

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
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
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	ogestrel	zumandimine 3-0.03mg	sodium fluoride soln	Haemophilus B Polysac
larin 1.5/30	orsythia	<u>Cervical Caps (Rx)</u>	0.25mg 0.5mg	Conj
larin 1/20	philith 0.4-35	Femcap mis 22-30mm	0.125mg	Hepatitis A
larin 24 fe 1/20	pimtreea	<u>Diaphragms</u>	pediatric multivitamin/ fluoride chew, tab, soln	Hepatitis B
larin fe 1.5/30	pirmella 1/35	Caya dpr	0.25mg, 0.5mg,	Human Papillomavirus
larin fe 1/20	pirmella 7/7/7	Omniflex	1mg, 0.125mg, 1.1mg,	(HPV)
larissia	portia-28	Wide-seal dpr kit 60-95	2.2mg	Influenza Virus
layolis fe	previfem	<u>Emergency</u>		Measles, Mumps &
leena	quasense	<u>Contraception (Rx or</u>		Rubella Virus
lessina	rajani	<u>OTC)</u>	FOLIC ACID	Meningococcal
levo-eth est 90-20mcg	reclipsen	aftera tab 1.5mg	<i>Coverage for generic</i>	Pneumococcal
levonest	rivelsa	econtra ez tab 1.5mg	<i>only, prescription and</i>	Poliovirus, IPV
levonor/ethi	setlakin	Ella tab 30mg	<i>over-the-counter</i>	Rotavirus , Oral
levonor/ethi 0.1-0.02	sharobel 0.35mg	levonorgestr tab 1.5mg	<i>included for women</i>	Varicella Virus
levonor/ethi estradio	simliya 28	my choice tab 1.5mg	<i>ages 55 or younger who</i>	Zoster (shingles)
levora-28 0.15/30	simpesse	my way tab 1.5mg	<i>are planning and able to</i>	
lillow 0.15/30	sprintec 28	new day tab 1.5mg	<i>get pregnant.</i>	
lojaimiess	sronyx	next choice tab 1.5mg	folic acid tab, cap	
loryna 3-0.02mg	syeda 3-0.03mg	opcicon 1.5mg	400mcg, 800mcg	
low-ogestrel	tarina 24 fe	preventeza tab 1.5mg	Prenatal and	
lo-zumandimi 3-0.02mg	tarina fe 1/20	react tab 1.5mg	multivitamins w/ folic	
lutura	tarina fe 1/20 eq	take action tab 1.5mg	acid (generic OTC only)	
lyza 0.35mg	tilia fe	<u>Female Condoms (OTC)</u>		
marlissa 0.15/30	tri femynor	Fc2 female mis condom	HIV PRE-EXPOSURE	
melodetta 24 fe	tri-estaryl	<u>Injectables (Rx)</u>	PROPHYLAXIS	
mibelas 24 fe	tri-legest fe	depo-sq prov inj	<i>Effective 7/1/2020 for</i>	
microgestin 1.5/30	tri-linyah	medroxypr ac inj	<i>group benefits and 1/1/</i>	
microgestin 1/20	tri-lo estaryl	150mg/ml	<i>2021 for individual</i>	
microgestin fe 1/20	tri-lo marzia	<u>Intrauterine Devices and</u>	<i>benefits.</i>	
microgestin fe1.5/30	tri-lo- sprintec	<u>Vaginal Rings</u>	emtricitabine 200mg	
mili 0.25/35	tri-lo-mili	eluryng mis	tenofovir 300mg	
mircette 28 day	tri-mili	etonogestere mis ethy	emtricitabine-tenofovir	
mono-linyah 0.25-35	trinessa	est	200-300mg	
mononessa	trinessa lo	<u>Spermicides (OTC)</u>		
myzilra	tri-previfem	conceptrol gel 4%	SMOKING CESSATION	
necon 0.5/35	tri-sprintec	encare sup 100mg	<i>Coverage includes</i>	
necon 7/7/7	trivora-28	gynol ii gel 3%	<i>prescription and over-</i>	
nikki 3-0.02mg	tri-vylibra	Shur-Seal gel 2%	<i>the-counter, brand and</i>	
nor/est/ff 1.5/30	tri-vylibra lo	VCF vaginal aer gel, mis	<i>generic for members</i>	
nora-be 0.35mg	tulana 0.35mg	contracp	<i>greater than 18 years</i>	
nore/eth/fer 0.4mg-35	tydemy	<u>Transdermal</u>	<i>old.</i>	
noreth/ethin fe	velivet	xulane dis 150-35	OTC (Brand and	
noreth/ethin fe 1/20	vestura 3-0.02mg	<u>Vaginal Sponge</u>	Generic)	
noreth/ethin 1.5/30	vienna 0.1-20	Today sponge mis	Nicotine Replacement	
noreth/ethin 1/20	viorele		Gum, Lozenge and	
noreth/ethin fe 1/20	volnea	FLUORIDE (GENERIC	Patch	
norethindron 0.35mg	vyfemla 0.4-35	ONLY)	(Prescription)	
norgest/ethi 0.25/35	vylibra 0.25-35	sodium fluoride chew	Chantix Tablet	
norgest/ethi/estradio	wera 0.5/35	0.25mg, 0.5mg, 1mg,	Nicotrol Inhaler	
norlyroc 0.35mg	wymzya fe chw 0.4mg-	2.2mg	Nicotrol Nasal Spray	
nortrel 0.5/35	35	sodium fluoride tab		
nortrel 1/35	zarah 3-0.03mg	0.5mg, 1mg		
nortrel 7/7/7	zenchent		VACCINES	
ocella 3-0.03mg	zovia 1/35e		BCG	
			Diphtheria, Tetanus,	
			Pertussis	

- 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. 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): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM 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. 1/1/2021

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 ਸਰਵਿਸਜ਼ 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>.