



The Affordable Care Act Preventive Care Coverage for Non-Grandfathered Plans

The following products and immunizations have been identified as preventative and may be available to members at no cost (copay, coinsurance, or deductible). Benefits are subject to the established plan provisions.

Rx and OTC Coverage		
<u>Medication</u>	<u>Applies to</u>	<u>Coverage</u>
Aspirin 81mg	OTC	pregnant women up to 50 who are at high-risk of pre-eclampsia
Aspirin 81, 325mg	OTC	no greater than 325mg for men and women ages 50 to 69
Fluoride	OTC and Rx	children ages 6 month to 5 years
Folic Acid	OTC and Rx	0.4 and 0.8mg for women up to age 50
Iron Supplements	OTC and Rx	children ages 6 months to 12 months
Erythromycin ophth oint 0.5%	Rx	for newborns
Contraceptive Coverage		
<u>Medication/Product</u>	<u>Applies to</u>	<u>Example</u>
Devices	Rx	Mirena IUD, Diaphragm
Implant	Rx	Implanon, Nexplanon
Injectable	Rx	Depo-Provera
Oral	Rx	Ortho Tri-Cyclen, Yasmin
Extended-Cycle Oral	Rx	Seasonale, Seasonique
Transdermal	Rx	Ortho Evra
Vaginal	Rx	Nuvaring
Emergency	OTC	Plan B, Next Choice
Other	OTC	Spermicides, Sponges, Condoms
Smoking Cessation Coverage		
<u>Medication/Product</u>	<u>Applies to</u>	<u>Coverage</u>
Chantix (starter pack)	Rx	2 packs per year
Chantix	Rx	224 tablets per year
Bupropion	Rx	360 tablets per year
Nicotrol Inhaler	Rx	2688 cartridges per year
Nicotrol Nasal Spray	Rx	90 bottles per year
Nicoderm Patch	OTC	140 patches per year
Nicoderm Gum	OTC	480 pieces per year
Nicoderm Lozenge	OTC	480 pieces per year
Immunization Coverage		
Tetanus		Influenza (Flu)
Diphtheria		Pneumococcal (Polysaccharide) (Pneumonia)
Pertussis (Td/Tdap)		Hepatitis A
Human Papillomavirus (HPV)		Hepatitis B
Measles		Meningococcal
Mumps		Varicella (Chickenpox)
Rubella (MMR)		Zoster (Shingles)
Breast Cancer Preventive Coverage		
<u>Medication</u>	<u>Applies to</u>	<u>Coverage</u>
Tamoxifen	Rx	women ages 35 and over without a prior diagnosis of breast cancer
Raloxifene	Rx	women ages 35 and over without a prior diagnosis of breast cancer
Bowel Preparation Coverage		
<u>Medication/Product</u>	<u>Applies to</u>	<u>Coverage</u>
Colyte Sol Packs	Rx	men and women ages 50 and over
Gavilyte Sol	Rx	men and women ages 50 and over
Golytely Sol	Rx	men and women ages 50 and over
Moviprep	Rx	men and women ages 50 and over
Nulytely	Rx	men and women ages 50 and over
Osmoprep	Rx	men and women ages 50 and over
Peg 3350 Sol	Rx	men and women ages 50 and over
Prepopik	Rx	men and women ages 50 and over
Suclear	Rx	men and women ages 50 and over
Suprep	Rx	men and women ages 50 and over
Trilyte	Rx	men and women ages 50 and over
Statins, Low to Moderate Intensity, Generic Only		
<u>Medication/Product</u>	<u>Applies to</u>	<u>Coverage</u>
Atorvastatin 10 mg, 20 mg	Rx	men and women ages 40 to 75
Fluvastatin 20 mg, 40 mg	Rx	men and women ages 40 to 75
Fluvastatin ER 80 mg	Rx	men and women ages 40 to 75
Lovastatin 10 mg, 20 mg, 40 mg	Rx	men and women ages 40 to 75
Pravastatin 10 mg, 20 mg, 40 mg, 80 mg	Rx	men and women ages 40 to 75
Rosuvastatin 5 mg, 10 mg	Rx	men and women ages 40 to 75
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	RX	men and women ages 40 to 75

(OTC) Over the Counter, (Rx) Prescription. Coverage for preventative care medications include generic products and brand products that do not have a generic equivalent. All medications and immunizations require a prescription from a physician and must be purchased at a pharmacy to obtain the no cost-share.

Contact your Script Care Ltd. Account Manager for additional information.

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