCESE OF LOUISVILLE



CHRISTIAN
BROTHERS
SERVICES



CBS MISSION STATEMENT

CHRISTIAN BROTHERS SERVICES EXEMPLIFIES THE LASALLIAN TRADITION BY *UNDERSTANDING* THE NEEDS OF OUR MEMBERS, *PROTECTING* THE HUMAN AND FINANCIAL RESOURCES OF INSTITUTIONS, AND *GUIDING* MEMBER ORGANIZATIONS IN FINDING PRACTICAL SOLUTIONS TO BUSINESS NEEDS.

WHEN IT COMES TO THE HEALTH OF YOUR LOVED ONES; IT'S GOOD TO HAVE OPTIONS

How to Use Your Health Plan

- ▶ Get to know your plan
- ▶ Summary of Benefits (SBC)
- ▶ Prior authorization
- ▶ Choose your healthcare options
- ▶ Preventive care
- ▶ Provider finder
- ▶ Resources
- ▶ Contact Guide
- ▶ Understanding your Explanation of Benefits (EOB)





YOUR 2024 HEALTH BENEFITS

Welcome

We are happy to partner with the Archdiocese Of Louisville in the Christian Brothers Employee Benefit Trust. We appreciate the opportunity to administer your health care needs.

Your Health Benefits Package includes information on the following coverages:

Medical/Prescription

We value your membership and appreciate the opportunity to serve you.

John Airola
Managing Director
Health Benefits Services



General Information

Preferred Provider Network: Blue Cross Blue Shield

Prescription Benefit Manager: Express Scripts, Inc. (ESI)

PPO (Preferred Provider Organization)

Why choose an in network participating provider?

- Provider fees are discounted.
 - Benefit level is higher.
 - Providers are contractually obligated to bill insurance on behalf of the covered member.
- Out of network or non-participating providers are not obligated to extend the benefits listed above and may require you to pay all charges up front.

• Prescription Drugs

Prescription drug coverage is included with the medical plan. Three prescription service levels are offered:

- Short-term, 30 day supply at retail/pharmacy. The program includes more than 99% of all retail pharmacies across the United States.
- Long-term, 90 day supply mail-order home delivery program that offers significant savings to participants with the ease of worry free refills.
- Long-term, 90 day supply using Walgreens Smart90 program which allows participants the ability to fill and receive their medication at any Walgreens

YOUR MEDICAL BENEFITS



- Pre-certification is required for inpatient hospitalization, outpatient surgery, and diagnostic imaging.
- Some prescription medications may require prior authorization.
- Use the Provider Finder guide to look up participating providers online.
- When setting appointments, always confirm the provider is contracted with the PPO network.

Archdiocese of Louisville Benefit Summary

Benefit **period:** From 01/01/2024 through 12/31/2024 (Calendar Year).

General Cost Share & Features	In Network	Out of Network
Deductible: - Per Calendar Year - Medical only - Some services do not apply to the deductible, as indicated below.	\$1,000/Individual \$3,000/Family	\$3,000/Individual \$9,000/Family
Out-of-Pocket Maximum: - Per Calendar Year - Medical and RX combined	\$6,250/Individual \$12,500/Family	\$18,750/Individual \$37,500/Family
In Network and Out of Network Deductibles / Out-of-Pockets do not reduce each other		

Benefit	In Network	Out of Network
Physician Services		
Primary Care Physician Office Visit (includes virtual visits and spinal manipulations)	100% after \$25 Co-pay	50% after Deductible
Specialist Physician Office Visit (includes virtual visits)	100% after \$40 Co-pay	50% after Deductible
Behavioral Health Office Visit	100% after \$40 Co-pay	50% after Deductible
Teladoc or MyCatholicDoctor Virtual visits	100%	Not Applicable
Diagnostic Testing Lab Tests/X-rays “When done in physician’s office “	Lab Tests - 100% X-rays – 100%	50% after Deductible
Preventive Care	100%	50% after Deductible
Urgent Care	100% after \$40 Co-pay	50% after Deductible
Allergy Injection	100% after \$0 Co-pay	50% after Deductible
Outpatient Visits or Surgery	80% after Deductible	50% after Deductible
Emergency Room Visits	80% after Deductible	50% after Deductible

Inpatient Visits or Surgery	80% after Deductible	50% after Deductible
Facility Services		
Outpatient Hospital	80% after Deductible	50% after Deductible
Emergency Room	100% after \$150 Co-pay, Deductible does not apply	100% after \$150 Co-pay, Deductible does not apply
Inpatient Hospital	100% after \$200 Co-pay per day, limited to first 5 days of each admission	50% after Deductible
Outpatient Hospital Surgery	100% after \$200 co-pay, Deductible does not apply	50% after Deductible
Limited Benefits		
Skilled Nursing Facility	80% after Deductible	50% after Deductible
	60 Day Maximum for all Skilled Nursing Facility confinements per Calendar Year	
Home Health Care	80% after Deductible	50% after Deductible
	100 Home Health Care visit maximum per Calendar Year	
Other State Licensed Practitioners Includes acupuncture, massage therapy and registered dieticians	80% after Deductible	50% after Deductible
	12 Visit Maximum per Calendar Year (All providers combined)	
Hospice Services	100% after Deductible	100% after Deductible
	180 Day Maximum per Calendar Year	
Orthotics	80% after Deductible	50% after Deductible
	\$500 Maximum Lifetime Benefit for all related services	
Natural Family Planning	100%, No Deductible	100%, No Deductible
	\$200 Maximum Yearly Benefit for counseling services	
Other Covered Charges		
Durable Medical Equipment	80% after Deductible	50% after Deductible
Ambulance Transportation	80% after Deductible	80% after Deductible

This document is subject to change based on the Trust Plan effective January 1 through December 31. The actual amount of benefits, if any, is subject to all plan provisions at the time of service, including eligibility, plan limitations and exclusions. For any benefits detail please refer to the SBC.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-807-0400 or visit us at www.myCBS.org/health or email at hbscustomerservice@cbservices.org. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-807-0400 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Medical Only In-Network \$1,000 Individual / \$3,000 Family Medical Only Out-of-Network \$3,000 Individual / \$9,000 Family In-Network & Out-of-Network <u>deductibles</u> do not reduce each other.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. For <u>preventive care</u> services, the In-Network <u>deductible</u> does not apply	This plan covers some items and services even if you haven't yet met the deductible amount, but a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services	No	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocket limit</u> for this plan?	Combined Medical & Prescription Drug In-Network \$6,250 Individual / \$12,500 Family Medical Only Out-of-Network \$18,750 Individual / \$37,500 Family In-Network & Out-of-Network <u>out-of-pocket limits</u> do not reduce each other.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in <u>out-of-pocket limit</u>	<u>Premiums</u> , <u>balance-billed</u> charges, <u>deductible</u> , <u>copayment</u> , or <u>coinsurance</u> amounts paid on a covered persons behalf by a foundational or manufacturer sponsored patient assistance program,	Even though you pay these expenses, they don't count toward the out-of-pocket limit. Certain specialty pharmacy drugs are considered non-essential

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Calendar Year January 1

Important Questions	Answers	Why This Matters:
	penalty for prescription retail refill allowances, penalty for mandatory generics, penalty for non-notification of hospital admission and other services requiring pre-certification, and health care this plan does not cover.	health benefits and fall outside the out-of-pocket limits .
Will you pay less if you use a <u>network provider</u> ?	Yes. Your <u>network</u> is BlueCross BlueShield. See myCBS.org/ppo-hcsc or call 1-800-810-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	Includes Virtual Care (via video or voice).
	<u>Specialist</u> visit	\$40 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	Includes Virtual Care (via video or voice). In-Network Allergy injections \$5 <u>copayment</u> / visit; <u>deductible</u> does not apply.
	<u>Preventive care/screening/immunization</u>	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Lab Work - No charge Radiology - No charge	50% <u>coinsurance</u>	Limited to services performed outside physician's office. Payment may differ based on place of

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myCBS.org/health Log in and click on My Prescription Drugs or call Express Scripts at 800-718-6601. More information about the Smart 90, Generics Member Pays The Difference, <u>Formulary</u> , Retail Refill Allowance and SaveonSP programs is available at: www.myCBS.org/Rx				service.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to services performed outside physician's office. Payment may differ based on place of service. Precertification is required. A 25% penalty up to \$300 may apply. Penalty does not apply to out-of-pocket limit.
	Generic drugs	\$10 /Prescription (retail); \$20 /Prescription (mail or Smart90)	Same as In-Network +20% <u>coinsurance</u> penalty	<u>Deductible</u> does not apply. Covers up to 30-day supply at retail; 90-day supply mail order or Smart90 prescription. Retail maintenance prescriptions are limited to an initial fill and two refills. If you continue to use retail, outside of the Smart 90 program, you will pay the mail order <u>copayment</u> for a 30-day supply. You may fill a 90-day supply at Walgreens owned retail pharmacies through the Smart90 program. If a generic equivalent is available and a brand-name medication is dispensed for any reason, you will pay the difference in cost plus the brand <u>copayment</u> .
	Preferred brand drugs	\$35 /Prescription (retail); \$70 /Prescription (mail or Smart90)	Same as In-Network +20% <u>coinsurance</u> penalty	
	Non-preferred brand drugs	\$55 /Prescription (retail); \$110 /Prescription (mail or Smart90)	Same as In-Network +20% <u>coinsurance</u> penalty	
<u>Specialty drugs</u>	Generic 25% <u>coinsurance</u> / Prescription Preferred 25% <u>coinsurance</u> / Prescription Non-Preferred 25% <u>coinsurance</u> / Prescription Certain specialty pharmacy drugs are considered non-essential health benefits and copayments may be set to the maximum of above or any available manufacturer-funded copay assistance. For a complete list of non-essential specialty medications, see mycbs.org/health/SaveonSP			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center, hospital)	\$200 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	Limited to services performed outside physician's office. You may be billed amounts in excess of prevailing charges for <u>Out-of-Network Providers</u> . Precertification is required. A 25% penalty up to \$300 may apply. Penalty does not apply to <u>out-</u>
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
				of-pocket limit .
If you need immediate medical attention	<u>Emergency room care</u> - Facility fee	\$150 <u>copayment</u> /Admission; <u>Deductible</u> does not apply	\$150 <u>copayment</u> /Admission; <u>Deductible</u> does not apply	Copayment is waived if admitted.
	<u>Emergency room care</u> - Physician/surgeon fees	No charge (Included in \$150 facility <u>copayment</u>)	No charge (Included in \$150 facility <u>copayment</u>)	Emergency room care may include tests and services described elsewhere in the SBC (i.e. Diagnostic tests or Imaging.) You may be billed amounts in excess of prevailing charges for Out-of-Network Providers .
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For transportation service charges exceeding \$5,000 by ground and/or air, payment will not exceed 150% of Medicare allowance for such incurred expenses. Charges include transportation and medical supplies used during transport.
	<u>Urgent care</u>	\$40 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 <u>copayment</u> /Day, limited to 5 days; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	Precertification is required.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None.
	Inpatient services	\$200 <u>copayment</u> /Day, limited to 5 days; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	Precertification is required.
If you are pregnant	Office visits	\$25 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	Copayment applies to initial prenatal visit only (per pregnancy). Cost sharing does not apply to preventive services.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
				care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	\$200 <u>copayment</u> /Day, limited to 5 days; <u>Deductible</u> does not apply	50% <u>coinsurance</u>	None.
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 100 visits per plan year maximum.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None.
	<u>Habilitation services</u>	Specialist- \$40 <u>copayment</u> /Visit; <u>Deductible</u> does not apply Outpatient Facility- 20% <u>coinsurance</u>	50% <u>coinsurance</u>	Payment may differ based on place of service. Limited to a combined 20 visits per year for all providers , including, but not limited to, physical, occupational and speech therapy. Visit limits apply to Habilitation services only.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 days per plan year.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Check your plan document for limitations. Orthotics – Limited to \$500 lifetime.
	<u>Hospice services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Limited to 180 days per plan year maximum.
If your child needs dental or eye care	Children's eye exam	No charge	50% <u>coinsurance</u>	Covered up to age 5.
	Children's glasses	Not covered	Not covered	Unless covered by your vision plan .
	Children's dental check-up	Not covered	Not covered	Unless covered by your dental plan .

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Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|-----------------------|--|-----------------------------|
| • Contraceptives | • Hearing aids and related charges | • Routine eye care (Adult) |
| • Cosmetic surgery | • Infertility treatment (except initial diagnosis) | • Routine foot care |
| • Dental care (Adult) | • Long-term care | • Sterilization or Abortion |
| • Eye exam over age 5 | • Private-duty nursing | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric Surgery
- Habilitation services (payable per medical necessity)
- Services provided by State Licensed Practitioners within the scope of license not specifically covered under any other provisions of the medical plan, including Acupuncture, Massage Therapy, and Nutritional Counseling – Limited to 12 combined visits per year for all services
- Chiropractic care -- \$25 copayment applies -- Limited to 20 visits per year
- Non-emergency care when traveling outside the U.S. (only when on assignment by ER)
- TMJ (Temporomandibular Joint Disorder) covered the same as any other illness when services rendered by a Medical Provider. Limitations apply, refer to your Plan Book for details.
- Hearing Benefit - Hearing Aids, 1 hearing aid per impaired ear every 36 months under the age of 18.
- Oral Surgical Operations. Limitations apply, refer to your Plan Book for details.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. Church plans are not covered by the Federal COBRA continuation coverage rules. For more information on your rights to continue coverage, contact the plan at 1-800-807-0400. You may also contact your state insurance department. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the plan at 1-800-807-0400. A list of states with Consumer Assistance Programs is available at <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-807-0400.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-807-0400.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-807-0400.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-807-0400.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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Calendar Year January 1

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,000
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$200
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$200
Coinsurance	\$600
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,860

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1,000
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$200
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$800
Coinsurance	\$4
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,824

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1,000
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$200
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$400
Coinsurance	\$40
What isn't covered	
Limits or exclusions	\$40
The total Mia would pay is	\$1,480

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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2023 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 MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADBRY [INJ]
ADEMPAS
ADVAIR HFA
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa
(by Cipla, Civica, Exelan,
Lupin, Par, Perrigo, Sandoz,
Teva & West-Ward)

ALECENSA
alendronate
allopurinol
alprazolam
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
AUBAGIO
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BAFIERTAM
BAQSIMI
BARACLUDE SOLUTION

BAXDELA
BD DIABETES PEN NEEDLES
BD DIABETES SYRINGES
BELBUCA
benazepril
benzonatate
betaine anhydrous
BETASERON [INJ]
BEVESPI AEROSPHERE
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]

C

CABOMETYX
CALQUENCE
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
chlorhexidine gluconate
chlorthalidone
CIBINQO
CIMDUO
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
CREON
cyanocobalamin [INJ]
cyclobenzaprine
cyclosporine eye solution

D

DAYTRANA
deferiprone
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM: RECEIVER, SENSOR,
TRANSMITTER
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
DOPTLET
DOVATO
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR

