

PPACA NO COST-SHARE (\$0) PREVENTIVE MEDICATIONS

By drug category

Preventive medications are used to prevent certain conditions from developing, or to prevent a condition from coming back.

Certain preventive medications are available at no cost-share to you

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0) to you.¹ The U.S. Preventive Services Task Force and the Institute of Medicine provides guidance on which drug classes should be covered on this list. These recommendations are meant to help prevent disease, as well as meet women's unique health care needs.

About this drug list

This is a list of the preventive prescription medications and over-the-counter (OTC) products available to you at no cost-share (copay, coinsurance and/or deductible). **For your plan to cover these medications at 100%, you'll need to get a prescription from your doctor - even for the OTC products which are typically available without a prescription.**

- Medications are listed alphabetically by drug category.
- Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

- This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations. Log in to the **myCigna**® App² or **myCigna.com**®,³ or check your plan materials, to learn more about how your plan covers preventive medications.

Choosing the right preventive medication

Many preventive medications are covered at 100%, or no cost-share to you, under PPACA's preventive coverage requirement. Talk with your doctor to see if one may work for you. If your doctor feels a certain contraceptive or smoking cessation medication on this list isn't right for you, ask your doctor to contact Cigna. Together, we'll look for other medications that may be available at no cost-share.

Religious exemptions to contraception coverage

PPACA allows certain employers to not cover (or exclude) contraceptives from coverage based on their religious beliefs. For women with a Cigna pharmacy plan through one of these employers, where the law requires, Cigna will pay for contraceptives and/or certain medications at no cost. This coverage is private and confidential and isn't administered, funded by or connected in any way to the employer's health coverage.



PPACA No Cost-Share Preventive Medications

This is a list of the preventive prescription medications and the over-the-counter (OTC) products available to you at no cost-share under PPACA. **For your plan to cover these medications at 100%, you'll need to get a prescription from your doctor - even for the OTC products which are typically available without a prescription.** This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations.

Aspirin Products

adult aspirin regimen
aspirin 81mg, 325mg
aspirin ec 81mg, 325mg
aspir-trin
BAYER CHEWABLE ASPIRIN
children's aspirin
ecotrin 81mg
ECOTRIN 325MG
low dose aspirin ec
st. joseph aspirin
st. joseph aspirin ec

Barrier Contraception

CAYA CONTOURED
CONCEPTROL
FC2 FEMALE CONDOM
FEMCAP
gynol ii
MALE CONDOM⁴
TODAY CONTRACEPTIVE SPONGE
VCF FILM, GEL
vcf foam
WIDE SEAL DIAPHRAGM

Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age

alophen pills
bisacodyl tablets
bisa-lax
clearlax
CLENPIQ
CORRECTOL
DULCOLAX EC 5 MG TABLET
gavilax powder
gavilyte-c
gavilyte-g
gavilyte-n
gentle laxative tablet
gentlelax
GIALAX
healthylax
laxaclear
laxative 5mg
laxative peg 3350
MIRALAX POWDER

natura-lax
NULYTELY SOLUTION
peg 3350-electrolyte
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid
peg-prep
polyethylene glycol 3350
powderlax
purelax
smoothlax
SODIUM-POTASSIUM-MAGNESIUM SULFATE
SUPREP
SUTAB
women's gentle laxative
women's laxative

Breast Cancer Prevention⁵

anastrozole
exemestane
raloxifene
tamoxifen

Cholesterol Related

Available to adults 40-75 years of age

atorvastatin 10mg, 20mg
fluvastatin
fluvastatin er
lovastatin 20mg, 40mg
pravastatin
rosuvastatin 5mg, 10mg
simvastatin 10mg, 20mg, 40mg

Emergency Contraception

after pill
AFTERA
econtra ez
econtra one-step
ELLA
levonorgestrel
my choice
my way
new day
opcicon one-step
option 2
TAKE ACTION

Folic Acid Supplementation

(Only for products containing 0.4 mg–0.8 mg of folic acid)

