

HSA Plan Generic Preventive Drug List

These prescription drugs are covered in full by all HSA plans. Your plan may cover additional drugs. For a complete list, see your enrollment packet or call Customer Service.

Ace Inhibitors (hypertension)

benazepril
benazepril / amlodipine
captopril
enalapril
fosinopril
lisinopril
moexipril
quinapril
ramipril
trandolapril
benazepril / HCTZ
captopril / HCTZ
enalapril / HCTZ
fosinopril / HCTZ
lisinopril / HCTZ
moexipril / HCTZ
quinapril / HCTZ

Adrenergic Agents (hypertension)

clonidine
doxazosin
guanabenz
guanfacine immediate release
methyldopa
prazosin
reserpine
terazosin
methyldopa / HCTZ

Antiarrhythmic Agents (irregular heartbeat)

amiodarone
disopyramide
flecainide
mexiletine
propafenone
quinidine gluconate CR
quinidine sulfate
quinidine sulfate CR
sotalol

Antihyperlipidemics (high cholesterol)

atorvastatin
cholestyramine
cholestyramine light
colestipol
fenofibrate
fluvastatin
gemfibrozil
lovastatin
pravastatin
simvastatin

Beta-Blockers (hypertension)

acebutolol
atenolol
atenolol / chlorthalidone
betaxolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
nadolol
nadolol / bendroflumethiazide
pindolol
propranolol
timolol
atenolol / HCTZ
bisoprolol / HCTZ
metoprolol / HCTZ
propranolol / HCTZ

Blood Thinning Agents (blood clots, restricted blood flow)

warfarin
cilostazol
clopidogrel
dipyridamole
ticlopidine

Calcium Channel Blockers (hypertension)

amlodipine
amlodipine / benazepril
diltiazem
diltiazem ER
diltiazem CR
felodipine
isradipine
nicardipine
nifedipine
nifedipine ER
nisoldipine
nimodipine
verapamil
verapamil CR

Diuretics (hypertension)

amiloride
bumetanide
chlorothiazide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide (HCTZ)
indapamide
methyclothiazide
metolazone
spironolactone
torsemide
amiloride / HCTZ
spironolactone / HCTZ
triamterene / HCTZ

Oral Antidiabetic Agents (diabetes)

acarbose
chlorpropamide
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide / metformin
glyburide
glyburide micronized
glyburide / metformin
metformin
metformin ER
tolazamide
tolbutamide

Miscellaneous

pentoxifylline CR
digoxin

Vasodilators (chest pain)

hydralazine
isosorbide dinitrate
isosorbide mononitrate
nitroglycerin
nitroglycerin transdermal
patch
hydralazine / HCTZ

This is not a complete list of medications covered under your plan. This list represents certain common generic medications that are covered in full for HSA-qualified plans and is subject to change without prior notification. Brand name medications are not covered under this HSA Generic Preventive Drug List. For detailed information about your pharmacy benefit and covered medications, visit premera.com/MyPharmacyPlus or call the Customer Service number on your Premera member ID card.

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Discrimination is Against the Law

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

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).