E

ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMPAVELI [INJ]
emtricitabine/tenofovir
disoproxil fumarate
EMVERM
enalapril
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
ENSTILAR
ENTRESTO
ENTYVIO [INJ]
EPLUSA
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]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
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
FULPHILA

furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGON EMERGENCY KIT
(by Eli Lilly) [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]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
INBRIA
indomethacin
INFLECTRA [INJ]
INLYTA
irbesartan
isosorbide mononitrate
ext-release
isotretinoin

J

JAKAFI
JANUMET, JANUMET XR
JANUVIA

(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/2023drugs 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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JARDIANCE
JIVI [INJ]
JULUCA

K

KANJINTI [INJ]
KERENDIA
KESIMPTA [INJ]
ketoconazole topical
ketorolac
KITABIS PAK
KLOXXADO
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA
KYNMOBI

L

labetalol
lamotrigine
lansoprazole delayed-release
latanoprost eye solution
LATUDA
LEVEMIR [INJ]
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
LUPANETA PACK [INJ]
LUPRON DEPOT
3.75 MG, 11.25 MG [INJ]
LUPRON DEPOT-PED [INJ]
LYNPARZA
LYUMJEV [INJ]

M

MAYZENT
meclizine
medroxyprogesterone
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
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NATESTO
NAYZILAM
nebivolol
neomycin/polymyxin/
hydrocortisone ear solution
NEXLETOL
NEXLIZET
niacin ext-release
nifedipine ext-release
NINLARO
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ]
NORDITROPIN [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
OMNIPOD DASH
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS:
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX
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
PHOSLYRA
pioglitazone
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]
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release

Q

quetiapine
QUILLICHEW ER
QUILLIVANT XR
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
RETACRIT [INJ]
REVLIMID
RINVOQ ER
risperidone
rizatriptan
ropinirole
rosuvastatin
ROZLYTREK
RUBRACA
RUCONEST [INJ]
RUXIENCE [INJ]
RYBELSUS

S

SAVELLA
SEGLUROMET

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

T

tacrolimus topical
tadalafil
TAGRISSO
TAKHZYRO [INJ]
TALICIA
TALTZ [INJ]
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAVALISSE
TEGSEDI [INJ]
TEKTURNA HCT
telmisartan
TEMIXYS
terazosin
terconazole vaginal
testosterone cypionate [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
TREGLEY ELLIPTA
TREMIFYA [INJ]
treprostinil [INJ]
TRESIBA [INJ]
tretinoin
triamcinolone topical
triamterene/hctz

TRIJARDY XR
TRIPTODUR [INJ]
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]

U

UBRELVY
UCERIS FOAM
UPTRAVI TABLETS

V

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

W

warfarin
WEGOVY [INJ]

X

XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XULTOPHY [INJ]
XYREM
XYWAV

Y

YONSA
YUPELRI

Z

ZARXIO [INJ]
ZEJULA
ZENPEP
ZEPATIER
ZEPOSIA (for Multiple
Sclerosis only)
ZIEXTENZO [INJ]
ZIRABEV [INJ]
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZTLIDO
ZUBSOLV

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The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full price. 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](https://www.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.

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 capsules, vancomycin oral solution
Antifungal Agents (Oral)	BREXAFEMME	fluconazole
	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	No alternatives recommended
Anticonvulsants	APTOM	carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate
	EPRONTIA	topiramate sprinkle capsules
	FINTEPLA	DIACOMIT, EPIDIOLEX
Antimigraine Agents	ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY 2.5 MG	sumatriptan nasal spray, ZOMIG NASAL
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
Antiparkinsonism Agents	APOKYN	KYNMOBI
	DHIVY	carbidopa/levodopa
	GOCOVRI ER	amantadine capsules, amantadine tablets, amantadine oral solution
	ONGENTYS	entacapone
	XADAGO, ZELAPAR	rasagiline, selegiline
Antipsychotics (Injectable)	INVEGA HAFYERA	ABILIFY MAINTENA, ARISTADA, RISPERDAL CONSTA
Antipsychotics (Oral)	LYBALVI	aripiprazole, asenapine, olanzapine, paliperidone er, quetiapine, quetiapine er, ziprasidone, LATUDA
Antispasmodic Agents	BACLOFEN SOLUTION, FLEQSUVY, LYVISPAH, OZOBAX	baclofen tablets
Anxiolytic Agents	LOREEV XR	lorazepam tablets
Central Nervous System Non-Stimulants	QELBREE ER	atomoxetine, clonidine er, guanfacine er
Central Nervous System Stimulants	AMPHETAMINE ER SUSPENSION	dexmethylphenidate er, dextroamphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE
Duchenne Muscular Dystrophy (DMD) Agents	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	EMFLAZA	prednisone solution, prednisone tablets
Multiple Sclerosis (Beta Interferons)	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Narcotic Analgesics & Combinations <i>(continued)</i>	CONZIP, QDOLO, TRAMADOL 100 MG TABLETS, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION	tramadol er tablets, tramadol tablets
	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
	NUCYNTA ER, OXYCODONE ER, XTAMPZA ER	hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, OXYCONTIN
	PRIMLEV, PROLATE SOLUTION	oxycodone/acetaminophen
	SEGLENTIS	tramadol tablets plus celecoxib
Narcotic Antagonists	ZIMHI	naloxone syringes
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	estazolam, lorazepam
	QUVIVIQ	doxepin tablets, eszopiclone, ramelteon, zaleplon, zolpidem
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	CITALOPRAM CAPSULES, PEXEVA, SERTRALINE CAPSULES	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE	desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS	fentanyl citrate lozenges
Miscellaneous Antidepressants	BUPROPION XL 450 MG, FORFIVO XL	bupropion xl 150 mg or 300 mg
	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
CARDIOVASCULAR ACE Inhibitors	QBRELIS	lisinopril
Alpha-Adrenergic Agonists	NEXICLON XR	clonidine
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
Beta Blockers & Combinations	DUTOPROL	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide
	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
	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, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO
	ROSUVASTATIN/EZETIMIBE	ezetimibe plus atorvastatin or rosuvastatin

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR <i>(continued)</i> PCSK9 & siRNA Inhibitors	LEQVIO, PRALUENT	REPATHA
Miscellaneous Cardiovascular Agents	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 ER CAPSULES, XIMINO	minocycline 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
Topical Agents for Acne	CLENIA PLUS	sodium sulfacetamide/sulfur
	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 2% solution, fluorouracil 5% cream, imiquimod 5% cream
Topical Antifungals	ECOZA, ERTACZO, LULICONAZOLE, OXISTAT LOTION, SULCONAZOLE, XOLEGEL	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
	MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION	clotrimazole, ketoconazole, miconazole, nystatin
Topical Corticosteroids	CLOCORTOLONE PUMP	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
	IMPEKLO, HALOBETASOL 0.05% FOAM, IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinolone, fluocinonide, halcinonide, halobetasol, mometasone, triamcinolone
	VERDESO FOAM	alclometasone, betamethasone valerate, desonide, fluocinolone, flurandrenolide, hydrocortisone butyrate, triamcinolone
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
	TAZORAC GEL	tazarotene 0.1% cream, tretinoin
	TRI-LUMA	fluocinolone acetonide, hydroquinone, tretinoin
DIABETES Biguanidine Agents	METFORMIN 625 MG TABLETS	metformin 500 mg or 850 mg tablets

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
DIABETES (continued) Blood Glucose Meters & Test Strips	ASCENSIA (CONTOUR) ONETOUGH SOLUTIONS STARTER KIT ROCHE (ACCU-CHEK) 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) ONETOUGH KITS/METERS (ULTRA2, ULTRAMINI, VERIO, VERIO FLEX) ONETOUGH 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 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
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA	JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus JANUVIA
	QTERN	GLYXAMBI, STEGLUJAN
Glucagon-Like Peptide-1 Agonists	ADLYXIN, VICTOZA	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
Glucose-Elevating Drugs	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	BAQSIMI, GLUCAGON EMERGENCY KIT (by Eli Lilly), GVOKE
Insulins	ADMELOG, AFREZZA, APIDRA, FIASP, INSULIN ASPART, INSULIN LISPRO, NOVOLOG, RELION NOVOLOG	HUMALOG, LYUMJEV
	INSULIN ASPART PROTAMINE, NOVOLOG 70/30 MIX, RELION NOVOLOG 70/30 MIX	HUMALOG 75/25 MIX
	INSULIN GLARGINE (BY WINTHROP), INSULIN GLARGINE-YFGN, LANTUS	LEVEMIR, SEMGLEE (YFGN), TOUJEO, TRESIBA
	NOVOLIN, RELION NOVOLIN	HUMULIN
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)	FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, SKYTROFA, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	BYNFEZIA	octreotide
	LANREOTIDE, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
ENDOCRINE (continued) Testosterone Products	AVEED	testosterone cypionate, testosterone enanthate
	TLANDO	testosterone gel, testosterone solution, ANDRODERM PATCHES
Thyroid Replacement Therapy	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
	ANZEMET	granisetron, ondansetron
	BONJESTA	doxylamine/pyridoxine hcl
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
Bowel Evacuants	CLENPIQ, GOLYTELY PACKETS, OSMOPREP, PLENVU, SUPREP, SUTAB	peg-electrolyte solution (high and low volume generics)
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Gallstone Dissolution Agents	RELTONE	ursodiol
Gastroparesis Agents	GIMOTI	No alternatives recommended
Helicobacter Pylori Agents	HELIDAC, PYLERA	lansoprazole/amoxicillin/clarithromycin, TALICIA
Hemorrhoidal Preparations	PROCTOFOAM-HC	pramoxine/hydrocortisone
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITIZA, IBSRELA, LUBIPROSTONE, MOTEGRITY, ZELNORM	LINZESS, TRULANCE
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, DEXILANT, DEXLANSOPRAZOLE, ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	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	NOVOSEVEN RT	SEVENFACT
	NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN, RELEUKO	NIVESTYM, ZARXIO
	NEULASTA, NYVEPRIA, UDENYCA	FULPHILA, ZIEXTENZO
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

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
HIV Antiretrovirals (<i>continued</i>) Note: Current patients established on therapy are allowed to continue therapy.	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	COLCHICINE CAPSULES	colchicine tablets, MITIGARE
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC 35 MG CAPSULES, DICLOFENAC POTASSIUM 25 MG TABLETS, 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 CAPSULES, FENORTHO, NALFON CAPSULES	fenoprofen calcium tablets, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
	INDOCIN SUPPOSITORIES	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
	INDOCIN SUSPENSION	ibuprofen suspension, naproxen suspension
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES, LICART PATCHES
OBSTETRICAL & GYNECOLOGICAL Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	ANNOVERA, 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‡	PREGNYL	NOVAREL, OVIDREL
Ovulatory Stimulants (Folliotropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Prenatal Vitamins	PREGENNA, TRINAZ	generic prenatal vitamins
Topical Estrogen Agents	DIVIGEL, ELESTRIN, ESTROGEL, EVAMIST	estradiol patches
Vaginal Progesterones	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
	CRINONE 8%	ENDOMETRIN
ONCOLOGY Acute Myeloid Leukemia (AML) Agents	ONUREG	No alternatives recommended
Bevacizumab-Containing Agents	ALYMSYS, AVASTIN	ZIRABEV
Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
Interferons	BESREMI	hydroxyurea, PEGASYS

‡ 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
ONCOLOGY (continued) Multiple Myeloma Agents	BLENREP, XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE
Myelodysplastic Syndrome Agents	INQOVI	decitabine
Myelofibrosis Agents	INREBIC	JAKAFI
Non-Small Cell Lung Cancer Agents	TEPMETKO	TABRECTA
Prostate Cancer Agents	CAMCEVI, TRELSTAR	ELIGARD, FIRMAGON
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
	PHESGO	PERJETA plus KANJINTI or TRAZIMERA
Tyrosine Kinase Inhibitors	QINLOCK	imatinib, sunitinib malate, NEXAVAR, SPRYCEL, STIVARGA, TASIGNA, VOTRIENT
	SCEMBLIX	imatinib, BOSULIF, ICLUSIG, SPRYCEL, TASIGNA
	TRUSELTIQ	PEMAZYRE
OPHTHALMIC Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	timolol drops, betaxolol drops, carteolol drops, levobunolol drops
Antiglaucoma Agents (Ophthalmic Prostaglandins)	DURYSTA, XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
Antiglaucoma Agents (Other)	RHOPRESSA, ROCKLATAN	betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops
Blepharoptosis Agents	UPNEEQ	No alternatives recommended
Ophthalmic Agents - Vascular Endothelial Growth Inhibitors	SUSVIMO	No alternatives recommended
	VABYSMO	EYLEA
Ophthalmic Agents - Other	CYSTADROPS	CYSTARAN
	VERKAZIA	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
	VUITY	No alternatives recommended
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE, ALREX, LASTACFT, PAZEO, ZERVIAE	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, SYNVISIC, SYNVISIC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Nocturnal Polyuria Agents	NOCTIVA	desmopressin tablets
Overactive Bladder Agents	VESICARE LS	oxybutynin, oxybutynin er
Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
RESPIRATORY Epinephrine Auto-Injector Systems	EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE)	epinephrine auto-injector (by Mylan, Teva), EPIPEN, EPIPEN JR
Idiopathic Pulmonary Fibrosis Agents	ESBRIET CAPSULES	pirfenidone tablets, OFEV
Immunological Agents for Asthma	CINQAIR, TEZSPIRE	DUPIXENT, FASENRA, NUCALA, XOLAIR
Long-Acting Beta Agonist Inhalers	STRIVERDI RESPIMAT	SEREVENT DISKUS
Long-Acting Muscarinic Antagonist Inhalers	INCRUSE ELLIPTA, TUDORZA PRESSAIR	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ARMONAIR DIGIHALER, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA), FLUTICASONE/VILANTEROL	fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
Respiratory Agents - Other	DALIRESP	BREZTRI AEROSPHERE, TRELEGY ELLIPTA, ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT, fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx)
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 Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
MISCELLANEOUS AGENTS Allergen Immunotherapy	PALFORZIA	No alternatives recommended
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
	LUPKYNIS	mycophenolate mofetil plus systemic corticosteroid
	OTREXUP, REDITREX	methotrexate injection, RASUVO
	XATMEP	methotrexate
Infused TNF Antagonists	AVSOLA, INFLIXIMAB, REMICADE, RENFLEXIS	INFLECTRA
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
Osteoporosis - Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	AMVUTTRA, ONPATTRO	No alternatives recommended
Vasculitis Agents	TAVNEOS	azathioprine, methotrexate, mycophenolate, RUXIENCE

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Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
Spinal Conditions (nr-axSpA)	COSENTYX	TALTZ, CIMZIA
Inflammatory Conditions‡ where COSENTYX is indicated	COSENTYX	See Below for Preferred Alternatives
Drug Class	Nonpreferred Medications	Preferred Alternatives
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for a patient already established on therapy with a Nonpreferred medication.	<p>Preferred: ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA</p> <p>Preferred after Step through HUMIRA: ACTEMRA SC</p> <p>Preferred after Step through ENBREL or HUMIRA: RINVOQ ER, XELJANZ, XELJANZ XR</p> <p>ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR</p> <p>ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA and STELARA SC: ZEPOSIA</p>

