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. Visit Cigna.com/ifp-drug-list for more information. Once you are a customer, you can review your policy or use the Prescription Drug Price Quote tool on myCigna.com to compare prices at local retail pharmacies and Cigna Home Delivery PharmacySM. 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.

Your healthcare professional

Talk with your health care professional about choosing the medication or product that's right for you. If your health care professional feels a certain contraceptive product (on this list) isn’t medically appropriate for you, have your health care professional 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 health care professional.
This list represents the medications that Cigna administered plans will cover with no cost-sharing due to PPACA requirements. Please note: this list is subject to change.

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
Gynol 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
My Way
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
D3 Dots
D3-2000
D3-50
Decara
Delta D3
Dalyte Vitamin D3 Max
Dalyvite 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
Api
Aranelle
Aubra
Aviane
Azurette
Balziva
Brielyn
Camila
Camrese
Camrese Lo
Gaziant
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
Enskye
Errin
Estarylla
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/ethylene estradiol
Levora 0.15/30-28
Loryna
Low-Ogestrel
Lutera
Lyza
Marilysa
medroxyprogesterone acetate 150 MG/ML
Microgestin 1.5/30
Microgestin 1/20
Microgestin FE
Microgestin FE 1.5/30
Mono-Linyah
Mononessa
Myziria
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
Orsytina
Philiith
Pimtre
Pirmella 1/35
Pirmella 7/7/7
Portia-28
Previfem

*Available beginning 9/1/15 for females of childbearing age at risk of preeclampsia during pregnancy
Medical insurance policies contain exclusions and limitations. 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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