

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 has 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 ¹
Aspirin	aspirin, Bayer, children's aspirin	Applies to male members age 45 to 79 and female members age 55 to 79
Colonoscopy preparations	bisacodyl, Golytely	Applies to members age 50 to 75
Fluoride	Epiflur, Luride, ReNaf, sodium fluoride	Applies to members age 0 to 6 years
Folic acid	folic acid (0.4mg – 0.8mg)	Applies to female members only
Iron	Ed-In-Sol, Fer-Gen-Sol, ferrous sulfate, Siderol	Applies to members age 0 to 12 months
Medication to reduce the risk of primary breast cancer in women	tamoxifen, raloxifene	Applies to female members at high risk for breast cancer; call Customer Care for a cost-share waiver
Smoking cessation aids	Chantix, Nicoderm CQ, nicotine gum, Zyban	180-day supply per rolling 365-day period
Vitamin D	Vitamin D2, Vitamin D3	Applies to members age 65 and older
Contraceptives ²	hormonal contraceptives, diaphragms, other	Applies to female members only

Please Note: Medical Mutual makes this information available as a courtesy to our groups and members with prescription drug benefits through Express Scripts, Inc., our pharmacy benefit manager.

Contraceptive Coverage

For plan years beginning on and after August 1, 2012, non-grandfathered group health plans and health insurance issuers must provide coverage of women's preventive health services with no cost sharing to the member. This rule includes all Food and Drug Administration (FDA)-approved contraceptive methods.

Just as with general preventive services, plans may also use reasonable medical management to help define the nature of covered women's preventive health services. Plans have the flexibility to control costs and promote efficient delivery of care. For example, a plan might ask employees to share the cost of a brand-name drug if a generic version is available that is just as useful and safe.

For our standard plan offerings with prescription drug benefits administered through our relationship with Express Scripts,³ Medical Mutual will cover the following contraceptive drug types at no cost to members:

- Generic drugs
- Brand-name drugs that do not have a generic equivalent (brand-name contraceptive drugs that have a generic equivalent will be subject to the member's applicable copay, coinsurance and/or deductible)
- Over-the-counter contraceptive products if the member has a valid prescription^{4,5}

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, female 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, such as mail-order incentive programs, still apply. A member may have financial penalties if she continues to fill her contraceptive prescriptions at a retail network pharmacy when a mail-order incentive program is in place. However, coverage management rules will not apply for contraceptives.

Non-Grandfathered Plans

For plan years beginning on or after September 23, 2010, non-grandfathered group health plans must cover these preventive care medications (contraceptive coverage effective with plan years on or after August 1, 2012). If a member presents a prescription at an in-network retail pharmacy or the Express Scripts Home Delivery pharmacy, he or she cannot be charged a copay, coinsurance or deductible, or they must be reimbursed 100 percent by their plan.

Grandfathered Plans

We also recommend that grandfathered plans consider covering these preventive medications. Doing so may help reduce overall healthcare costs.

If you have questions about these recommended preventive medications, 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 female condoms (not male 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.