At Cigna, your health and well-being is important to us. We want you to live life to the fullest. Taking your preventive medications regularly can help you get – and stay – healthy.

**Health care reform requires coverage of certain preventive medications 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. These recommendations are meant to help prevent disease, as well as meet women’s unique health care needs.

**Preventive medication coverage**

This document shows the prescription medications and over-the-counter medicines (available without a prescription) and products available to you at no cost-share (copay, coinsurance and/or deductible). This list is updated as the U.S. Preventive Services Task Force makes new recommendations.

You should log into the myCigna® app or website, or check your plan materials, to learn more about how your plan covers preventive medications.

**Religious exemptions to the coverage of contraceptives**

PPACA allows certain employers to exclude contraceptives from coverage due to religious beliefs. If you’re a woman with medical coverage though one of these employers, Cigna will let you know that your plan doesn’t cover these medications. Where required by law, Cigna will offer to pay for your contraceptives and/or certain medications at no extra cost to you (if you choose). This coverage is private and confidential and isn’t administered, funded by or connected in any way to your employer’s health coverage.

**Choosing the right preventive medication**

There are many preventive medications covered at 100% (or no cost-share to you) under PPACA’s preventive coverage requirement. You should talk with your doctor to find out which medication or product may be right for you. If your doctor feels a certain contraceptive medication or smoking cessation medication on this list isn’t right for you, ask your doctor to call us. Together, we’ll look for other medications and products that may be available to you at no cost-share. **Be sure to get a prescription from your doctor for your preventive medication or over-the-counter product.** Your pharmacy will need a prescription for the medication to process at no cost ($0) to you.

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Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

8SS125 u 10/19
This document shows the prescription medications and over-the-counter medicines and products available to you at no cost-share under PPACA. This list is updated as the U.S. Preventive Services Task Force makes new recommendations.

**Aspirin Products**

- adult aspirin regimen
- Aspirin
- aspirin tablet
- aspirin EC
- Aspirin-Low
- Bayer Chewable Aspirin
- Ecotrin
- EcPirin
- Lite Coat Aspirin
- Low Dose Aspirin EC

**Breast Cancer Prevention**

*(Females)*

- raloxifene
- tamoxifen

**Barrier Contraception**

Available to Females

- Caya Contoured
- FC2 Female Condom
- FemCap
- Gynol II
- Today Contraceptive Sponge
- VCF
- Wide Seal Diaphragm

**Bowel Prep Products for Colorectal Cancer Screenings**

Available to Males and Females: 50–75 years

- Alophen Pills
- bisacodyl tablet
- Bisa-Lax
- ClearLax
- Correctol
ducodyl
- Dulcolax tablet
- GaviLAX
- GaviLyte-C
- GaviLyte-G
- GaviLyte-N
- GentleLax
- Gialax
- Glycolax
- HealthyLax
- LaxaClear
- MiraLax

- Natura-Lax
- PEG 3350-Electrolyte
- PEG-Prep
- Powderlax
- Prepopik
- Purelax
- SmoothLAX
- SUPREP
- TriLyte With Flavor Packets

**Cholesterol related**

- atorvastatin 10mg, 20mg
- fluvastatin ER 80mg
- fluvastatin 20mg, 40mg
- lovastatin 20mg, 40mg
- pravastatin 10mg, 20mg, 40mg, 80mg
- rosuvastatin 5mg, 10mg
- simvastatin 10mg, 20mg, 40mg

**Emergency Contraception**

Available to Females

- Aftera
- Econtra EZ
- Econtra One-Step
- Ella
- levonorgestrel
- My Choice
- My Way
- Opicicon One-Step
- Option 2

**Folic Acid Supplementation**

Available to Females (Only products containing 0.4 mg–0.8 mg of folic acid are included)

- FA-8
- folic acid 0.4mg, 0.8mg
- KPN
- Perry Prenatal
- Prenatal
- Prenatal Multi-DHA
- Prenatal Multivitamin
- Prenatal Vitamin

**Hormonal Contraception**

Available to Females

- Afirmele
- Altavera
- Alyacen

- Amethia
- Amethia Lo
- Amethyst
- Apri
- Aranelle
- Ashlyna
- Aubra
- Aubra EQ
- Aurovela
- Aurovela 24 FE
- Aurovela FE
- Aviane
- Ayuna
- Azurette
- Balziva
- Bekyree
- Blisovi 24 FE
- Blisovi FE
- Briellyn
- Camila
- Camrese
- Camrese Lo
- Caziant
- Chateal
- Chateal EQ
- Cryselle
- Cyclafem
- Cyred
- Cyred EQ
- Dasetta
- Daysee
- Deblitane
- Delyla
desogestrel-ethinyl estradiol
drospirenone-ethinyl estradiol
- Elinest
- Emoquette
- Enpresse
- Enskyce
- Errin
- Estarylla
- ethynodiol-ethinyl estradiol
- Falmina
- Faysim
- Femynor
- Gianvi
- Hailey 24 FE
- Heather
- Incassia
- Introvale
- Isibloom

