Health Care Reform Update

The Affordable Care Act (ACA) requirements below apply to medications dispensed pursuant to a written prescription and subject to FDA guidelines.

Preventive Care Medications and Coverage Requirements under the ACA

<table>
<thead>
<tr>
<th>Medication</th>
<th>Copay</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin 81 mg</td>
<td>$0; N/A to Deductible</td>
<td>Ages 45 through 76 for Males; Ages 11 through 78 for Females; OTC Generics and Legend Generics</td>
</tr>
<tr>
<td>Fluoride Supplements (Oral)</td>
<td>$0; N/A to Deductible</td>
<td>Ages 6 Months through Age 6; Allow OTC</td>
</tr>
<tr>
<td>Folic Acid (400 mcg and 800 mcg only)</td>
<td>$0; N/A to Deductible</td>
<td>Ages 11 through 48 for Females; OTC Generics and Legend Generics</td>
</tr>
<tr>
<td>Iron Supplements</td>
<td>$0; N/A to Deductible</td>
<td>Ages 6 Months through 12 Months; OTC Generics and Legend Generics</td>
</tr>
<tr>
<td>Smoking Deterrents (Oral, gum, lozenges, patches, oral inhaler, and nasal inhaler)</td>
<td>$0; N/A to Deductible</td>
<td>OTC and Legend medications per FDA guidelines, Limit two treatment cycles per calendar year</td>
</tr>
<tr>
<td>Vitamin D2, D3 Products, and calcium Vitamin D &lt; 1,000 IU</td>
<td>$0; N/A to Deductible</td>
<td>Age 65 and older; OTC Generics and Legend Generics</td>
</tr>
<tr>
<td>Bowel Preps (Bisacodyl, Mag Citrate, Milk of Magnesia, PEG 3350-Electrolyte)</td>
<td>$0; N/A to Deductible</td>
<td>Age 50 through 75; OTC Generics and Legend Generics; Limit 2 prescriptions per year</td>
</tr>
<tr>
<td>Breast Cancer Prevention (for preventive use)</td>
<td>$0; N/A to Deductible</td>
<td>Ages 35 or older for Females; OTC Generics and Legend Generics</td>
</tr>
<tr>
<td>Cardiovascular Disease Prevention (statin medications)</td>
<td>$0; N/A to Deductible</td>
<td>Age 40 through 75; Single-entity generics only</td>
</tr>
</tbody>
</table>

Vaccines

<table>
<thead>
<tr>
<th>Medication</th>
<th>Copay</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC-Scheduled Vaccinations (Hep A, Hep B, Haemophilus influenzae type b, HPV, Herpes zoster, Inﬂuenza, Meningitis, MMR, Pneumococcal, Poliovirus, Rotavirus, DPT, Varicella)</td>
<td>$0; N/A to Deductible</td>
<td>Allow up to a $25 administration fee; does not include travel vaccines</td>
</tr>
</tbody>
</table>

Women’s Contraceptives

<table>
<thead>
<tr>
<th>Method</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal</td>
<td>$0 copay*; N/A to Deductible</td>
</tr>
<tr>
<td>(Oral drugs, patches, rings, injectables)</td>
<td></td>
</tr>
<tr>
<td>Barrier</td>
<td>$0 copay*; N/A to Deductible; Allow OTC</td>
</tr>
<tr>
<td>(Diaphragms, female condoms, spermicides, cervical caps, sponges)</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>$0 copay*; N/A to Deductible; Allow OTC</td>
</tr>
<tr>
<td><em>Morning After</em> Pill</td>
<td></td>
</tr>
<tr>
<td>Implants IUDs</td>
<td>$0 copay*; N/A to Deductible</td>
</tr>
</tbody>
</table>

