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 federal health care law.

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. These drugs are eligible for coverage with no cost-sharing with a doctor’s prescription when provided by a participating retail or mail pharmacy.

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

Adults’ $0 Preventive Drugs

Aspirin† — for adults age 50-59 to prevent cardiovascular disease; low dose (81mg) for women after 12 weeks gestation who are at high risk for preeclampsia

Breast cancer chemoprevention — for members age 35 and older

• Only tamoxifen 20 mg is covered

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

• Get a prescription from your doctor.
• Fill the prescription at an in-network pharmacy.
• Meet any applicable age/gender/condition requirements.¹

* 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 gender requirements.  
† Does not include combination products  
¹ Visit the U.S. Preventive Services Task Force www.uspreventiveservicestaskforce.org for complete guidelines.
Bowel preparation products — for members ages 50-75
• Includes generic, prescription-only products indicated for colonoscopy prep

Contraceptives — for women
• Includes, but not limited to, oral, injectable, implantable, transdermal (i.e., Xulane), diaphragms, cervical caps, devices, intravaginal (i.e., NuvaRing), female condoms, and contraceptive film and jelly

Folic acid† — for women planning for or capable of pregnancy
• Limited to 0.4 to 0.8 mg of folic acid

Statin preventive medication — for adults age 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)

Vitamin D† — to help prevent fractures due to falls in adults age 65 years and older
• Limited to strengths less than 800 IU

Children’s $0 Preventive Drugs
Fluoride† — for children ages 6 months to 60 months
• Limited to strengths less than or equal to .5 mg (1.1 mg sodium fluoride)
• Does not include toothpastes and rinse

Iron† — for children ages 6 months to 12 months who are at increased risk for iron-deficiency anemia

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 the Affordable Care Act as it relates to coverage for certain designated preventive drugs. 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 gender 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.

* 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 gender requirements.
† 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


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。


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 નિશ્ચિત સલાહ સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.


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: ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجاني. اتصل برقم 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।


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 می‌کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می‌شود. با شماره 1-800-275-2583 تماس بگیرید.


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

Mon-Khmer, Cambodian: ប្រសិនបើអ្នកសរសេរជាក្រូនិយោគ រឿងម៉ូសុវត្ថិភាពរឿងម៉ូសុវត្ថិភាព គឺ អាចសរសេរជាក្រូនិយោគរឿងម៉ូសុវត្ថិភាពរឿងម៉ូសុវត្ថិភាព ដ៏ស្កស្កអង់គ្លេស 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: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.