

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

For the Cigna National Preferred Prescription Drug List

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**® App or **myCigna.com**, 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

Available to adults less than 70 years of age

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

Barrier Contraception

CAYA CONTOURED
FC2 FEMALE CONDOM
FEMCAP
gynol ii
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
CORRECTOL
DULCOLAX EC 5 MG TABLET
gavilax
gavilyte-c
gavilyte-g
gavilyte-n
gentle laxative
gentlelax
GIALAX
GOLYTELY
healthylax
laxaclear
laxative
laxative peg 3350
MIRALAX
natura-lax

NULYTELY SOLUTION
NULYTELY WITH FLAVOR PACKS
peg 3350-electrolyte
peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid
peg-prep
polyethylene glycol 3350
powderlax
PREPOPIK
purelax
smoothlax
women's gentle laxative
women's laxative

Breast Cancer Prevention²

Available to adults 35 years of age and older

anastrozole
exemestane
raloxifene
tamoxifen

Cholesterol Related

Available to adults 40-75 years of age

atorvastatin 10mg, 20mg
fluvastatin
fluvastatin er
lovastatin 10mg, 20mg, 40mg
pravastatin
rosuvastatin 5mg, 10mg
simvastatin 5mg, 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
ONE-A-DAY PRENATAL-1
perry prenatal
prenatal
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
prenatal vitamins
SIMILAC PRENATAL
STUART ONE
ULTRA PRENATAL PLUS DHA

Hormonal Contraception^{4,5}

afirmelle
altavera
alyacen
amethia
amethia lo
amethyst
apri
aranelle
ashlyna
aubra
aubra eq

Hormonal Contraception^{4,5}

(cont)

| | | |
|---|--|-------------------|
| aurovela | jaimiess | norlyda |
| aurovela 24 fe | jasmiel | nortrel |
| aurovela fe | jencycla | nylia |
| aviane | jolessa | nymyo |
| ayuna | jolivette | ocella |
| azurette | juleber | orsythia |
| balziva | junel | philith |
| bekyree | junel fe | pimtrea |
| blisovi 24 fe | junel fe 24 | pirmella |
| blisovi fe | kaitlib fe | portia |
| briellyn | kalliga | previfem |
| camila | kariva | reclipsen |
| camrese | kelnor 1-35 | rivelsa |
| camrese lo | kelnor 1-50 | setlakin |
| caziant | kurvelo | sharobel |
| charlotte 24 fe | larin | simliya |
| chateal | larin 24 fe | simpesse |
| chateal eq | larin fe | sprintec |
| cryselle | larissia | sronyx |
| cyclafem | layolis fe | syeda |
| cyred | leena | tarina 24 fe |
| cyred eq | lessina | tarina fe |
| dasetta | levonest | tarina fe 1-20 eq |
| daysee | levonorgestrel-ethinyl estradiol | taysofy |
| deblitane | levonorgestrel-ethinyl estradiol ethinyl estradiol | tilia fe |
| desogestrel-ethinyl estradiol | levora-28 | tri femynor |
| desogestr-eth estrad eth estra | lillow | tri-estarylla |
| dolishale | lojaimiess | tri-legest fe |
| drospirenone-ethinyl estradiol | loryna | tri-linyah |
| drospirenone-ethinyl estradiol- levomefolate | low-ogestrel | tri-lo-estarylla |
| elinest | lo-zumandimine | tri-lo-marzia |
| eluryng | lutera | tri-lo-mili |
| emoquette | lyleq | tri-lo-sprintec |
| enpresse | lyza | tri-mili |
| enskyce | marlissa | tri-nymyo |
| errin | medroxyprogesterone | tri-previfem |
| estarylla | melodetta 24 fe | tri-sprintec |
| ethynodiol-ethinyl estradiol | merzee | trivora-28 |
| etonogestrel-ethinyl estradiol | mibelas 24 fe | tri-vylibra |
| falmina | microgestin | tri-vylibra lo |
| fayosim | microgestin fe | tulana |
| femynor | mili | tydemy |
| gemmily | mono-linyah | velivet |
| gianvi | necon | vestura |
| hailey | NEXPLANON | vienva |
| hailey 24 fe | nikki | violele |
| hailey fe | nora-be | volnea |
| heather | norethindrone-ethinyl estradiol-iron | vyfemla |
| iclevia | norethindrone 0.35mg | vylibra |
| incassia | norethindrone-ethinyl estradiol | wera |
| introvale | norethindrone-ethinyl estradiol 1.5-0.03mg,1-0.02mg | wymzya fe |
| isibloom | norethindrone-ethinyl estradiol-fe | xulane |
| | norgestimate-ethinyl estradiol | zafemy |
| | norgestrel-ethiny estra | zarah |
| | | zovia 1-35 |

Hormonal Contraception^{4,5}

(cont)

zovia 1-35e
zumandimine

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention

emtricitabine/tenofovir 200mg-
300mg

Implantable Contraception

KYLEENA
LILETTA
MIRENA
PARAGARD T 380-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
multi-vitamin w-fluoride-iron
multivitamin with fluoride
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-vitamin with fluoride
tri-vite with fluoride
vitamins a,c,d and fluoride

Smoking Cessation^{4,7}

Available to adults 18 years of age
and older

Quantity limits apply

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

Vaccines⁸

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

ACTHIB
ADACEL TDAP
AFLURIA
AFLURIA QUAD
BEXSERO
BOOSTRIX TDAP
DAPTACEL DTAP
DIPHtheria-TETANUS TOXOIDS-
PED
ENGERIX-B
EZ FLU 2018-2019 (FLUCELVAX)
FLUAD
FLUAD QUAD
FLUARIX QUAD
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST QUAD
FLUZONE HIGH-DOSE
FLUZONE HIGH-DOSE QUAD
FLUZONE QUAD
FLUZONE QUAD PEDI
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)
PEDIARIX
PEDVAXHIB
PENTACEL
PENTACEL ACTHIB
PFIZER COVID-19 VACCINE (EUA)
PNEUMOVAX 23
PREVNAR 13
PREVNAR 20
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HB
ROTARIX
ROTATEQ
SHINGRIX
TDVAX
TENIVAC
TRUMENBA
TWINRIX
VAQTA
VARIVAX
VAXELIS
VAXNEUVANCE
ZOSTAVAX



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. **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.
3. These medications are covered at no cost-share (\$0) for plans renewing on or after 10/1/20.
4. 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.
5. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
6. This medication will only be covered at no cost-share (\$0) if used alone instead of in combination with other HIV medications.
7. **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.
8. **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 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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).