

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.

Aspirin products (for patients younger than 70 years)

aspirin
81 mg and 325 mg

Fluoride products (for children 6 months - 16 years)

fluoride chewable tablet
0.25 mg and 0.5 mg

fluoride drops
0.125 mg, 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

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 and older)

bupropion SR 150 mg

Chantix (varenicline)

nicotine gum, lozenge and patch
(over-the-counter products only)

Statins (for patients 40 - 75 years)

Covered products are generic low to moderate dose statins:

atorvastatin less than or equal to 20 mg

fluvastatin less than or equal to 80 mg

lovastatin less than or equal to 40 mg

pravastatin less than or equal to 80 mg

rosuvastatin less than or equal to 10 mg

simvastatin less than or equal to 40 mg

HIV Pre-exposure prophylaxis (PrEP)

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



Please see other side >

**Bowel preps
(limit of 2 prescriptions per year
for patients 45 - 75 years)**

bisacodyl
magnesium citrate
milk of magnesia
peg 3350-electrolyte

**Primary prevention of breast cancer
(for patients 35 years and older,
if coverage criteria are 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)**

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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