

# 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.<sup>1</sup> 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.

### Preventive medication coverage

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. Brand-name medications are capitalized and generic medications are lowercase.

**This drug list is updated often so it isn't a complete list of PPACA-covered medications.** Also, your specific plan may not cover all of these medications. Log in to the **myCigna**<sup>®</sup> 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.

**Together, all the way.<sup>®</sup>**



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

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

This is a list of the preventive prescription medications and 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 on a regular basis.

### Aspirin Products

aspirin tablet  
aspirin EC  
Aspir-Trin  
Buffered Aspirin  
Bufferin  
children's chewable aspirin  
Ecotrin  
EcPirin  
Lite Coat Aspirin  
Low Dose Aspirin EC  
Tri-Buffered Aspirin

### Barrier Contraception

Caya Countoured  
Conceptrol  
FC2 Female Condom  
Femcap  
Gynol II  
Today Contraceptive Sponge  
VCF  
Wide Seal Diaphragm

### Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 50-75 years of age

Alophen Pills  
bisacodyl tablets  
Bisa-Lax  
citrate of magnesia  
Citroma  
ClearLax  
ducodyl  
Feminine Laxative  
GaviLAX  
GentleLax  
Glycolax  
Healthylax  
LaxaClear  
Laxative  
milk of magnesia  
MiraLax  
Natura-Lax  
oral saline laxative  
PEG 3350  
phosphate laxative  
polyethylene glycol  
PowderLax  
PureLax

SmoothLAX  
Women's Gentle Laxative  
Women's Laxative

### Breast Cancer Prevention

anastrozole  
exemestane  
raloxifene  
tamoxifen  
Soltamox

### Cholesterol Related

Available to adults 40-75 years of age

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

### Emergency Contraception

Aftera  
Econtra EZ  
Econtra One-Step  
Ella  
Fallback Solo  
levonorgestrel  
My Choice  
My Way  
New Day  
Next Choice One Dose  
Opicon One-Step  
Option 2  
Plan B One-Step  
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

B Complex  
Daily Prenatal  
Dialyvite 800

folic acid  
Foltabs 800  
KPN  
Perry Prenatal tablet  
Prenatal  
Prenatal Multi+DHA  
Prenatal Vitamin  
Rena-Vite  
Super B Complex  
Superplex-T  
Vitamin B Complex  
Vitamin B Complex with C

### Hormonal Contraception<sup>3,4</sup>

Afirmelle  
Altavera  
Alyacen  
Amethia  
Amethia Lo  
Amethyst  
Apri  
Aranelle  
Ashlyna  
Aubra  
Aubra EQ  
Aurovela  
Aurovela 24 FE  
Aurovela FE  
Aviane  
Ayuna  
Azurette  
Balziva  
Bekyree  
Beyaz  
Blisovi 24 FE  
Blisovi FE  
Brevicon  
Briellyn  
Camila  
Camrese  
Camrese Lo  
Caziant  
Charlotte 24 FE  
Chateal  
Chateal EQ  
Cryselle  
Cyclafem

## Hormonal Contraception<sup>3,4</sup>

(continued)

Cyclessa  
Cyred  
Cyred EQ  
Dasetta  
Daysee  
Deblitane  
Delyla  
Depo-Provera  
desogestrel-ethinyl estradiol  
desogestrel-ethinyl estradiol ethinyl  
estradiol  
drospirenone-ethinyl estra-levomef  
drospirenone-ethinyl estradiol  
Elinest  
Eluryng  
Emoquette  
Enpresse  
Enskyce  
Errin  
Estarylla  
ethynodiol-ethinyl estradiol  
etonogestrel-ethinyl estradiol  
Falmina  
Fayosim  
Femynor  
Gianvi  
Gildagia  
Hailey  
Hailey 24 FE  
Hailey FE  
Heather  
Incassia  
Introvale  
Isibloom  
Jaimiess  
Jasmiel  
Jencycla  
Jolessa  
Jolivette  
Juleber  
Junel  
Junel FE  
Junel FE 24  
Kaitlib FE  
Kalliga  
Kariva  
Kelnor 1-35  
Kelnor 1-50  
Kimidess  
Kurvelo  
Larin  
Larin 24 FE  
Larin FE