‡ Please note that product placement for treatment of Inflammatory Conditions in the Inflammatory Conditions Care Value (ICCV) 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

<p>ABILIFY^</p> <p>ABSORICA LD</p> <p>ACANYA^</p> <p>ACIPHEX^</p> <p>ACIPHEX SPRINKLE</p> <p>ACUVAIL</p> <p>ADCIRCA^</p> <p>ADDERALL^, ADDERALL XR^</p> <p>ADLYXIN</p> <p>ADMELOG</p> <p>ADUHELM</p> <p>AFINITOR^, AFINITOR DISPERZ^</p> <p>AFREZZA</p> <p>AIRDUO RESPICLICK</p> <p>AKYNZEO CAPSULES</p> <p>ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO)</p> <p>ALCORTIN A</p> <p>ALINIA TABLETS^</p> <p>ALKINDI SPRINKLE</p> <p>ALOCRI</p> <p>ALOGLIPTIN</p> <p>ALOGLIPTIN/METFORMIN</p> <p>ALOGLIPTIN/PIOGLITAZONE</p> <p>ALOMIDE</p> <p>ALREX</p> <p>ALTOPREV</p> <p>ALYMSYS</p> <p>AMBIEN^, AMBIEN CR^</p> <p>AMITIZA</p> <p>AMONDYS 45</p> <p>AMPHETAMINE ER SUSPENSION</p> <p>AMPYRA^</p> <p>AMRIX^</p> <p>AMVUTTRA</p> <p>ANDROGEL^</p> <p>ANNOVERA</p> <p>ANTARA</p> <p>ANTIVERT</p> <p>ANUSOL-HC^</p> <p>ANZEMET</p> <p>APADAZ</p> <p>APIDRA</p> <p>APOKYN</p> <p>APTOM</p> <p>ARANESP</p> <p>ARIMIDEX^</p> <p>ARKRAY PEN NEEDLES & SYRINGES</p> <p>ARMONAIR DIGIHALER</p>	<p>ASACOL HD^</p> <p>ASCENSIA (CONTOUR)</p> <p>ASPIRIN/OMEPRazole DR</p> <p>ATACAND^, ATACAND HCT^</p> <p>ATRALIN^</p> <p>ATRIPLA^</p> <p>AVALIDE^, AVAPRO^</p> <p>AVASTIN</p> <p>AVEED</p> <p>AVODART^</p> <p>AVSOLA</p> <p>AZOPT^</p> <p>AZOR^</p> <p>BACLOFEN SOLUTION</p> <p>BALCOLTRA</p> <p>BANZEL^</p> <p>BARACLUDE TABLETS^</p> <p>BECONASE AQ</p> <p>BENICAR^, BENICAR HCT^</p> <p>BENZHYDROCODONE/ACETAMINOPHEN</p> <p>BEPREVE^</p> <p>BERINERT</p> <p>BESIVANCE</p> <p>BESREMI</p> <p>BETIMOL</p> <p>BIJUVA</p> <p>BLENREP</p> <p>BONJESTA</p> <p>BREXAFEMME</p> <p>BRISDELLE^</p> <p>BROMSITE</p> <p>BUDESONIDE/FORMOTEROL</p> <p>BUPAP^</p> <p>BUPROPION XL 450 MG</p> <p>BUTRANS^</p> <p>BYNFEZIA</p> <p>BYSTOLIC^</p> <p>CABENUVA</p> <p>CALCIPOTRIENE FOAM</p> <p>CAMCEVI</p> <p>CANASA^</p> <p>CARAC</p> <p>CAROSPIR</p> <p>CELEBREX^</p> <p>CELEXA^</p> <p>CETRAXAL</p> <p>CIALIS^</p> <p>CILOXAN OINTMENT</p>	<p>CINQAIR</p> <p>CIPRO HC</p> <p>CIPROFLOXACIN/FLUOCINOLONE OTIC</p> <p>CITALOPRAM CAPSULES</p> <p>CLENIA PLUS</p> <p>CLENPIQ</p> <p>CLIMARA PRO</p> <p>CLINDAGEL^</p> <p>CLOCORTOLONE PUMP</p> <p>COLCHICINE CAPSULES</p> <p>COLCRYS^</p> <p>COMPLERA</p> <p>CONCERTA^</p> <p>CONDYLOX</p> <p>CONJUPRI</p> <p>CONZIP</p> <p>COREG^</p> <p>CORLANOR</p> <p>CORTIFOAM</p> <p>CORTROPHIN GEL</p> <p>COSENTYX</p> <p>COSOPT^, COSOPT PF^</p> <p>COZAAR^, HYZAAR^</p> <p>CRESTOR^</p> <p>CRINONE</p> <p>CUPRIMINE^</p> <p>CUTAQUIG</p> <p>CUVPOSA^</p> <p>CYMBALTA^</p> <p>CYSTADANE^</p> <p>CYSTADROPS</p> <p>CYTOMEL^</p> <p>DALIRESP</p> <p>DARTISLA ODT</p> <p>DELSTRIGO</p> <p>DELZICOL^</p> <p>DETROL^, DETROL LA^</p> <p>DEXILANT</p> <p>DEXLANSOPRAZOLE</p> <p>DHIVY</p> <p>DICLOFENAC 35 MG CAPSULES</p> <p>DICLOFENAC EPOLAMINE PATCHES</p> <p>DICLOFENAC POTASSIUM 25 MG TABLETS</p> <p>DIOVAN^, DIOVAN HCT^</p> <p>DIPENTUM</p> <p>DIVIGEL</p> <p>DORAL</p> <p>DORYX DR 50 MG^ & 200 MG^</p>	<p>DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG</p> <p>DOXYCYCLINE 40 MG CAPSULES</p> <p>DRIZALMA SPRINKLE</p> <p>DRYSOL</p> <p>DUAKLIR PRESSAIR</p> <p>DUREZOL^</p> <p>DUROLANE</p> <p>DURYSTA</p> <p>DUTOPROL</p> <p>ECOZA</p> <p>EDARBI, EDARBYCLOR</p> <p>EFFEXOR XR^</p> <p>ELELYSO</p> <p>ELESTRIN</p> <p>ELIDEL^</p> <p>ELYXYB</p> <p>EMEND CAPSULES^, TRIFOLD PACK^</p> <p>EMEND POWDER PACKETS</p> <p>EMFLAZA</p> <p>ENVARUS XR</p> <p>EPANED^</p> <p>EPIDUO^</p> <p>EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE)</p> <p>EPOGEN</p> <p>EPRONTIA</p> <p>ERTACZO</p> <p>ESBRIET CAPSULES</p> <p>ESBRIET TABLETS^</p> <p>ESOMEPRAZOLE STRONTIUM</p> <p>ESTRACE CREAM^</p> <p>ESTRING</p> <p>ESTROGEL</p> <p>ESTROSTEP FE^</p> <p>EVAMIST</p> <p>EVEKEO^</p> <p>EVENITY</p> <p>EXFORGE^, EXFORGE HCT^</p> <p>EXJADE^</p> <p>EXONDYS 51</p> <p>EXTAVIA</p> <p>EZALLOR SPRINKLE</p> <p>FABIOR</p> <p>FEMRING</p> <p>FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG)</p> <p>FENOPROFEN CAPSULES</p>	<p>FENORTHIO</p> <p>FENSOLVI</p> <p>FENTANYL CITRATE BUCCAL TABLETS</p> <p>FENTORA</p> <p>FERAHEME^</p> <p>FIASP</p> <p>FINTEPLA</p> <p>FIRAZYR^</p> <p>FIRVANQ</p> <p>FLAREX</p> <p>FLEQSUVY</p> <p>FLUOROURACIL 0.5% CREAM</p> <p>FLUTICASONE PROPIONATE HFA</p> <p>FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA)</p> <p>FLUTICASONE/VILANTEROL</p> <p>FML FORTE, FML S.O.P.</p> <p>FOCALIN^, FOCALIN XR^</p> <p>FOLLISTIM AQ</p> <p>FORFIVO XL</p> <p>FOSRENOL CHEWABLE TABLETS^</p> <p>FOSRENOL POWDER PACKETS</p> <p>FOTIVDA</p> <p>GAMMAKED</p> <p>GANIRELIX ACETATE^</p> <p>GEL-ONE</p> <p>GELSYN-3</p> <p>GENERESS FE^</p> <p>GENVISC 850</p> <p>GIMOTI</p> <p>GLEEVEC^</p> <p>GLUCAGEN HYPOKIT</p> <p>GLUCAGON EMERGENCY KIT (by Fresenius)</p> <p>GLUMETZA^</p> <p>GOCOVRI ER</p> <p>GOLYTELY PACKETS</p> <p>GRANIX</p> <p>HALOBETASOL 0.05% FOAM</p> <p>HELIDAC</p> <p>HEMADY</p> <p>HEMANGEOL</p> <p>HERCEPTIN, HERCEPTIN HYLECTA</p> <p>HERZUMA</p> <p>HOME AIDE DIAGNOSTICS</p> <p>PEN NEEDLES & SYRINGES</p> <p>HTL-STREFA</p> <p>PEN NEEDLES & SYRINGES</p> <p>HUMATROPE</p>
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(continued)

Excluded Medications/Products at a Glance *(continued)*

HYALGAN	MAXIDEX	PHEXXI	SIGNIFOR LAR	UPNEEQ
HYMOVIS	MENEST	PIFELTRO	SIKLOS	UROXATRAL ^
IBSRELA	MESTINON ^	PIQRAY	SIMPLE DIAGNOSTICS	VABYSMO
IMITREX ^	METFORMIN 625 MG TABLETS	PLAQUENIL ^	PEN NEEDLES & SYRINGES	VAGIFEM ^
IMPEKLO	MICARDIS ^, MICARDIS HCT ^	PLAVIX ^	SINGULAIR ^	VALIUM ^
IMPOYZ	MICONAZOLE/ZINC OXIDE/ PETROLATUM	PLENVU	SITAVIG	VALSARTAN SOLUTION
IMVEXXY	MINASTRIN 24 FE ^	PLIAGLIS	SKYTROFA	VALTRESX ^
INCRUSE ELLIPTA	MINIVELLE ^	PRADAXA	SLYND	VANOS ^
INDERAL LA ^	MINOCYCLINE ER CAPSULES	PRALUENT	SOAANZ	VELTIN
INDERAL XL, INNOPRAN XL	MIRCERA	PRED MILD	SOFOSBUVIR/VELPATASVIR	VENTOLIN HFA
INDOCIN SUPPOSITORIES, INDOCIN SUSPENSION	MIRCETTE ^	PREGENNA	SORILUX	VERDESO FOAM
INDOMETHACIN 20 MG CAPSULES	MONOFERRIC	PREGNYL	SOVALDI	VEREGEN
INFLIXIMAB	MOTEGRITY	PREMARIN TABLETS, PREMPHASE, PREMPRO	SPRAVATO	VERKAZIA
INQOVI	MOVIPREP ^	PREVACID ^, PREVACID SOLUTAB ^	STRATTERA ^	VESICARE ^
INREBIC	MULPLETA	PREZCOBIX	STRIBILD	VESICARE LS
INSULIN ASPART, INSULIN ASPART PROTAMINE	MYTESI	PRIOSEC SUSPENSION	STRIVERDI RESPIMAT	VIAGRA ^
INSULIN GLARGINE (BY WINTHROP)	NALFON CAPSULES	PRIMLEV	SUBOXONE ^	VICTOZA
INSULIN GLARGINE-YFGN	NAMENDA XR ^	PRISTIQ ^	SUBSYS	VIIBRYD ^
INSULIN LISPRO	NASONEX ^	PROAIR DIGIHALER, PROAIR RESPICLICK	SULCONAZOLE	VILTEPSO
INTRAROSA	NATAZIA	PROAIR HFA ^	SUPARTZ FX	VIMOVO ^
INTUNIV ^	NATROBA ^	PROCTOFOAM-HC	SUPREP	VIMPAT ^
INVEGA HAFYERA	NESINA	PROCYSBI	SUSVIMO	VISCO-3
INVOKAMET, INVOKAMET XR, INVOKANA	NEULASTA	PROLATE SOLUTION	SUTAB	VIVELLE-DOT ^
ISTALOL ^	NEUPOGEN	PROLIA	SYNTHROID ^	VIVLODEX ^
ISTURISA	NEURONTIN ^	PROTONIX ^	SYNISC, SYNISC-ONE	VPRIV
JADENU ^, JADENU SPRINKLE ^	NEVANAC	PROVENTIL HFA ^	TARGETIN CAPSULES ^	VUITY
JENTADUETO, JENTADUETO XR	NEXICLON XR	PROVIGIL ^	TAVNEOS	VUSION
KAPSPARGO SPRINKLE	NEXIUM CAPSULES ^	PROZAC ^	TAYTULLA ^	VYEPTI
KATERZIA	NEXIUM PACKETS	PULMICORT FLEXHALER	TAZAROTENE FOAM	VYONDYS 53
KAZANO	NEXTSTELLIS	PULMICORT RESPULES ^	TAZORAC 0.05% CREAM, TAZORAC GEL	VYTORIN ^
KEPPRA ^, KEPPRA XR ^	NOCTIVA	PYLERA	TAZORAC 0.1% CREAM ^	WELCHOL ^
KERYDIN ^	NORITATE	PYRIDIUM ^	TECFIDERA ^	WELLBUTRIN SR ^, WELLBUTRIN XL ^
KETOROLAC NASAL SPRAY	NORLIQVA	QBRELIS	TEKTURNA ^	WINLEVI
KISQALI, KISQALI FEMARA CO-PACK	NORPACE ^	QBREXZA	TEPMETKO	XADAGO
KLISYRI	NORPACE CR	QDOLO	TESTIM ^	XALATAN ^
KLONOPIN ^	NORTHERA ^	QELBREE ER	TEZSPIRE	XANAX ^, XANAX XR ^
KOMBIGLYZE XR	NORVASC ^	QINLOCK	THALITONE	XATMEP
KORLYM	NOVO NORDISK PEN NEEDLES	QNASL	THIOLA ^	XELPROS
LAMICTAL ^, LAMICTAL ODT ^, LAMICTAL XR ^	NOVOLIN, NOVOLIN NOVOLIN	QTERN	THYQUIDITY	XENAZINE ^
LAMPIT	NOVOLOG, NOVOLOG MIX, RELION NOVOLOG, RELION NOVOLOG MIX	QUARTETTE ^	TIKOSYN ^	XERESE
LANREOTIDE	NOVOSEVEN RT	QUAZEPAM	TIMOPTIC OCUDOSE ^	XIMINO
LANTUS	NOXAFIL TABLETS ^	QUIVIVIQ	TIROSINT, TIROSINT-SOL	XOLEGEL
LASTACAPT	NUCYNTA, NUCYNTA ER	RABEPRAZOLE DR SPRINKLE	TIVORBEX	XOPENEX HFA
LAZANDA	NUTROPIN AQ NUSPIN	RANEXA ^	TLANDO	XPROVIO
LEDIPASVIR/SOFOSBUVIR	NUVARING ^	RECOMBINATE	TOBI SOLUTION ^	XTAMPZA ER
LEQVIO	NUVIGIL ^	RECORLEV	TOBRADEX ST	XYNTHA, XYNTHA SOLOFUSE
LETAIRIS ^	NUWIQ	REDITREX	TOLSURA	YASMIN ^
LEVALBUTEROL HFA	NYVEPRIA	RELAFEN DS	TOPAMAX ^	YOSPRALA DR
LEVAMLODIPINE	OGIVRI	RELEUKO	TOPICORT SPRAY ^	ZAVESCA ^
LEVOTHYROXINE CAPSULES	OMNARIS	RELPA ^	TOPROL XL ^	ZEGALOGUE
LEXAPRO ^	OMNITROPE	RELTONE	TRADJENTA	ZEGERID ^
LEXETTE	ONETOUCH SOLUTIONS STARTER KIT	REMICADE	TRAMADOL 100 MG TABLETS	ZELAPAR
LIALDA ^	ONFI ^	RENAGEL ^	TRAMADOL ER CAPSULES	ZELNORM
LIBRAX ^	ONGENTYS	RENFLEXIS	TRAMADOL SOLUTION	ZERVIAE
LIDOCAINE/TETRACAINE	ONGLYZA	RETIN-A MICRO 0.04% & 0.1% ^	TRANSFORM-SCOP ^	ZETIA ^
LIDODERM ^	ONPATRO	RHOPRESSA, ROCKLATAN	TRAVATAN Z ^	ZETONNA
LIPITOR ^	ONTRUZANT	RIABNI	TRELSTAR	ZILXI
LIPOFEN	ONUREG	RITALIN ^, RITALIN LA ^	TRILEPTAL ^	ZIMHI
LO LOESTRIN FE	ONZETRA XSAIL	RITUXAN, RITUXAN HCYELA	TRILURON	ZIOPTAN
LOCOID ^, LOCID LIPOCREAM ^	ORACEA	ROCHE (ACCU-CHEK)	TRINAZ	ZIPSOR
LOESTRIN ^, LOESTRIN FE ^	OSMOPREP	ROSUVASTATIN/EZETIMIBE	TRIVIA (TRUETEST, TRUETRACK)	ZOCOR ^
LOREEV XR	OSPHERA	ROZEREM ^	TRIVISC	ZOHYDRO ER ^
LOTREL ^	OTREXUP	RUKOBIA ER	TRUSELTIQ	ZOLMITRIPTAN NASAL SPRAY 2.5 MG
LOTRONEX ^	OWEN MUMFORD PEN NEEDLES	SABRIL ^	TRUVADA ^	ZOLOFT ^
LOVAZA ^	OXBRYTA	SAFYRAL ^	TRUXIMA	ZOMACTON
LOVENOX ^	OXISTAT CREAM ^	SAIZEN, SAIZENPREP	TUDORZA PRESSAIR	ZOMIG TABLETS ^, ZOMIG ZMT ^
LUBIPROSTONE	OXISTAT LOTION	SAMSCA ^	TWIRLA	ZONEGRAN ^
LUCEMYRA	OXYCODONE ER	SANDOSTATIN LAR DEPOT	UDENYCA	ZORVOLEX
LULICONAZOLE	OZOBAX	SAPHRIS ^	ULORIC ^	ZOVIRAX OINTMENT ^
LUNESTA ^	PALFORZIA	SAVAYA	ULTIMED PEN NEEDLES & SYRINGES	ZYCLARA
LUPKYNIS	PAZEO	SCMBLIX	ULTRAVATE	ZYLET
LYBALVI	PENNSAID ^	SEASONIQUE ^, LOSEASONIQUE ^	UPLIZNA	ZYTIGA ^
LYRICA ^, LYRICA CR ^	PERCOCET ^	SEGLENTIS		
LYVISPAH	PERFORMIST ^	SENSIPAR ^		
MAVYRET	PERTZYE	SERNIVO		
MAXALT ^, MAXALT MLT ^	PEXEVA	SEROQUEL ^, SEROQUEL XR ^		
	PESGO	SERTRALINE CAPSULES		