*Note: Brand Drugs with a generic equivalent will be covered at a $0 copay when the prescriber has Indicated "Dispense as Written" (DAW1) on the prescription. On the other hand, members will be subject to the standard plan copay when requesting the Brand Drug over the Generic equivalent (DAW2).
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Grade</th>
<th>Release Date of Current Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal aortic aneurysm screening: men</td>
<td>The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.</td>
<td>B</td>
<td>June 2014*</td>
</tr>
<tr>
<td>Alcohol misuse: screening and counseling</td>
<td>The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.</td>
<td>B</td>
<td>May 2015*</td>
</tr>
<tr>
<td>Aspirin preventative medication: adults age 50 to 69 years with a ≥1% 10-year cardiovascular risk</td>
<td>The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and cancer in adults age 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.</td>
<td>B</td>
<td>April 2016*</td>
</tr>
<tr>
<td>Bacteriuria screening: pregnant women</td>
<td>The USPSTF recommends screening for asymptomatic bacteriuria in pregnant women at term at the first prenatal visit.</td>
<td>A</td>
<td>July 2008</td>
</tr>
<tr>
<td>Blood pressure screening: adults</td>
<td>The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinic setting for diagnostic confirmation before starting treatment.</td>
<td>A</td>
<td>October 2015*</td>
</tr>
<tr>
<td>BRCA risk assessment and genetic counseling</td>
<td>The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</td>
<td>B</td>
<td>December 2015*</td>
</tr>
<tr>
<td>Breast cancer preventive medications</td>
<td>The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer preventive risk-reducing medications, such as tamoxifen or raloxifene.</td>
<td>B</td>
<td>September 2013*</td>
</tr>
<tr>
<td>Breast cancer screening</td>
<td>The USPSTF recommends mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.</td>
<td>B</td>
<td>September 2002*</td>
</tr>
<tr>
<td>Breastfeeding interventions</td>
<td>The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</td>
<td>B</td>
<td>October 2016*</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</td>
<td>A</td>
<td>March 2012*</td>
</tr>
<tr>
<td>Chlamydia screening: woman</td>
<td>The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.</td>
<td>B</td>
<td>September 2014*</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.</td>
<td>A</td>
<td>June 2016*</td>
</tr>
<tr>
<td>Dental caries prevention: infants and children up to age 5 years</td>
<td>The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe and fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.</td>
<td>B</td>
<td>May 2014*</td>
</tr>
<tr>
<td>Depression screening: adolescents</td>
<td>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</td>
<td>B</td>
<td>February 2016*</td>
</tr>
<tr>
<td>Depression screening: adults</td>
<td>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</td>
<td>B</td>
<td>January 2016*</td>
</tr>
<tr>
<td>Diabetes screening</td>
<td>The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthy diet and physical activity.</td>
<td>B</td>
<td>October 2015*</td>
</tr>
<tr>
<td>Falls prevention in older adults; exercise or physical therapy</td>
<td>The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.</td>
<td>B</td>
<td>May 2012</td>
</tr>
<tr>
<td>Falls prevention in older adults; vitamin D</td>
<td>The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.</td>
<td>B</td>
<td>May 2012</td>
</tr>
<tr>
<td>Folie acid supplementation</td>
<td>The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</td>
<td>B</td>
<td>January 2017*</td>
</tr>
<tr>
<td>Gestational diabetes mellitus screening</td>
<td>The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.</td>
<td>B</td>
<td>January 2014*</td>
</tr>
<tr>
<td>Gonorrhea prophylactic medication: newborns</td>
<td>The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.</td>
<td>A</td>
<td>July 2011*</td>
</tr>
<tr>
<td>Gonorrhea screening: women</td>
<td>The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.</td>
<td>B</td>
<td>September 2014*</td>
</tr>
<tr>
<td>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors</td>
<td>The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthy diet and physical activity for CVD prevention.</td>
<td>B</td>
<td>August 2014*</td>
</tr>
<tr>
<td>Hemoglobinopathies screening: newborns</td>
<td>The USPSTF recommends screening for sickle cell disease in newborns.</td>
<td>A</td>
<td>September 2007</td>
</tr>
<tr>
<td>Hepatitis B screening: nonpregnant adolescents and adults</td>
<td>The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.</td>
<td>B</td>
<td>May 2014</td>
</tr>
<tr>
<td>Hepatitis B screening: pregnant woman</td>
<td>The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</td>
<td>A</td>
<td>June 2005</td>
</tr>
<tr>
<td>Hepatitis C virus infection screening: adults</td>
<td>The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.</td>
<td>B</td>
<td>June 2015</td>
</tr>
<tr>
