

Preventive care can help keep you healthy and may even save your life. Getting routine health exams and screenings can help catch problems early, when they're easier to treat. And getting the right preventive care services can help you manage your health conditions and stay healthy.

Under the Affordable Care Act (ACA), pharmacy benefits must cover certain categories of preventive care drugs and products at 100%. That means you don't have to pay a share of the cost — no copay, deductible or percentage of the cost (coinsurance).

### How do I get these drugs at no cost?

Talk with your doctor about choosing the medication or product that's right for you. To get these preventive drugs, including over-the-counter (OTC) drugs or products:

- They must be right for your age and condition.
- You'll need to get a prescription from your doctor (even for OTC products).
- Remember, only you and your doctor can decide on the medications you need and what's best for your health.

### Preventive drugs and products, by category

Here's a list of medications Anthem plans will cover with no cost-share for you under the ACA. Keep in mind that this list can change. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

#### **ASPIRIN**

Coverage includes generic over-the-counter 81mg and 325mg aspirin products to prevent preeclampsia in pregnant women and to prevent cardiovascular disease and colorectal cancer in adults 60-69 years old.

Aspirin 81mg, 325mg (tab, ec tab, chew)

#### **BOWEL PREP**

Coverage includes generic prescription and over-the-counter products and are limited to two (2) bowel prep kits per year for adults 50 - 75 years old.

bisacodyl  
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride  
magnesium citrate, hydroxide  
peg 3350-potassium chloride-sod  
bicarbonate-sod chloride (generic Nulytely)  
peg 3350-kcl-sod bicarb-sod chloride-

sod sulfate (generic Golytely)  
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid (generic Moviprep)  
polyethylene glycol 3350

#### **BREAST CANCER**

You may be required to get preapproval for the services associated with the drugs in this category

anastrozole 1mg  
exemestane 25mg  
letrozole 2.5 mg  
raloxifene 60mg  
Soltamox  
tamoxifen 10mg, 20mg

#### **CARDIOVASCULAR**

Full coverage for low-to-moderate dose generic statins will be limited to members 40-75 years old with one or more cardiovascular risk factor such as dyslipidemia, diabetes, hypertension, or smoking but who have not experienced a cardiovascular disease event.

atorvastatin (10 - 20 mg)  
fluvastatin (20 - 80 mg)  
lovastatin (10 - 40mg)  
pravastatin (10 - 80mg)  
rosuvastatin (5 - 10mg)  
simvastatin (5 - 40mg)

#### **CONTRACEPTION**

This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

#### **Oral Contraceptives**

afirmelle 0.1-0.02  
altavera  
alyacen 7/7/7  
amethia  
amethia lo  
amethyst 90-20mcg  
apri  
aranelle  
ashlyna  
aubra 0.1-0.02  
aubra eq 0.1-0.02  
aurovela 1.5/30  
aurovela 1/20  
aurovela 24 fe 1/20

aurovela fe 1.5/30  
aurovela fe 1/20  
aviane  
ayuna  
azurette 28  
Balcoltra 0.1-20  
balziva  
bekyree  
blisovi 24 fe 1/20  
blisovi fe 1.5/30  
blisovi fe 1/20  
briellyn  
camila 0.35mg  
camrese  
camrese lo  
caziant  
chateal 0.15/30  
chateal eq 0.15/30  
cryselle-28  
cyclafem 1/35  
cyclafem 7/7/7  
cyred  
cyred eq  
dasetta 1/35  
dasetta 7/7/7  
daysee  
deblitane 0.35mg  
delyla 0.1-0.02  
deso/ethinyl estradio  
dros/eth est levomefo  
drospir/ethi 3-0.03mg  
drospire/eth/estr/lev  
drospirenone ethy est  
elinest

emoquette  
enpresse-28  
enskyce  
errin 0.35mg  
estarylla 0.25-35  
ethy eth est 1-35  
ethynodiol 1-50  
Falessa  
falmina  
fayosim  
femynor 0.25-35  
gianvi 3-0.02mg  
hailey 1.5/30  
hailey 24 fe  
heather 0.35mg  
incassia 0.35mg  
introvale  
isibloom  
isibloom 0.15-30  
jaimiess  
jasmiel 3-0.02mg  
jencycla 0.35mg  
jolessa  
jolivette 0.35mg  
juleber  
junel 1.5/30  
junel 1/20  
junel fe 1.5/30  
junel fe 1/20  
junel fe 24 1/20  
kaitlib fe  
kalliga  
kariva 28  
kelnor 1/35

kelnor 1/50  
 kimidess  
 kurvelo 0.15/30  
 larin 1.5/30  
 larin 1/20  
 larin 24 fe 1/20  
 larin fe 1.5/30  
 larin fe 1/20  
 larissia  
 layolis fe  
 leena  
 lessina  
 levo-eth est 90-20mcg  
 levonest  
 levonor/ethi  
 levonor/ethi 0.1-0.02  
 levonor/ethi estradio  
 levora-28 0.15/30  
 lillow 0.15/30  
 Lo loestrin 1-10-10  
 lojaimiess  
 loryna 3-0.02mg  
 low-ogestrel  
 lo-zumandimi 3-0.02mg  
 lutera  
 lyza 0.35mg  
 marlissa 0.15/30  
 melodetta 24 fe  
 mibelas 24 fe  
 microgestin 1.5/30  
 microgestin 1/20  
 microgestin fe 1/20  
 microgestin fe1.5/30  
 mili 0.25/35  
 mircette 28 day  
 mono-linyah 0.25-35  
 mononessa  
 myzilra  
 Natazia  
 necon 0.5/35  
 necon 7/7/7  
 nikki 3-0.02mg  
 nor/est/ff 1.5/30  
 nora-be 0.35mg  
 nore/eth/fer 0.4mg-35  
 noreth/ethin fe  
 noreth/ethin fe 1/20  
 noreth/ethin 1.5/30  
 noreth/ethin 1/20  
 noreth/ethin fe 1/20  
 norethindron 0.35mg  
 norgest/ethi 0.25/35  
 norgest/ethi/estradio  
 norlyroc 0.35mg

