

Preventive Health Services

In response to the Patient Protection and Affordable Care Act (PPACA), the following medications will be covered at a zero (\$0) co-pay when the specific criteria listed below is met.

Please Note: You must obtain a written prescription from your physician to receive this benefit.

<u>Medication/Supplement</u>	<u>Reason</u>
Aspirin 81mg	Prevent Preeclampsia during pregnancy
Iron Supplements: Ferrous Sulfate Drops Generic Rx and OTC Single entity and combo products	Prevent risk for iron deficiency anemia for children 6 months through 12 months of age
Folic Acid Supplements: Folic Acid 0.4mg and 0.8mg Prenatal Vitamins with folic acid 0.4mg and 0.8mg	Prevent birth defects
Breast Cancer Prevention: Raloxifene (Evista) Tamoxifen (Nolvadex) Anastrozole (Arimidex)	Primary Prevention of Breast Cancer in adults 35 or older, who are at increased risk and meeting AultCare’s criteria. The form is available at www.aultcare.com or by calling the AultCare Service Center
Fluoride Supplements: Sodium Fluoride chewable 0.25mg Sodium Fluoride chewable 0.5mg Sodium Fluoride chewable 1mg Sodium Fluoride 0.5mg/ml drops Generic Rx and OTC Single entity and combo products	Prevent cavities for children 6 months old through 17 years old
Colorectal (Bowel) Preparations: <u>OTC Products</u> : Bisacodyl EC tabs, Magnesium Citrate Soln, Peg 3350 (generic OTC Miralax) <u>RX Products</u> : generic Colyte, generic Golytely, and generic Nulytely	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year

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<u>Medication/Supplement</u>	<u>Reason</u>
<p>Statin Preventive Medications: Atorvastatin 10mg & 20mg Fluvastatin 20mg & 40mg Fluvastatin XL 80mg Lovastatin 10mg, 20mg & 40mg Pravastatin 10mg,20mg,40mg & 80mg Rosuvastatin 5mg & 10mg Simvastatin 5mg,10mg,20mg & 40mg</p>	<p>Low to moderate dose statins for patients between 40-75 years of age who have one or more cardiovascular risk factors without history of cardiovascular disease meeting AultCare’s criteria. The form is available at www.aultcare.com or by calling AultCare Service Center</p>
<p>HIV PrEP Therapy Emtricitabine/Tenofovir 200mg/300mg</p>	<p>Prevent risk for members who have a higher chance to become infected with human immunodeficiency virus (HIV) but are not yet affected and meet AultCare’s criteria. The form is available at www.aultcare.com or by calling AultCare Service Center</p>
<p>Contraceptive Medications</p>	<p>See Pharmacy Preventive Services – BirthControl Program</p>
<p>Flu Shot or other Vaccines: Covid-19 Flu (Influenza) Pneumonia Shingles (enrollees age 50 and older) Arvexy (enrollees age 60 and older) Abrysvo (enrollees age 60 and older and members pregnant at 32-36 weeks gestational age with a PA)</p>	<p>Doses, recommended ages and recommended populations may vary Arvexy and Abrysvo have a limit of 1 per lifetime</p>
<p>Long-acting monoclonal antibody: Beyfortus</p>	<p>Preventive drug that offers passive immunity. Monoclonal antibodies work by providing immediate and short-term protection</p> <p>Members that are ≤ 8 months of age with a 1 per lifetime limit (additional dose may be required for patients undergoing cardiopulmonary bypass).</p> <p>Members that are > 8 to 19 months of age with a 1 per lifetime limit – requires a prior authorization. (additional dose may be required for patients undergoing cardiopulmonary bypass). The prior authorization form is available at www.aultcare.com or by calling AultCare Service Center</p>

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<u>Medication/Supplement</u>	<u>Reason</u>
Tobacco Cessation Medications: <u>OTC Products</u> : Nicotine Gum Nicotine Lozenge Nicotine Patch <u>RX Products</u> : Bupropion SR (generic Zyban) Varenicline	<ul style="list-style-type: none"> • To help adults (age 18 and older) quit tobacco use in order to prevent health problems. • You may obtain up to 180 days of treatment in a rolling 365 days. • Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)

*This list is subject to change.