Available to adults 50 years of age and younger

ALIVE PRENATAL
BRAINSTRONG PRENATAL
classic prenatal
EXPECTA PRENATAL
FA-8
folic acid 0.4mg, 0.8mg
kpn
MINI PRENATAL
ONE A DAY WOMEN'S PRENATAL DHA
one daily prenatal dha pack
ONE DAILY PRENATAL COMBO PAK
ONE-A-DAY PRENATAL-1
perry prenatal
prenatal tablet
prenatal complete
PRENATAL FORMULA-DHA
PRENATAL GUMMIES
PRENATAL MULTI
prenatal multi-dha
prenatal multivitamin
PRENATAL MULTIVITAMIN-DHA
prenatal one daily
PRENATAL PLUS-DHA
prenatal vitamin
PRENATAL VITAMIN + DHA
SIMILAC PRENATAL
STUART ONE
ULTRA PRENATAL PLUS DHA

Hormonal Contraception^{6,7}

afirmelle
altavera
alyacen
amethia
amethyst
apri
aranelle
ashlyna
aubra
aubra eq

Hormonal Contraception^{6,7}

(cont)

aurovela

aurovela 24 fe

aurovela fe

aviane

ayuna

azurette

balziva

bekyree

blisovi 24 fe

blisovi fe

briellyn

camila

camrese

camrese lo

caziant

charlotte 24 fe

chateal

chateal eq

cryselle

cyclafem

cyred

cyred eq

dasetta

daysee

deblitane

desogestrel-ethinyl estradiol

desogestrel-ethinyl estradiol ethinyl
estradiol

dolishale

drospirenone-ethinyl estradiol

drospirenone-ethinyl estradiol-
levomefolate

elinest

eluryng

emoquette

enpresse

enskyce

errin

estarylla

ethynodiol-ethinyl estradiol

etonogestrel-ethinyl estradiol

falmina

fayosim

femynor

gemmily

gianvi

hailey

hailey 24 fe

hailey fe

heather

iclevia

incassia

introvale

isibloom

jaimiess

jasmiel

jencycla

jolessa

juleber

junel

junel fe

junel fe 24

kaitlib fe

kalliga

kariva

kelnor 1-35

kelnor 1-50

kurvelo

larin

larin 24 fe

larin fe

larissia

leena

lessina

levonest

levonorgestrel-ethinyl estradiol

levonorgestrel-ethinyl estradiol
ethinyl estradiol

levora-28

lillow

lojaimiess

loryna

low-ogestrel

lo-zumandimine

lutura

lyleq

lyza

marlissa

medroxyprogesterone 150mg/ml

melodetta 24 fe

merzee

mibelas 24 fe

microgestin

microgestin fe

mili

mono-lynyah

necon

nikki

nora-be

norethindrone 0.35mg

norethindrone-ethinyl estradiol-iron

norethindrone-ethinyl estradiol 1.5-
0.03mg, 1-0.02mg

norethindrone-ethinyl estradiol-fe

norlyda

nortrel

nylia

nymyo

ocella

orsythia

philith

pimtrea

pirmella

portia

previfem

reclipsen

rivelsa

setlakin

sharobel

simliya

simpesse

sprintec

sronyx

syeda

tarina 24 fe

tarina fe

tarina fe 1-20 eq

taysofy

tilia fe

tri femynor

tri-estarylla

tri-legest fe

tri-lynyah

tri-lo-estarylla

tri-lo-marzia

tri-lo-mili

tri-lo-sprintec

tri-mili

tri-nymyo

tri-previfem

tri-sprintec

trivora-28

tri-vylibra

tri-vylibra lo

tulana

tydemy

velivet

vestura

vienva

viorele

volnea

vyfemla

vylibra

wera

wymzya fe

xulane

zafemy

zarah

zovia 1-35

zovia 1-35e

zumandimine

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention

emtricitabine/tenofovir 200mg-300mg^{5,6,8}

Implantable Contraception

KYLEENA
LILETTA
MIRENA
PARAGARD T380-A
SKYLA

Pediatric Multivitamins

(containing fluoride and fluoride supplements)

