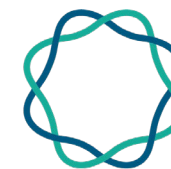


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# 2025 PLAN OVERVIEW



INSTIL<sup>®</sup> HEALTH



# CONTENT

- Overview
- Contacts and Resources
- Available Benefits



# OVERVIEW




# WHAT IS INSTIL HEALTH?

## Overview

- Budget-friendly health plan designed specifically for members living in Spartanburg and York counties.


## Sample ID Card

|  |  |
|--|--|
|  <b>INSTIL HEALTH</b> |  |
| Member Name<br><b>SUBSCRIBER NAME</b>  | InHealth                               |
| Member ID<br><b>123456789999</b>   | InHealth Network                       |
| RxBIN <b>021684</b>  | Referrals Required                     |
| RxGRP <b>BXIH</b>  |  |
| PLAN CODE <b>C60</b>   |  |
| <a href="http://www.InStilHealth.com">www.InStilHealth.com</a>   | Out-of-Network Emergency Services Only |

|   |  |
|---|--|
|  <b>INSTIL HEALTH</b>   | <a href="http://www.InStilHealth.com">www.InStilHealth.com</a>         |
| Members: Report all emergency admissions within 24 hours.   | <b>Member Resources</b>  |
| Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local InStil Health Plan where member received services. Benefits are only available in network. | Member Service Center:<br><b>833-738-0978</b>                          |
| Members have limited out-of-network benefits, which are only available when they receive services for an emergency medical condition.   | 24/7 Pharmacy Support:<br><b>833-730-1720</b>                          |
| A primary care physician will be automatically assigned to you. Your PCP will request referrals for next levels of care except for emergency situations.  | Mental Health & Substance Use Precertification:<br><b>800-868-1032</b> |
|   | <b>Provider Resources</b>  |
|   | Provider Services:<br><b>888-801-9746</b>                              |
|   | Medical Authorization:<br><b>888-801-9617</b>                          |
|   | Pharmacy Help Desk:<br><b>855-811-2218</b>                             |
|   | InStil Health Insurance Company<br>PO Box 100324<br>Columbia, SC 29202 |
| <b>X36</b>  |  |

# PCP ASSIGNMENT

- InStil Health members are assigned primary care providers (PCPs) and receive a letter notifying them of their assigned PCP.
- PCPs include:
  - General practice.
  - Family practice.
  - Internal medicine.
  - Pediatricians.
- PCP requests outside of the member's assigned PCP require a referral.

 INSTIL HEALTH

<<Date>>

<<First Name Last Name>>  
<<Address 1>>  
<<Address 2>>  
<<City, State Zip>>

RE: <<ID Card Number>>

|  
Dear <<First Name>>,

Thank you for being a member of InStil Health.

**Why We Are Writing**  
Your InStil Health plan has a requirement that we assign a primary care physician for you and your dependents. They are your first step for all care needs and will request referrals to specialists or other doctors. Your InStil Health plan requires referrals for all next levels of care except for emergency situations.

The providers assigned to you and your dependents are as follows:

<<Subscriber>>: <<PCP Name>>, <<Practice>>  
<<Spouse>>: <<PCP Name>>, <<Practice>>  
<<Dependent>>: <<PCP Name>>, <<Practice>>  
<<Dependent>>: <<PCP Name>>, <<Practice>>

**What You Need To Do**  
If you need your current provider to keep treating you for an ongoing medical condition, please call us at 833-738-0978. We may approve continued coverage with your current provider for up to 90 days.

Additionally, we may approve continued coverage for pregnant members. If you are pregnant in your second or third trimester, or if you have had three or more visits with your current provider, we will approve coverage for you to keep seeing that provider through your postpartum checkup.

