



Some medications are free with your plan under the Affordable Care Act (ACA)*

We want to make it easy for our members to get the care they need. Especially preventive care, which can help prevent health problems from becoming serious.

The federal government decides what medications are most important for preventive health. And we cover those at 100% when you meet certain age and gender requirements; have a prescription from a health care provider (even for over-the-counter, or OTC, medicines); and fill your prescription at an in-network pharmacy.

*“Free” means that you will not have a copay or have to pay money toward your deductible or coinsurance for the medication. Other rules may apply, including age and gender requirements and frequency limitation rules. Review your plan documents for a list of covered preventive services and medications. The “ACA” designation in the formulary, or drug list, for your plan refers to the Affordable Care Act, also known as Obamacare or health care reform. The ACA requires health plans to cover many preventive care services and drugs without making members pay anything toward their costs. This list is subject to change. For the most up-to-date list of covered drugs, visit the pharmacy section on connecticare.com.

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

Preventive Medications Covered Under the Affordable Care Act (ACA)

Please note: Generic drug examples are italicized and in lowercase letters.

Brand-name drug examples are not italicized and are in uppercase letters.

Aspirin

Who's covered? No age limit

What's covered? Generic over-the-counter products only, up to 325 mg when prescribed by a physician

Examples: *aspirin chewable 81 mg*
aspirin enteric coated tablet 325 mg

Cholesterol/Statins

Who's covered? Adults age 40 – 75

What's covered? Select generic strengths of low-to moderate-dose statins and high-dose statins for primary prevention of cardiovascular disease

Examples: *atorvastatin*
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

Oral Fluoride

Who's covered? Children age 6 months through 16 years

What's covered? Generic only (prescription/over-the-counter) single entity and combo products when prescribed by a physician

Examples: *sodium fluoride chewable tablet 0.25 to 0.5 mg*
sodium fluoride solution 0.25 mg to 0.5 mg/ml oral drops
tri-vit with fluoride 0.25 mg to 0.5 mg/ml

Folic Acid

Who's covered? No Age Restriction

What's covered? Generic only (prescription/over-the-counter) 0.4 mg – 0.8 mg single entity as well as combo products when prescribed by a physician

Examples: *folic acid 0.4 mg (400 mcg)*
folic acid 0.8 mg (800 mcg)

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Smoking Cessation

Who's covered? Adults 18 years of age and older

What's covered? All FDA-approved smoking cessation products (prescription/over-the-counter) when prescribed by a physician

Examples: *bupropion HCL SR 150 mg* (ZYBAN 150 mg)
nicotine 21 mg/24 hr patch

Bowel Preps

Who's covered? Adults ≥ 45 and ≤ 75 years of age

What's covered? Generic only (prescription/over-the-counter) when prescribed by a physician (limit 2 prescriptions per 365 days)

Examples: *gavilyte – h kit*
peg 3350 powder
peg-prep kit

Immunizations – To prevent certain illness in people of all ages. Provider must adhere to the FDA/CDC age/frequency/gender guidelines.

Examples: Diphtheria

Haemophilus Influenzae Type B (Hib)

Hepatitis A

Hepatitis B

Herpes Zoster (Shingles)

Human Papillomavirus (HPV)

Inactivated Poliovirus (IPV)

Influenza (Flu)

Measles, Mumps, Rubella (MMR)

Meningococcal

Pneumococcal

Respiratory syncytial virus (RSV)

Rotavirus

Shingles

Tetanus-Acellular, Pertussis (DTap)

Tetanus-Diphtheria/Tetanus-Diphtheria Acellular Pertussis (Tdap)

Tick-borne encephalitis (TBE)

Varicella (Chicken Pox)

For adult and child & adolescent immunization schedules (for persons aged 0-6 years, 7-18 years and “catch-up schedule”), visit cdc.gov/vaccines/schedules.

HIV Prep – To prevent Human Immunodeficiency Virus (HIV).

Who's covered? Persons of any age lacking a history of treatment for HIV

What's covered? *Emtricitabine/Tenofovir Disoproxil Fumarate* 200 mg/300 mg dose only

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Breast Cancer Prevention

Who's covered? Persons 35 years of age and older who meet criteria

What's covered? Generic *tamoxifen*, *anastrozole*, *exemestane*, SOLTAMOX, and *raloxifene* when prescribed by a physician and clinical criteria are met

*Requires preauthorization to determine if clinical criteria are met

Women's Contraception – For the prevention of pregnancy in women.

The following contraceptives are provided at a zero cost share as mandated by the Affordable Care Act (ACA). Please note that single-source brand* and multi-source brand** contraceptives are only available at a zero cost share when specific plan requirements are met. The list is subject to change to remain compliant with ACA guidelines.

Members: The terms of your health plan will ultimately determine coverage and cost sharing. For specific questions about your coverage, please call the phone number printed on your ID card.

