At Cigna, your health and well-being is important to us. We want you to live life to the fullest. Taking your preventive medications regularly can help you get – and stay – healthy.

Health care reform requires coverage of certain preventive medications 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.¹ The U.S. Preventive Services Task Force and the Institute of Medicine provide guidance on which drug classes should be covered. These recommendations are meant to help prevent disease, as well as meet women’s unique health care needs.

Preventive medication coverage

This document shows the prescription medications and over-the-counter medicines (available without a prescription) and products available to you at no cost-share (copay, coinsurance and/or deductible). This list is updated as the U.S. Preventive Services Task Force makes new recommendations.

You should log into the myCigna® app or website, or check your plan materials to learn more about how your plan covers preventive medications.

Choosing the right preventive medication

There are many preventive medications covered at 100% (or no cost-share to you) under PPACA’s preventive coverage requirement. You should talk with your doctor to find out which medication or product may be right for you. If your doctor feels a certain contraceptive medication or smoking cessation medication on this list isn't right for you, ask your doctor to call us. Together, we'll look for other medications and products not on this list that may be available to you at no cost-share. Please be sure to get a prescription from your doctor for your preventive medication or over-the-counter product. Your pharmacy will need a prescription for the medication to process at no cost ($0) to you.
This document shows the prescription medications and over-the-counter medicines and products available to you at no cost-share under PPACA. This list is updated as the U.S. Preventive Services Task Force makes new recommendations.

Aspirin Products
Adult Aspirin Regimen
Aspirin 81
aspirin
aspirin EC
Aspir-Low
Bayer Chewable Aspirin
Ecotrin
EcPirin
Lite Coat Aspirin
Low Dose Aspirin EC
St. Joseph Aspirin

Breast Cancer Prevention
raloxifene
tamoxifen

Barrier Contraception
Caya Contoured
FC2 Female Condom
FemCap
Today Contraceptive
Sponge
VCF
Wide Seal Diaphragm

Bowel Prep Products for Colorectal Cancer Screenings
Available to adults 50–75 years of age
Alophen Pills
bisacodyl tablet
Bisac-Lax
Clearlax
Clenpiq
CoLyte With Flavor Packets
Correctol
Ducodyl
Dulcolax tablet
Gavilax
Gavilyte-C
Gavilyte-G
Gavilyte-N
Gentle Laxative tablet
GentleLax
Gialax
Glycolax
GoLytely
Healthylax
LaxaClear
Miralax
MoviPrep
Natura-Lax
Nulytely With Flavor Packs
OsMoPrep
PEG 3350-Electrolyte
PEG 3350
PEG-Prep
Powderlax
Prepopik
Purelax
Smoothlax
Suprep
Trilyte With Flavor Packets
Woman’s Laxative

Cholesterol Medications
Available to adults 40–75 years of age
atorvastatin 10mg, 20mg
fluvastatin
fluvastatin ER
lovastatin 20mg, 40mg
pravastatin
rosuvastatin
simvastatin 10mg, 20mg, 40mg

Emergency Contraception
Aftera
Econtra EZ
Econtra One-Step
Ella
levonorgestrel
My Choice
My Way
New Day
Opcicon One-Step
Option 2
Take Action

Folic Acid Supplementation
Only includes products containing 0.4 mg–0.8 mg of folic acid
Daily Prenatal
FA-8
folic acid 400mcg and 800mcg
KPN
One Daily Prenatal
Perry Prenatal
Prenatal
Prenatal Complete
Prenatal Formula
Prenatal Formula-DHA
Prenatal Multi + DHA
Prenatal Multivitamin
Prenatal Multivitamin-DHA
Prenatal Vitamin
Urosex

Hormonal Contraception**
Altavera
Alyacen
Amethia
Amethia Lo
Amethyst
Apri
Aranelle
Ashlyna
Aubra
Aubra EQ
Aviane
Azurette
Balziva
Bekyree
Blisovi 24 FE
Blisovi FE
Brielllyn
Camila
Camrese
Camrese Lo
Caziant
Chateal
Cryselle
Cyclafem