Brand name medications are capitalized and generic medications are lowercase.
### Hormonal Contraception^*

(continued)

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Other Names</th>
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<tbody>
<tr>
<td>Jasmiel</td>
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<td>Kaitlib FE</td>
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<td>Larin 24 FE</td>
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<td>Larissia</td>
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<td>Lillow</td>
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<td>Lo-Zumandimine</td>
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<td>Nikki</td>
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<td>norgestimate-ethinyl estradiol</td>
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<td>Norlyroc</td>
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<td>Tydemy</td>
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<td>Vienna</td>
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<td>Viorele</td>
<td>Vyfemla</td>
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<td>Wera</td>
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<td>Xulane</td>
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<td>Zarah</td>
<td>Zovia 1-35E</td>
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<td>Zumandimine</td>
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</table>

If your doctor feels these medications aren’t right for you, ask him/her to call us. There may be other brands available at no cost-share to you.

*Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.

### Pediatric Multivitamins (containing fluoride and fluoride supplements)

**Available to Males and Females: six months – sixteen years**

- Escavite
- Escavite D
- Floriva
- Fluorabon
- fluoride
- Fluoritab
- Flura-Drops
- Ludent Fluoride
- multi-vitamin w-fluoride-iron
- multivitamin with fluoride
- MVC-fluoride
- Poly-Vi-Flor
- Poly-Vi-Flor With Iron
- Polyvitamins with Fluoride
- Quflora Ped 1mg chewable tablet, 0.25mg/ml drops, 0.5mg/ml drop
- Sodium Fluoride drops, tablet
- Tri-Vi-Flor
- Tri-Vitamin with Fluoride

### Smoking Cessation^*

- Nicoderm CQ
- Nicorelief
- Nicorette
- nicotine gum
- nicotine lozenge
- nicotine patch
- Quit 2
- Quit 4
- Stop Smoking Aid

### Bupropion SR 150mg Quantity Limitations apply

*If your doctor feels these medications aren’t right for you, ask him/her to call us. There may be other brands available at no cost-share to you.*

*Generic nicotine replacement therapy (known as “store-brands”) are available at no cost-share to you, even though they may not be listed here.*

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*Brand name medications are capitalized and generic medications are lowercase.*
Vaccines

For plans renewing on 2/1/20 and later, on your plan’s renewal date vaccines will be covered under the pharmacy benefit.* You should call your pharmacy to make sure your vaccine is covered and available at their location. You shouldn’t need to make an appointment to get a vaccine.

ActHIB
Adacel Tdap
Afluria Quad
Bexsero
Boostrix Tdap
Daptacel DTaP
diphtheria-tetanus toxoids-ped
Engerix-B
Fluad
Fluarix Quad
Flublok Quad
Flucelvax Quad
Flulaval Quad
FluMist Quad Nasal
Fluzone High-Dose
Fluzone Quad
Fluzone Quad Pedi
Gardasil 9
Havrix
Heplisav-B
Hiberix
Infanrix DTaP
IPOLEX
Kinrix
Menactra
Menveo A-C-Y-W-135-DIP
M-M-R II
Pediarix
PedvaxHIB
Pentacel
Pneumovax 23
Prevnar 13
ProQuad
Quadracel DTaP-IPV
Recombivax HB
Rotarix
RotaTeq
Shingrix
TdVax
Tenivac
Trumenba
Twinrix
Vaqta
Varivax
Zostavax

* Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, 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. If you use an out-of-network pharmacy, services may not be covered or may be subject to your plan’s copay, coinsurance or deductible.

Brand name medications are capitalized and generic medications are lowercase.
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, if legal requirements for preventive coverage changes, then this list may change.

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.


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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)

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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）。


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


**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** – توجه: خدمات كمك زباني، بصرف رايدان به شما ارائه میشود. برای مشتریان فعلی Cigna پشت کارت شناسایی شماست نام تمدن ظهر بطالقات الشخصية.

**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 پشت کارت شناسایی شماست نام تمدن ظهر بطالقات شخصیتی.