

# 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.<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. 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.

Together, all the way.®



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 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  
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  
PHEXXI  
TODAY CONTRACEPTIVE SPONGE  
VCF  
wide seal diaphragm

### Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age

ALOPHEN PILLS  
bisacodyl tablet  
BISA-LAX  
CLEARLAX  
CLENPIQ  
COLYTE WITH FLAVOR PACKETS  
CORRECTOL  
DULCOLAX TABLET  
GAVILAX  
GAVILYTE-C  
GAVILYTE-G  
GAVILYTE-N  
GENTLE LAXATIVE TABLET  
GENTLELAX  
GIALAX  
GLYCOLAX  
GOLYTELY  
HEALTHYLAX  
LAXACLEAR  
LAXATIVE 25MG TABLET  
LAXATIVE PEG 3350  
MIRALAX  
MOVIPREP  
NATURA-LAX  
NULYTELY SOLUTION

NULYTELY WITH FLAVOR PACKS  
OSMOPREP  
PEG 3350-ELECTROLYTE  
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid  
PEG-PREP  
PLENVU  
polyethylene glycol 3350  
POWDERLAX  
PREPOPIK  
PURELAX  
SMOOTHLAX  
SUPREP  
SUTAB  
TRILYTE WITH FLAVOR PACKETS  
WOMEN'S LAXATIVE  
WOMEN'S GENTLE LAXATIVE

### Breast Cancer Prevention<sup>2</sup>

anastrozole<sup>3</sup>  
exemestane<sup>3</sup>  
raloxifene  
tamoxifen

### Cholesterol Related

Available to adults 40-75 years of age

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

### Emergency Contraception

AFTERA  
ECONTRA EZ  
ECONTRA ONE-STEP  
ELLA  
levonorgestrel  
MY CHOICE  
MY WAY  
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  
CENTRUM SPECIALIST PRENATAL  
CLASSIC PRENATAL  
EXPECTA PRENATAL  
FA-8  
folic acid 0.4mg, 0.8mg  
KPN  
MINI PRENATAL  
ONE A DAY PRENATAL DHA PACK  
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 + DHA  
PRENATAL VITAMINS  
RIGHT STEP PRENATAL VITAMINS  
SIMILAC PRENATAL  
STUART ONE  
ULTRA PRENATAL PLUS DHA

### Hormonal Contraception<sup>4,5</sup>

AFIRMELLE  
ALTAVERA  
ALYACEN  
AMETHIA  
AMETHIA LO  
AMETHYST  
APRI  
ARANELLE  
ASHLYNA  
AUBRA  
AUBRA EQ  
AUROVELA  
AUROVELA 24 FE

## Hormonal Contraception<sup>4,5</sup>

(cont)

AUROVELA FE  
AVIANE  
AYUNA  
AZURETTE  
BALZIVA  
BEKYREE  
BLISOVI 24 FE  
BLISOVI FE  
BRIELLYN  
CAMILA  
CAMRESE  
CAMRESE LO  
CAZANT  
CHARLOTTE 24 FE  
CHATEAL  
CHATEAL EQ  
CONCEPTROL  
CRYSSELLE  
CYCLAFEM  
CYRED  
CYRED EQ  
DASETТА  
DAYSEE  
DEBLITANE  
desogestrel-ethinyl estradiol  
DOLISHALE  
drospirenone-ethinyl estradiol-  
levomefolate  
drospirenone-ethinyl estradiol  
ELINEST  
ELURYNG VAGINAL RING  
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  
JAIMIЕSS  
JASMIЕL

JENCYCLA  
JOLESSA  
JOLIVETTE  
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  
LAYOLIS FE  
LEENA  
LESSINA  
LEVONEST  
levonorgestrel-ethinyl estradiol  
levonorgestrel-ethinyl estradiol  
ethinyl estradiol  
LEVORA-28  
LILLOW  
LOJAIMIЕSS  
LORYNA  
LOW-OGESTREL  
LO-ZUMANDIMINE  
LUTERA  
LYLEQ  
LYZA  
MARLISSA  
medroxyprogesterone 150mg/ml  
MELODETTA 24 FE  
MERZEE  
MIBELAS 24 FE  
MICROGESTIN  
MICROGESTIN FE  
MILI  
MONO-LINYAH  
MONONESSA  
NECON  
NEW DAY  
NEXPLANON  
NIKKI  
NORA-BE  
norethindrone 0.35mg  
norethindrone-ethinyl estradiol-iron  
norethindrone-ethinyl estradiol 1.5-  
0.03mg  
norethindrone-ethinyl estradiol  
1-0.02mg  
norethindrone-ethinyl estradiol-fe

norgestimate-ethinyl estradiol  
NORLYDA  
NORTREL  
NYLIA  
NYMYO  
OCELLA  
ORSYTHIA  
PHILITH  
PIMTREA  
PIRMELLA  
PORTIA  
PREVIFEM  
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  
TRI-NYMYO  
TRI-PREVIFEM  
TRI-SPRINTEC  
TRIVORA-28  
TRI-VYLIBRA  
TRI-VYLIBRA LO  
TULANA  
TWIRLA  
TYDEMY  
VELIVET  
VESTURA  
VIENVA  
VIORELE  
VOLNEA  
VYFEMLA  
VYLIBRA  
WERA  
WYMZYA FE  
XULANE

## Hormonal Contraception<sup>4,5</sup>

(cont)

ZAFEMY  
ZARAH  
ZENCHENT  
ZOVIA  
ZUMANDIMINE

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

emtricitabine/tenofovir  
200mg-300mg<sup>2,4,6</sup>

## Implantable Contraception

KYLEENA  
LILETTA  
MIRENA  
PARAGARD  
SKYLA

## Pediatric Multivitamins (containing fluoride and fluoride supplements)

Available to children six  
months – sixteen years of age

FLORIVA 0.25MG/ML DROPS  
FLUORABON  
fluoride  
FLUORITAB  
FLURA-DROPS  
LUDENT FLUORIDE  
multivitamin-fluoride  
multivitamin-fluoride-iron  
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 DROPS,  
TABLET  
TRI-VI-FLOR  
TRI-VITAMIN WITH FLUORIDE  
TRI-VITE WITH FLUORIDE  
VITAMIN A,C,D-FLUORIDE

## Smoking Cessation<sup>4,7</sup>

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

## Vaccines<sup>8</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  
AFLURIA QUAD  
BEXSERO  
BOOSTRIX TDAP  
DAPTACEL DTAP  
diphtheria-tetanus toxoids-ped  
ENGERIX-B  
FLUAD  
FLUAD QUAD  
FLUARIX QUAD  
FLUBLOK QUAD  
FLUCELVAX QUAD  
FLULAVAL QUAD  
FLUMIST QUAD NASAL  
FLUZONE HIGH-DOSE  
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  
MODERNA COVID-19 VACCINE  
(EUA)  
PEDIARIX  
PEDVAXHIB  
PENTACEL  
PENTACEL ACTHIB  
PFIZER COVID-19 VACCINE (EUA)  
PNEUMOVAX 23  
PREVNAR 13  
PROQUAD  
QUADRACEL DTAP-IPV  
RECOMBIVAX HB  
ROTARIX  
ROTATEQ  
SHINGRIX  
TDVAX  
TENIVAC  
TRUMENBA  
TWINRIX  
VAQTA  
VARIVAX  
VAXELIS  
ZOSTAVAX  
VAQTA  
VARIVAX  
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. 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. 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 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.

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 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 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).