Preventive medication coverage

Your plan provides full coverage for several medications used in preventive care. You will not be charged a copay for specific over-the-counter drugs, supplements and immunizations that are described below. This is in compliance with the Patient Protection and Affordable Care Act, which is part of the federal healthcare reform legislation.

What’s covered

Aspirin
Over-the-counter (OTC) oral aspirin with a strength of 325mg or less will be covered for both men and women beginning at age 45.

Contraceptives

- **OTC female contraceptive products** with the quantity limit of 12 units or days supply per product per month. Products include: female condoms, spermicides (vaginal gel/foam/film/suppositories), sponges.

- **Prescription contraceptive drugs** including: generic oral contraceptives that are monophasic, biphasic, triphasic and extended cycle; branded four-phasic oral contraceptives; branded contraceptive patch with a quantity limit of 3 patches per month; branded contraceptive ring with quantity limit of 1 ring per month; generic injectable contraceptives with quantity limit of 1 injection per 90 days.

- **Prescription contraceptive devices** including: diaphragms (limit 1 per year), cervical caps (limit 1 per year), contraceptive implants, IUD.

Folic Acid & Prenatal Vitamins

OTC folic acid supplements including prenatal vitamins containing between 0.4mg and 0.8mg folic acid and all OTC and prescription generic prenatal vitamins will be covered for women younger than age 55.

Iron Supplements

Prescription and OTC iron supplements for children ages 6 months to 12 months.

Oral Fluorides

Prescription generic single ingredient oral fluoride supplement products for children ages 6 months to 6 years.

Vaccines

Single-entity and combination vaccines for diphtheria, haemophilus influenza type B (applies to children 6 years of age and under), hepatitis A, hepatitis B, herpes zoster (applies only to adults 60 years and older), human papillomavirus (applies to children and adults ages 9 to 26), polio, influenza, measles, mumps, rubella, meningococcal infections, pertussis, pneumococcal infections, rotavirus (applies only to children 8 months and under), tetanus, varicella.

How do I get coverage for these preventive care benefits?

If you, or a covered member of your family, meets the age limits or other requirements for any of these services, the process is simple:

1. Request a prescription from your physician. In some cases, the coverage only applies to generics or OTC – make sure to request a generic or OTC prescription, if appropriate.
2. Take your pharmacy ID card and your prescription to your pharmacy.
3. The pharmacy will process your prescription at a $0 copay.

Can I fill these prescriptions at Catamaran Home Delivery?

Yes. Call Catamaran Home Delivery with your physician’s name, phone number and fax number, and we’ll take care of the rest.

For more information visit: [www.myCatamaranRx.com](http://www.myCatamaranRx.com) or contact Member Services toll-free: 800-207-2568