

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  
elinst

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  
lutura  
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  
noreth/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  
pimtree  
pirmella 1/35  
pirmella 7/7/7  
portia-28  
previfem  
quasense  
rajani  
reclipsen  
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-estaryl  
tri-legest fe  
tri-linyah  
tri-lo estaryl  
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  
prevenza 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  
Truvada 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.

***This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.***

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](http://anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE<sup>SM</sup> Managed Care, Inc. (RIT), Healthy Alliance<sup>SM</sup> Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 61088MUMENABS Rev. 10/1/2020

# 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>.