

# Affordable Care Act preventive items and services

The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost.

The following preventive medications are covered 100% and are not subject to deductibles (certain restrictions apply). This list should be used as a guide. It cannot be considered a comprehensive listing of medications available or covered without cost-sharing. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider. This list is subject to change as ACA guidelines are updated or modified.

*Members: The terms of your health plan will ultimately determine coverage, the applicability of coverage criteria, and cost-sharing. Coverage is determined under the terms of your medical plan. If you have questions about your medical plan coverage, please call The Disney Benefits Center at 1.800.354.3970. You can also call Express Scripts at 800.375.0596 or visit their website at [express-scripts.com](http://express-scripts.com).*

## Aspirin products (for patients less than 70 years old)

aspirin  
81 mg and 325 mg

## Fluoride products (children 6 months through 16 years)

fluoride chewable tablet  
0.25 mg and 0.5 mg

fluoride drops  
0.125, 0.25 mg and 0.5 mg

multivitamin w/ fluoride chewable  
0.25 mg and 0.5 mg

drops  
0.25 mg and 0.5 mg suspension

## Iron supplements

iron (various strengths)  
drops, liquid, suspension, granules

multivitamin with iron  
drops, liquid, suspension

## Folic acid products (for patients through the age of 50)

folic acid tablet 0.4 mg and 0.8 mg

prenatal and multivitamins w/ folic acid  
0.4 mg and 0.8 mg

## Smoking cessation products (for patients 18 years of age and older)

bupropion SR 150 mg  
Chantix  
nicotine gum, lozenge and patch  
(over-the-counter products only)

## Statins (for patients between the age of 40 and over through the age of 75)

### Covered products are generic low to moderate dose statins:

atorvastatin greater equal 20 mg

fluvastatin greater equal 80 mg

lovastatin greater equal 40 mg

pravastatin greater equal 80 mg

rosuvastatin greater equal 10 mg

simvastatin greater equal 40 mg

## HIV Pre-exposure prophylaxis (PrEP) (for patients through the age of 50)

Descovy

emtricitabine 200 mg/tenofovir disoproxil fumarate  
300 mg (generic Truvada)



Please see other side >

## **Bowel preps (limit of 2 prescriptions per year for patients between the age of 50 through 75)**

bisacodyl  
magnesium citrate  
milk of magnesia  
peg 3350-electrolyte

## **Primary prevention of breast cancer (for patients 35 years of age or more, if coverage criteria is met)**

anastrozole  
exemestane  
raloxifene  
Soltamox (liquid tamoxifen)  
tamoxifen

## **Immunizations**

Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age and/or gender limitations. Coverage also includes immunizations used to prevent illnesses associated with travel such as typhoid, yellow fever, and Japanese encephalitis.

## **Contraceptive methods (for patients through the age of 50 years old)**

Covered products include OTC contraceptive methods (female condom, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices (diaphragms, skin patch systems, injectable contraception, intrauterine systems, and implants).



Please note: coverage of brand-name medications is dependent on the terms of your health plan. Age restrictions may apply.

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