

PPACA No Cost-Share (\$0) Preventive Medications

By drug category

Preventive medications help keep you from getting certain health conditions or to keep them from coming back.

Certain preventive medications are available at no cost-share (\$0) to you.

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover the full cost of some prescription preventive medications and over-the-counter (OTC) products. This means you won't pay any cost-share (copay, coinsurance and/or deductible) to fill them.

The U.S. Preventive Services Task Force and the Institute of Medicine provide guidance on which drug classes to include. Their goal is to help prevent disease and meet women's unique health care needs.

Not all plans cover contraceptive products

Contraceptive products are used to prevent pregnancy. Some employers can choose not to cover these products at \$0 based on their religious beliefs.

If you're a woman with Cigna HealthcareSM pharmacy benefits and your employer doesn't cover contraceptives, we'll make them available to you at \$0 (as the law allows). We'll keep your coverage private and won't share it with anyone; and it won't be administered or funded by, or connected in any way, to the coverage you get through your employer.

About this drug list

This is a list of the preventive medications and products that will cost you \$0 to fill under PPACA.

- **You'll need a prescription from your doctor's office** for your plan to cover these medications and products at \$0 – even if you're filling an OTC product, which doesn't usually need a prescription.
- Medications are listed in alphabetical order (A-Z) by drug class.
- Generics are listed in all lowercase letters and brands are listed in all CAPITAL letters.
- If your doctor feels a certain contraceptive or quit smoking product on this list isn't right for you, ask your doctor to contact us. We'll look for other medications that may be available at \$0.
- **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**[®], or check your plan materials, to learn more about how your plan covers preventive medications.

PPACA No Cost-Share (\$0) Preventive Medications

This is a list of the preventive medications and products that cost \$0 under PPACA. **You'll need a prescription from your doctor's office for your plan to cover them at \$0.**

Aspirin Products

Available to women who are at least 12 weeks pregnant and at high risk for pre-eclampsia*

aspirin 81 mg chewable tablet, tablet

Barrier Contraception

CAYA CONTOURED

FC2 FEMALE CONDOM

FEMCAP

gynol ii

MALE CONDOMS3

VCF

WIDE SEAL DIAPHRAGM

Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age

bisacodyl ec tablet

citrate of magnesia

citroma

clearlax

dulcolax oral suspension

gavilax powder

gavilyte-c

gavilyte-g

gavilyte-n

gentle laxative ec tablet

kro gentlelax

laxative ec 5 mg tablet

laxative peg 3350

natura-lax

OSMOPREP

peg 3350-electrolyte

peg-prep

peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid

polyethylene glycol 3350 powder

powderlax powder

purelax powder

smoothlax powder

sodium sulfate-potassium sulfate-magnesium sulfate

women's gentle laxative

Breast Cancer Prevention

Available to adults 35 years of age and older

anastrozole

exemestane

raloxifene

SOLTAMOX

tamoxifen

Cholesterol Related

Available to adults 40-75 years of age

atorvastatin 10 mg, 20 mg tablet

fluvastatin

fluvastatin er

lovastatin

pitavastatin

pravastatin

rosuvastatin 5 mg, 10 mg tablet

simvastatin 5 mg, 10 mg, 20 mg, 40 mg tablet

Emergency Contraception

after pill

AFTERA

curae

econtra ez

econtra one-step

ELLA

her style

levonorgestrel

my choice

my way

new day

opcicon one-step

option 2

PLAN B ONE-STEP

TAKE ACTION

Folic Acid Supplements

Only for products that have 0.4 mg–0.8 mg of folic acid in them

b complex number 1

b-complex with vitamin c

balance b-50, b-100

balanced b-complex

classic prenatal

dialyvite 800 tablet

ferocon

folic acid 0.4 mg, 0.8 mg, 400 mcg, 800 mcg tablet

folitab 500

full spectrum b

kobee

kpn tablet

nephronex-sl

* Pre-eclampsia is a high blood pressure condition that happens during pregnancy.

PPACA No Cost-Share (\$0) Preventive Medications

Folic Acid Supplements (Cont.)

Only for products that have
0.4 mg–0.8 mg of folic acid in them

perry prenatal
prenatal caplet, tablet
prenatal complete
prenatal multi-dha
prenatal multivitamin
PRENATAL MULTIVITAMIN-DHA
prenatal one daily
prenatal vitamin
rena-vite
stress formula with iron
super b complex
super b complex-vitamin c
super b maxi complex
super b-50 complex
super quintis
tricon
vitamin b complex
vitamin b complex-vitamin c

Hormonal Contraception^{4,5}

afirmelle
altavera
alyacen
amethia
amethyst
ANNOVERA
apri
aranelle
ashlyna
aubra
aubra eq
aurovela
aurovela fe
aurovela 24 fe
aviane
ayuna
azurette

balziva
BEYAZ
blisovi fe
blisovi 24 fe
briellyn
camila
camrese
camrese lo
caziant
charlotte 24 fe
chateal eq
cryselle
cyred
cyred eq
dasetta
daysee
deblitane
DEPO-PROVERA
DEPO-SUBQ PROVERA 104 SYRINGE
desogestrel-ethinyl estradiol
desogestrol-ethinyl estradiol ethinyl
estradiol
dolishale
drospirenone-ethinyl estradiol
drospirenone-ethinyl estradiol-
levomefolate
elinest
eluryng
emoquette
emzahh
enilloring
enpresse
enskyce
errin
estarylla
ethynodiol-ethinyl estradiol
etonogestrel-ethinyl estradiol
falmina
feirza
finzala

gemmily
hailey
hailey fe
hailey 24 fe
haloette
heather
iclevia
incassia
isibloom
jaimiess
jasmiel
jencycla
jolessa
joyeaux
juleber
junel
junel fe
junel fe 24
kaitlib fe
kalliga
kariva
kelnor
kurvelo
larin
larin fe
larin 24 fe
layolis fe
leena
lessina
levonest
levonorgestrel-ethinyl estradiol
levonorgestrel-ethinyl estradiol
ethinyl estradiol
levonorgestrel-ethinyl estradiol-
ferrous bisglycinate
levora-28
lo-zumandimine
lojaimiess
loryna
low-ogestrel