Larissia  
Layolis FE  
Leena  
Lessina  
Levonest  
levonorgestrel-ethinyl estradiol  
levonorgestrel-ethinyl estradiol  
ethinyl estradiol  
Levora-28  
Lillow  
Lojaimiess  
Lomedia 24 FE  
Loryna  
Low-Ogestrel  
Lo-Zumandimine  
Lutera  
Lyza  
Marlissa  
medroxyprogesterone acetate  
Melodetta 24 FE  
Mibelas 24 FE  
Microgestin  
Microgestin 24 FE  
Microgestin FE  
Mili  
Mono-Linyah  
Mononessa  
Myzilra  
Necon  
Nikki  
Nora-Be  
norethindrone  
norethindrone-ethinyl estradiol-FE  
norethindrone-ethinyl estradiol  
norethindrone-ethinyl estradiol-  
ferrous fum  
norgestimate-ethinyl estradiol  
norgestrel-ethinyl estradiol  
Norlyda  
Norlyroc  
Nortrel  
Nuvaring  
Ocella  
Ogestrel  
Orsythia  
Ortho Micronor  
Ortho-Cyclen  
Ortho-Novum  
Philith  
Pimtrea  
Pirmella  
Portia  
Previfem  
Quasense  
Rajani

Reclipsen  
Rivelsa  
Setlakin  
Sharobel  
Simliya  
Simpesse  
Sprintec  
Sronyx  
Syeda  
Tarina 24 FE  
Tarina FE  
Tarina FE 1-20 EQ  
Tilia FE  
Tri Femynor  
Tri-Estarylla  
Tri-Legest FE  
Tri-Linyah  
Tri-Lo-Estarylla  
Tri-Lo-Marzia  
Tri-Lo-Mili  
Tri-Lo-Sprintec  
Tri-Mili  
Trinessa  
Trinessa Lo  
Tri-Norinyl  
Tri-Previfem  
Tri-Sprintec  
Trivora-28  
Tri-Vylibra  
Tri-Vylibra Lo  
Tulana  
Twirla  
Tydemy  
Velivet  
Vestura  
Vienna  
Violele  
Volnea  
Vyfemla  
Vylibra  
Wera  
Wymzya FE  
Xulane  
Yaz  
Zarah  
Zenchent  
Zenchent FE  
Zovia 1-35E  
Zovia 1-50E  
Zumandimine

## Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention

emtricitabine/tenofovir (TDF)  
200mg-300mg<sup>2,3,5</sup>

## Implantable Contraception

Kyleena  
Liletta  
Mirena  
Nexplanon  
Paragard  
Skyla

## Pediatric Multivitamins (containing fluoride and fluoride supplements)

Available to children six months – sixteen years of age

fluoride  
Fluoritab  
Ludent Fluoride  
multivitamin with fluoride  
MVC-Fluoride  
Tri-Vitamin with Fluoride  
Vitamins A,C,D & Fluoride

## Smoking Cessation<sup>3,6</sup>

Available to adults 18 years of age and older

Quantity limits apply

Chantix  
Nicorelief  
Nicorette

Nicotine  
nicotine gum  
nicotine lozenge  
nicotine patch  
Nicotrol  
NTS  
Quit 2  
Quit 4  
Stop Smoking Aid

## Vaccines<sup>7</sup>

### COVID-19 Vaccines

Availability is based on your state's roll-out plan. Once you're eligible to get the vaccine, it will be covered at 100% under PPACA.

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  
Gardasil 9  
Havrix  
Hepilisav-B

Hiberix  
Infanrix DTaP  
IPOL  
Janssen COVID-19 Vaccine (EUA)  
Kinrix  
Menactra  
Menveo A-C-Y-W-135-DIP  
M-M-R II  
Moderna COVID-19 Vaccine (EUA)  
Pediarix  
PedvaxHIB  
Pentacel  
Pfizer COVID-19 Vaccine (EUA)  
Pneumovax 23  
Prenar 13  
ProQuad  
Quadracel DTaP-IPV  
Recombivax HB  
Rotarix  
RotaTeq  
Shingrix  
TdVax  
Tenvirac  
Trumenba  
Twinrix  
Vaqta  
Varivax  
Zostavax

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, 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. 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.
4. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
5. This medication will only be covered at no cost-share (\$0) if used alone instead of in combination with other HIV medications.
6. Generic nicotine replacement therapy (known as "store-brands") are available at no cost-share to you, even though they may not be listed here.
7. 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 or deductible.

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](mailto: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](mailto: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 Ỗ: 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).