**How To Contact Us**  
If you have any questions about this information, you can contact us:

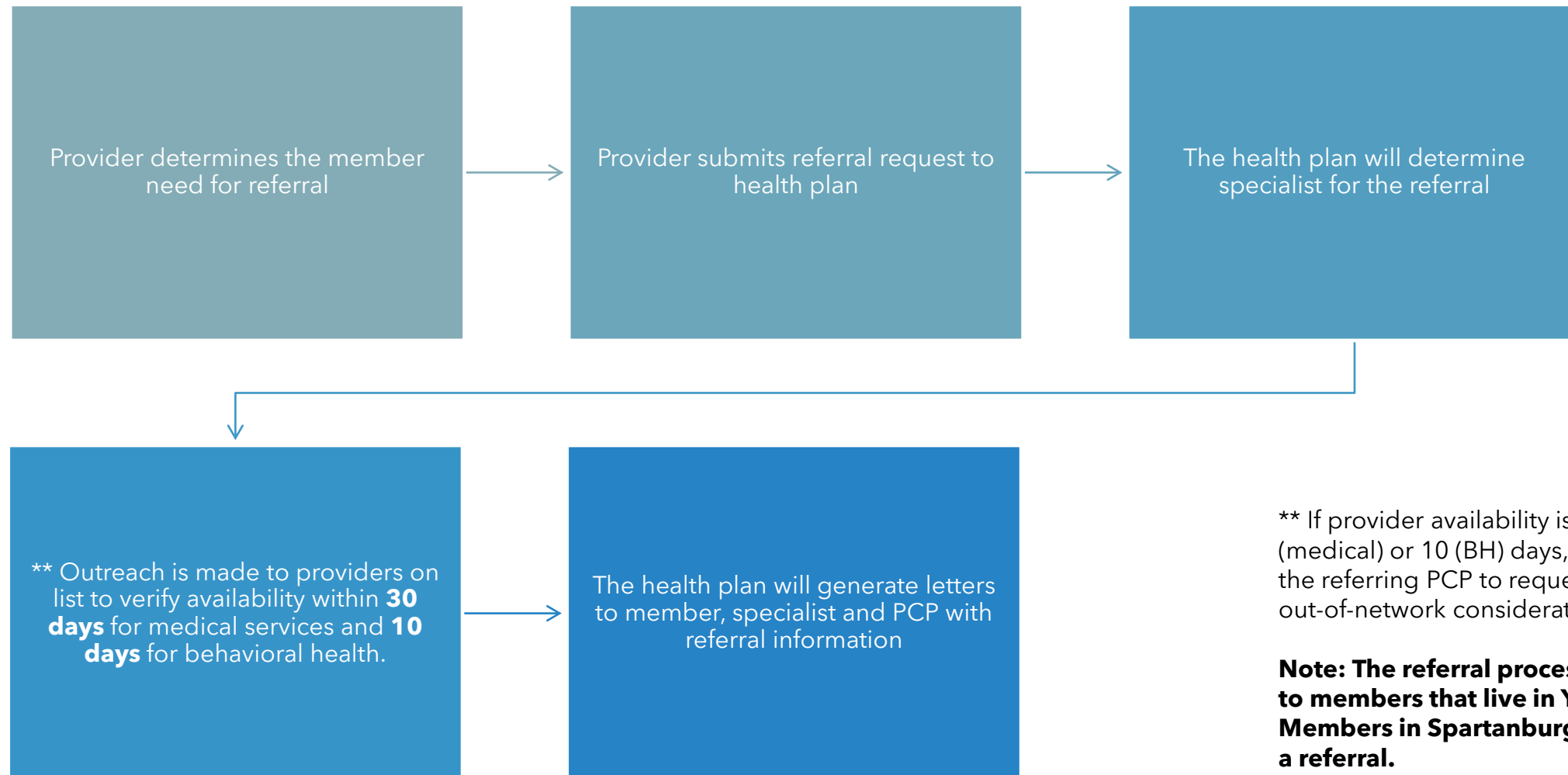
- Call us at 833-738-0978 from 8:30 a.m. – 5:30 p.m. Monday – Friday.
- Email us at [Instil.Membership@instilhealth.com](mailto:Instil.Membership@instilhealth.com).
- Use the *Ask Customer Service* chat function on My Health Toolkit® at [www.InStilHealth.com](http://www.InStilHealth.com).

