

Save money with \$0 generic drugs* and vaccines**

Vaccines: Our Medicare Part D benefit covers any adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to you, even if you haven't paid your deductible.

Allergy/Asthma	benazepril hcl tablet	atorvastatin calcium tablet	triamterene-hydrochlorothiazid tablet
montelukast tablet	bisoprolol-hydrochlorothiazide tablet	ezetimibe tablet	Enlarged Prostate
Antidepressants	carvedilol tablet	gemfibrozil tablet	terazosin hcl capsule
citalopram hbr tablet	clonidine tablets	lovastatin tablet	Glaucoma
escitalopram oxalate tablet	enalapril maleate tablet	pravastatin sodium tablet	carteolol hcl eye drops
fluoxetine hcl capsule	enalapril-hydrochlorothiazide tablet	rosuvastatin calcium tablet	latanoprost eye drops
sertraline hcl tablet	fosinopril-hydrochlorothiazide tablet	rosuvastatin-ezetimibe	levobunolol hcl eye drops
trazadone hcl 50mg, 100mg, 150mg tablet	fosinopril sodium tablet	simvastatin tablet	timolol maleate drops (generic Timoptic only)
Antipsychotics	irbesartan tablet	Diabetes Medications	Heart Arrhythmias
lithium carbonate 300mg tablet	irbesartan-hydrochlorothiazide tablet	glimepiride tablet	amiodarone 200mg tablet
lithium carbonate capsule	lisinopril tablet	glipizide 5mg, 10mg tablet	Hormones
Anti-Dementia	lisinopril-hydrochlorothiazide tablet	glipizide er tablet	medroxyprogesterone acetate tablet
donepezil tablet 5mg, 10mg	losartan potassium tablet	glipizide-metformin tablet	Immune Suppressants
Anti-Infectives	losartan-hydrochlorothiazide tablet	glipizide xl tablet	methotrexate tablet
isoniazid tablets	metoprolol-hydrochlorothiazide tablet	metformin hcl tablet	methotrexate vial (injection)
metronidazole 0.75% topical cream	metoprolol succinate er tablet	metformin hcl er 500mg, 750mg tablet (Glucophage XR™ ONLY)	prednisone tablet (not dose packs)
metronidazole 0.75% topical gel	metoprolol tartrate tablet	pioglitazone hcl tablet	Osteoporosis
Blood Thinners	olmesartan-hydrochlorothiazide tablet	Diuretic (water pill)	alendronate sodium 5mg, 10mg, 35mg, 70mg tablet
clopidogrel tablet	quinapril hcl tablet	bumetanide tablet	Thyroid
jantoven tablet	quinapril-hydrochlorothiazide tablet	chlorthalidone tablet	euthyrox tablet
warfarin sodium tablet	ramipril capsule	furosemide tablet	levothyroxine sodium tablet
Blood Pressure	valsartan tablet	hydrochlorothiazide capsule	methimazole tablets
amlodipine besylate tablet	valsartan-hydrochlorothiazide tablet	hydrochlorothiazide tablet	unithroid tablet
amlodipine-benzapril capsule	verapamil er tablet	indapamide tablet	
amlodipine-olmesartan tablet	verapamil hcl tablet	metolazone tablet	
amlodipine-valsartan tablet	Chest Pain Prevention	spironolactone tablet	
atenolol tablet	isosorbide mononitrate ER 30mg, 60mg tablet	toremide tablet	
atenolol-chlorthalidone tablet	Cholesterol	triamterene-hydrochlorothiazid capsule	
benazepril-hydrochlorothiazide tablet			

*\$0 copay applies when you go to a preferred pharmacy in our network. **\$0 copay for vaccines applies to any pharmacy in our network.

Please check your Evidence of Coverage (EOC) for your plan details.

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Consider a 90-day supply to help you save money.

For most plans, you pay 1 copay for a 30-day supply and 2 copays for a 90-day supply.



Home delivery:

Have medications delivered directly to you from our home delivery pharmacies: Wegmans or Express Scripts.



Retail pharmacy:

To find out which preferred or standard pharmacies can fill a 90-day supply, check out [MyExcellusMedicare.com](https://www.MyExcellusMedicare.com)

Excellus BlueCross BlueShield's pharmacy network includes limited lower-cost, preferred pharmacies. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-877-883-9577 (TTY 711)** or consult the online pharmacy directory at [MyExcellusMedicare.com/Providers](https://www.MyExcellusMedicare.com/Providers).

This is not a complete list of drugs covered by our plans. For a complete listing, please call Customer Care at **1-877-883-9577 (TTY 711)** Monday through Friday, 8 a.m. to 8 p.m. From October 1 to March 31 representatives are available 8 a.m. to 8 p.m. seven days a week. Or visit [MyExcellusMedicare.com](https://www.MyExcellusMedicare.com) for the most up-to-date list of covered drugs and other helpful prescription drug information.

You can get prescription drugs shipped to your home through our network home delivery program. Typically, you should expect to receive your prescription drugs within 5 to 8 business days from the time that the home delivery pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact Customer Care.

A nonprofit independent licensee of the Blue Cross Blue Shield Association

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Call 1-877-883-9577 (TTY: 711) for more information.

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 711)。

B-5620 / 19211-24MEDM A11Y_CRG_06252024



Everybody Benefits