

Coverage for preventive drugs for adults and children



Did you know certain drugs are available to you with no cost-sharing?

Your Independence Blue Cross (Independence) health plan's prescription drug benefit covers the following list of preventive care drugs with no cost-sharing, as required by the Affordable Care Act.

The drugs on this list include certain prescription and over-the-counter products, including generics and those brands that do not have a generic equivalent or generic alternative. These drugs are eligible for coverage with no cost-sharing with a prescription when provided by a participating retail or mail pharmacy.*

Use this list to talk with your provider about options that may be appropriate and available to you at no cost.

Adults' \$0 Preventive Drugs

Aspirin[†] — for adults aged 50–59 to prevent cardiovascular disease; for pregnant women after 12 weeks gestation who are at high risk for preeclampsia

- Only aspirin 81 mg is covered

Breast cancer chemoprevention — for members aged 35 and older

- Only tamoxifen 20 mg is covered

Bowel preparation products — for members aged 45–75

- Includes generic prescription products and over-the-counter (OTC) polyethylene glycol 3350 powder for solution indicated for colonoscopy prep

To be eligible for no cost-sharing you'll need to:

- Get a prescription from your provider.
- Fill the prescription at an in-network pharmacy.
- Meet any applicable age and other coverage requirements.‡

* Certain designated preventive medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract, including age and other coverage requirements.

† Does not include combination products

‡ Visit the U.S. Preventive Services Task Force uspreventiveservicestaskforce.org for complete guidelines.

Contraceptives — for women

- Includes, but not limited to, most oral, injectable, transdermal (i.e., Xulane[®]), diaphragms, cervical caps, intravaginal (i.e., etonogestrel ethinyl estradiol vaginal ring), female condoms, and contraceptive film and jelly

Note: Intrauterine devices (IUD)s and implantable products are covered under the medical benefit.

Folic acid[†] — for women planning for or capable of pregnancy

- Limited to 0.4 – 0.8 mg of folic acid

Statin preventive medication — for adults aged 40–75 with no history of cardiovascular disease

- Includes lovastatin 40 mg or less

Tobacco interventions — for adults who use tobacco products

- Includes Chantix[®], bupropion HCL (generic Zyban[®]), and nicotine replacement products (i.e., nicotine gums, nicotine inhalers, and nicotine patches)

Prevention of Human Immunodeficiency Virus (HIV) Infection:

Preexposure Prophylaxis — for persons with no history of HIV infection who are at high risk for HIV acquisition

- Includes emtricitabine-tenofovir disoproxil fumarate 200-300 mg, tenofovir 300 mg

Children's \$0 Preventive Drugs

Fluoride[†] — for children aged six months to 16 years

- Limited to strengths less than or equal to 0.5 mg (1.1 mg sodium fluoride)
- Does not include toothpastes and rinse

Vaccines (Immunizations)*

To prevent certain illnesses in infants, children, and adults

- **Influenza:** Afluria[®], Fluzone [Quad][®], Fluzone[®], Fluarix[®], Flumist[®], Flublok[®], Flud[®], Flucelvax[®], Flulaval[®]
- **Pneumococcal:** Prevnar 13[®], Pneumovax 23[®]
- **Shingles:** Shingrix[®] — for members at least 50 years of age. Cost share applies for members 18–49 years of age

Questions? Call the phone number on the back of your member ID card for more information

This document is intended to offer a general overview of preventive drugs available under Independence health plans with no cost-sharing, in accordance with the Affordable Care Act. The medications on the preventive drug list are periodically reviewed by Independence and are subject to change in accordance with the requirements of the health care law. Preventive medications on this list will not be subject to any cost-sharing when you use a participating in-network pharmacy, but will be subject to the terms and conditions of your benefits contract, including age and other coverage requirements. This list was developed based on Independence's interpretation of health care reform requirements. If the government releases additional guidance on preventive medications, this list may be revised accordingly.

Please see your member handbook and/or benefit booklet to determine if your plan includes coverage for in-network preventive services with no cost-sharing. If not, the preventive drugs on this list may be subject to a copayment, coinsurance, or deductible.

Prevention matters

Getting preventive care and taking prescribed preventive medications can help you and your family stay healthier and lower your out-of-pocket medical costs.

What are generic drugs?

Generic drugs are prescription medications that have the same active ingredients, dosage amounts, strength, safety, and quality as brand-name prescription medications. Generics are as safe as their brand-name counterparts. Talk to your provider to see if generic drugs are right for you.

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† Does not include combination products

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deutsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih koji' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.