Thank you for allowing us to serve you.

PO BOX 100324  
COLUMBIA SC 29202-3324

INSTILHEALTH.COM  
833-738-0978

# REFERRAL PROCESS (MEDICAL AND BEHAVIORAL HEALTH)



\*\* If provider availability is greater than 30 (medical) or 10 (BH) days, notice is sent to the referring PCP to request clinicals for out-of-network consideration.

**Note: The referral process only applies to members that live in York county. Members in Spartanburg do not require a referral.**

# KEY NOTES ON REFERRALS

- **Emergency room (ER) visit**
  - If the member was seen in the ER and the ER referred to the specialist, only one visit is approved.
  - For future visits with the specialist, the member's PCP must request a new referral.
- **Referrals are required for:**
  - All services **unless** there is an emergency, or a primary care provider (PCP) visit with the member's assigned PCP.
    - PCP outside of the member's assigned PCP requires a referral.
  - Services without a referral will be denied.
- **Referral and prior authorization requests:**
  - Email: [Med.Auth.Request@instilhealth.com](mailto:Med.Auth.Request@instilhealth.com)
    - A PDF form is available online for submission.
  - Medical Phone: 888-801-9617
  - Behavioral Health Phone: 800-868-1032

**Note: The referral process only applies to members that live in York county. Members in Spartanburg do not require a referral.**