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

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PPACA No Cost-Share (\$) Preventive Medications

Hormonal Contraception^{4,5}

(Cont.)

lutera
lyleq
lyza
marlissa
medroxyprogesterone 150 mg/ml
syringe, vial
merzee
mibelas 24 fe
microgestin
microgestin fe
microgestin 24 fe
mili
minzoya
mono-linyah
necon
NEXPLANON
nikki
nora-be
norelgestromin-ethinyl estradiol
norethindrone 0.35 mg tablet
norethindrone-ethinyl estradiol
1-0.02 mg, 1.5-0.03 mg tablet
norethindrone-ethinyl estradiol-fe
norgestimate-ethinyl estradiol
nortrel
nylia
nymyo
ocella
OPILL⁶
philith
pimtrea
pirmella
portia
previfem
reclipsen
rivelsa
setlakin
sharobel

simliya
simpesse
sprintec
sronyx
syeda
tarina fe
tarina 24 fe
tarina fe 1-20 eq
taysofy
tilia fe
tri-estarylla
tri-legest fe
tri-linyah
tri-lo-estarylla
tri-lo-marzia
tri-lo-mili
tri-lo-sprintec
tri-mili
tri-nymyo
tri-previfem
tri-sprintec
tri-vylibra
tri-vylibra lo
trivora-28
tulana
turqoz
tydemy
valtya
velivet
vestura
vienva
viorele
volnea
vyfemla
vylibra
wera
wymzya fe
xarah fe
xelria fe
xulane

YAZ
zafemy
zarah
zovia 1-35
zumandimine

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention

APRETUDE
emtricitabine-tenofovir 200 mg-300
mg tablet^{4,7,8}

Implantable Contraception

KYLEENA
LILETTA
MIRENA
PARAGARD T 380-A
SKYLA

Pediatric Multivitamins

Only for vitamins that have fluoride in them and fluoride supplements

Available to children 6 months – 16 years of age

fluoride chewable tablet
ludent fluoride
multivitamin-fluoride
mvc-fluoride
sodium fluoride drops, chewable
tablet
soluvita
soluvita a, c, d with fluoride
tri-vitamin-fluoride
vitamins a, c, d and fluoride

Quit Smoking Products^{4,9}

Available to adults 18 years of age and older

bupropion sr 150 mg tablet
CHANTIX
NICODERM CQ

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

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PPACA No Cost-Share (\$0) Preventive Medications

Quit Smoking Products^{4,9} (Cont.)

Available to adults 18 years
of age and older

NICORETTE
nicotine gum, lozenge, patch
NICOTROL
NICOTROL NS
quit 2
quit 4
stop smoking aid
varenicline

Vaccines¹⁰

ABRYSVO
ACTHIB
ADACEL TDAP
AFLURIA
AREXVY
BEXSERO
BEYFORTUS
BOOSTRIX TDAP
CAPVAXIVE
COMIRNATY

DAPTACEL DTAP
DENGVAXIA
ENGERIX-B
FLUAD
FLUARIX
FLUBLOK
FLUCELVAX
FLULAVAL
FLUMIST
FLUZONE
GARDASIL 9
HAVRIX
HEPLISAV-B
HIBERIX
INFANRIX DTAP
IPOL
JANSSEN COVID-19
KINRIX
M-M-R II VACCINE
MENQUADFI
MENVEO A-C-Y-W-135-DIP
MODERNA COVID
MRESVIA

NOVAVAX COVID
PEDIARIX
PEDVAXHIB
PENBRAYA
PENTACEL
PENTACEL ACTHIB COMPONENT
PFIZER COVID
PNEUMOVAX 23
PREHEVBRIO
PREVNAR 20
PRIORIX
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HB
ROTARIX
ROTATEQ
SHINGRIX
SPIKEVAX
TDVAX
TENIVAC
TRUMENBA
TWINRIX
VAQTA
VARIVAX
VAXELIS
VAXNEUVANCE

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.



1. This is a list of the prescription medications and over-the-counter 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 there's a change to the legal requirements for preventive coverage.
2. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
3. Male condoms that are kept behind the pharmacy counter and given to you by the pharmacist are available at no cost-share (\$0) to you as long as you have a prescription from your doctor and fill it at an in-network pharmacy. **Quantity limits apply.**
4. If your doctor feels these medications aren't right for you, ask your doctor's office to call us. There may be other medications available at no cost-share (\$0) to you.
5. Generic hormonal contraceptives are available at no cost-share (\$0) to you, even though they may not be listed here.
6. OPILL is covered at no cost-share (\$0) as long as you have a prescription from your doctor and fill it at an in-network pharmacy. **Quantity limits apply.**
7. **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.
8. This medication will only be covered at no cost-share (\$0) if used alone and not 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 (\$0) 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 plan covers them. You can also see a current list of covered vaccines and pharmacies in your plan's network. Most travel-related vaccines aren't covered. Call your pharmacy to make sure your plan covers the vaccine you need and it's available at their location. You shouldn't need to make an appointment to get a vaccine. 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 Healthcare.

Cigna Healthcare 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 Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare 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 Healthcare. 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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator
P.O. 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 LƯU 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 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

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 ناشنویان: شماره 711 را شماره‌گیری کنید).