^ 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.

MEDICAL PRIOR AUTHORIZATION (Providers Only)

- ▶ **Utilization Management (Pre-Certification)** The Utilization Management program is designed to positively impact claims costs and provide savings to benefits plans.
The highly specialized team of doctors and nurses view the best patient outcomes as their goal while ensuring opportunities for cost savings are maximized.
- ▶ To request pre-certification for medical procedures, follow these steps:
- ▶ **Step 1: Providers please contact Christian Brothers Services at 800 807 0400.**
- ▶ **Step 2:** A customer care representative will review the CPT and diagnosis codes to determine if pre-certification is required.
- ▶ **Step 3:** If pre-certification is necessary, the customer care representative will transfer your call to American Health Holding for prior authorization.



CHOOSE YOUR HEALTH OPTIONS

Health & Wellness Partners

The Christian Brothers Employee Benefit Trust (CBEBT) has had a long tradition of including a variety of utilization and case management programs as part of its benefits package.

All plans offered through the CBEBT include programs related to wellness initiatives, preventive care (including Women's Preventive Guidelines, vaccinations, various health screenings and counseling services); covering most (if not all) of the cost when using an in-network provider where applicable



Christian Brothers Services

Health & Benefits

Partner Programs



Health and Wellness Continuum

The Christian Brothers Employee Benefit Trust (CBEBT) has had a long tradition of including a variety of utilization and disease management services as part of its benefits package. All plans offered through the CBEBT include services related to wellness initiatives, preventative care, including HRSA's Women's Preventive Services Guidelines, vaccination, various health screenings and counseling services, covering most of the cost before co-payments and/or deductibles when using an in-network provider.



Case Management Program

The Case Management Program is one of the leading URAC-accredited chronic disease and case management programs. The main objective of this program is to improve the overall health and quality of life for each enrolled member. Case Management can be reached at **866.458.4002**.

Oncology: Specialty Case Management

AHH engages with all key participants as early as possible following a diagnosis, to assist with coping with the disease and serving the long-term needs of the patient. AHH maintains a dedicated group of professionals who understand and work closely with the medical team through the entire treatment process.

Maternity Management

Receive one-on-one support from a Registered Nurse to help achieve a healthy pregnancy.

Neonatal and Pediatric Specialty Case Management

Case management, advocacy and support from Registered Nurses when birth complications or disease unexpectedly present in newborns.

Utilization Management (Pre-Certification)

The Utilization Management program is designed to positively impact claims costs and provide savings to benefits plans. The highly specialized team of doctors and nurses view the best patient outcomes as their goal while ensuring opportunities for cost savings are maximized.



Pelago

Christian Brothers Services Medical Trusts offers Pelago, a digital solution to smoking considered one of the most effective smoking cessation programs in the world by the World Health Organization. This program, which comes at no additional costs to participants, replaces traditional, legacy telephone coaching programs with a confidential, technology-enabled digital clinic designed to help participants access evidence-based care wherever they are. To register, call 877.349.7755.



Preventing Diabetes Program

The Livongo Healthy Living and Diabetes Prevention Program can help members at risk for Type 2 diabetes. Participants will have access to a CDC-recognized program that focuses on lifestyle behavior changes to achieve health goals through various lessons, strategies and personalized one-on-one coaching. Members will receive a cellular scale that provides seamless weigh-ins and food and activity tracking to understand lifestyle habits.

Diabetes Management Program

Livongo Health makes diabetes management easier and at no cost to CBEBT members and family members who are diagnosed with Type 1 or Type 2 diabetes. Members receive a connected meter, unlimited strips and personalized support from a Livongo coach by phone, email, text, or mobile app to give guidance in managing diabetes. For more information, call **800.945.4355**.

Hypertension Program

The Livongo for Hypertension Program combines advanced technology with personalized coaching to help participants manage their blood pressure. An automatic monitor connected to a smartphone app sends data to Livongo. Participants receive a Health Summary Report and convenient automatic reminders to check their blood pressure. Participants also have round-the-clock access to knowledgeable, caring health professionals whenever and wherever they need them and receive personalized content and tips, as well as nudges, emails and texts.



Hearing Aid Discount Program*

Start Hearing offers significant savings on all styles of digital hearing aids through 3,000 provider locations. Additionally, the program offers free hearing screenings for participants, their spouse, children, parents and grandparents. Please call 888.529.0194 or visit www.starthearing.com/partners/CBS.

* Eligible participants and non-CBS members may be responsible for any testing performed during the hearing screenings. This program is available to any enrolled members and their dependents.



Consult a Doctor 24/7

The Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer 24/7 access to physicians, 365 days a year through Teladoc for all members who are enrolled with medical coverage. The telemedicine benefit offers accessible and convenient care, as well as providing patients and physicians a way to communicate, which bypasses the traditional office visit yet provides excellent care through the use of technology.

Members can talk with a doctor anytime, anywhere about non-emergent medical conditions from earaches to allergies via telephone, secure email, video or mobile app. In addition to **general medical visits**, Teladoc offers access to care for **mental health**, allowing members to speak with licensed psychiatrists, psychologists or therapists to assist in behavioral health needs such as depression, anxiety, stress, marital or family issues by phone or video. A member can also receive assistance for **dermatology** needs by uploading images of a skin issue online to receive a custom treatment plan within two days for conditions such as eczema, acne, rashes and more.

Available beginning January 1, 2023, members will have access to **Primary360**, allowing for consultations with a board-certified online primary care provider of their choice for routine checkups, ongoing wellness needs and referrals.

The Doctor is ALWAYS in – connect today – visit mycbs.org/health and click on "My Teladoc" or call 800.TELADOC (835.2362).



All Christian Brothers Employee Benefit Trust participants have access to MyCatholicDoctor, a nationwide organization that brings a network of faithful medical professionals to patients through video visits/telehealth. Trust participants will have access to providers who practice evidence-based scientific medicine from a Catholic perspective and integrate Catholic spirituality into its care as appropriate to the situation. To make an appointment, visit mycbs.org/health and click on "MyCatholicDoctor" or call 888.822.8436.



Accordant Care

Accordant Health Services, a CVS Caremark company, provides valuable support to our members with chronic conditions such as ALS, Crohn's Disease, Cystic Fibrosis, Parkinson's Disease, Rheumatoid Arthritis and more. It is specially designed to help meet our members' unique health care needs. The Accordant Care Program can be reached at **866.655.7490**.



Prescription Drug Program

Express Scripts manages prescription drug benefits for CBEBT members. Express Scripts is dedicated to providing participants, clients and healthcare professionals with services that deliver safe and affordable pharmaceuticals, 24 hours a day/seven days a week. With Express Scripts sophisticated dispensation technology and mail-order pharmacies, Trust participants are provided with high-quality prescription drugs at discounted prices. To learn more, call **800.718.6601**.



Personal Health and Wellness Programs

CBEBT has partnered with Empower Health Services to help participants realize their wellness potential and to place them in control of health and fitness goals. The pursuit of good health starts with assessing your current health and lifestyle risks. The checkup provided by Empower Health Services can include a simple blood draw that includes a variety of preventative blood tests. The checkup is convenient, confidential, actionable, educational and easy to complete, and is free to all members covered under our medical plans. Participants can contact a CBEBT benefit consultant to obtain more information on this program.



Vision Discount Program

A Vision Discount Program through Vision Service Plan (VSP) is available to all participants enrolled in a medical, dental or vision plan. This program offers discounts on exams, lenses and more. Visit vsp.com or call **800.877.7195** for more information.



Christian Brothers Employee Benefit Trust (CBEBT) participants have access to CuraLinc's Digital Cognitive Behavioral Therapy (dCBT) and Text Therapy (Textcoach®) programs. CuraLinc offers a variety of remote and digital access points that allow participants to address a wide range of mental health concerns from the privacy of their own home, including video, phone, text therapy, and live chat.

CuraLinc's dCBT platform is an innovative online and mobile program that offers evidence-based content, practical resources and daily inspiration to foster meaningful and lasting behavioral change.

Textcoach®, designed as a stand-alone digital option to fill the gaps in the traditional behavioral health medical system, is designed to help manage day-to-day issues. Users can connect with a mental health 'coach' via mobile or desktop on one's own time. All coaches, independently licensed and experienced clinicians, will be available to help with anxiety, burnout, depression, drug and alcohol concerns, mindfulness, relationship issues, resilience, stress, trauma and more.

Through Textcoach® users can boost emotional fitness and well-being through an exchange of text-based dialogue, voicenotes, resource links and video links.

For more information, visit: www.cbsservices.org/assets/images/forms_flyers/SupportLincEAP_AnimoTC_Program.pdf



For more information about these programs and services, please visit mycbs.org/health or contact customer service at the number on the back of your medical ID card.

Christian Brothers Services

Health & Benefits

Case Management



Case Management

Christian Brothers Employee Benefit Trust provides American Health's URAC-accredited Case Management services providing a comprehensive approach to patient-focused support to improve overall health and quality of life for each enrolled member while maximizing cost savings.

We provide individuals a better understanding of specialized care needs, access to centers of excellence and specialty care facilities, education on alternatives to costly inpatient care, and direction toward in-network discounts. By creating healthier patients, we have a positive impact on claims dollars.

We educate members and guide them to make choices that contribute to a healthier lifestyle, thus reducing the incidence of complications and future medical costs. Our integrated programs provide triggers that automatically refer cases that may benefit from Case Management intervention, helping to facilitate early identification, prevent rehospitalization, and significantly reduce costs.

A Solution for Life

Case Managers are licensed registered nurses who function as advocates, facilitators, and educators, assuring that members make smooth transitions from inpatient settings to alternate care and home care when appropriate.

Benefits and Services Include:

- Emotional support and ongoing education.
- Preparation and planning through health management.
- Effective communication follow-up and reporting.
- Treatment or care facilitation.
- Identification of support groups and systems.
- Minimization of future complications through health management.
- Financial options.

We engage with all key participants as early as possible following diagnosis to provide the support they need, offering services in a number of specialty areas:

Oncology: Special Case Management

Assisting the patient in coping with the disease and learning how to be a survivor extends far beyond the initial diagnosis and early treatment. In order to serve the long-term needs of the patient, we maintain a dedicated group of professionals who understand and work closely with the medical team through the entire treatment process.

- Dedicated Oncology Case Managers to interact with patients and family, offering a complete support network.
- Experienced and knowledgeable Medical Oncology Consultants to aid in diagnosis and treatment assessment.
- Extensive patient education and support to achieve and maintain a healthier lifestyle, thereby reducing future medical costs.