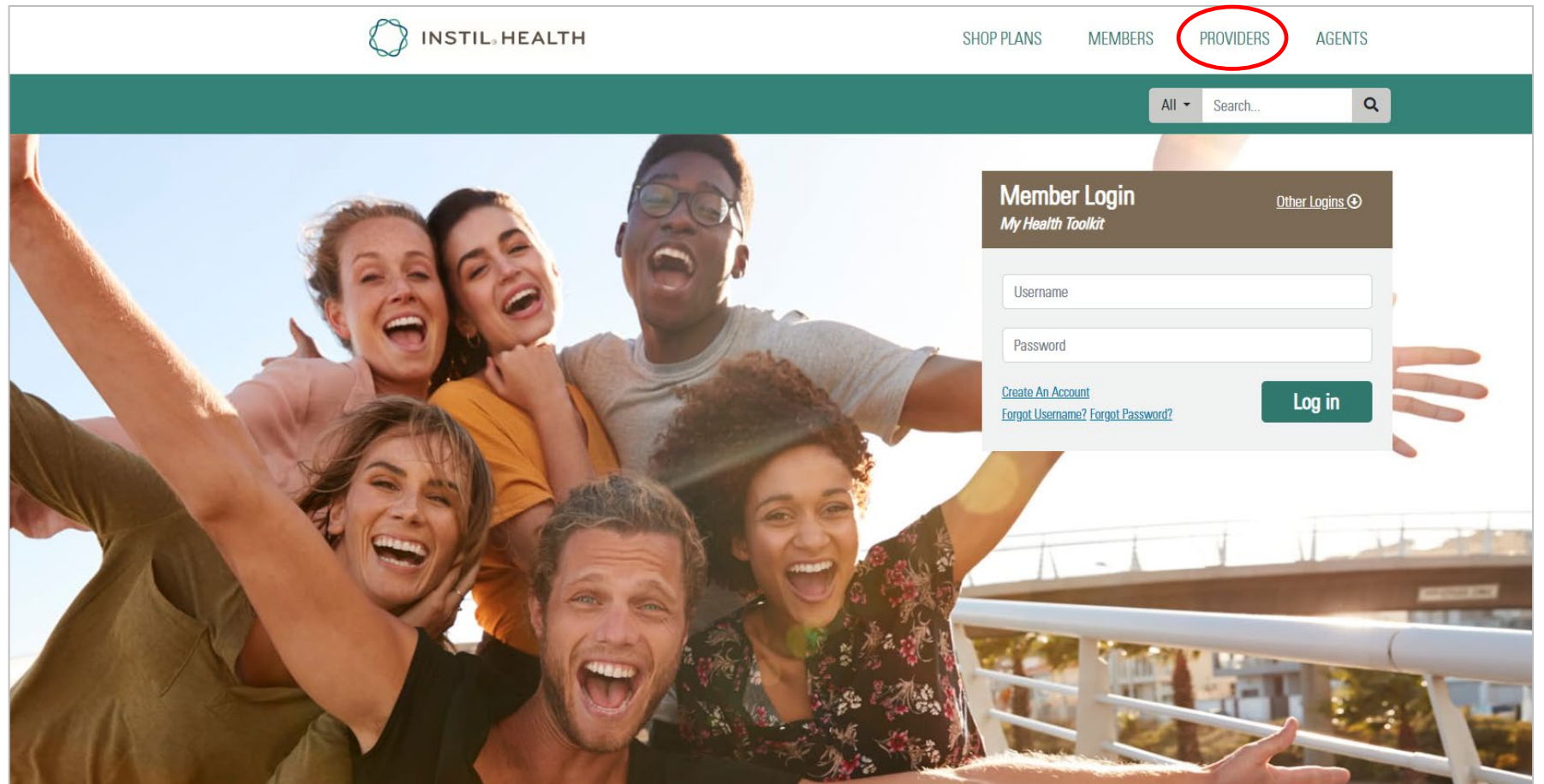


# CONTACTS AND RESOURCES



# WEBSITE

- [www.InStilHealth.com](http://www.InStilHealth.com)



# MEMBER CONTACTS

- Customer Service - Monday - Friday, 8:30 a.m. to 5:30 p.m.
  - Phone: 833-738-0978
  - TTY: 855-8894325
  - Fax: 803-870-9439
  - Email: [InStil.Membership@instilhealth.com](mailto:InStil.Membership@instilhealth.com)
  - Address: InStil Health  
P.O. Box 100324  
Mail Code: AX-F37  
Columbia, SC 29202-3324

# PROVIDER CONTACTS AND RESOURCES

- Provider Services - Monday - Friday, 8 a.m. to 6 p.m.; Closed 12:30 p.m. to 1:30 p.m. for lunch.
  - Portal: My Insurance Manager<sup>SM</sup>
  - Phone: 888-801-9746
  - Address: InStil Health  
P.O. Box 100324  
Mail Code: AX-F37  
Columbia, SC 29202-3324
- Prior Authorization
  - Email: [Med.Auth.Request@instilhealth.com](mailto:Med.Auth.Request@instilhealth.com)
  - Medical Phone: 888-801-9617
  - Behavioral Health Phone: 800-868-1032
- Provider Education
  - [InStil.Education@instilhealth.com](mailto:InStil.Education@instilhealth.com)

# PROVIDER CONTACTS AND RESOURCES (CONTINUED)

- Refunds
  - Address: InStil Health Insurance Company  
Attn: Lock Box  
P.O. Box 100216  
Columbia, SC 29202-3216
- Electronic Data Interchange (EDI)
  - [EDI.Services@instilhealth.com](mailto:EDI.Services@instilhealth.com)
- Manual and Guides
  - [www.InStilHealth.com](http://www.InStilHealth.com)
    - Providers>Tools and Resources



