

Preventive medications on this list are covered before deductible and at the following member cost share:

Tier	Retail	90 day Retail/Mail Order
Generics	\$0	\$0
Preferred Brands	30% coinsurance \$20 minimum \$30 maximum	30% coinsurance \$40 minimum \$60 maximum

DEPRESSION

amitriptyline hcl tab 10 mg
 amitriptyline hcl tab 25 mg
 amitriptyline hcl tab 50 mg
 amitriptyline hcl tab 75 mg
 amitriptyline hcl tab 100 mg
 amitriptyline hcl tab 150 mg
 bupropion hcl tab 75 mg
 bupropion hcl tab 100 mg
 bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)
 bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)
 bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)
 bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)
 bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)
 citalopram hydrobromide oral soln 10 mg/5ml
 citalopram hydrobromide tab 10 mg (base equiv)
 (Celexa)
 citalopram hydrobromide tab 20 mg (base equiv)
 (Celexa)
 citalopram hydrobromide tab 40 mg (base equiv)
 (Celexa)
 desipramine hcl tab 10 mg (Norpramin)
 desipramine hcl tab 25 mg (Norpramin)
 desipramine hcl tab 50 mg
 desipramine hcl tab 75 mg
 desipramine hcl tab 100 mg
 desipramine hcl tab 150 mg
 desvenlafaxine succinate tab er 24hr 25 mg
 (base equiv) (Pristiq)
 desvenlafaxine succinate tab er 24hr 50 mg
 (base equiv) (Pristiq)
 desvenlafaxine succinate tab er 24hr 100 mg
 (base equiv) (Pristiq)
 doxepin hcl cap 10 mg
 doxepin hcl cap 25 mg
 doxepin hcl cap 50 mg

DEPRESSION (CONTINUED)

doxepin hcl cap 75 mg
 doxepin hcl cap 100 mg
 doxepin hcl cap 150 mg
 doxepin hcl conc 10 mg/ml
 duloxetine hcl enteric coated pellets cap 20 mg
 (base eq) (Cymbalta)
 duloxetine hcl enteric coated pellets cap 30 mg
 (base eq) (Cymbalta)
 duloxetine hcl enteric coated pellets cap 60 mg
 (base eq) (Cymbalta)
 escitalopram oxalate soln 5 mg/5ml (base equiv)
 escitalopram oxalate tab 5 mg (base equiv)
 (Lexapro)
 escitalopram oxalate tab 10 mg (base equiv)
 (Lexapro)
 escitalopram oxalate tab 20 mg (base equiv)
 (Lexapro)
 fluoxetine hcl cap 10 mg (Prozac)
 fluoxetine hcl cap 20 mg (Prozac)
 fluoxetine hcl cap 40 mg (Prozac)
 fluoxetine hcl solution 20 mg/5ml
 imipramine hcl tab 10 mg
 imipramine hcl tab 25 mg
 imipramine hcl tab 50 mg
 mirtazapine tab 7.5 mg
 mirtazapine tab 15 mg (Remeron)
 mirtazapine tab 30 mg (Remeron)
 mirtazapine tab 45 mg
 mirtazapine orally disintegrating tab 15 mg
 (Remeron soltab)
 mirtazapine orally disintegrating tab 30 mg
 (Remeron soltab)
 mirtazapine orally disintegrating tab 45 mg
 (Remeron soltab)
 nortriptyline hcl cap 10 mg (Pamelor)

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

nortriptyline hcl cap 25 mg (Pamelor)
nortriptyline hcl cap 50 mg (Pamelor)
nortriptyline hcl cap 75 mg (Pamelor)
paroxetine hcl tab 10 mg (Paxil)
paroxetine hcl tab 20 mg (Paxil)
paroxetine hcl tab 30 mg (Paxil)
paroxetine hcl tab 40 mg (Paxil)
protriptyline hcl tab 5 mg
protriptyline hcl tab 10 mg
sertraline hcl tab 25 mg
sertraline hcl tab 50 mg
sertraline hcl tab 100 mg
sertraline hcl oral concentrate for solution
20 mg/ml (Zoloft)
tranylcypromine sulfate tab 10 mg (Parnate)
trazodone hcl tab 50 mg
trazodone hcl tab 100 mg
trazodone hcl tab 150 mg
trimipramine maleate cap 25 mg
trimipramine maleate cap 50 mg

trimipramine maleate cap 100 mg
venlafaxine hcl tab 25 mg (base equivalent)
venlafaxine hcl tab 37.5 mg (base equivalent)
venlafaxine hcl tab 50 mg (base equivalent)
venlafaxine hcl tab 75 mg (base equivalent)
venlafaxine hcl tab 100 mg (base equivalent)
venlafaxine hcl cap er 24hr 37.5 mg
(base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 75 mg
(base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 150 mg
(base equivalent) (Effexor xr)
vilazodone hcl tab 10 mg (Viibryd)
vilazodone hcl tab 20 mg (Viibryd)
vilazodone hcl tab 40 mg (Viibryd)

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကိာ်နိး, တၢ်ကဟ့ၣ်နၢကိာ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လိၤ. ကိး 1-866-251-6744 လၢ TTY
ဆဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າວ່າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ລ່າລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníft'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Kojí éi béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éi 711 jí' béésh bee hodíílnih.