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American Health Holding Inc

Visit mycbs.org/health
for more information

For more information on the Utilization Management program,
call 866.614.4244 / AmericanHealthHolding.com

Neonatal and Pediatric Specialty Case Management

The promise of new life can be a wonderful experience for new parents. However, high expectations and normal routines can be suddenly interrupted when birth complications or disease unexpectedly arise in a newborn. Our nursing team has extensive experience managing the intensive care needs of neonate and pediatric cases. This knowledge and experience enables them to immediately respond and advocate for the covered baby and new parents.

- A comprehensive approach to patient-focused support and life management, placing newborn and family needs above treatment requirements.
- Dedicated Pediatric Case Managers to interact on behalf of both child and family, offering a complete support network.
- A comprehensive approach to short- and long-term care solutions.
- Extensive patient/family education and support to guide and assist in living day-to-day.
- Board-certified perinatologists and neonatologists review cases with our Pediatric Case Managers.

Maternity Management

Are you or your spouse pregnant? If so, you can take advantage of one-on-one support from a Registered Nurse who will help you achieve a healthy pregnancy. Maternity management can help you through the changes that come with each pregnancy and is available at no cost to you as part of your health benefits.

- One-on-one support throughout your pregnancy.
- Routine calls with nurse dedicated to your specific needs.
- Educational information and advice on how to minimize risks to you and your baby.
- Experienced nurse, in all aspects of prenatal care, on call to help manage diet and exercise and other ways to remain healthy throughout pregnancy.



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Christian Brothers Services

Health & Benefits

AccordantCare



Personal Health Care Support

AccordantCare™

Your personal health care support system

When you live with a complex, chronic condition, wouldn't it be nice to have a health care professional whom you could call at any hour of the night or day with your own health-related questions and concerns? Wouldn't it be helpful to have access to the latest information about your specific medical condition whenever you need it? Wouldn't it be comforting to have a caring expert help guide you through the health care system?

Now you can, in thanks to a remarkable program called AccordantCare – available as part of your health benefits at no additional charge. You can now have an important ally on your side to provide you with a wealth of personal health care support and information to meet your unique health needs. Our support services are designed to help you stay as healthy as possible, while giving you greater peace of mind so you can enjoy the more important things in life. With the support of a team of Accordant health care professionals, we'll help you understand the very best ways to manage your condition and avoid complications that may result in excess doctor and hospital visits.

Our support services start when we contact you to introduce the program, talk with you about your health status, and determine how we can best serve your needs. Accordant nurses are available 24-hours a day, seven days-a-week, to answer your questions, provide caring support and help guide you through the health care system.

AccordantCare provides valuable support to our members with chronic conditions such as:

- ALS
- Crohn's Disease
- Cystic Fibrosis
- Parkinson's Disease
- Rheumatoid Arthritis ...and more

An AccordantCare nurse will work with you to:

- Help you monitor changes in your health
- Identify common symptoms or potential concerns you might want to discuss with your doctors
- Locate helpful resources and information
- Improve your understanding of preventive health strategies
- Help coordinate health care services such as pharmaceutical and durable medical equipment services

With AccordantCare you'll receive:

- Unlimited telephone access to a specially trained nurse who understands your medical condition and knows the best ways to help you
- Personalized health evaluations to help you identify early warning signs of potential complications and measure your progress
- Monitoring and care coordination assistance to make sure your health care providers are alert to health status changes and your specific health needs
- In-depth, disease-specific information via educational brochures and monthly newsletters, plus access to our member website, accordant.com



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Accordant
A CVS Caremark Company

Visit mycbs.org/health
for more information

For more information on the AccordantCare™ program, call **866.655.7490**. For your convenience, if we don't hear from you, an Accordant nurse will also contact you by phone.

CM-8/2019

Christian Brothers Services

Health & Benefits

Express Scripts



Smart90[®]

Smart90 Prescription Drug Program

Christian Brothers Employee Benefit Trust (CBEBT) and Christian Brothers Religious Medical Trust (CBRMT) participants who use 90-day prescription programs will receive a cost-savings for their long-term medication needs.

Trust participants now have two options to receive their 90-day supply of medications. Participants can continue to have the medications delivered directly to their homes by mail from the Express Scripts home delivery pharmacy or pick them up at a Walgreens retail pharmacy through the new Express Scripts Smart90 Program.

What is the Smart90 Program?

The Smart90 Program allows Trust participants to fill a 90-day prescription at any of more than 8,000 Walgreens pharmacies (or its affiliates) nationwide. The program gives participants an option if they would rather pick up their medications from a Walgreens retail pharmacy than have them delivered through the mail.

The Smart90 Program is...

- **Fast**—Instead of waiting for mail-order prescriptions to arrive, Trust participants can simply go to their nearest participating Walgreens (or affiliate) pharmacy and pick up their medications.
- **Economical**—Trust participants still pay the same low price if they opt to pick up their maintenance medications at a local Walgreens pharmacy instead of mail order.
- **Convenient**—Mail-order or local pickup, participants choose what works best for them.

How to use Smart90

Participants have the choice to receive 90-day supplies of maintenance medications through home delivery from Express Scripts or directly at a Walgreens retail pharmacy for the same copayment.

Both Smart90 retail pharmacies and the Express Scripts home delivery pharmacy can aid members in transferring prescriptions, contacting their physicians, or discussing clinical questions one-on-one.

If participants want to switch from ESI home delivery to the Walgreens Smart90 program they can apply the following simple steps:

- If they still have medicine on hand, they can bring their current prescription bottle to the Walgreens pharmacy to transfer their prescription;
- If they are out of medication, they can request a 90-day prescription from their doctor and bring to the Walgreens pharmacist of their choice; or
- If they require a new maintenance medication, they can submit a 90-day prescription from their doctor to the Walgreens pharmacy.

The Express Scripts Contact Center and online chat feature allow participants to ask pharmacists questions anytime, from anywhere. Whichever option participants choose, they are assured of receiving affordable, high-quality care.



Walgreens



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Contact Express Scripts at 800.718.6601



EXPRESS SCRIPTS[®]

Visit mycbs.org/health
for more information

Christian Brothers Services

Health & Benefits

Express Scripts



Prescription Drug Programs

The Trusts administered by Christian Brothers Services have chosen Express Scripts Inc. (ESI), to manage the prescription drug benefit for our members. With ESI's sophisticated dispensing technology, management programs, and mail-order pharmacies, Trust participants are provided high-quality prescription drugs at discounted prices.

Express Scripts by Mail

In the mail-order pharmacies, quality process activities as well as customer satisfaction are driven by performance measurement in four key areas: Compliance, Quality, Service and Cost. Express Scripts and each of its mail-order pharmacies are fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and are diligent in adhering to all applicable standards of that organization. When you register at mycbs.org/health and click on My Prescription Drugs, you will have instant access to your prescription history, be able to price a medication, locate a pharmacy, or check reorder status.

Coverage Management

Prior Authorization

Prior authorization monitors prescription drugs to ensure you are getting a medication that is suitable for the intended use and covered by your pharmacy benefit.

If your prescription requires a prior authorization, your physician needs to be consulted to provide additional information before it can be covered under your benefit.

Step Therapy

Step therapy is a managed approach to prescription drugs intended to control costs and mitigate risks posed

by prescription drugs. *It is a review process to make sure you haven't tried another, lower first-level medication that could work and determines whether certain criteria have been met, such as age, sex, or condition; and/or whether treatment of an alternate therapy or course of treatment has failed or is not appropriate.*

Step therapy is required for certain prescribed medications. ESI will manage step therapy. There is nothing required of you as the program will automatically be implemented when certain medications are prescribed.

Quantity Limitation

Quantity limitations is a quality, cost-saving benefit promoting the safe and appropriate use of medications. These quantity restrictions are based on product labeling or clinical guidelines and are subject to periodic review and change.

Formulary

All Trust prescription drug plans include a formulary list. At its most basic level, formularies are lists of drugs, generic and brand name, which offer the greatest overall value to plan participants.

Medications indicated on the formulary list are typically grouped into three tiers: generic, preferred brand and non-preferred brand. Formulary management enables you and your physician to choose clinically appropriate and cost-effective drugs for specific conditions. The tier your medication is in determines your portion of the drug cost. Medications not on the formulary list are not covered by the Plan.

Continued on back



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EXPRESS SCRIPTS®

Prescription Drug Programs

Generic Medications

The term “generic” holds many connotations in the minds of consumers—many of them negative. When it comes to generic prescription drugs, the U.S. Food and Drug Administration (FDA) requires all generic drugs to have the same quality and performance as the brand name equivalents.

More than half of the prescription drugs available today have a generic option for consumers. Most prescription drug plans, including the medical trusts administered by Christian Brothers Services, have a lower co-payment for generic medications because the cost of generic medications is considerably less expensive than brand name medications.

Member Pays the Difference

The “Member Pays the Difference” plan design encourages generic drug usage and discourages the use of multi-source brand name drugs, when suitable generic equivalents are available. If a physician writes a prescription for a generic medication and the member requests the brand name, the member will pay the brand copay and the difference between the cost of the brand name and the cost of the generic unless the physician specifically stated to dispense the brand name with no generic substitution. In that case, or in the case of certain exemptions, they incur no penalty.

SaveonSP

SaveonSP works in conjunction with the EBT’s current pharmacy program through Express Scripts. Participants will continue to receive their specialty medications through Accredo, Express Scripts’ specialty mail order provider. SaveonSP will leverage a manufacturer’s copay assistance programs to provide both savings to participants and to the Plan.

SafeGuardRXSM

Six out of every 10 adults in the U.S. have a chronic condition. Chronic conditions not only take a toll on someone’s health, they also take a toll on annual health-care costs. The SafeGuardRx program from Express Scripts is a better way to help plans and members manage the costs of chronic conditions. (List out some of these Diabetes Care Value, Pulmonary Care Value, Migraines, etc.)

Retail Refill Allowance

Most plans limit the number of fills at a retail pharmacy to the initial fill and two subsequent refills, and then request that you convert the script to mail order. Members may continue to fill at a retail pharmacy, however, a penalty does apply.

Smart 90[®]

Smart 90 Prescriptions gives the member the option to fill a 90-day prescription at a Walgreens (or its affiliates) without retail refill limit or transfer to the Express Scripts mail-order pharmacy. Smart90 gives the member flexibility if they prefer not to have their 90 days of medication delivered to their home.

RationalMed[®]

The RationalMed program protects the safety of participants who may have prescriptions from more than one physician or pharmacy. RationalMed relies on a database that checks a member’s prescription activity against clinical evidence to avoid adverse reactions and potential drug to drug interactions.



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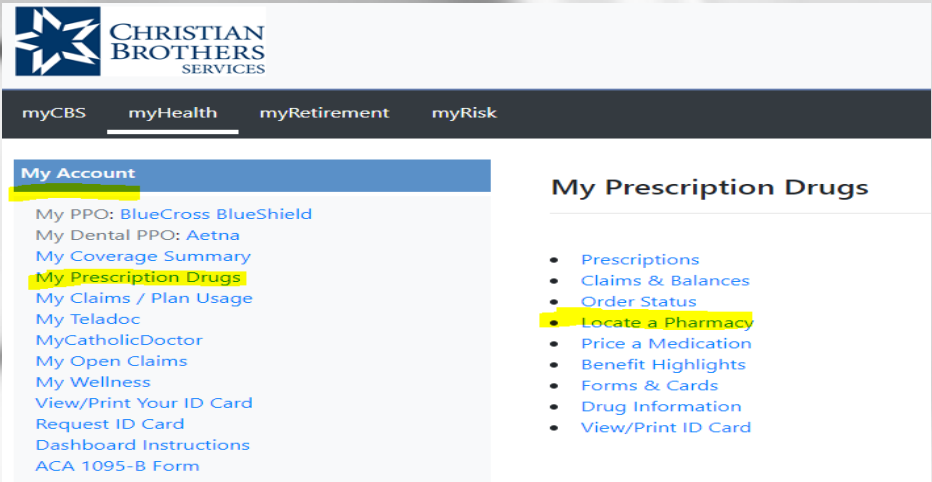
Visit mycbs.org/health
for more information

ESI (Express Scripts) Information and resources

Prescription ID Card


Find a Network Pharmacy Steps:

- 1) Under my account
 - a) My Prescription Drugs
 - b) Locate Pharmacy



- 2) Add your zip code and search



 EXPRESS SCRIPTS®
Prescription ID Card
610014
Rx BIN
CBEBT01
Rx Group
(80840) 1234567890
Issuer
999999999
Member ID
John Doe
Name

Important Phone Numbers

Express Scripts
Customer Service (800) 718-6601

TTY (For hearing impairment) (800) 759-1089

Pharmacist Use Only (800) 922-1557

Animo

Discover your inner strength and foster meaningful change



Animo provides web and mobile tools to help you address stress, depression, anxiety and general emotional fitness through self-guided sessions and Textcoach® text therapy, all in a safe and secure environment. Complete a brief emotional fitness survey and then choose one of the suggested modules to build your skills using videos, audio lessons and other coursework. Plus you can access personalized coaching from a licensed clinician through Textcoach® at any time.

Safe, secure and just for you

Visit the Animo website or download the mobile app for confidential, secure access to personalized text therapy as well as the full library of modules, including:

- Coping with Panic
- Perfectionism
- Social Anxiety
- Low Self-Esteem
- Phobias
- Stress Management
- Depression
- Worry
- Anger Management
- Trauma and Abuse

Get started!



Visit goanimo.com



Download
the mobile
app

Group code: cbebt



Christian Brothers Services

Health & Benefits

Telehealth



MyCatholicDoctor

Christian Brothers Health Benefit Services partners with MyCatholicDoctor. All participants of the Christian Brothers Employee Benefit Trust have access to MyCatholicDoctor, a nationwide organization that brings a network of faithful medical professionals to patients through video visits for general medicine, behavioral health and specialty care.

Trust participants will have access to providers who practice evidence-based scientific medicine from a Catholic perspective and integrate Catholic spirituality into its care as appropriate to the situation.

Services include:

- Virtual Primary Care
- Weight Management
- Women's Fertility Care and Gynecology
- Men's Sexual Health and Fertility
- Dermatology
- Rheumatology
- Endocrinology
- Mental Health
- Addiction Care
- Physical Therapy
- Catholic Second Opinions - combines practitioner knowledge with dedication to religious and ethical principles to patient or provider
- Consulting by Pediatrician - vaccinations, medications, particularly for stem cell products
- Hospice and Palliative care consultations

To make an appointment, visit mycbs.org/health and click on "MyCatholicDoctor." Once an appointment is scheduled, you will receive a link to an online consultation room for a video visit via Zoom. Members should download the Zoom app for their computer, tablet or mobile device prior to the visit.

Most visits will be handled through the telehealth option. If in-person care is necessary, providers will offer a home visit or invite you to be seen in their office or refer you to a trusted local provider.

All MyCatholicDoctor healthcare professionals agree to practice in accordance with the following doctrines:

- The Ethical and Religious Directives of the U.S. Conference of Catholic Bishops
- The Catechism of the Catholic Church
- The ethical position statements of the Catholic Medical Association



To make an appointment, visit mycbs.org/health and click on "MyCatholicDoctor." For more information, call 888.822.8436.