# AVAILABLE BENEFITS



# InHealth Basic 1

|  | COST SHARE 3   | COST SHARE 2   | COST SHARE 1   | BASE   |
|--|--|--|--|--|
| <b>Deductible</b>  | <b>Individual:</b> \$0<br><b>Family:</b> \$0   | <b>Individual:</b> \$400<br><b>Family:</b> \$800   | <b>Individual:</b> \$4,900<br><b>Family:</b> \$9,800   | <b>Individual:</b> \$6,500<br><b>Family:</b> \$13,000  |
| <b>Coinsurance</b>   | 20%  | 50%  | 50%  | 50%  |
| <b>Out-of-Pocket Maximum</b>   | <b>Individual:</b> \$1,500<br><b>Family:</b> \$3,000   | <b>Individual:</b> \$3,050<br><b>Family:</b> \$6,100   | <b>Individual:</b> \$7,350<br><b>Family:</b> \$14,700  | <b>Individual:</b> \$9,200<br><b>Family:</b> \$18,400  |
| <b>Primary Care Physician (PCP)</b>  | \$0 copay  | \$15 copay   | \$25 copay   | \$25 copay   |
| <b>Telehealth</b>  | <b>PCP:</b> \$0<br><b>Specialist:</b> \$10   | <b>PCP:</b> \$15<br><b>Specialist:</b> \$50  | <b>PCP:</b> \$25<br><b>Specialist:</b> \$60  | <b>PCP:</b> \$25<br><b>Specialist:</b> \$60  |
| <b>Specialist</b>  | \$10 copay   | \$50 copay   | \$60 copay   | \$60 copay   |
| <b>Urgent Care</b>   | \$10 copay   | \$50 copay   | \$60 copay   | \$60 copay   |
| <b>Emergency Room Services</b>   | 20% coinsurance  | 50% coinsurance after deductible   | 50% coinsurance after deductible   | 50% coinsurance after deductible   |
| <b>Inpatient Hospitalization</b>   | 20% coinsurance  | 50% coinsurance after deductible   | 50% coinsurance after deductible   | 50% coinsurance after deductible   |
| <b>Ambulatory Surgery Center</b>   | \$500 copay  | \$500 copay  | \$500 copay  | \$500 copay  |
| <b>Separate RX Deductible</b>  | <b>Individual:</b> \$1,500<br><b>Family:</b> \$3,000   | <b>Individual:</b> \$3,050<br><b>Family:</b> \$6,100   | <b>Individual:</b> \$7,350<br><b>Family:</b> \$14,700  | <b>Individual:</b> \$9,200<br><b>Family:</b> \$18,400  |
| <b>Separate RX Coinsurance</b>   | 0%   | 0%   | 0%   | 0%   |
| <b>Prescription Drugs*</b><br><b>Per 31-day supply</b><br><b>(up to 90-day supply maximum)</b> | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$2<br><b>Tier 2:</b> \$15<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$20<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$20<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$20<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. |

## InHealth Basic 1 + Vision

(Adult Vision: \$25 Copay on Eye Exam; \$50 Copay for Lenses)

|  | COST SHARE 3   | COST SHARE 2   | COST SHARE 1   | BASE   |
|--|--|--|--|--|
| <b>Deductible</b>  | <b>Individual:</b> \$0<br><b>Family:</b> \$0   | <b>Individual:</b> \$400<br><b>Family:</b> \$800   | <b>Individual:</b> \$4,900<br><b>Family:</b> \$9,800   | <b>Individual:</b> \$6,500<br><b>Family:</b> \$13,000  |
| <b>Coinsurance</b>   | 20%  | 50%  | 50%  | 50%  |
| <b>Out-of-Pocket Maximum</b>   | <b>Individual:</b> \$1,500<br><b>Family:</b> \$3,000   | <b>Individual:</b> \$3,050<br><b>Family:</b> \$6,100   | <b>Individual:</b> \$7,350<br><b>Family:</b> \$14,700  | <b>Individual:</b> \$9,200<br><b>Family:</b> \$18,400  |
| <b>Primary Care Physician (PCP)</b>  | \$0 copay  | \$15 copay   | \$25 copay   | \$25 copay   |
| <b>Telehealth</b>  | <b>PCP:</b> \$0<br><b>Specialist:</b> \$10   | <b>PCP:</b> \$15<br><b>Specialist:</b> \$50  | <b>PCP:</b> \$25<br><b>Specialist:</b> \$60  | <b>PCP:</b> \$25<br><b>Specialist:</b> \$60  |
| <b>Specialist</b>  | \$10 copay   | \$50 copay   | \$60 copay   | \$60 copay   |
| <b>Urgent Care</b>   | \$10 copay   | \$50 copay   | \$60 copay   | \$60 copay   |
| <b>Emergency Room Services</b>   | 20% coinsurance  | 50% coinsurance after deductible   | 50% coinsurance after deductible   | 50% coinsurance after deductible   |
| <b>Inpatient Hospitalization</b>   | 20% coinsurance  | 50% coinsurance after deductible   | 50% coinsurance after deductible   | 50% coinsurance after deductible   |
| <b>Ambulatory Surgery Center</b>   | \$500 copay  | \$500 copay  | \$500 copay  | \$500 copay  |
|  |  |  |  |  |
| <b>Separate RX Deductible</b>  | <b>Individual:</b> \$1,500<br><b>Family:</b> \$3,000   | <b>Individual:</b> \$3,050<br><b>Family:</b> \$6,100   | <b>Individual:</b> \$7,350<br><b>Family:</b> \$14,700  | <b>Individual:</b> \$9,200<br><b>Family:</b> \$18,400  |
| <b>Separate RX Coinsurance</b>   | 0%   | 0%   | 0%   | 0%   |
| <b>Prescription Drugs*<br/>Per 31-day supply<br/>(up to 90-day supply maximum)</b> | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$2<br><b>Tier 2:</b> \$15<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$20<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$20<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$20<br><b>Tier 3 - 4:</b> 0% coinsurance after Rx deductible is met. |

