Individual and Family Plans

PPACA $0 Preventive Medications

Prescription medications and over-the-counter products available at no cost-share

Preventive medications can help keep you from getting certain long-term health conditions. They improve your chances of staying well and living longer.[1]

Certain preventive medications cost $0 to fill

The Patient Protection and Affordable Care Act (PPACA), known as health care reform, helps make health care and preventive care more affordable.[2]

PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything – not even a copay, coinsurance or deductible for these products.

If your doctor feels a certain contraceptive or quit smoking product on this list isn't right for you, ask your doctor's office to contact us. We'll look for other options that may be available at $0.

Important information about this list

This list show which products you can get at $0.[3]

- 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.
- **This list is updated often** so not all products available at $0 may be listed here.[3]
- To see all of your $0 options, log in to the myCigna® App[4] or **myCigna.com**® and use the Price a Medication tool.

Get a prescription from your doctor's office.

To get these products at $0, you'll need a prescription – **even for the OTCs**, which don't usually need one.[5]

PPACA $0 Preventive Medications

To get these products at $0, you'll need a prescription from your doctor – **even for the OTCs**, which don't usually need one.[5]

Aspirin Products

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

aspirin 81 mg

Barrier Contraception

CAYA CONTOURED
FC2 FEMALE CONDOM
FEMCAP
gynol ii
MALE CONDOM[6]
PHEXXI
VCF FILM, GEL
WIDE SEAL DIAPHRAGM

Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age when used for a preventive colonoscopy.**

alophen pill
bisacodyl tablet
clearlax
gavilax
gavilyte-c
gavilyte-g
gavilyte-n
gentle laxative ec tablet
gentlelax
healthylax
laxaclear
laxative ec 5 mg tablet
laxative peg 3350
natura-lax
peg 3350-electrolyte
peg-prep
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid
polyethylene glycol 3350
powderlax
purelax
smoothlax
sodium sulfate-potassium sulfate-magnesium sulfate
women's gentle laxative
women's laxative

Breast Cancer Prevention[7]

anastrozole
exemestane
raloxifene
tamoxifen

Cholesterol Related[7]

Available to adults 40-75 years of age

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

Emergency Contraception

after pill
curae
econtra ez
econtra one-step
ELLA
her style
levonorgestrel
my choice
my way
new day
opcicon one-step
option 2

Folic Acid Supplements

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

classic prenatal
FA-8
folic acid 0.4 mg, 0.8 mg, 400 mcg, 800 mcg tablet
folitab 500
kpn tablet
MINI PRENATAL
ONE A DAY WOMEN'S PRENATAL DHA
one daily prenatal
ONE-A-DAY PRENATAL
ONE-A-DAY PRENATAL-I
perry prenatal
prenatal
prenatal complete
PRENATAL FORMULA-DHA

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

** **Quantity limits apply.** Your plan will cover up to two (2) fills a year at $0. After that, you'll pay your normal copay or coinsurance to fill a bowel prep product.

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

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PPACA $0 Preventive Medications

Folic Acid Supplements *(Cont.)*

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

PRENATAL GUMMIES
PRENATAL MULTI
PRENATAL MULTI-DHA
prenatal multivitamin
PRENATAL MULTIVITAMIN-DHA
prenatal one daily
PRENATAL VITAMIN
PRENATAL VITAMIN + DHA
PUREVITA FOLIC ACID
SIMILAC PRENATAL
STUART ONE
ULTRA PRENATAL PLUS DHA

Hormonal Contraception[7,8]

afirmelle
altavera
alyacen
amethia
amethyst
apri
aranelle
ashlyna
aubra
aubra eq
aurovela
aurovela fe
aurovela 24 fe
aviane
ayuna
azurette
balziva
blisovi fe
blisovi 24 fe
briellyn
camila
camrese
camrese lo
caziant
charlotte 24 fe
chateal
chateal eq
cryselle
cyred
cyred eq
dasetta
daysee
deblitane
desogestrel-ethinyl estradiol
desogestrol-ethinyl estradiol ethinyl estradiol
dolishale
drospirenone-ethinyl estradiol
drospirenone-ethinyl estradiol-levomefolate
elinest
eluryng
emzahh
enilloring
enpresse
enskyce
errin
estarylla
ethynodiol-ethinyl estradiol
etonogestrel-ethinyl estradiol
falmina
feirza
finzala
gabriela
gemmily
hailey
hailey fe
hailey 24 fe
haloette
heather
iclevia
incassia
isibloom
introvale
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-ferrous bisglycinate
levora-28
lo-zumandimine
lojaimiess
loryna
low-ogestrel
lutera
lyleq
lyza
marlissa
medroxyprogesterone syringe, vial
meleya
merzee
mibelas 24 fe

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PPACA $0 Preventive Medications

