



# Occidental Petroleum ACA Coverage List

## Preventive Care Drugs



- Covered at \$0 copayment/coinsurance
- Deductible does not apply

Medicines carrying an A or B recommendation issued by the U.S. Preventive Services Task Force (USPSTF) with a valid prescription

### ASPIRIN, GENERIC OVER-THE-COUNTER (OTC)

- 325mg or less for persons through age 69

### COLONOSCOPY/BOWEL PREP AGENTS

- Generic or single-source brand prescription and OTC, ages 50-75; limit of 2 per 365 days

### CONTRACEPTIVES

- All prescription and OTC methods except male condoms

### FLUORIDE

- Generic prescription and OTC providing 0.5mg per day or less for children ages 6 months to <17 years

### FOLIC ACID

- 400 to 800mcg/day for persons through age 50

### IMMUNIZATIONS FOR VACCINE-PREVENTABLE DISEASES

- In children and adults currently recommended by the Advisory Committee on Immunization Practices (ACIP)

### SMOKING CESSATION PRODUCTS

- All prescription and OTC FDA-approved therapies for ages 18 and over

### STATIN COVERAGE

- Generic only; low-to-moderate dose statin medications for ages 40 through 75

### TAMOXIFEN, RALOXIFENE, EXEMESTANE, ANASTROZOLE, SOLTAMOX®

- Available through coverage review for patients ages 35 and older for prevention of breast cancer

### HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)

- Emtricitabine/tenofovir disoproxil fumarate (generic Truvada®) when used for PrEP