### Administered through VSP.

|                             |  |
|-----------------------------|--|
| Exam Services               | <ul style="list-style-type: none"> <li>Comprehensive WellVision Exam covered in full after \$25 copay.</li> </ul>  |
| Lenses                      | <ul style="list-style-type: none"> <li>Glasses or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full after \$50 glasses copay.</li> </ul>  |
| Lens Enhancements           | <ul style="list-style-type: none"> <li>The following lens enhancements are covered: Polycarbonate lenses, Scratch resistant coating, and UV coating. Members can elect additional lens enhancements and save an average of 20 - 25%.</li> </ul>  |
| Frame                       | <ul style="list-style-type: none"> <li>Frames are covered in full* up to the retail allowance of \$100.</li> <li>20% off any amount above the retail allowance.</li> <li>Members can choose from all frames available on the market today.</li> </ul>  |
| Additional Pairs of Glasses | <ul style="list-style-type: none"> <li>Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor.</li> </ul>   |
| Elective Contact Lenses     | <ul style="list-style-type: none"> <li>Contact lens exam (fitting and evaluation): Standard and Premium fits are covered in full.</li> <li>Prescription contact lens materials are covered in full up to the retail allowance of \$100 (in lieu of frame &amp; lenses).</li> <li>Members can choose from any available prescription contact lens materials.</li> </ul> |