For those with a Health Savings Account (HSA), physician consult fees will apply: \$200 per medical visit (MD, DO, PA, APRN or DPT) and \$100 per visit with an Allied health provider (including natural family planning instructions, health coaches, nutritionists, dementia coaches, etc.). There is no charge for MyCatholicDoctor virtual visits for those with a regular PPO (non-HSA) plan.



Visit mycbs.org/health
for more information

Christian Brothers Services

Health & Benefits

Pelago



A Digital Solution to Quit Smoking

Christian Brothers Services Medical Trusts offers Pelago, a digital solution to smoking considered one of the most effective smoking cessation programs in the world by the World Health Organization. This program, which comes at no additional costs to participants, replaces traditional, legacy telephone coaching programs with a confidential, technology-enabled digital clinic designed to help participants access evidence-based care wherever they are.

Did you know it has been proven that quitting smoking can help prevent numerous health problems, including heart disease, stroke, multiple cancers, respiratory diseases, pre-term labor and low birth weight? Quitting tobacco isn't easy, but getting the right help can help make the difference between saying you're going to quit smoking and actually doing it for good!

The Pelago program is available at no cost to you and your enrolled dependents age 18 years and older. Whether you are thinking about quitting now or want to learn more about quitting in the future, Pelago is here for you. You can work through the program at your own pace.

Pelago is a highly effective, evidence-based tobacco cessation program that delivers measurable results. As a matter of fact, the program is so successful it produces an average quit rate of 52%, making it at least 10 times more effective than quitting "cold turkey."

What is Pelago and how does it work?

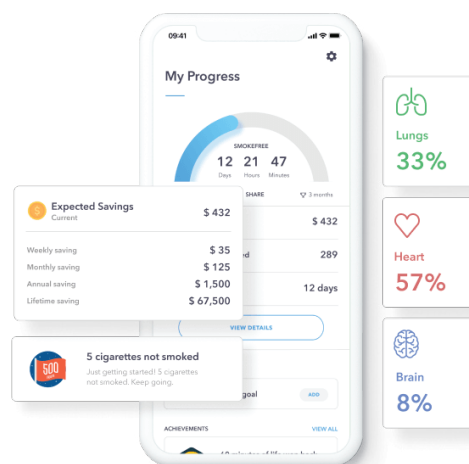
- **Engaging mobile content:** A cognitive behavioral therapy (CBT) journey that delivers bite-size audio sessions and interactive exercises to help participants learn new techniques to deal with craving triggers.

- **Dedicated care team:** Access to qualified Quit Coaches to help every step of the way, guiding participants on their recovery journey.
- **Personalized tracking:** Tools to help participants track their personal triggers, cigarettes smoked, dollars saved and health progress.
- **Nicotine Replacement Therapy:** Access to gums and patches to assist in cravings as they come.
- **Connected Devices:** Monitor carbon monoxide levels and help participants track progress.

Once registered for the program, participants will receive:

- One-on-one virtual coaching with a personal quit coach
- 24/7 access to self-guided activities and helpful content on the Pelago mobile app
- A 4-week supply of nicotine replacement therapy to help reduce cravings

To register, call 877.349.7755.



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Pelago

Visit mycbs.org/health
for more information

Christian Brothers Services

Health & Benefits

Livongo Health



Innovative Methods to Managing Diabetes and Hypertension

On average, about 1 in 10 people have diabetes and nearly half of U.S. adults have hypertension, leading to serious health problems.

All participants in the Employee Benefit or Religious Medical Trust, have free access to Livongo by Teladoc Health, offering support in the areas of diabetes prevention, weight management, diabetes and hypertension.

Livongo is a program created to empower all people with chronic conditions, including diabetes and high blood pressure, to live healthier lives and reduce risk for serious health issues. Using advanced technology, personalized recommendations, and real-time communication, the program provides the right information, tools and support—all at no additional cost. All members of the Trusts, diagnosed with prediabetes, diabetes or hypertension, receive free access to Livongo.

Preventing Diabetes Program

The Livongo Healthy Living and Diabetes Prevention Program can help members at risk for type 2 diabetes. The program doesn't cost anything and helps members focus on living a healthier life.

Within the program, participants will have access to a CDC-recognized program that focuses on lifestyle behavior changes to achieve health goals through:

- Effortless data collection: A cellular scale provides seamless weigh-ins and food and activity tracking to understand lifestyle habits.
- Personalized health signals: Lessons provide evidence-based strategies for healthy living and health challenges to drive small changes for big wins!
- Human-centered approach: Coach-led meet ups for support and accountability and 1:1 live coaching from Livongo expert coaches.

Depending on your health goals, you could also receive a blood pressure monitor and/or blood glucose monitor.



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For more information, call member support at 800.945.4355.

Managing Diabetes

Livongo for Diabetes offers an innovative remote monitoring solution aimed at helping patients with diabetes better manage their blood sugar levels, so they can prevent both short- and long-term complications and reduce their overall health care costs.

Member Benefits

Members who have diabetes will be contacted with information on how to enroll. Those who enroll in the program will receive:

- Livongo Welcome Kit: Livongo In Touch® meter, which tracks strip usage and prompts members with targeted messaging, a lancing device, 150 test strips, 100 lancets and a carrying case.
- Unlimited checking supplies (test strips, lancets and meter). Have test strips and lancets shipped to you whenever you need them.
- Real-time 24/7 interventions by Certified Diabetes Educators for members with dangerous (high and/or low) blood sugar levels.
- Online access: Access your readings, along with graphs and insights, online or on your mobile device.

Livongo Health provides personalized support through the meter and its mobile app, and provides coaches to help participants make better decisions about diabetes management.

Managing Hypertension

Livongo for Hypertension combines advanced technology with personalized coaching to help members identified with hypertension manage their blood pressure.

Member Benefits

Members who have hypertension will be contacted with information on how to enroll. Members who enroll in the Livongo for Hypertension program will receive:

- An automatic monitor connected to a smartphone app that sends data to Livongo.
- Health Summary Reports.
- Convenient automatic reminders to check their blood pressure.
- Around-the-clock access to knowledgeable, caring health professionals whenever and wherever they need them.
- Scheduled care with coaches who provide answers to questions and support for a member's weight loss journey, and give advice on improving overall health through nutrition, stress management and medication.
- Personalized content and tips, as well as nudges, emails and texts. Members who submit a blood pressure reading over 180mmHg also receive feedback on their elevated reading. For participants on high blood pressure medication, the program uses clinical algorithms to ensure they are receiving the maximum medication benefits.

NOTE: It takes less than 10 minutes to register.

EBT members: Register at get.livongo.com/EBT/begin.

RMT members: Register at welcome.livongo.com/RMT/begin.



For more information, call member support at 800.945.4355.

PROGRAMS-1/2023

Christian Brothers Services

Health & Benefits

TELADOC



Consult A Doctor 24/7 Where the Doctor is Always In



The Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer 24/7 access to physicians, 365 days a year through Teladoc for all members who are enrolled with medical coverage.

The telemedicine benefit offers accessible and convenient care, as well as providing patients and physicians a way to communicate, which bypasses the traditional office visit yet provides excellent care through the use of technology. Members can talk with a doctor anytime, anywhere about non-emergent medical conditions via telephone, secure email, video or mobile app.

Telehealth

Teladoc's network of board-certified physicians can discuss symptoms, recommend treatment options, diagnose many common, minor and/or brief illnesses and prescribe medication, when appropriate. Common conditions treated include:

- Allergies
- Eye/Ear Infections
- Sinus Infections
- Stomach Ache/Diarrhea
- Urinary Tract Infections
- Yeast Infections
- Bronchitis
- Cold/Flu
- Headaches
- Rash/Skin Irritation
- Upper Respiratory Infections
- And More ...

Mental Health

Talk to licensed psychiatrists, psychologists or therapists to assist in behavioral health needs by phone or video.

- Get confidential counseling seven days a week for conditions like depression, anxiety, stress, marital or family issues.
- Schedule an appointment on one's own time. Visits are secure, discreet, and confidential.

- Choose a therapist or psychiatrist who best fits individual's needs.
- Complete, on average, a visit 18 days faster than at a brick and mortar therapist office.
- Visit with same therapist or psychologist for continuity of care.

Dermatology

Upload images of a skin issue online and get a custom treatment plan within two days for conditions such as eczema, acne, rashes and more.

Primary360

Available beginning January 1, 2023

Consult with a primary care provider of your choice for routine checkups, ongoing wellness needs and referrals.

- Annual checkups
- Ongoing wellness visits
- Manage chronic conditions
- Complex medical needs
- Monitor blood pressure
- General health concerns

Getting Started with Teladoc

1) Set Up your Account in one of three ways:

- Call 800-835-2362 or
- Download the app on Apple App Store or Google Play or
- Log into your account at cbservices.org and click My Telemedicine

2) Provide Medical History

3) Request a Consult



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Due to the Internal Revenue Service (IRS) requirements of Health Savings Account (HSA) plans, in order to preserve the pre-tax status of the HSA, members must be charged a fair market value for Teladoc services. The fair market value for General Medical visits is \$65 for 2023.; Dermatology visits, \$85; Nutrition Consultation, \$59; Therapist visits, \$90; \$220 for Initial Psychiatrist Evaluations and \$100 for Ongoing Sessions; Primary360 Services, \$165 per New Participant, \$99 per Primary Care Consultation, and no charge for Annual Wellness Check up.

PREVENTATIVE WELLNESS CARE PROGRAMS

- ▶ Care for Children
- ▶ Preventative Care for Men and Women
- ▶ Vaccinations
- ▶ Women Health Guidelines



Health & Benefits



Preventive Care - Adolescents, Children and Newborns

All services must be obtained by an in-network provider. This list is subject to change based upon the Health Care Reform.

Well Child Exam

Well child physical exam and medical history including length, height, weight, head circumference, body mass index, blood pressure, developmental surveillance, vision screening and psychosocial behavioral assessment. Exams performed at 7-14 days, 1, 3, 6, 9, 12, 18, 24, 30 months and annually until age 18.

Adolescent Testing/Screening

- Alcohol and drug use assessments
- Behavioral assessments – 11-17 years
- Blood pressure screening – 11-17 years
- Cervical dysplasia screening – female adolescents who are sexually active
- Chlamydia infection screening – adolescents who are sexually active
- Depression screening – 11-17 years
- Dyslipidemia screening – for children at higher risk of lipid disorders – 11-17 years
- Fluoride chemoprevention supplements for children without fluoride in water source.
- Gonorrhea screening – adolescents who are sexually active
- Hematocrit or hemoglobin screening
- Height, weight, body mass measurements – 11-17 years
- HIV screening – adolescents who are sexually active
- Lead screening - adolescents at risk of exposure
- Lipid/cholesterol screening – adolescents age 17-18
- Obesity counseling – age 6 and over

- Obesity screening
- PAP smear (cervical) – female adolescents who are sexually active
- Routine eye test
- Sexually Transmitted Infections (STI) prevention, counseling and screening
- Tuberculin testing – 11-17 years
- Vision impairment screening for amblyopia, strabismus and defects in visual activity – 11-17 years

Children Testing/Screening

- Autism screening – children 18 and 24 months
- Behavioral assessments – 1-10 years
- Blood pressure screening – 1-10 years
- Developmental screenings – children 3 and under
- Dyslipidemia screening – for children at higher risk of lipid disorders – 1-10 years
- Fluoride chemoprevention supplements – preschool children who have poor water supply
- Height, weight and body mass measurements – 1-10 years
- Hematocrit or hemoglobin screening
- Lead screening – children at risk of exposure
- Obesity counseling – age 6 and over
- Obesity screening – age 6 and over
- Oral health risk assessment – 1-10 years
- Routine eye test
- Tuberculin testing – 1-10 years
- Tuberculosis tests
- Vision impairment screening for amblyopia, strabismus and defects in visual activity – 1-10 years

Continued on back



Preventive Care - Adolescents, Children and Newborns

Newborn Testing/Screening

- Behavioral assessments – 0-11 months
- Blood pressure screening – 0-11 months
- Gonorrhea preventive medication – for the eyes of all newborns
- Hearing screening – 0-11 months
- Height, weight and body mass measurements – 0-11 months
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening – newborns
- Hypothyroidism screening – newborns
- Iron deficiency supplements in children 6-12 months old
- Lead screening – infants at risk of exposure
- Oral health risk assessment – 0-11 months
- Phenylketonuria (PKU) and other metabolic disease screening – newborns
- Routine eye test
- Tuberculin testing – 0-11 months
- Vision impairment screening for amblyopia, strabismus and defects in visual activity – 0-11 months

Immunizations

- COVID-19
- Diphtheria, Tetanus, Pertussis (Whooping Cough)
- Haemophilus Influenza Type B (HIB)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV) – up to age 26
- Inactivated Poliovirus (IPV)
- Influenza (Flu shot)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (Meningitis)
- Pneumococcal (Pneumonia) – at risk
- Rotavirus
- Varicella (Chickenpox)



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Visit mycbs.org/health
for more information

Health & Benefits



Preventive Care

All services must be obtained by an in-network provider. This list is subject to change based upon the Health Care Reform.

Physical Exam

Visits/physical exam including height, weight, blood pressure, skin exam and medical history.

Testing/Screening

- Alcohol misuse
- Blood glucose or A1C
- Blood pressure screening
- Cholesterol/Lipid screening
- Colonoscopy or Sigmoidoscopy beginning at age 50, or sooner if at high risk
- Depression/mental health
- Diabetes (type 2) screening for those who have high blood pressure
- Domestic and interpersonal violence screening
- Fecal Occult Blood
- HIV screening
- Obesity
- Oral health exam by physician†
- Sexually transmitted infections screening
- Syphilis screening for those at high risk
- Tobacco use
- TSH (Thyroid test)

Additional Testing

- Abdominal aortic aneurysm one-time screening for individuals of specified ages who have smoked
- Anemia (iron deficiency) screening

- Bone density (osteoporosis) screening for individuals over age 50 depending on risk factors
- Chlamydia infection screening for younger individuals and others at higher risk
- Folic acid supplements for individuals who may become pregnant*
- Gestational diabetes screening for those 24 to 28 weeks pregnant and those at risk of developing gestational diabetes*
- Gonorrhea screening for all individuals at higher risk
- HPV DNA testing every three years for individuals with normal cytology results who are 30 and older
- Mammogram beginning at age 40 with baseline exam between ages 35-39. 3-D mammography is covered effective 1/1/2017.
- PAP Smear (cervical)
- RH incompatibility screening for pregnancy
- Urine culture for asymptomatic bacteriuria*

Counseling

- Counseling services for: Alcohol; Dietary for chronic disease; HIV; Sexually Transmitted Infections; Breast and ovarian cancer genetic risk; Breast cancer chemo prevention for women at higher risk; Breast Cancer Genetic Test Counseling (BRAC); Breast feeding support, supplies and counseling*; Folic acid supplements and use.*

Immunizations

- COVID-19; Hepatitis A (at risk); Hepatitis B (at risk); Herpes Zoster (Shingles) – 50+ years; Human Papillomavirus (HPV) – 19-26 years; Influenza (Flu shot); Measles, Mumps, Rubella (MMR); Meningococcal (Meningitis) – at risk; Pneumococcal (Pneumonia) – at risk of, 65+ years; Tetanus, Diphtheria, Pertussis (Whooping Cough); Varicella (Chickenpox)

† Oral exam is not covered under the Health Care Reform if performed by a dentist. *For pregnant women.



