

## Affordable Care Act preventive items and services

**The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost.**

The following preventive medications are covered 100% and are not subject to deductibles (certain restrictions apply). This list should be used as a guide. It cannot be considered a comprehensive listing of medications available or covered without cost-sharing. Coverage of any of the listed medications (including over-the-counter [OTC] medications) requires a prescription from a licensed health care provider. This list is subject to change as ACA guidelines are updated or modified.

**Members:** *The terms of your health plan will ultimately determine coverage, the applicability of coverage criteria, and cost-sharing. Coverage is determined under the terms of your medical plan. If you have questions about your medical plan coverage, please call The Disney Benefits Center at 800.354.3970. You can also call Express Scripts at 800.375.0596 or visit their website at [express-scripts.com](http://express-scripts.com).*

### Aspirin products

aspirin  
81mg

### Fluoride products (for children 6 months - 16 years)

fluoride chewable tablet  
0.25mg and 0.5mg

fluoride drops  
0.125mg, 0.25mg and 0.5mg

multivitamin w/ fluoride chewable  
0.25mg and 0.5mg

drops  
0.25mg and 0.5mg suspension

### Folic acid products

folic acid tablet 0.4mg and 0.8mg

prenatal and multivitamins w/ folic acid 0.4mg and 0.8mg

### Smoking cessation products (for patients 18 years and older)

bupropion SR 150mg

varenicline

nicotine gum, lozenge and patch  
(over-the-counter products only)

### Statins (for patients 40 - 75 years)

**Covered products are generic low- to moderate-dose statins:**

atorvastatin less than or equal to 20mg

fluvastatin less than or equal to 80mg

lovastatin less than or equal to 40mg

pitavastatin less than or equal to 4mg

pravastatin less than or equal to 80mg

rosuvastatin less than or equal to 10mg

simvastatin less than or equal to 40mg

### HIV pre-exposure prophylaxis (PrEP)

emtricitabine 200mg/tenofovir disoproxil fumarate  
300mg (generic Truvada)

**Bowel preps  
(limit of 2 prescriptions per year  
for patients 45 - 75 years)**

bisacodyl  
magnesium citrate  
milk of magnesia  
peg 3350-electrolyte

**Primary prevention of breast cancer  
(for patients 35 years and older,  
if coverage criteria are met)**

anastrozole  
exemestane  
raloxifene  
Soltamox (liquid tamoxifen)  
tamoxifen

**Immunizations**

Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration-approved indications for age and/or gender limitations. Coverage also includes immunizations used to prevent illnesses associated with travel such as typhoid, yellow fever, and Japanese encephalitis.

**Contraceptive methods**

Covered products include OTC contraceptive methods (female condom, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices (diaphragms, skin patch systems, injectable contraception, intrauterine systems, and implants).