



Some medicines are a \$0 copay 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 medicines are most important for preventive health. And we cover those in full when you meet certain age and gender requirements; have a prescription from a health care professional (even for over-the-counter (OTC) medicines); and fill your prescription at an in-network pharmacy.

*\$0 means that you will not have a copay or have to pay money toward your deductible or coinsurance for the medicine. 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 medicines. 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 at 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

Examples: *aspirin 81 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
pitavastatin
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*
sodium fluoride solution

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)

Chantix (varenicline)

nicotine patch/gum/lozenge

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 solution*

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:	Chikungunya	Meningococcal
	COVID-19	Pneumococcal
	Dengue	Polio
	Diphtheria	Rabies
	Haemophilus Influenzae Type B (Hib)	Respiratory syncytial virus (RSV)
	Hepatitis A	Rotavirus
	Hepatitis B	Shingles
	Herpes Zoster (Shingles)	Tetanus-Acellular, Pertussis (DTap)
	Human Papillomavirus (HPV)	Tetanus-Diphtheria/Tetanus-
	Inactivated Poliovirus (IPV)	Diphtheria Acellular Pertussis (Tdap)
	Influenza (Flu)	Varicella (Chicken Pox)
	Measles, Mumps, Rubella (MMR)	

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](https://www.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

Apretude

Descovy

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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

after pill

AFTERA**

curae

econtra ez

econtra one-step

her style

levonorgestrel

my choice

my way

new day

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

ashlyna

camrese / lo

daysee

iclevia

jaimiess

jolessa

levonorgestrel-e.e.

lojaimiess

rivelsa

Oral Contraceptive – Progestin ONLY

camila

deblitane

errin

heather

incassia

jencycla

lyza

nora-be

norethindrone

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

afirmelle
altavera

amethia
amethyst
apri
aranelle
aubra / eq
aurovelle / fe / fe 24
aviane
ayuna
azurette
balcoltra
BEYAZ**
blisovi fe / 24 fe
briellyn
camrese
charlotte 24 fe
chateal / eq
cyred / eq
daysee
desogestrel-e.e.
dolishale
drospirenone-e.e.
drospirenone-e.e.-levomef
enpresse
enskyce
estarylla
ethynodiol-e.e.
falmina
feirza
gemmily
hailey / fe 24
isibloom
jaimiess
juleber
junel / fe / fe 24
kaitlib fe
kalliga
kariva
kelnor
kurvelo
larin / fe / 24 fe
layolis fe
leena
lessina
levonest
levonorgestrel-e.e.
levora-28
lojaimiess
loryna
lo-zumandimine
lutra

marlissa
merzee
mibelas 24 fe
microgestin / fe
microgestin 24 fe**
mili
minzoya
mono-lynyah
nextsellis
nikki
norethindrone-e.e.
norethindrone-e.e. / fe
norgestimate-e.e.
norgestrel-e.e.
nylia
ocella
ogestrel
orsythia
pimtrea
portia
quartette
rivelsa

safyral
setlakin
simliya
simpesse
sprintec
syeda
tarina fe
taysofy
tri-
estarylla
tri-lynyah
tri-lo-
estarylla
tri-lo-
marzia tri-
mili
tri-milli lo
tri-lo sprintec
trivora-28
tri-vylibra
tri-vylibra/ lo
turqoz
tyblume
tydemy
valtya
vestura
vienva
viorele
vyfemla
volnea

vylibra
wera
wymzya fe
xarah fe
YASMIN
YAZ**
zarah
zumandimine

Vaginal Gel

Phexxi
VCF

*Indicates single-source brand product |

**Indicates multi-source brand product