**CHRISTIAN
BROTHERS**
SERVICES

Visit mycbs.org/health
for more information



Vaccinations and Immunizations

Preventive care is the most important step you can take to manage your health. Many of the top risk factors leading to illness and premature death are preventable, and prevention is easier than curing. Stay healthy and protect those you care for by receiving vaccines for preventable diseases.

Vaccinations

Visit your local pharmacy or clinic of choice.

- You can receive vaccines administered at your local pharmacy through your prescription drug benefit. Vaccines administered at your retail pharmacy typically do not require an appointment and are the same effective medications as used at your physician's office.
- Present your medical ID card and have the pharmacist administer the shot and it will be available to you at no cost. Most pharmacies will bill Christian Brothers Services directly. If a participant receives a vaccination at a local pharmacy and is charged, the Trust will fully reimburse the cost.
- To locate a pharmacy, log on to mycbs.org/health and click the **My Prescription Drugs** link located under the **My Account** header. Next, click on the **Locate a Pharmacy** link, which will take you to the Express Scripts (ESI) website. Last, enter your ZIP code or city and state and click the **locate pharmacy** button. A list of available pharmacies will appear, as will a map to detail location. You can also call Express Scripts customer service at 800-718-6601 to help you locate a pharmacy.

Please remember to contact your network pharmacy in advance to inquire about vaccine availability, age restrictions, and current vaccine schedules.

Schedule with your physician.

- The vaccine shot will not be subject to copay if you visit your primary care physician as part of your annual wellness visit.
- If you have already had your annual wellness visit, a copay/coinsurance may apply.

Immunizations

All preventative vaccines and administration are covered at 100% and require no claim forms if received at a network participating pharmacy or physician's office. Just present your member ID card at the time of service.

Preventative Care for Adolescents, Children and Newborns

- COVID-19
- Diphtheria, Tetanus, Pertussis (Whooping Cough)
- Haemophilus Influenza Type B (HIB)
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)–up to age 26
- Inactivated Poliovirus (IPV)
- Influenza (Flu shot)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (Meningitis)
- Pneumococcal (Pneumonia)–at risk
- Rotavirus
- Varicella (Chickenpox)

Preventative Care for Men and Women

- COVID-19
- Hepatitis A (at risk) and Hepatitis B (at risk)
- Herpes Zoster (Shingles)–50+ years
- Human Papillomavirus (HPV)–19-26 years
- Influenza (Flu shot)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (Meningitis)–at risk
- Pneumococcal (Pneumonia)–at risk of, 65+ years
- Tetanus, Diphtheria, Pertussis (Whooping Cough)
- Varicella (Chickenpox)

If you are planning to travel outside the U.S., in most cases, you also can get all required travel vaccinations at your local pharmacy.

If you have any additional questions, please contact us at wellness@cbservices.org.

Christian Brothers Services

Health & Benefits



Women's Health Guidelines

New Guidelines Provide Additional Women's Preventive Care with No Cost Sharing

In accordance with the Department of Health and Human Services (HHS) and under the Patient Protection and Affordable Care Act (PPACA), Christian Brothers Employee Benefit Trust (EBT) is covering the following preventive care for women:

- Domestic violence screening and counseling - Screening and counseling for interpersonal and domestic violence.
- Screening for gestational diabetes.
- Annual well-woman visits.
- Breastfeeding support, supplies and counseling.

Breastfeeding Support and Supplies

Christian Brothers Employee Benefit Trust (EBT) is pleased to announce the new breastfeeding guidelines available to members and their enrolled dependents. Guidelines are as follows:

- Christian Brothers Employee Benefit Trust (EBT) will pay for breast pumps for in-network providers. The breast pump will be paid at 100%.
- Members can search for an in-network breast pump supplier by logging on to My Health Benefits at mycbs.org/health and click on the Find a PPO Provider link. Click your PPO provider from the list and run a search for Durable Medical Equipment.
- For out-of-network, such as medical supplies stores, regular stores, or internet purchases, EBT will reimburse the member up to a \$200 maximum limit.
- EBT will pay for the rental of a commercial/hospital grade machine, after approval for medical necessity.
- Only the breast pump itself and supplies required to operate the pump will be covered. Additional bottles, creams, breast pads, etc. will not be covered.
- EBT will pay for the breast pump beginning 30 days prior to the delivery date and up to 12 months postpartum.
- One breast pump will be covered per child.

For a complete list of preventive services for women, men and children, log on to mycbs.org/health and click on the link **Preventive Healthcare** under the **Services** header.



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For more information on the Women's Health Guidelines offered by Christian Brothers Health Benefit Services, call 800.807.0400, or visit cbservices.org.

Visit mycbs.org/health
for more information

PROVIDER FINDER AND GUIDE



English ▼

Log In

! • Your provider may offer telehealth services, please contact them directly for details....

[View More](#)

Plans

Participating Provider Organization [PPO] ▼

City, state or zip

Louisville, KY — 40201



Good Morning!

Browse or search to find the care you need.

Search for Names and Specialties



Christian Brothers Services Health & Benefits

BlueCross/BlueShield of Illinois



Provider Finder® Online Directory

A Quick and Easy Way to Find a Doctor

Selecting a doctor that's right for you is important. The Provider Finder® Online Directory is a reliable and convenient tool to locate doctors in your network. Filter search results by provider type, specialty, network type, ZIP code, language and gender. You can even get directions from Google Maps®. The Provider Finder® Online Directory is available 24 hours a day, 7 days a week, and is fast and easy to use.

Step-by-Step Instructions

To find a doctor or hospital with Provider Finder®, simply visit mycbs.org/ppo-hcsc.

- 1) On the first page, enter the City, State or Zip where you would like to search for care. You can click on "Use Current Location" or enter another location in the bar. Click Continue.

Note: If this is not your first visit to the Provider Finder site, you will be directed to the page in Step 2 with the City, State and Zip from your previous visit already filled in. In that case, proceed to Step 2 and either keep your previous location selection or change to a new location.

- 2) On the next page, under "Plans," If you reside in any state other than Wisconsin, scroll down and select "Participating Provider Organization [PPO]." If you live in Wisconsin, scroll down and select "Blue Preferred POS (Wisconsin)."

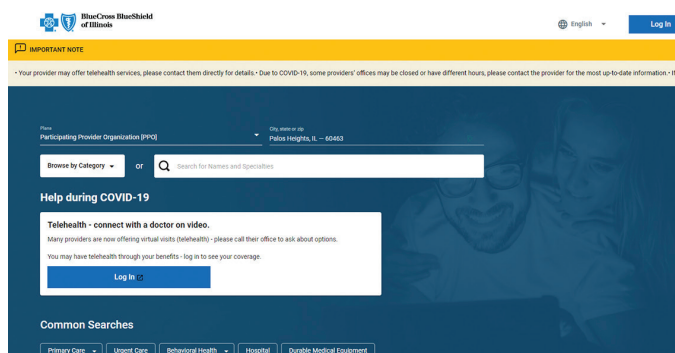
- 3) Select the "Browse by Category" drop down list to search for doctors by Medical Care, Urgent Care Center, or Behavioral Health. You can also search for doctors by typing a Name or Specialty into the search box.

- 4) You can also search using the "Common Searches" buttons, including Primary Care, Urgent Care, Behavioral Health, Hospital, and Durable Medical Equipment.

- 5) After your results appear, at the top of the next page, you can narrow your results by entering criteria such as All Specialties, All People & Places, All Genders, and All Patient Ratings. The "More Filters" drop down list allows you to search by Hospital Affiliations and Practices, Average Wait Time, All Awards, All Expertise, and All Languages.

- 6) You will be presented with a list of health care professionals who match your criteria. You can choose to view only those doctors accepting new patients, narrow your selection by distance, and view them in either a list or map view. If you click on the provider's name under results, you will see additional information about your selection, such as gender, languages spoken, hospital affiliation and educational background.

* The BC/BS site also has a login area for Telehealth services. Members enrolled for medical coverage in the trusts administered by Christian Brothers Services have access to Teladoc. Visit the Teladoc information page at cbservices.org/health-teladoc.html for more information.



NOTE: Be sure to verify your search results! The BlueCross/BlueShield Directory is a convenience we're pleased to provide to our members. Please remember that directory information is for reference only. Always confirm with the provider that they are part of the BCBS network before scheduling your appointment or receiving services.





CHRISTIAN
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SERVICES

Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.0400
www.cbsecurities.org/healthproviders

IMPORTANT INFORMATION FOR MEDICAL PROVIDERS

Dear Provider:

Your patient is enrolled in a Group Health Plan offered through his or her employer. Christian Brothers Services is the plan administrator and the Christian Brothers Employee Benefit Trust (CBEBT) provides the benefits and coverage.

The Trust is not a traditional commercial insurance company, rather, it is a Church plan designed specifically for Catholic Church employers, with Christian Brothers Services processing and administering the claims incurred by its members.

The Trust has an agreement in place with Blue Cross Blue Shield from which members can elect the services from BCBS contracted providers. As such, the BCBS logo appears on each Trust members' ID Card. Furthermore, **you must file medical claims through the local BCBS processing office.**

However, it is **important** to note Christian Brothers Services confirms member eligibility **NOT** BlueCross BlueShield. Therefore, claim questions, eligibility, or benefit coverage questions, should be directed to Christian Brothers Services using the following methods:

Telephone: 800-807-0400, Monday-Friday 7am-7pm CST

For 24/7 online eligibility verification visit:

www.cbsecurities.org/healthprovider

The member's prescription manager is Express Scripts

RX#: CBEBT01

BIN#: 610014

Additional information such as claim submission, eligibility, and pre-certification is available on the insurance card. AGAIN – PLEASE DO NOT CONTACT BLUECROSS BLUESHIELD DIRECTLY AND ONLY CONTACT CHRISTIAN BROTHERS AT **800-807-0400**. We look forward to serving you!

RESOURCES

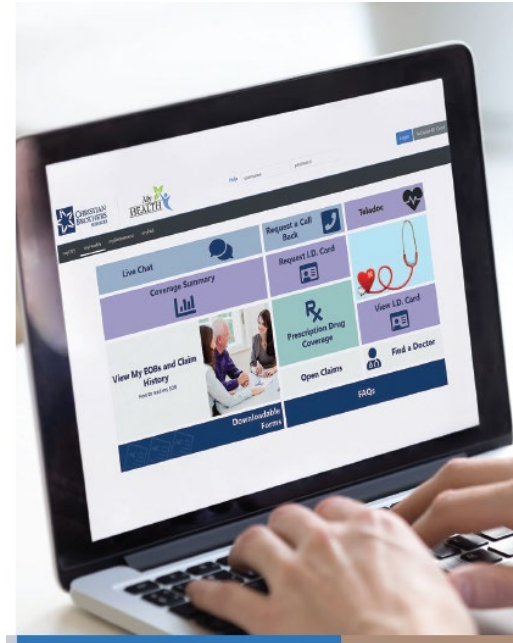
Table of Contents

HIPAA.....	1 page
Benefits and Claims Contact Information	1 page

►Step-by-Step Instructions to Access

Your Health Benefits	3 pages
Health Benefits Checklist	1 page
2023 ESI National Preferred Formulary	12 pages

ESI Formulary Link :
<https://www.cbsecurities.org/rx-formulary.html>



Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.0400
www.cbsecurities.org/healthproviders

RESOURCES

HIPAA Form



**CHRISTIAN
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Employee Benefit Trust **HIPAA Authorization for Use or Disclosure of** **Protected Health Information (PHI)**

This authorization is to be completed by **each** member 18 years or older and unless limited below or subsequently revoked, grants the Christian Brothers Employee Benefit Trust (CBEBT) the right to use or disclose all personal medical information including medical information about any diagnosis or treatment for any mental health, substance abuse, sexually transmitted diseases, cancer and/or genetic condition.

Please complete the entire form and return it to CBEBT at hbsenrollmenthelp@cbservices.org or fax to 630.378.3005.

Individual(s) Whose Information is to be Disclosed

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

CBEBT ID Number (as displayed on your ID Card): _____

Name of Person(s) Information can be Disclosed to

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Information to be Disclosed

- ☐ Complete medical record
- ☐ Complete medical record for services rendered on or after the following date: _____
- ☐ Only the following medical information. Specifically describe the information to be used or disclosed, including but not limited to, meaningful descriptors such as date of service, type of service provided, level of detail to be released, origin of information, etc.

Acknowledgement of Privacy Rights

I understand that:

- A revocation is not effective to the extent that the parties named in this authorization have relied on the use or disclosure of the protected health information prior to the receipt of the revocation;
- That information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law; and
- My health care provider(s) and health plan(s) may not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights).
- Revoke authorization, in writing, at any time.
- Refuse to sign this authorization.

Signature of individual requesting disclosure (or Personal Representative)

If Personal Representative, please attach appropriate documentation.

Date

If Minor, Print Name of Plan Member

Description of Personal Representative's Authority, if Applicable

RESOURCES

Benefits and Claims Contact Information

For questions about medical, benefits
and claims, contact:



CHRISTIAN
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SERVICES

Customer Service

Monday - Friday 8:00a.m. - 5:30p.m. EST
800.807.0600

hbscustomerservice@cbservices.org

For questions about prescription
benefits and claims, contact:



EXPRESS SCRIPTS®

800.718.6601

24 hour telemedicine



800.835.2362
teladoc.com

Visit mycbs.org/health to access your personalized benefits. See next page for registration instructions.



Help

username

password

Login

Create Account

[myCBS](#) [myHealth](#) [myRetirement](#) [myRisk](#)

Here you can find all kinds of information about Christian Brothers Services Benefits.