<td>HIV screening: nonpregnant adolescents and adults</td>
<td>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.</td>
<td>A</td>
<td>April 2015*</td>
</tr>
<tr>
<td>HIV screening: pregnant woman</td>
<td>The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</td>
<td>A</td>
<td>April 2013*</td>
</tr>
<tr>
<td>Procedure/Screening</td>
<td>Recommendation</td>
<td>Date <strong>(a)</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Hypothyroidism screening: newborns</td>
<td>The USPSTF recommends screening for congenital hypothyroidism in newborns.</td>
<td><strong>A</strong> March 2008</td>
<td></td>
</tr>
<tr>
<td>Intimate partner violence screening: women of childbearing age</td>
<td>The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.</td>
<td><strong>B</strong> January 2013</td>
<td></td>
</tr>
<tr>
<td>Lung cancer screening</td>
<td>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</td>
<td><strong>B</strong> December 2018</td>
<td></td>
</tr>
<tr>
<td>Obesity screening and counseling: adults</td>
<td>The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</td>
<td><strong>B</strong> June 2012*</td>
<td></td>
</tr>
<tr>
<td>Obesity screening: children and adolescents</td>
<td>The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</td>
<td><strong>B</strong> June 2017*</td>
<td></td>
</tr>
<tr>
<td>Osteoporosis screening: women</td>
<td>The USPSTF recommends screening for osteoporosis in women age 65 years and older in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.</td>
<td><strong>B</strong> January 2012*</td>
<td></td>
</tr>
<tr>
<td>Phenylketonuria screening: newborns</td>
<td>The USPSTF recommends screening for phenylketonuria in newborns.</td>
<td><strong>B</strong> March 2008</td>
<td></td>
</tr>
<tr>
<td>Preeclampsia prevention: aspirin</td>
<td>The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.</td>
<td><strong>B</strong> September 2014</td>
<td></td>
</tr>
<tr>
<td>Preeclampsia: screening</td>
<td>The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</td>
<td><strong>B</strong> April 2017</td>
<td></td>
</tr>
<tr>
<td>Rh incompatibility screening: first pregnancy visit</td>
<td>The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</td>
<td><strong>A</strong> February 2004</td>
<td></td>
</tr>
<tr>
<td>Rh incompatibility screening: 24–28 weeks' gestation</td>
<td>The USPSTF recommends repeated Rh (D) antibody testing for all unseparated Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.</td>
<td><strong>B</strong> February 2004</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections: counseling</td>
<td>The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults with an increased risk for sexually transmitted infections.</td>
<td><strong>B</strong> September 2014*</td>
<td></td>
</tr>
<tr>
<td>Skin cancer behavioral counseling</td>
<td>The USPSTF recommends counseling children, adolescents, and young adults age 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.</td>
<td><strong>B</strong> May 2012</td>
<td></td>
</tr>
<tr>
<td>Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater</td>
<td>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., coronary artery disease, myocardial infarction, atrial fibrillation, or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.</td>
<td><strong>B</strong> November 2016*</td>
<td></td>
</tr>
<tr>
<td>Tobacco use counseling and interventions: nonpregnant adults</td>
<td>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco.</td>
<td><strong>A</strong> September 2015*</td>
<td></td>
</tr>
<tr>
<td>Tobacco use counseling: pregnant women</td>
<td>The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.</td>
<td><strong>A</strong> September 2015*</td>
<td></td>
</tr>
<tr>
<td>Tobacco use interventions: children and adolescents</td>
<td>The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.</td>
<td><strong>B</strong> August 2013</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis screening: adults</td>
<td>The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.</td>
<td><strong>B</strong> September 2016</td>
<td></td>
</tr>
<tr>
<td>Syphilis screening: nonpregnant persons</td>
<td>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</td>
<td><strong>A</strong> June 2016*</td>
<td></td>
</tr>
<tr>
<td>Syphilis screening: pregnant women</td>
<td>The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.</td>
<td><strong>A</strong> May 2009</td>
<td></td>
</tr>
<tr>
<td>Vision screening: children</td>
<td>The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.</td>
<td><strong>B</strong> September 2017*</td>
<td></td>
</tr>
</tbody>
</table>

*The Department of Health and Human Services, under the standards set out in revised Section 2713(a)(5) of the Public Health Service Act and Section 505(k)(2) of the 2015 Consolidated Appropriations Act, utilizes the 2002 recommendation on breast cancer screening of the U.S. Preventive Services Task Force. To see the USPSTF 2016 recommendation on breast cancer screening, go to http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1. Previous recommendation was an "A" or "B."