# NO COST-SHARE PREVENTIVE MEDICATIONS

# by drug category

At Cigna, your health and well-being is most important, and we want you to be at your 100% best. It's good to take care of yourself. Getting the right preventive care services at the right time can help you stay healthy.

# Health care reform requires coverage of specific preventive medications with no patient cost-sharing

The Patient Protection and Affordable Care Act (PPACA) requires that certain categories of drugs and other products be included in preventive care services coverage based on recommendations from the U.S. Preventive Services Task Force as well as the Institute of Medicine. These recommendations are meant to help prevent disease and meet women's unique health care needs, and are updated periodically to reflect new advances in science and medicine.

#### Preventive medication coverage

The following prescription medications (as well as certain over-the-counter medications) and products may be available to you with no cost-sharing (copay, coinsurance and/or deductible) depending on your plan. Check your plan materials or visit **myCigna.com** for more information. You can also use the Prescription Drug Price Quote tool on myCigna.com to compare prices at local retail pharmacies and Cigna Home Delivery Pharmacy<sup>SM</sup>. If you have questions, you can call customer service using the number on the back of your ID card, 24 hours a day, 365 days a year, and we'll be happy to help.

# Religious exemptions to covering contraceptives

PPACA allows certain employers to exclude coverage for contraceptive services 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 does not cover these medications, and Cigna will offer to pay for your contraceptive services and specific medications at no additional cost to you if you choose. This coverage isn't administered, funded by or connected in any way to your employer's health coverage, and is private and confidential.

#### Your healthcare professional

Talk with your doctor about choosing the medication or product that's right for you. If your doctor feels a certain contraceptive product (on this list) isn't medically appropriate for you, have your doctor contact us to determine what other contraceptive products (not on this list) may be available with no cost-sharing. For preventive medications (including over-the-counter medications) or products to be covered, you'll need to get a prescription from your doctor.



#### **ASPIRIN PRODUCTS**

Available to: Males: 45-79 years Females\*: 55-79 years \*Available beginning 9/1/15 for females of childbearing age at risk of preeclampsia during pregnancy

Adult Low Dose Aspirin Adult Low Dose Aspirin EC Aspir EC 81 Aspirin 81 mg Aspir-Low Bayer Chewable Aspirin Children's Aspirin Children's Chewable Aspirin Ecotrin 81 mg Halfprin Low Dose Aspirin Low Dose Aspirin EC St. Joseph Aspirin

#### BARRIER CONTRACEPTION

#### Available to Females

Conceptrol

FC2 Female Condom

Femcap Gvnol II

Options Conceptrol Vaginal Contraceptive

Options Gynol II Vaginal Contraceptive

Today Contraceptive Sponge VCF Vaginal Contraceptive Film

VCF Vaginal Contraceptive Foam

Wide Seal Diaphragm 60 Wide Seal Diaphragm 70 Wide Seal Diaphragm 75 Wide Seal Diaphragm 80 Wide Seal Diaphragm 85 Wide Seal Diaphragm 90 Wide Seal Diaphragm 95 Wide Seal Diaphragm 65

#### **BREAST CANCER PREVENTION** (FEMALES)

\*effective on plan anniversary date beginning September 1, 2014.

raloxifene tamoxifen

#### **EMERGENCY** CONTRACEPTION

Available to Females

Ella Mv Wav

Next Choice One Dose Take Action

#### **FALL PREVENTION / VITAMIN D SUPPLEMENTATION**

\* adults 65 years of age and older to prevent falls

Children's Replesta Children's Vitamin D

D<sub>3</sub> Dots D3-2000 D3-50 Decara Delta D3

Dialyte Vitamin D3 Max Dialyvite Vitamin D

D-Vi-Sol D-Vita Just D

Kids Vitamin D3 Maximum D3 Optimal D3 Replesta Replesta NX Thera-D Vitamin D Vitamin D3 Vitamin D-400

#### **FOLIC ACID SUPPLEMENTATION**

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

Classic Prenatal Daily Prenatal Folic Acid **KPN** Maxinate

One Daily Prenatal P-D Natal Plus With

Folic Acid Prenatal

Prenatal Formula Prenatal Multi + DHA Prenatal OTC

Prenatal Vitamins Preque 10

Right Step Prenatal Vitamins

Urosex

#### **HORMONAL** CONTRACEPTION^\*

Available to Females

Altavera Alyacen 1/35 Alyacen 7/7/7 Amethia Amethia Lo Apri Aranelle Aubra Aviane Azurette