Available to children six months – sixteen years of age

FLORIVA DROPS, CHEWABLE TABLETS
FLUORABON
fluoride chewable tablets
fluoritab
FLURA-DROPS
ludent fluoride
multivitamin with fluoride
multi-vitamin w-fluoride-iron
multivitamin-iron-fluoride
mvc-fluoride
POLY-VI-FLOR
POLY-VI-FLOR WITH IRON
QUFLORA PED 0.25MG/ML DROPS, 0.5MG/ML DROPS, 1MG CHEWABLE TABLET
sodium fluoride oral drops and tablets
TRI-VI-FLOR
tri-vite with fluoride
vitamins a,c,d and fluoride

Smoking Cessation^{6,9}

Available to adults 18 years of age and older

bupropion sr 150mg
NICODERM CQ
nicotine gum
nicotine lozenge
nicotine patch
NICOTROL
NICOTROL NS
quit 2
quit 4
stop smoking aid
varenicline

Vaccines¹⁰

COVID-19 vaccines: Once you're eligible to get the vaccine, it will be covered at 100% under PPACA

ACTHIB
ADACEL TDAP
AFLURIA QUAD
BEXSERO
BOOSTRIX TDAP
COMIRNATY
DAPTACEL DTAP
DENGVAIXIA
DIPHtheria-TETANUS TOXOIDS-PED
ENGERIX-B
FLUAD QUAD
FLUARIX QUAD
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST QUAD NASAL
FLUZONE HIGH-DOSE QUAD
FLUZONE QUAD
GARDASIL 9
HAVRIX

HEPLISAV-B
HIBERIX
INFANRIX DTAP
IPOL
JANSSEN COVID-19 VACCINE (EUA)
KINRIX
MENACTRA
MENQUADFI
MENVEO A-C-Y-W-135-DIP
M-M-R II VACCINE
MODERNA COVID-19 VACCINE (EUA)
NOVAVAX COVID-19 VACCINE (EUA)
PEDIARIX
PEDVAXHIB
PENTACEL
PENTACEL ACTHIB
PFIZER COVID-19 VACCINE (EUA)
PNEUMOVAX 23
PREHEVBRIO
PREVNAR 13
PREVNAR 20
PRIORIX
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HB
ROTARIX
ROTATEQ
SHINGRIX
SPIKEVAX COVID VACCINE
TDVAX
TENIVAC
TRUMENBA
TWINRIX
VAQTA
VARIVAX
VAXELIS
VAXNEUVANCE
ZOSTAVAX

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.



1. This is a list of the medications and other products covered at 100% under the plan's pharmacy benefit at this time, based on existing legal requirements, and is subject to plan terms like limitations and exclusions. For example, this list of medications may change if legal requirements for preventive coverage changes.
2. The downloading and use of the **myCigna** App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual App features available may vary depending on your plan and individual security profile.
3. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
4. **For plans renewing on or after January 1, 2023:** Male condoms that are stocked behind the pharmacy counter and given to you by the pharmacist will be available at no cost-share to you. **Quantity limits apply.**
5. **PPACA coverage requirements don't apply to all plans.** Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your plan covers these medications and how much they'll cost you.
6. If your doctor feels these medications aren't right for you, ask him or her to call Cigna. There may be other brands available at no cost-share to you.
7. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
8. This medication will only be covered at no cost-share (\$0) if used alone instead of in combination with other HIV medications.
9. **Quantity limits apply.** Also, generic nicotine replacement therapy (known as "store-brands") are available at no cost-share to you, even though they may not be listed here.
10. **Not all plans cover vaccines in the same way.** Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them. You can also see a current list of covered vaccines and pharmacies in your plan's network. Most immunizations for travel aren't covered. Call your pharmacy to make sure your plan covers the vaccine and it's available at their location. You shouldn't need to make an appointment to get a vaccination. If you use an out-of-network pharmacy, vaccines may not be covered or may be subject to your plan's copay, coinsurance, and/or deductible.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Cigna reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna 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 by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. 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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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).