nortrel 0.5/35  
 nortrel 1/35  
 nortrel 7/7/7  
 ocella 3-0.03mg  
 ogestrel  
 orsythia  
 philith 0.4-35  
 pimtrea  
 pirmella 1/35  
 pirmella 7/7/7  
 portia-28  
 previfem  
 quasense  
 rajani  
 reclipfen  
 rivelsa  
 setlakin  
 sharobel 0.35mg  
 simliya 28  
 simpesse  
 Slynd  
 sprintec 28  
 sronyx  
 syeda 3-0.03mg  
 tarina 24 fe  
 tarina fe 1/20  
 tarina fe 1/20 eq  
 Taytulla  
 tilia fe  
 tri femynor  
 tri-estaryll  
 tri-legest fe  
 tri-linyah  
 tri-lo estaryll  
 tri-lo marzia  
 tri-lo- sprintec  
 tri-lo-mili  
 tri-mili  
 trinessa  
 trinessa lo  
 tri-previfem  
 tri-sprintec  
 trivora-28  
 tri-vylibra  
 tri-vylibra lo  
 tulana 0.35mg  
 tydemy  
 velivet  
 vestura 3-0.02mg  
 vienna 0.1-20  
 viorele  
 volnea  
 vyfemla 0.4-35  
 vylibra 0.25-35

wera 0.5/35  
 wymzya fe chw 0.4mg-35  
 zarah 3-0.03mg  
 zenchent  
 zovia 1/35e  
 zumandimine 3-0.03mg  
Cervical Caps (Rx)  
 Femcap mis 22-30mm  
Diaphragms  
 Caya dpr  
 Omniflex  
 Wide-seal dpr kit 60-95  
Emergency Contraception (Rx or OTC)  
 aftera tab 1.5mg  
 econtra ez tab 1.5mg  
 Ella tab 30mg  
 levonorgestr tab 1.5mg  
 my choice tab 1.5mg  
 my way tab 1.5mg  
 new day tab 1.5mg  
 next choice tab 1.5mg  
 opcicon 1.5mg  
 preventeza tab 1.5mg  
 react tab 1.5mg  
 take action tab 1.5mg  
Female Condoms (OTC)  
 Fc2 female mis condom  
Injectables (Rx)  
 depo-sq prov inj  
 medroxypr ac inj 150mg/ml  
Intrauterine Devices and Vaginal Rings  
 annovera mis  
 eluryng mis  
 etonogestere mis ethy est  
Spermicides (OTC)  
 conceptrol gel 4%  
 encare sup 100mg  
 gynol ii gel 3%  
 Shur-Seal gel 2%  
 VCF vaginal aer gel,mis  
 contracp  
Transdermal  
 xulane dis 150-35  
 Twirla dis 120-30  
Vaginal Sponge  
 Today sponge mis

**FLUORIDE (GENERIC ONLY)**  
 sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg  
 sodium fluoride tab 0.5mg, 1mg  
 sodium fluoride soln 0.25mg 0.5mg 0.125mg  
 pediatric multivitamin/fluoride chew, tab, soln 0.25mg, 0.5mg, 1mg,0.125mg, 1.1mg, 2.2mg

**FOLIC ACID**  
*Coverage for generic only, prescription and over-the-counter included for women ages 55 or younger who are planning and able to get pregnant.*

folic acid tab,cap 400mcg, 800mcg  
 Prenatal and multivitamins w/ folic acid (generic OTC only)

**HIV PRE-EXPOSURE PROPHYLAXIS**  
*Effective 7/1/2020 for group benefits and 1/1/2021 for individual benefits.*

Emtriva 200mg  
 tenofovir 300mg  
 emtricitabine-tenofovir 200-300mg

**SMOKING CESSATION**  
*Coverage includes prescription and over-the-counter, brand and generic for members greater than 18 years old.*

OTC (Brand and Generic)  
 Nicotine Replacement Gum, Lozenge and Patch  
 (Prescription)  
 Chantix Tablet  
 Nicotrol Inhaler

Nicotrol Nasal Spray  
**VACCINES**  
 BCG  
 Diphtheria, Tetanus, Pertussis  
 Haemophilus B Polysac Conj  
 Hepatitis A  
 Hepatitis B  
 Human Papillomavirus (HPV)  
 Influenza Virus  
 Measles, Mumps & Rubella Virus  
 Meningococcal  
 Pneumococcal  
 Poliovirus, IPV  
 Rotavirus , Oral  
 Varicella Virus  
 Zoster (shingles)

- 1 The range of preventive care services covered at no cost share when provided in network is designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your **Certificate of Coverage** or call the Member Services number on your ID card.
- 2 Limited to two (2) bowel prep screenings per year.
- 3 You may be required to get preapproval for these services.
- 4 Full coverage for statins will be limited to members with cardiovascular risk factors but who have not experienced a cardiovascular disease event.
- 5 This benefit also applies to those younger than age 19.
- 6 A cost share may apply for other prescription contraceptives, based on your drug benefits.
- 7 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

# Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

## Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

## Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

## Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

## Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

## Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

## Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

## Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

## Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

## Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

## French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

#### Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

#### Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

#### Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

#### Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

#### Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸੇਵਾ ਸੰਖਿਆ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

#### Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. (TTY/TDD: 711)

#### **It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.