

The Affordable Care Act (ACA) mandates certain group and individual health plans provide coverage for preventative services with no member cost share when provided by in-network providers. All non-grandfathered fully insured and self-funded plans, including those that do not currently cover preventive services, are now required to provide preventive coverage with no member cost-share.

ACA No-Cost Preventive Drug List should be used as a guide and not be considered as a comprehensive list of medications. ACA Drug List does not guarantee coverage. It may be subject to change as ACA guidelines are periodically reviewed and updated. Coverage restrictions or limitations may apply.

Category	Examples	Age Criteria	Specific Coverage
<b>ASPIRIN</b> Prevent cardiovascular disease and colorectal cancer	<b>Generics:</b> aspirin 81mg, aspirin 81mg chewable	Males: 55-79 years Females: 45-79 years	<b>Brands with generics:</b> Member Responsible for 100% of Total Drug Cost
<b>BOWEL PREPARATION</b> Screen for colon and rectal cancers	<b>Generics:</b> Gavilyte, Na Sulfate-K Sulfate-Mg Sulf, polyethylene glycol (PEG) 3350 <b>Brands:</b> Clenpiq, Plenvu, Suflave, Sutab	Adults: 45-75 years	<b>Generics &amp; Brands (No Generics Available):</b> 100% Covered <b>Brands with generics:</b> Member Responsible for 100% of Total Drug Cost Limit 2 prescriptions per 365 days
<b>ANTI-CHOLESTEROL</b> Lowers cholesterol to help prevent cardiovascular disease when one or more risk factors are present	<b>Generics:</b> atorvastatin 10-20mg, fluvastatin, fluvastatin ER, lovastatin, pitavastatin, pravastatin, rosuvastatin 5-10mg, simvastatin	Adults: 40-75 years	<b>Generics Only:</b> 100% Coverage <b>Statin Coverage:</b> Low-to-Moderate Intensity
<b>HIV Pre-Exposure Prophylaxis (PrEP)</b> Prevention of Human Immunodeficiency Virus (HIV) contraction for high-risk individuals	<b>Generic:</b> emtricitabine-tenofovir disoproxil (generic Truvada) <b>Brands:</b> Apretude, Descovy, Yeztugo	N/A	<b>Generics Only:</b> 100% Coverage <b>PA Required for Apretude and Yeztugo</b>

Category	Examples	Age Criteria	Specific Coverage
<b>ROUTINE IMMUNIZATIONS</b>  Prevent certain illnesses in people of all ages	<b>Vaccines:</b>  <b>COVID-19:</b> Comirnaty, mNexspike, Nuvaxovid, Spikevax  <b>Diphtheria-Tetanus-Pertussis:</b> Adacel, Boostrix, Daptacel, Infanrix  <b>Haemophilus Influenzae Type B:</b> ActHIB, Hiberix, Pedvax  <b>Hepatitis A:</b> Havrix, Vaqta  <b>Hepatitis B:</b> Engerix, Heplisav-B, PreHevbio, Recombivax  <b>Shingles:</b> Shingrix  <b>HPV:</b> Gardasil  <b>Polio:</b> Inactivated Poliovirus – Ipol  <b>Influenza:</b> Alfluria, Audenz, Fluad, Fluarix, Flublok, Flucelvax, Flumist, Fluzone  <b>Meningococcal:</b> Bexsero, MenQuadfi, Menveo, Penbraya, Penmenvy, Trumenba  <b>Mumps:</b> M-M-R II, Priorix  <b>Pneumococcal:</b> Capvaxive, Pneumovax, Prevnar, Vaxneuvance  <b>Rotavirus:</b> Rotarix, RotaTeq  <b>RSV:</b> Abrysvo, Arexvy, MResvia, Beyfortus  <b>Varicella:</b> Varivax	The age for coverage varies based upon the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention.	<b>All Vaccines are Brands:</b> 100% Covered  Childhood and adult vaccines are recommended per the current CDC immunization schedule

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<b>TOBACCO CESSATION</b> Help adults to quit tobacco use to prevent health problems	<b>Generics:</b> nicotine (gum, lozenges, patches), bupropion ER 150mg (smoking deterrent)*, varenicline  <b>Brands:</b> Nicotrol Nasal Spray+  *Generic Zyban, not Wellbutrin +PA Required	Adults: ≥18 years	<b>Generics &amp; Brands (No Generics Available):</b> 100% Covered  <b>Brands with generics:</b> Member Responsible for 100% of Total Drug Cost  *Limited to 6 months of therapy per 365 days for all plans except HSA
<b>BREAST CANCER</b> Prevent breast cancer in women who are at an increased risk	<b>Generics:</b> raloxifene, tamoxifen, anastrozole, letrozole, exemestane	Females: ≥35 years	<b>Generics Only:</b> 100% Coverage Females Only
<b>FOLIC ACID</b> Prevent birth defects in women who are planning to become pregnant or are able to become pregnant	<b>Generic:</b> folic acid 400-800 mcg	Females: <55 years	<b>Generics Only:</b> 100% Coverage  <b>Brands with generics:</b> Member Responsible for 100% of Total Drug Cost Females Only
<b>CONTRACEPTIVES</b> Prevention of pregnancy	Oral Tablets, Topical Patch, Intravaginal Ring, Vaginal Gel, Injection, Cervical Cap, Diaphragm, Sponge, Female Condom, Spermicide, IUD, Implant, Emergency Contraceptive, Non-Hormonal (Phexxi)	N/A	<b>Generics &amp; Brands (No Generics Available):</b> 100% Covered  <b>Brands with generics:</b> PA Required Females Only

## PROCESSING PARAMETERS

ACA Drugs: Deductible Waived, \$0 Member Copay

Medications covered at a \$0 cost share will not count towards a deductible.

\$0 cost share only applies if prescription is written by a physician

\$0 cost share only applies to Tier 1 (generics) and Tier 2 (preferred brand) medications

Tier 3 (non-preferred brand) – Member is responsible for the applicable cost share or full cost of the drug.

A member may request to appeal this through our prior authorization program to receive a \$0 copay for Tier 3 non-preferred brand medications.

Injectables or other medications administered by a clinician that is not considered self-administered will be covered under the medical benefit, unless otherwise noted such as the influenza vaccines. Specific variations by plan.