Cervical Cap

FEMCAP*

Diaphragm

CAYA CONTOURED*

WIDE SEAL DIAPHRAGM*

Emergency

AFTERA**

econtra ez

econtra one-step

fallback solo

levonorgestrel

my choice

my way

new day

next choice

opcicon one-step

option 2

PLAN B ONE-STEP**

TAKE ACTION**

Emergency/progestin blocker

ELLA*

Female Condom

FC2 FEMALE CONDOM*

Implantable Rod

NEXPLANON*

Injection

DEPO-PROVERA**

DEPO-SUBQ PROVERA
104*

*medroxyprogesterone
acetate*

IUD Copper

PARAGARD T 380-A*

IUD/progestin

KYLEENA*

LILETTA*

MIRENA*

SKYLA*

Patch

xulane

Spermicide

CONCEPTROL*

gynol ii

VCF FILM*

VCF FOAM

VCF GEL*

Sponge

TODAY CONTRACEPTIVE

SPONGE*

Vaginal Ring

ANNOVERA*

Oral Contraceptive – Continuous

amethia / lo

*ashlyna camrese /
lo daysee fayosim
introvale*

jolessa

levonorgestrel-e.e.

quasense rivelsa

setlakin

Oral Contraceptive – Progestin ONLY

camila

deblitane errin heather incassia

jencycla jolivette lyza

nora-be norethindrone norlyda

norlyroc

ORTHO MICRONOR**

sharobe

tulana

*Indicates single-source brand product |

**Indicates multi-source brand product

Preventive Medications Covered Under the Affordable Care Act (ACA)

Women's Contraception – For the prevention of pregnancy in women. (continued)

Oral Contraceptives - Combined

<i>afirmelle</i>	<i>kalliga</i>	<i>pirmella</i>
<i>altavera</i>	<i>kariva</i>	<i>portia</i>
<i>alyacen</i>	<i>kelnor</i>	<i>previfem</i>
<i>amethyst</i>	<i>kimidess</i>	<i>rajani</i>
<i>apri</i>	<i>kurvelo</i>	<i>reclipsen</i>
<i>aranelle</i>	<i>larin / fe / 24 fe</i>	<i>setlakin</i>
<i>aubra / eq</i>	<i>larissia</i>	<i>simliya</i>
<i>aurovelle / fe / fe 24</i>	<i>layolis fe</i>	<i>simpesse</i>
<i>aviane</i>	<i>leena</i>	<i>sprintec</i>
<i>ayuna</i>	<i>lessina</i>	<i>sronyx</i>
<i>azurette</i>	<i>levonest</i>	<i>syeda</i>
<i>balziva</i>	<i>levonorgestrel-e.e.</i>	<i>tarina fe</i>
<i>bekyree</i>	<i>levora-28</i>	<i>tilia fe</i>
BEYAZ**	<i>lillow</i>	<i>tri-estarylla</i>
<i>blisovi fe / 24 fe</i>	<i>lojaimiess</i>	<i>trifemynor</i>
BREVICON**	<i>lomedica 24 fe</i>	<i>tri-legest fe</i>
<i>briellyn</i>	<i>loryna</i>	<i>tri-lynyah</i>
<i>caziant</i>	<i>low-ogestrel</i>	<i>tri-lo-estarylla</i>
<i>charlotte 24 fe</i>	<i>lutera</i>	<i>tri-lo-marzia</i>
<i>chateal / eq</i>	<i>marlissa</i>	<i>tri-mili</i>
<i>cryselle</i>	<i>melodetta 24 fe</i>	<i>tri-milli / lo</i>
<i>cyclafem</i>	<i>mibelas 24 fe</i>	<i>trinessa / lo</i>
CYCLESSA**	<i>microgestin / fe</i>	TRI-NORINYL**
<i>cyred / eq</i>	<i>microgestin 24 fe**</i>	<i>tri-previfem</i>
<i>dasetta</i>	<i>mili</i>	<i>tri- and tri-lo sprintec</i>
<i>delyla</i>	<i>mono-lynyah</i>	<i>trivora-28</i>
<i>desogestrel-e.e.</i>	<i>mononessa</i>	<i>tri-vylibra</i>
<i>drospirenone-e.e.</i>	<i>myzilra</i>	<i>tri-vylibra / lo</i>
<i>drospirenone-e.e.-levomef</i>	<i>necon</i>	<i>tydemy</i>
<i>elinest</i>	<i>nikki</i>	<i>velivet</i>
<i>emoquette</i>	<i>norethindrone-e.e.</i>	<i>vestura</i>
<i>enpresse</i>	<i>norethindrone-e.e. / fe</i>	<i>vienva</i>
<i>enskyce</i>	<i>norgestimate-e.e.</i>	<i>viorele</i>
<i>estarylla</i>	<i>norgestrel-e.e.</i>	<i>vyfemla</i>
ESTROSTEP FE**	<i>nortrel</i>	<i>volnea</i>
<i>ethynodiol-e.e.</i>	<i>norinyl</i>	<i>vylibra</i>
<i>falmina</i>	<i>ocella</i>	<i>wera</i>
<i>femynor</i>	<i>ogestrel</i>	<i>wymzya fe</i>
<i>gemmily</i>	<i>orsythia</i>	YAZ**
<i>gianvi</i>	ORTHO TRI-CYCLEN / LO**	<i>zarah</i>
<i>gildagia</i>	ORTHO-CYCLEN**	<i>zenchent / fe</i>
<i>hailey / fe 24</i>	ORTHO-NOVUM**	<i>zumandimine / lo</i>
<i>isibloom</i>	<i>philith</i>	<i>zovia</i>
<i>juleber</i>	<i>pimtrea</i>	
<i>jaimiess</i>		
<i>junel / fe / fe 24</i>		
<i>kaitlib fe</i>		

Vaginal Gel

*Indicates single-source brand product | **Indicates multi-source brand product