

# Preventive Care Benefits

## Prescription Drugs

**The use of prescribed medications, both prescription and over-the-counter, can be a useful way for members to maintain good health. As part of healthcare reform, the U.S. government identified the following types of medications as important for preventing future illness.**

To receive 100 percent coverage (i.e., no out-of-pocket cost) for these medications, members must get a prescription from their healthcare provider and present it at the pharmacy, even if the medication is available over the counter without a prescription. If a member uses a non-network retail pharmacy to fill a prescription for one of these medications, he or she may have to pay more.

Health insurance carriers (or health plans) are required by the Patient Protection and Affordable Care Act to fully cover the following preventive care medications:

Drug Type	Medication Examples	Coverage Rules <sup>1</sup>
Aspirin	aspirin 81 mg, children's aspirin	Applies to members who have a high risk of preeclampsia due to pregnancy
Colonoscopy preparations	bisacodyl, PEG/electrolytes solution	Applies to members up to ages 40 to 75 who are scheduled to receive a colonoscopy
Contraceptives <sup>2</sup>	hormonal contraceptives, diaphragms, other	Applies to members capable of pregnancy
Fluoride	Epiflur, ReNaf, sodium fluoride	Applies to members ages 6 months to 16 years
Folic acid	folic acid (0.4mg – 0.8mg)	Applies to members planning or capable of pregnancy
Medications to prevent cardiovascular disease	statins (e.g., atorvastatin, rosuvastatin, simvastatin)	Applies to members ages 40 to 75 at high risk for cardiovascular disease; ask your prescriber to contact Express Scripts at 1-800-417-1961 for a cost-share/copay waiver if you believe you qualify
Medication to reduce the risk of primary breast cancer	tamoxifen, raloxifene, exemestane, anastrozole	Applies to members over the age of 35 at high risk for developing primary breast cancer (i.e., members have not previously been diagnosed); ask your prescriber to contact Express Scripts at 1-800-417-1961 for a cost-share/copay waiver if you believe you qualify
Smoking cessation aids	Nicotine patch, Nicotine gum, Bupropion SR (generic Zyban)	180-day supply per rolling 365-day period
Preexposure Prophylaxis (PrEP) for HIV Infection	Emtricitabine-tenofovir disoproxil fumarate	Applies to members at high risk of HIV infection; ask your prescriber to contact Express Scripts at 1-800-417-1961 for a cost share/copay waiver if you believe you qualify.

## Contraceptive Coverage

For our standard plan offerings with prescription drug benefits,<sup>3</sup> Medical Mutual will cover the following contraceptive drug types at no cost to members:

- Generic drugs
- Brand products that do not have a generic equivalent. (You may be required to try a generic product before a brand product is covered at no cost. Brand products that have a generic equivalent may be covered if your doctor or health provider completes a coverage review indicating the brand product is medically necessary. Quantity limits may also apply. For more information, please call Customer Care at 1-877-480-3110.)
- Certain over-the-counter contraceptive products if the member has a valid prescription<sup>4, 5</sup>
- Plans using a closed formulary only cover certain generic and brand contraceptives. Please consult your formulary materials for coverage details. If your provider feels only a non-formulary contraceptive is required, he or she must submit a formulary exception request.

The range of prescription contraceptives includes intrauterine devices (IUDs, either copper or with progestin), injections, oral birth control pills (including estrogen and progestin combinations, progestin only and extended/continuous use), birth control patches, vaginal rings, diaphragms, sponges, cervical caps, condoms, spermicide and emergency contraception (Plan B, Plan B One Step, Next Choice, Ella). Please note: Not all of these prescription contraceptives are available at a retail network pharmacy or mail-order pharmacy, and must be obtained through a provider. Other prescription drug benefit rules may still apply.

## Grandfathered Plans

Grandfathered plans may be exempt from the coverage rules detailed on this flier. Please check your certificate or benefit book for more information.

**If you have questions about these recommendations, contact your Medical Mutual representative or broker.**

### Footnotes

1. Prescription benefit plan coverages and exclusions may apply outside of the coverage rules described.
2. Applies to non-grandfathered plans only, beginning with plan years on or after August 1, 2012. Please see additional information above.
3. If a group offers prescription drug benefits through a pharmacy benefit manager other than our relationship with Express Scripts, that pharmacy benefit manager may adopt different guidelines.
4. Over-the-counter contraceptives include condoms, sponges, spermicides and the Plan B ("morning after") pill. A member must get a prescription for these over-the-counter contraceptives to receive 100 percent coverage.
5. Due to continuous drug changes in quantity, strength and coding, a specific list of covered drugs is not available. For questions about a specific drug or product, please call Customer Care or Rx Member Services at the numbers on your Medical Mutual ID card.