

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

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



ACA No Cost Preventive Services List

January 2026

Applies to Non-Grandfathered Plans

Category	Examples	Age Criteria	Specific Coverage
TOBACCO CESSATION Help adults to quit tobacco use to prevent health problems	Generics: nicotine (gum, lozenges, patches), bupropion ER 150mg (smoking deterrent)*, varenicline Brands: Nicotrol Nasal Spray+ *Generic Zyban, not Wellbutrin +PA Required	Adults: ≥18 years	Generics & Brands (No Generics Available): 100% Covered Brands with generics: Member Responsible for 100% of Total Drug Cost *Limited to 6 months of therapy per 365 days for all plans except HSA
BREAST CANCER Prevent breast cancer in women who are at an increased risk	Generics: raloxifene, tamoxifen, anastrozole, letrozole, exemestane	Females: ≥35 years	Generics Only: 100% Coverage Females Only
FOLIC ACID Prevent birth defects in women who are planning to become pregnant or are able to become pregnant	Generic: folic acid 400-800 mcg	Females: <55 years	Generics Only: 100% Coverage Brands with generics: Member Responsible for 100% of Total Drug Cost Females Only
CONTRACEPTIVES 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	Generics & Brands (No Generics Available): 100% Covered Brands with generics: 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.
------------------------------	--