Balziva Briellyn Camila Camrese Camrese Lo Caziant Chateal Cryselle-28 Cyclafem 1/35 Cyclafem 7/7/7 Dasetta 1/35 Dasetta 7/7/7

Daysee desogestrel/ethinyl estradiol drospirenone/ethinyl

estradiol Elinest Emoquette Enpresse-28 Enskyce Errin Estarvlla Falmina Generess Fe Gianvi Gildagia Gildess 1.5/30 Gildess 1/20 Gildess FE 1.5/30

Gildess FE 1/20 Heather Introvale Jencycla Jolessa Jolivette Junel 1.5/30 Junel 1/20 Junel FE 1.5/30 Junel FE 1/20 Kariva Kurvelo Larin 1/20

Larin FE 1.5/30 Larin FE 1/20 Leena

Lessina

Levonest levonorgestrel

levonorgestrel and ethinyl

estradiol

levonorgestrel/ehtinyl estradiolL Levora 0.15/30-28

Loryna Low-Ogestrel Lutera Lvza Marlissa

medroxyprogesterone acetate

150 MG/ML Microgestin 1.5/30 Microgestin 1/20 Microgestin FE Microgestin FE 1.5/30 Mono-Linyah

Mononessa Myzilra Necon 0.5/35-28 Necon 1/35 Necon 7/7/7 Nora-Be norethindrone norgestimate/ethinyl

estradiol

norgestrel/ethinyl estradiol

Nortrel 0.5/35 (28) Nortrel 1/35 Nortrel 7/7/7 Nuvaring (Available

7/11/2015) Ocella Orsythia Philith Pimtrea Pirmella 1/35 Pirmella 7/7/7 Portia-28 Previfem Quasense Reclipsen Sprintec 28 Sronyx Sveda Tilia FE Tri-Estarylla Tri-Legest FE

Tri-Linyah Trinessa Tri-Previfem Tri-Sprintec Trivora-28 Velivet Vestura Viorele Vyfemla

Wera
Wymzya FE
Xulane
Zarah
Zenchent
Zenchent FE
Zeosa
Zovia 1/35E

- ^ If your doctor feels these medications are medically inappropriate, have them call us. Brands may be available with no cost-sharing to you.
- \* Generic hormonal contraceptives are available at no cost-sharing to you, even though they may not be listed here.

#### PEDIATRIC IRON-CONTAINING PRODUCTS/FLUORIDE SUPPLEMENTATION

Available to Males and Females: six months - 12 months

months
Children's Ferrous Sulfate
Children's Iron
Fer-In-Sol
Fer-Iron
Ferrous Sulfate
Flura Drops
Icar
IronUp
Multivitamins with

MyKidz Iron 10 Novaferrum

Fluoride-Iron

Wee Care

### PEDIATRIC MULTIVITAMINS

(containing fluoride and fluoride supplements)

Available to Males and Females: six months - six years

Escavite
Escavite D
Floriva
Fluorabon
Fluor-a-day
Fluoride
Fluoritab
Flura-drops
Ludent Fluoride
Multivitamin and Fluoride
Multivitamins with Fluoride
Multivitamins with
Fluoride-Iron

Fluoride-Iron MVC-Fluoride MyKidz Iron FL Poly-VI-Flor Poly-VI-Flor with Iron

Polyvitamins with Fluoride Quflora Sodium Fluoride

Triple Vitamin w/Fluoride Tri-VI-Flor

Tri-vitamin with Fluoride Tri-vite w/Fluoride Tri-vite w/Fluoride Iron Vitamins A,C,D & Fluoride

## SMOKING CESSATION^\*

Effective on plan anniversary date beginning December 1, 2014. Quantity Limitations apply.

bupropion (generic for Zyban®)

May also be known as:
Bupropion HCl SR 12HR
Buproban
nicotine replacement therapy\*
patches, gum and lozenges

May also be known as:

Commit Nicoderm Nicorelief Nicorette

Nicotine Polacrilex Gum Nicotine Polacrilex Lozenge Nicotine TD Patch 24HR Nicotine Transdermal System

- ^ If your doctor feels
  these medications are
  medically inappropriate,
  have them call us. Brands
  may be available with no
- \* Generic nicotine replacement therapy (so called "store-brands" are available at no cost-sharing to you, even though they may not be listed here.)

cost-sharing to you.



All health benefit plans and insurance policies contain exclusions and limitations. 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 or purchase 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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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