



## 2017 Affordable Care Act (ACA) \$0 Copay Preventive List

The Affordable Care Act (ACA) requires certain categories of drugs and immunizations are included in preventive care services coverage based on recommendations from the U.S. Preventive Services Task Force (USPSTF). These recommendations are important in preventing diseases as well as providing additional services such as contraception. The following products may be available to you at no out-of-pocket cost depending on your plan. Some plans may differ, so check your Evidence of Coverage (EOC) for details.

Drug or Drug Category	Description	Coverage Criteria	Reason
Aspirin	Generic OTC 81mg and 325mg	Adults < 80 years of age	Prevention of cardiovascular disease
Bowel preparation agents	Generic OTC and generic prescription products plus brand products that do not have a generic equivalent	Adults 50 to 75 years of age Limit of 2 scripts filled per 365 days at zero copay.	Preparation for colonoscopy screening
Breast cancer	Generic tamoxifen & raloxifene	Adults 35 years of age and older who are at increased risk for breast cancer	Prevention of breast cancer in high-risk patients
Fluoride	Generic OTC and generic prescription products	Children 6 months through 5 years of age	Prevention of dental cavities if water source is deficient in fluoride
Folic acid	Generic OTC and generic prescription products 0.4mg - 0.8mg	Adults < 51 years of age	Prevention of birth defects
Smoking cessation	OTC and prescription smoking cessation products	Adults 18 years of age and older who use tobacco products	Increase in health benefits from successfully quitting smoking
Vaccines	All prescription vaccines	Ages per Advisory Committee on Immunization Practices (ACIP) recommendations	Prevention of infectious diseases
Vitamin D	Single entity vitamin D2 or D3 containing 1,000IU or less per dosage form. Combination products that also contain calcium (combination of two agents only for the combinations).	Adults 65 years of age and older who are at increased risk for falls	Prevention of falls in community-dwelling adults who are at increased risk of falls
Oral contraceptives	Generic prescription oral contraceptives plus brand oral contraceptives that do not have a generic equivalent	See the ACA \$0 Copay Contraceptive Drug List	Prevention of pregnancy

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**This list is subject to change throughout the year. Please call Member Service at the phone number listed on your BlueCross BlueShield of Tennessee member ID card or visit our website at [bcbst.com](http://bcbst.com) for the most up-to-date information.**



BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle | Chattanooga, TN 37402  
[bcbst.com](http://bcbst.com)

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Affordable Care Act Requirements

# Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); [Nondiscrimination\\_OfficeGM@bcbst.com](mailto:Nondiscrimination_OfficeGM@bcbst.com) (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 800-848-0298-1)

注意：如果 使用繁體中文，可以免費獲得語言援助服務。  
請致電 1-800-565-9140 (TTY:1-800-848-0298)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ກຳລັງ ກາລາ ລາວ, ການ ບໍ່ ຈິ ການ ຊ່ວຍ ຫຼື ອຸ ທຳ ກຳລາ ລາວ, ໂດຍ ບໍ່ ເສັ ດີ ຄ່າ, 1-800-565-9140 (TTY:1-800-848-0298).

1-800-565-9140 ( 1-800-848-0298)

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

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注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

1-800-565-9140

(TTY: 1-800-848-0298)

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

**Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jíik'eh, éí ná hólq, kojí' hódíłnih 1-800-565-9140 (TTY: 1-800-848-0298).