Brand name medications are capitalized and generic medications are lowercase.
Hormonal Contraception^* (continued)
levonorgestrel-ethinyl estradiol-ethinyl estradiol
Levora-28
Lillow
Low-Ogestrel
Lutera
Lyza
Marlissa
Melodetta 24 FE
Mibelas 24 FE
Microgestin
Microgestin FE
Mili
Mono-Linyah
Mononessa
Myzilra
Necon
Nikki
Nora-Be
norethindrone
norethindrone-ethinyl estradiol
norethindrone-ethinyl estradiol-FE	norgestimate-ethinyl estradiol
Norlyda
Norlyroc
Nortrel
NuvaRing
Oella
Orsythia
Philit
Pimtrean
Pirmella
Portia
Previsem
Recipsen
Rivelsa
Setlakin
Sharobel
Sprintec
Sronyx
Syeda
Tarina FE
Tarina FE 1-20 EQ
Tilia FE
Tri Femynor
Tri-Estarylla
Tri-Linest FE
Tri-Linyah
Tri-Lo-Estarylla
Tri-Lo-Marzia
Tri-Lo-Sprintec
Tri-Mili
Tri-Previsem
Tri-Sprintec
Trivora-28
Tri-Vilobra
Tri-Vilobra Lo
Tulana
Tydeym
Velivet
Vienna
Viorele
Vymfela
Vylistra
Wera
Wymzua FE
Xulane
Zarah
Zovia 1-35e

* If your doctor feels these medications aren’t right for you, ask him/her to call us. There may be other brands available at no cost-share to you.

* Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.

Poly-Vi-Flor
Poly-Vi-Flor With Iron
Polyvitamins with Fluoride
Quflora
sodium fluoride
Tri-Vi-flor
Tri-Vitamin With Fluoride
Tri-Vite With Fluoride

Smoking Cessation^†**
bupropion SR 150mg
Nicoderm CQ
Nicorelief
Nicorette
cocaine gum
nicotine lozenge
nicotine patch
Quit 2
Quit 4
Stop Smoking Aid

† Quantity limits apply.

* If your doctor feels these medications aren’t right for you, ask him/her to call us. There may be other brands available at no cost-share to you.

* Generic nicotine replacement therapy (known as “store-brands” are available at no cost-share to you, even though they may not be listed here).

Vaccines*
For plans renewing on 2/1/20 and later, on your plan’s renewal date vaccines will be covered under the pharmacy benefit.* You should call your pharmacy to make sure your vaccine is covered and available at their location. You shouldn’t need to make an appointment to get a vaccine.

ActHIB
Adacel Tdap
Afluria Quad
Bexsero
Boostrix Tdap
Daptacel DTaP
diphtheria-tetanus toxoids-ped
Engerix-B
Fluad
Fluarix Quad
Flublok Quad
Flucelvax Quad
Flulaval Quad
FluMist Quad Nasal
Fluzone High-dose
Fluzone Quad
Fluzone Quad Pedi
Gardasil 9
Havrix
Heplisav-B
Hiberix
Infanrix DTaP
Ipol
Kinrix
Menactra
Menveo A-C-Y-W-135-DIP
M-M-R II
Pediarix
PedvaxHIB
Pentacel
Pneumovax 23
Prevnar 13
ProQuad
Quadracel DTaP-IPV
Recombivax HB
Rotarix
RotaTeq
Shingrix
TdVax
Tenivac
Trumenba
Twinrix
Vaqta
Varivax
Zostavax

Brand name medications are capitalized and generic medications are lowercase.
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, if legal requirements for preventive coverage changes, then this list may change.

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. If your policy/service agreement 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.

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.

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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 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. 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)

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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）。


Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711) 번으로 연락해주십시오.


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 على بطاقة الشخصية. أو اتصل ب 1.800.244.6224 (TTY: أتصل ب 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: marquem o número 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrotnej stronie jej karty tożsamości. 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).


Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ی کد برگیرید. در غیر اینصورت با شماره‌ی 1,800,244,6224 تماس بگیرید (شماره‌ی تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).