

**BARTON COUNTY COMMUNITY COLLEGE -
PREVENTIVE HEALTH PLAN
INFORMATION ABOUT YOUR PRESCRIPTION DRUG PLAN**

If I don't already have one will I receive an ID card? Prior to your effective date you will receive a new Benefit Management, LLC health plan card. There is a Elixir logo on this card. Show this card to your pharmacist when you get a prescription filled.

Where can I fill my prescriptions?

Retail Pharmacies. To find out which pharmacies participate, you can log onto our website at www.elixirsolutions.com Our website includes the ability to search for participating pharmacies, research drug alternatives, and print a history of your prescription claims (Please note that due to the HIPAA law, members 18 years of age and older must each register separately.) Please call Elixir for any assistance in this process at [800-771-4648](tel:800-771-4648).

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:

Medication	Copay	Limits
Aspirin 81 mg	\$0	Ages 45 through 78 for Males; Ages 11 through 78 for Females; OTC Generics and Legend Generics
Fluoride Supplements (Oral)	\$0	Ages 6 Months through Age 6; Allow OTC
Folic Acid (400 mcg and 800 mcg only)	\$0	Ages 11 through 48 for Females; OTC Generics and Legend Generics
Iron Supplements	\$0	Ages 6 Months through 12 Months; OTC Generics and Legend Generics
Smoking Deterrents (Oral, gum, lozenges, patches, oral inhaler, and nasal inhaler)	\$0	OTC and Legend medications per FDA guidelines, Limit one treatment cycle per calendar year
Vitamin D2, D3 Products, and calcium Vitamin D < 1,000 IU	\$0	Age 65 and older; OTC Generics and Legend Generics
Bowel Preps (Bisacodyl, Mag Citrate, Milk of Magnesia, PEG 3350-Electrolyte)	\$0	Age 50 through 75; OTC Generics and Legend Generics; Limit 2 prescriptions per year

Vaccines

Medication	Copay	Limits
HPV Vaccine	\$0	Ages 9 through 26; Allow up to a \$25 admin fee
Influenza Vaccine	\$0	Allow up to a \$25 admin fee
Shingles Vaccine	\$0	Ages 60 or above; Allow up to a \$25 admin fee

Women's Contraceptives

Method	Copay
Hormonal (Oral drugs, patches, rings, injectables)	\$0 copay*; N/A to Deductible
Barrier (Diaphragms, female condoms, spermicides, cervical caps, sponges)	\$0 copay*; N/A to Deductible; Allow OTC
Emergency "Morning After" Pill	\$0 copay*; N/A to Deductible; Allow OTC
Implants IUDs	\$0 copay*; N/A to Deductible

This is practical information regarding your Prescription Benefit Plan. For a more detailed description of your Health Plan, please refer to your Summary Plan Description (SPD) provided to you by your employer and/or the Medical Benefits provider.