Live Chat
Request a Call Back



View my Coverage & Claims



Understanding your EOBs



Find a Doctor



Downloadable Forms



Benefit Flyers

Participants Have Access to:

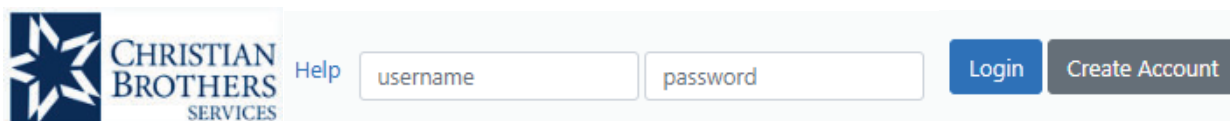
- Online EOBs
- Med Plan Summaries
- Health Program Information
- Frequently Asked Questions
- Find PPO Providers
- Up-to-Date Health News
- Webinars
- Rx Drugs

RESOURCES

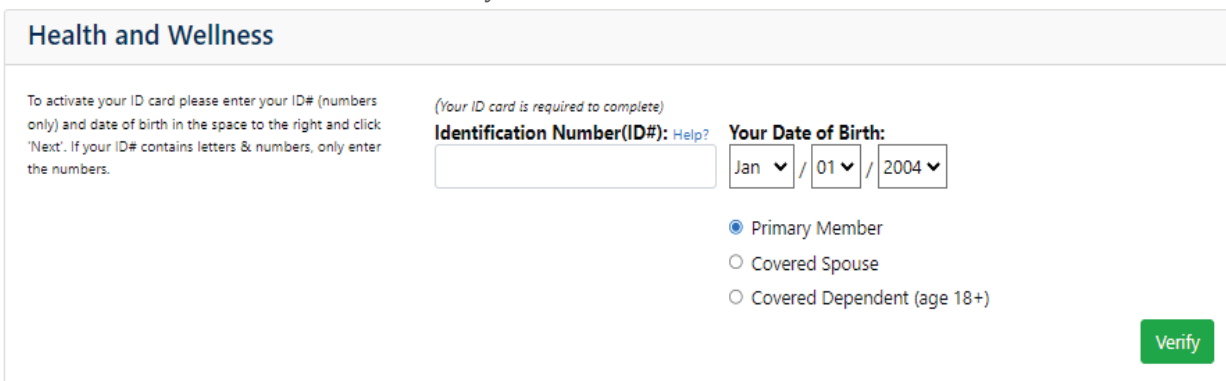
Step-by-Step Instructions to Access Your Health Benefits

Visit mycbs.org/health

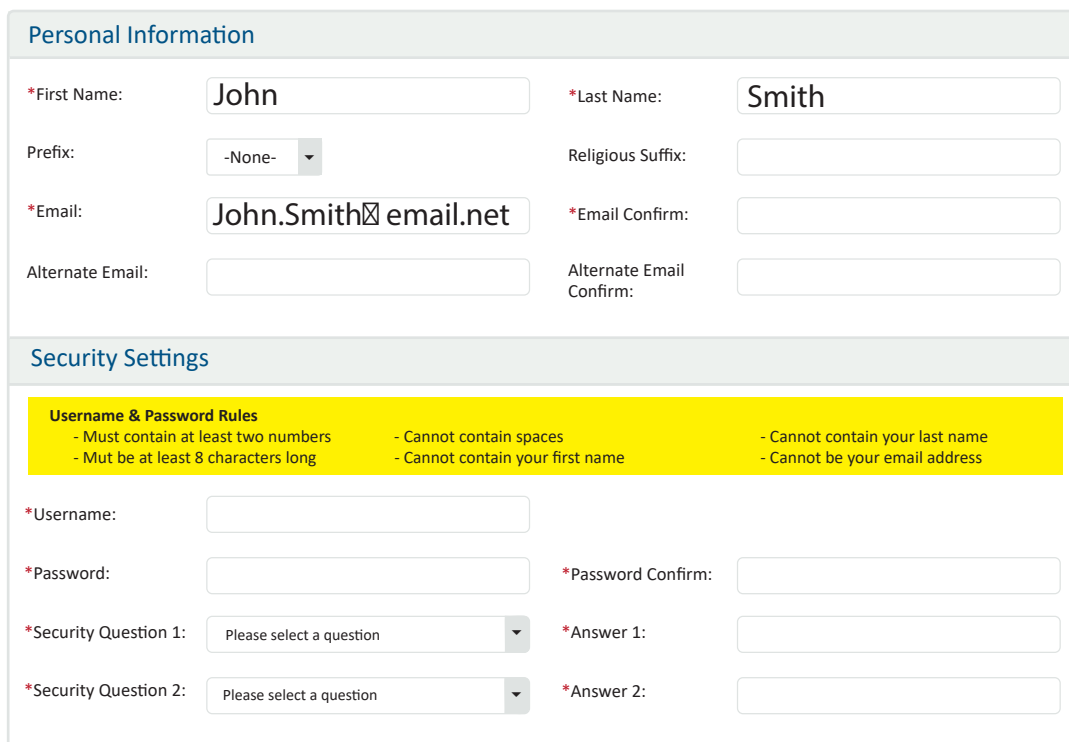
- 1 In the upper right hand corner of the webpage, click **Create Account**



- 2 Enter the Identification Number (numbers only 9xxxxxxx) from your insurance ID card and enter the date of birth of the selected member. Click Verify.



- 3 Complete the Personal Information and Security Settings. Please make note of the Username & Password Rules. (Some information will be prepopulated)



RESOURCES

Step-by-Step Instructions to Access Your Health Benefits

- 4 Make your subscription selections, then click **Save Profile**

Subscriptions

- | | | |
|---|--|---|
| <input type="checkbox"/> CBS Website News | <input type="checkbox"/> HIPAA Privacy Policy | <input type="checkbox"/> Opt-out of Emails for Value Added Services |
| <input type="checkbox"/> Maintaining Your Health Newsletter | <input type="checkbox"/> Online Privacy Policy | |
| <input type="checkbox"/> The OutReach Newsletter | <input type="checkbox"/> Risk Factor | |

Health and Wellness

Employee Benefit Trust
Religious Medical Trust

You are Activated for MyHealth website access!

Our records show your address as:

1234 First Street

Hometown, IL

No phone number on record

To activate your ID card please enter your ID# (numbers only) and date of birth in the space to the right and click 'Next'. If your ID# contains letters & numbers, only enter the numbers.

If this information is incorrect, click [here](#).

Retirement Planning Services

401k/403b/ERP Account Participant:

Activate Retirement

Risk Management Services

Receive emails for Risk Management Seminars: ☐ Yes

Save Profile

RESOURCES

Step-by-Step Instructions to Access Your Health Benefits

- 5 You will receive an email verification request. Please proceed to your email inbox to complete the registration process by clicking the verification link.

** Please note to check your spam folders if you do not see the email verification request in your inbox.*

Email Verification

You will need to click the verification link in the email sent to you at the email address entered in order to continue this process.

Personal Information



Thank you for registering with Christian Brothers. Please click on the link below to verify your email address and continue the registration process.
This link is active 24 hours (Sat-Thur) or until 10:00 pm (Fri.)

[Click here to verify email](#)

- 6 Upon verification, a new window will appear with a link to login to your account.



Your email address has been verified.

Click the link below to login to myCBS automatically on this browser.

Or if you prefer, enter the URL <http://mycbs.org> into a different browser and login using your username and password.

[Click here to login](#)

RESOURCES

Health Benefits Checklist For New Hires

Before your effective date

- ☐ Know your benefits
Review SBC (Summary of Benefits)
- ☐ If applicable, complete and return any necessary paperwork to your employer
- ☐ Practice finding an in-network PPO (Participating Provider Organization) provider using the PPO finder guide in the health benefit packet

After your effective date

- ☐ Register online at mycbs.org/health
Update new insurance information with all health providers
- ☐ Return HIPAA authorization form to Christian Brothers Services
To be completed by all members 18 years and older
- ☐ Register with Teladoc



CONTACT GUIDE

Christian Brothers Services

General Contact Information

Address

Christian Brothers Services
1205 Windham Parkway
Romeoville, IL 60446

Louisville Customer Service from 8:00 EST to 5:30 EST

Email: adol@cbsservices.org

Main Phone: 800-807-0600

Notice: Please do not send confidential or personal information (like Social Security numbers, etc.) through these email addresses. Use our [Secure Message Center](#) instead.

Health Benefit Services (HBS)

Employee Health Enrollment Help (Employee Benefit Trust) Customer Service

• Main Billing & Enrollment number 800-807-9460

• hbsenrollmenthelp@cbsservices.org



CHRISTIAN BROTHERS Employee Benefit Trust

Blue PPO



For more detailed definitions and
EOB information, please visit us at
mycbs.org/health



CHRISTIAN
BROTHERS
SERVICES

Health Benefit Services
1205 Windham Parkway
Romeoville, IL 60446-1679
800.807.0400 cbservices.org

5/2020

Christian Brothers Health Benefit Services



Understanding Your
Explanation of Benefits (EOBs)

Christian Brothers Services
Prepared by Christian Brothers Services
1205 Windham Parkway
Romeoville IL 60446-1679

1

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL



Forwarding Service Requested

JOHN SAMPLE
123 MAIN STREET
CHICAGO IL 60606

J279

18

Customer Service

For questions, please visit us at
www.mycbs.org/health
or contact us at
(xxx) xxx-xxxx

Enrollee: JOHN SAMPLE
Group#: 12345
Group: SAMPLE GROUP

Date: 5/15/2020

5 Dates of Service: 4/01/2020 thru 4/30/2020

Dear JOHN SAMPLE,

The information below is a summary of the healthcare claims you incurred for the period 4/01/2020 through 4/30/2020. This information is commonly referred to as an "Explanation of Benefits" (EOB). **This is not a bill.** It is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may receive from the provider(s) listed below. If you did not receive service from the provider(s) listed below or suspect fraudulent charges please contact the customer service department at the number listed above.

Total Amount Billed

This is the total amount billed for the dates of service of 4/01/2020 thru 4/30/2020.

6 \$60.00

Total Amount Paid By Plan

This is the amount the plan paid in total for services rendered from 4/01/2020 thru 4/30/2020. Please see the "Claim Detail" section of this document for more information.

7 \$31.30

Your Financial Responsibility

This is the amount the provider(s) of service *may* bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.

8 \$0.00

9	Claim Summary		11	12	13	14	15	16	17	18
	Claim Number	Patient Name	Total Charge	Ineligible Amount	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Patient Responsibility	Payment Amount
	222222222	JOHN SAMPLE	\$60.00	\$0.00	\$28.70	\$31.30	\$0.00	\$0.00	\$0.00	\$31.30
	Totals		\$60.00	\$0.00	\$28.70	\$31.30	\$0.00	\$0.00	\$0.00	\$31.30

20	Claim#:	222222222				21	Patient#:	999999															
	Patient:	JOHN SAMPLE					Provider:	DR SMITH															
22	Dates of Service	23	Service Code	24	Total Charge	25	Ineligible Amount	26	Reason Code	27	Discount Amount	28	Covered By Plan	29	Deductible Amount	30	Co-pay Amount	31	Balance Amount	32	Paid At	33	Payment Amount
	4/17 - 4/17/2020		TH		\$60.00		\$0.00		ar		\$28.70		\$31.30		\$0.00		\$0.00		\$31.30		100%		\$31.30
	Column Totals					\$60.00		\$0.00			\$28.70		\$31.30		\$0.00		\$0.00		\$31.30				\$31.30
34	Patient's Responsibility:				\$0.00				Other Credits or Adjustments														
															Total Net Payment								

35	Service Code Description	36	Reason Code Description
	TH OP THERAPY SERVICES		ar DISCOUNTED PER YOUR HEALTH PROVIDERS AGREEMENT

37	Payment Details		
	Paid To	Check No.	Amount
	DR SMITH	00000000	\$31.30

PPO Information

This claim was processed per your health providers contractual agreement

Additional Information

This is an adjustment to a prior claim.

Appeal Language

If this Explanation of Benefits reflects an adverse benefit determination, you may appeal the determination; submit written comments, documents, records or other information relating to the claim; and, upon request and free of charge, receive copies of all documents, records and other information relevant to the claim.

How to Read your Explanation of Benefits (EOBs)

Every time you or your health care provider files a claim, an Explanation of Benefits, or EOB, is created explaining how we've calculated payment. You will be receiving a monthly consolidated EOB showing a summary of all services from which you incurred an out-of-pocket expense.

1 Christian Brothers Services Address: The company that administers the health benefits for members of the Christian Brothers Employee Benefit Trust (CBEBT).

2 Contact Information: If you have questions about your claim, you can visit us on the web, or at the number listed in this area. This number can also be found on your ID card.

3 Mail To: Your address is printed here. If this address is incorrect, contact your employer to request a change.

4 Claim Information: The enrollee name, group number, group name, and the date of this EOB summary are found in this area.

5 Dates of Service: The date range reported on the statement.

There are three large numbers listed on the left side. These numbers are the total of all claims included on the statement.

6 Total Amount Billed: Total amount of services billed for the dates of service for the time period.

7 Total Amount Paid By Plan: The combined dollar amount the plan has paid for services rendered for the dates of service. The Claim Detail sections contain the specific breakdown of this number.

8 Your Financial Responsibility: The total amount that the providers may bill you after your health care benefits were paid. These bills may result from a copay, deductible, coinsurance or services not covered by the plan. The details for each claim can be found in the Claim Detail section.

9 Claim Summary: A summary of all claims through the dates of service along with total charges, payments and more.

10 Claim Number/Patient Name: You will need your claim number if you call our customer service department with questions about your claim. The patient name for each claim is listed next to the claim number.

11 & 24 Total Charge: The dollar amount your health care provider has billed you for services you received.

12 & 25 Ineligible Amount: The amount of the Total Charge that will not be covered by your Trust Benefits.

13 & 27 Discount Amount: The amount that was discounted from the Total Charge (#11).

For your convenience, we've created an EOB summary to help you read and understand your own EOB summary when you receive it monthly. Choose the blue number on the sample EOB that you would like to learn more about, and match it to the same blue number in the definition column. These numbers do not appear on your actual EOB. If you have any questions, please contact our Customer Service Department at the toll-free number listed on your EOB and ID card.

14 & 28 Covered By Plan: The amount of the Total Charge that is allowed by the Plan. This charge may be limited to usual and customary or Preferred Provider Organization (PPO) allowable.

15 & 29 Deductible Amount: This shows how much of this claim will count toward meeting your deductible. Your deductible is the amount you are responsible for paying before the Employee Benefit Trust begins paying benefits for certain services.

16 & 30 Co-Pay Amount: The copayment amount you were required to pay for each visit, treatment, or hospital stay.

17 & 34 Patient Responsibility: This is the amount you, as the patient, are responsible to pay the provider.

18 & 33 Payment Amount: The amount the Christian Brothers Employee Benefit Trust has determined is payable on your claim.

19 Totals: The totals for each category. Note that the totals for the Total Charge, Payment Amount and Patient Responsibility are the same numbers that appear in the larger type in the middle of the statement (#s 6, 7&8).

20 Claim #/Patient Name

21 Patient #/Provider: The patient's plan number, as well as the name of the provider visited is located here.

22 Dates of Service: The date(s) when you saw your provider.

23 & 35 Service Code: Where the service was rendered is listed in a code. For descriptors of these codes, please refer to the bottom portion of your EOB under the header Service Code Description (#35).

26 & 36 Reason Code: This column contains a code for the reason why a payment was ineligible or discounted. For descriptors of these codes, please refer to the bottom portion of your EOB under the header Reason Code Description (#36).

31 Balance Amount: Total cost of services received after the discount and co-pay amounts are applied.

32 Paid At: Percentage level of benefits for covered services.

37 Payment Details: Benefit details including provider name, check # and amount.

If you have any questions, please contact our Customer Service Department at the toll-free number listed on your EOB and ID card.