Hormonal Contraception[7,8] *(Cont.)*

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 (21) tablet
norethindrone-ethinyl estradiol-fe
norgestimate-ethinyl estradiol
nortrel
nylia
nymyo
ocella
OPILL
philith
pimtrea
pirmella
portia
previfem
reclipsen
rivelsa
rosyrah
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-legest fe-28 day tablet
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
TWIRLA
valtya
velivet
vestura
vienva
viorele
volnea
vyfemla
vylibra
wera
wymzya fe
xarah fe
xelria fe
xulane
zafemy
zarah
zovia 1-35
zumandimine

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention[7,9]

APRETUDE
DESCOVY 200 MG-25 MG TABLET[10]
emtricitabine-tenofovir 200 mg-300 mg tablet
YEZTUGO

Implantable Contraception

KYLEENA
LILETTA
MIRENA
MIUDELLA
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

DAVIMET WITH FLUORIDE
FLORAFOL FE PEDIATRIC
FLORAFOL PEDIATRIC
FLORIVA
flotrex
fluoride chewable tablet
ludent fluoride
MULTI-VIT-FLOR
multi-vitamin w-fluoride-iron
multivitamin with fluoride
multivitamin-iron-fluoride
mvc-fluoride
POLY-VI-FLOR
POLY-VI-FLOR WITH IRON
QUFLORA
sodium fluoride oral drops, chewable tablet
soluvita
soluvita a, c ,d with fluoride
SOLUVITA MULTIVITAMIN FLUORIDE
TRI-VI-FLOR
tri-vitamin with fluoride
tri-vite with fluoride
vitamins a, c, d and fluoride

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

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PPACA $0 Preventive Medications

Quit Smoking Products[7,11]

Available to adults 18 years of age and older

bupropion sr 150 mg tablet
NICODERM CQ
NICORETTE
nicotine gum, lozenge, patch
NICOTROL
NICOTROL NS
quit 2
quit 4
stop smoking aid
varenicline

Vaccines[12]

ABRYSVO
ACTHIB
ADACEL TDAP
AFLURIA
AREXVY
BEXSERO
BEYFORTUS
BOOSTRIX TDAP
CAPVAXIVE
COMIRNATY
DAPTACEL DTAP
DENGVAXIA
ENFLONSIA
ENGERIX-B
FLUAD
FLUARIX
FLUBLOK
FLUCELVAX
FLULAVAL
FLUMIST
FLUZONE
FLUZONE HIGH-DOSE
GARDASIL 9
HAVRIX
HEPLISAV-B
HIBERIX
INFANRIX DTAP
IPOL
JANSSEN COVID
KINRIX
M-M-R II VACCINE
MENQUADFI
MENVEO A-C-Y-W-135-DIP
MNEXSPIKE
MODERNA COVID
MRESVIA
NOVAVAX COVID
PEDIARIX
PEDVAXHIB
PENBRAYA
PENMENVY MEN A-B-C-W-Y
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 list is updated as the U.S. Preventive Services Task Force makes new recommendations to PPACA coverage requirements.

1. Centers for Disease Control and Prevention (CDC) website, "Preventing Chronic Diseases: What You Can Do Now." Content current as of 05/15/24. cdc.gov/chronic-disease/prevention.
2. U.S. Department of Health and Human Services (HHS) website, "About the Affordable Care Act." Content last reviewed 03/17/22. hhs.gov/healthcare/about-the-aca.
3. This is a list of the prescription preventive medications and over-the-counter products covered at 100% under your plan's pharmacy benefit at this time, based on existing legal requirements, and is subject to plan terms such as limitations and exclusions. For example, this list may change if there's a change to the legal requirements for preventive coverage.
4. 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.
5. If you're filling an OTC, you'll need to pay for it at the pharmacy counter (just like you would for a prescription medication), using your health plan coverage.
6. 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.**
7. If your doctor feels these medications aren't right for you, ask him or her to call Cigna Healthcare. There may be other generics/brands available at no cost-share to you.
8. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
9. This medication will only be covered at no cost-share ($0) if used alone and not in combination with other HIV medications.
10. DESCOVY is covered at no cost share ($0) as of January 1, 2025 if used alone instead of in combination with other HIV medications.
11. **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.
12. **Not all plans cover vaccines in the same way, and most travel-related vaccines aren't covered.** Log in to the myCigna App or myCigna.com, or check your plan materials, to see which ones your plan covers. You should call your pharmacy first, to make sure your vaccine is covered and 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.

If you need language assistance, or have a disability, please call us at 866.494.2111 (For TTY services, dial 711). Accommodations are available and provided at no cost to you.

Medical insurance policies/service agreements 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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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.

Product availability may vary by location and plan type and is subject to change. All 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 Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna HealthCare of Texas, Inc.

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles par usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporciona información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabi - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) و تحدث إلى مقدم الخدمة الخاص بك

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero
1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Fars - توجه: همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، (TTY: 711 را بگیرید یا با (شماره تماس بگیرید یا با فارسی به صورت رایگان در دسترس هستند. با شماره 1-800-244-622 .ارائه‌دهنده خود صحبت کنید ارائه اطلاعات در قالبهای قابل دسترس به