

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 IngenioRx 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 45 - 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  
na sulfate-k sulfate-mg sulf (generic Suprep)

#### **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  
gemmily 1/20  
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	necon 7/7/7	tri-mili	<u>Intrauterine Devices and Vaginal Rings</u>	tenofovir 300mg
jolivet 0.35mg	nikki 3-0.02mg	trinessa	eluryng mis	emtricitabine-tenofovir 200-300mg
juleber	nor/est/ff 1.5/30	trinessa lo	etonogestere mis ethy est	<b><u>PREDIABETES</u></b>
junel 1.5/30	nora-be 0.35mg	tri-previfem	<u>Spermicides (OTC)</u>	<i>Full coverage of metformin 850mg is limited to members 35-70 years old who have prediabetes.</i>
junel 1/20	nore/eth/fer 0.4mg-35	tri-sprintec	conceptrol gel 4%	metformin 850mg
junel fe 1.5/30	noreth/ethin fe 1/20	trivora-28	encare sup 100mg	
junel fe 1/20	noreth/ethin 1.5/30	tri-vylibra	gynol ii gel 3%	
junel fe 24 1/20	noreth/ethin 1/20	tulana 0.35mg	Shur-Seal gel 2%	
kaitlib fe	noreth/ethin fe 1/20	tydemy	VCF vaginal aer gel,mis	
kalliga	nore/eth/fer 1/20	velivet	contracp	
kariva 28	nore/eth/fer 1/20	vestura 3-0.02mg	<u>Transdermal</u>	
kelnor 1/35	norethindron 0.35mg	vienva 0.1-20	xulane dis 150-35	
kelnor 1/50	norgest/ethi 0.25/35	viorele	<u>Vaginal Sponge</u>	
kimidess	norgest/ethi/estradio	volnea	Today sponge mis	
kurvelo 0.15/30	norlyroc 0.35mg	vyfemla 0.4-35	<b><u>FLUORIDE (GENERIC ONLY)</u></b>	
larin 1.5/30	nortrel 0.5/35	vylibra 0.25-35	<i>Coverage for children age 6 months to 16 years.</i>	
larin 1/20	nortrel 1/35	wera 0.5/35	sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg	
larin 24 fe 1/20	nortrel 7/7/7	wymzya fe chw 0.4mg-35	sodium fluoride tab 0.5mg, 1mg	
larin fe 1.5/30	ocella 3-0.03mg	zarah 3-0.03mg	sodium fluoride soln 0.25mg 0.5mg	
larin fe 1/20	ogestrel	zenchent	0.125mg	
larissia	orsythia	zovia 1/35e	pediatric multivitamin/ fluoride chew, tab, soln 0.25mg, 0.5mg, 1mg,0.125mg, 1.1mg, 2.2mg	
layolis fe	philith 0.4-35	zumandimine 3-0.03mg		
leena	pimtree	<u>Cervical Caps (Rx)</u>		
lessina	pirmella 1/35	Femcap mis 22-30mm		
levo-eth est 90-20mcg	pirmella 7/7/7	<u>Diaphragms</u>		
levonest	portia-28	Caya dpr		
levonor/ethi	previfem	Omniflex		
levonor/ethi estradio	quasense	Wide-seal dpr kit 60-95		
levora-28 0.15/30	rajani	<u>Emergency Contraception (Rx or OTC)</u>		
lillow 0.15/30	reclipsen	aftera tab 1.5mg		
lojaimiess	rivelsa	econtra ez tab 1.5mg		
loryna 3-0.02mg	setlakin	Ella tab 30mg		
low-ogestrel	sharobel 0.35mg	levonorgestr tab 1.5mg		
lo-zumandimi 3-0.02mg	simliya 28	my choice tab 1.5mg		
luteria	simpesse	my way tab 1.5mg		
lyza 0.35mg	sprintec 28	new day tab 1.5mg		
marlissa 0.15/30	sronyx	next choice tab 1.5mg		
melodetta 24 fe	syeda 3-0.03mg	opcicon 1.5mg		
merzee 1/20	tarina 24 fe	preventeza tab 1.5mg		
mibelas 24 fe	tarina fe 1/20	react tab 1.5mg		
microgestin 1.5/30	tarina fe 1/20 eq	take action tab 1.5mg		
microgestin 1/20	taysofy 1/20	<u>Female Condoms (OTC)</u>		
microgestin fe 1/20	tilia fe	Fc2 female mis condom		
microgestin fe1.5/30	tri femynor	<u>Injectables (Rx)</u>		
mili 0.25/35	tri-estaryl	depo-sq prov inj		
mircette 28 day	tri-legest fe	medroxypr ac inj 150mg/ml		
mono-linyah 0.25-35	tri-linyah			
mononessa	tri-lo estaryl			
myzilra	tri-lo marzia			
necon 0.5/35	tri-lo- sprintec			
	tri-lo-mili			

### **PREDIABETES**

*Full coverage of metformin 850mg is limited to members 35-70 years old who have prediabetes.*

metformin 850mg

### **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)  
Nicotrol Inhaler  
Nicotrol Nasal Spray  
varenicline

### **VACCINES**

BCG  
COVID-19  
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)

## 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' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiilnih. (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>.