## InHealth Basic 2

|  | COST SHARE 3   | COST SHARE 2   | COST SHARE 1  | BASE  |
|--|--|--|---|---|
| <b>Deductible</b>  | <b>Individual:</b> \$0<br><b>Family:</b> \$0   | <b>Individual:</b> \$1,100<br><b>Family:</b> \$2,200   | <b>Individual:</b> \$5,000<br><b>Family:</b> \$10,000   | <b>Individual:</b> \$5,300<br><b>Family:</b> \$10,600   |
| <b>Coinsurance</b>   | 10%  | 20%  | 30%   | 35%   |
| <b>Out-of-Pocket Maximum</b>   | <b>Individual:</b> \$3,050<br><b>Family:</b> \$6,100   | <b>Individual:</b> \$3,050<br><b>Family:</b> \$6,100   | <b>Individual:</b> \$7,350<br><b>Family:</b> \$14,700   | <b>Individual:</b> \$9,200<br><b>Family:</b> \$18,400   |
| <b>Primary Care Physician (PCP)</b>  | \$5 copay  | \$10 copay   | \$25 copay  | \$30 copay  |
| <b>Telehealth</b>  | <b>PCP:</b> \$5<br><b>Specialist:</b> \$10   | <b>PCP:</b> \$10<br><b>Specialist:</b> \$25  | <b>PCP:</b> \$25<br><b>Specialist:</b> \$50   | <b>PCP:</b> \$30<br><b>Specialist:</b> \$55   |
| <b>Specialist</b>  | \$10 copay   | \$25 copay   | \$50 copay  | \$55 copay  |
| <b>Urgent Care</b>   | \$10 copay   | \$25 copay   | \$50 copay  | \$55 copay  |
| <b>Emergency Room Services</b>   | \$300 copay then 10% coinsurance   | \$300 copay then 20% coinsurance after deductible  | \$300 copay then 30% coinsurance after deductible   | \$300 copay then 35% coinsurance after deductible   |
| <b>Inpatient Hospitalization</b>   | 10% coinsurance  | 20% coinsurance after deductible   | 30% coinsurance after deductible  | 35% coinsurance after deductible  |
| <b>Ambulatory Surgery Center</b>   | \$500 copay  | \$500 copay  | \$500 copay   | \$500 copay   |
| <b>Prescription Drugs*</b><br><b>Per 31-day supply</b><br><b>(up to 90-day supply maximum)</b> | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$25<br><b>Tier 3:</b> \$60<br><b>Tier 4:</b> 50% coinsurance | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$7<br><b>Tier 2:</b> \$30<br><b>Tier 3:</b> \$100<br><b>Tier 4:</b> 50% coinsurance after deductible | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$20<br><b>Tier 2:</b> \$55<br><b>Tier 3:</b> \$100<br><b>Tier 4:</b> 50% coinsurance after deductible | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$20<br><b>Tier 2:</b> \$60<br><b>Tier 3:</b> \$100<br><b>Tier 4:</b> 50% coinsurance after deductible |

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

## InHealth Basic Plus Standard

**Deductible** **Individual:** \$1,500  
**Family:** \$3,000

**Coinsurance** 25%

**Out-of-Pocket Maximum** **Individual:** \$7,800  
**Family:** \$15,600

**Primary Care Physician (PCP)** \$30 copay

**Telehealth** **PCP:** \$30  
**Specialist:** \$60

**Specialist** \$60 copay

**Urgent Care** \$45 copay

**Emergency Room Services** 25% coinsurance after deductible

**Inpatient Hospitalization** 25% coinsurance after deductible

**Ambulatory Surgery Center** 25% coinsurance after deductible

**Prescription Drugs\***  
**Per 31-day supply**  
**(up to 90-day supply maximum)** **Tier 0:** \$0  
**Tier 1:** \$15  
**Tier 2:** \$30  
**Tier 3:** \$60  
**Tier 4:** \$250