Please Note: Step Therapy is required for the below Tobacco Cessation products. Bupropion SR (generic Zyban) and One over the counter nicotine product must be tried first in the last 365 days. If your prescription history does not indicate that Bupropion SR (generic Zyban) and One over the counter nicotine product were tried, the brand name medication will not be covered at a zero (\$0) co-pay. If you have tried the First Line Medications, documentation from your physician is required.

Medications that require the use of first line medications:

Drug Name	First Line Medications	Criteria
Nicotrol Inhaler Nicotrol Nasal Spray	Bupropion SR 12HR 150mg (generic Zyban) Nicotine TD Patch (all strengths) Nicotine Gum (all strengths) Nicotine Lozenges (all strengths)	Must have tried Bupropion SR and one over the counter medication in the 2 nd column within the last 365 days.

*This list is subject to change

Please Note: Because AultCare covers the generic formulation, bupropion sustained-release, brand **Zyban** will be excluded.

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 (TTY: 711) or Aultra Service Center at 330-363-2050 or 1-855-270-8497 (TTY: 711) if you have any questions.

Preventive Health Services

AultCare/Aultra Notice Tag Lines for the State of Ohio

English

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare/Aultra**. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 711 Outside Stark County: 711**

Spanish

Español

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 711 Fuera del condado de Stark : 711**

Chinese

中文

本通知有重要的訊息。本通知有關於您透過**AultCare/Aultra**保險公司提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 本地：330.363.6360 斯塔克縣外：1.800.344.8858 TTY線本地：711 斯塔克縣外：711。

German

Deutsche

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711**

Arabic

العربية

يحتوي هذا الإشعار معلومات هامة. يحتوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلا شركة التأمين

AultCare/Aultra

ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ330.363.6360 خارج مقاطعة ستارك: 1.800.344.8858 لخط **TTY المحلي: 711 خارج مقاطعة ستارك: 711**

Pennsylvania Dutch

Deutsch

Die Bekanntmachung gebt wíchdichi Auskunft. Die Bekanntmachung gebt wíchdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wíchdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711.**

Russian

русский

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 711 Вне Старка County : 711.**

Preventive Health Services

French

Français

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. **Appelez Locale: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 711 En dehors du comté de Stark : 711**

Vietnamese

Việt Nam

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bạn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình **Công ty Bảo hiểm AultCare/Aultra**. Xin xem ngay then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 711 Bên ngoài của Stark County : 711**.

Cushite-Oromo

Beeksisi kun odeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 711 Outside of Stark County: 711** tii bilbilaa.

Korean

한국어

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra** **보험 회사 계획**을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 참으십시오. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. **지역 : 330.363.6360 스타크 카운티의 외부 : 1.800.344.8858 TTY 라인 지역 : 711 스타크 카운티의 외부 : 711** 로 전화하십시오.

Italian

Italiano

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 711 Al di fuori di Stark County : 711**.

Japanese

日本語

この通知には重要な情報が含まれています。この通知には**AultCare/Aultra** **保険会社**の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。 **330.363.6360 スターク郡の外 : 1.800.344.8858 TTYライン ローカル : 711 スターク郡の外 : 711**までお電話ください。

Dutch

Nederlands

Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare /Aultra**. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 711 Buiten Stark County : 711**.

Ukrainian

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український

Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страховального покриття через **Страхова компанія AultCare/Aultra**. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Лзвоніть за номером телефону **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 711 Поза Старка County : 711.**

Romanian

Română

Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin **Compania de Asigurari AultCare/Aultra**. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 711 In afara Stark Judet : 711.**

Non-Discrimination Notice:

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra 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 contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6th St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

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, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.