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

## InHealth Basic Standard

|  | COST SHARE 3  | COST SHARE 2  | COST SHARE 1  | BASE  |
|--|---|---|---|---|
| <b>Deductible</b>  | <b>Individual:</b> \$0<br><b>Family:</b> \$0  | <b>Individual:</b> \$500<br><b>Family:</b> \$1,000  | <b>Individual:</b> \$3,000<br><b>Family:</b> \$6,000  | <b>Individual:</b> \$5,000<br><b>Family:</b> \$10,000   |
| <b>Coinsurance</b>   | 25%   | 30%   | 40%   | 40%   |
| <b>Out-of-Pocket Maximum</b>   | <b>Individual:</b> \$2,000<br><b>Family:</b> \$4,000  | <b>Individual:</b> \$3,000<br><b>Family:</b> \$6,000  | <b>Individual:</b> \$6,400<br><b>Family:</b> \$12,800   | <b>Individual:</b> \$8,000<br><b>Family:</b> \$16,000   |
| <b>Primary Care Physician (PCP)</b>  | \$0 copay   | \$20 copay  | \$40 copay  | \$40 copay  |
| <b>Telehealth</b>  | <b>PCP:</b> \$0<br><b>Specialist:</b> \$10  | <b>PCP:</b> \$20<br><b>Specialist:</b> \$40   | <b>PCP:</b> \$40<br><b>Specialist:</b> \$80   | <b>PCP:</b> \$40<br><b>Specialist:</b> \$80   |
| <b>Specialist</b>  | \$10 copay  | \$40 copay  | \$80 copay  | \$80 copay  |
| <b>Urgent Care</b>   | \$5 copay   | \$30 copay  | \$60 copay  | \$60 copay  |
| <b>Emergency Room Services</b>   | 25% coinsurance   | 30% coinsurance after deductible  | 40% coinsurance after deductible  | 40% coinsurance after deductible  |
| <b>Inpatient Hospitalization</b>   | 25% coinsurance   | 30% coinsurance after deductible  | 40% coinsurance after deductible  | 40% coinsurance after deductible  |
| <b>Ambulatory Surgery Center</b>   | 25% coinsurance   | 30% coinsurance after deductible  | 40% coinsurance after deductible  | \$40% coinsurance after deductible  |
| <b>Prescription Drugs*<br/>Per 31-day supply<br/>(up to 90-day supply maximum)</b> | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$0<br><b>Tier 2:</b> \$15<br><b>Tier 3:</b> \$50<br><b>Tier 4:</b> %150 | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$10<br><b>Tier 2:</b> \$20<br><b>Tier 3:</b> \$60 copay after deductible<br><b>Tier 4:</b> \$250 copay after deductible | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$20<br><b>Tier 2:</b> \$40<br><b>Tier 3:</b> \$80 copay after deductible<br><b>Tier 4:</b> \$350 copay after deductible | <b>Tier 0:</b> \$0<br><b>Tier 1:</b> \$20<br><b>Tier 2:</b> \$40<br><b>Tier 3:</b> \$80 copay after deductible<br><b>Tier 4:</b> \$350 copay after deductible |

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

# CHIROPRACTIC COVERAGE

- Members have benefits for chiropractic services.
- \$25 copay.
- \$500 benefit maximum, per member, per benefit period.

# PHARMACY

## Prescription Drug Tiers

| Tier   | Description                    |
|--------|--------------------------------|
| Tier 0 | Preventive drugs               |
| Tier 1 | Generic drugs                  |
| Tier 2 | Preferred Brand-name drugs     |
| Tier 3 | Non-preferred Brand-name drugs |
| Tier 4 | Specialty drugs                |

- 90-day drug supplies available through mail-order pharmacy.
- Tier 4 is only available for up to a 31-day supply.
- Visit [www.InStillHealth.com](http://www.InStillHealth.com) for a full list of covered drugs.
  - Select **Members**, then **Prescription Drugs**.

# PHARMACY (CONTINUED)

## **Formulary**

- Narrow formulary with 2500+ drugs.
- Select brand name GLP-1s and insulins available.
- Retail and mail order through Optum Rx.
- Considerations for the formulary:
  - Members with an uncomplicated medical history.
  - Members who primarily use their prescription benefits for acute or seasonal conditions.
  - Members who primarily use generic medications.

# PHARMACY (CONTINUED)

## Tier 0 - Preventive Drugs

- Affordable Care Act benefit plans must cover certain preventive care medications at no cost-share to the member. These include:
  - Routine vaccines.
  - Statin preventive medications.
  - Tobacco cessation products.
  - Breast cancer preventive medications.
  - HIV preventive medications.
  - Birth control products.
  - Over-the-counter:
    - Aspirin.
    - Folic acid.
    - Bisacodyl.
    - Magnesium citrate.

# PHARMACY (CONTINUED)

## Inflammatory Agents

| Drug Name         | InStil Formulary |
|-------------------|------------------|
| Cimzia            | <b>Included</b>  |
| Cosentyx          | Not included     |
| Dupixent          | Not included     |
| Enbrel            | <b>Included</b>  |
| Humira            | Not included     |
| Humira Biosimilar | <b>Included</b>  |
| Simponi           | <b>Included</b>  |
| Skyrizi           | Not included     |
| Stelera           | Not included     |
| Taltz             | <b>Included</b>  |
| Tremfya           | Not included     |



THANK YOU FOR ATTENDING

