

PPACA NO COST-SHARE PREVENTIVE MEDICATIONS

by drug category

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 provides 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 and products (available without a prescription) 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.

Log into the **myCigna**[®] app or website, or check your plan materials, to learn more about how your plan covers preventive medications.

Religious exemptions to the coverage of contraceptives

PPACA allows certain employers to exclude contraceptives from coverage 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 doesn't cover these medications. Where required by law, Cigna will offer to pay for your contraceptives and/or certain medications at no extra cost to you (if you choose). This coverage is private and confidential and isn't administered, funded by or connected in any way to your employer's health coverage.

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 that may be available to you at no cost-share. **Be sure to get a prescription from your doctor for your preventive medication or over-the-counter product.** Your pharmacy will need a prescription to process the medication at no cost-share (\$0) to you.

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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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

Aspirin 81
 aspirin tablet
 aspirin EC
 Aspirin-Low
 Bayer Chewable Aspirin
 Ecotrin
 EcPirin
 Lite Coat Aspirin
 Low Dose Aspirin EC

Barrier Contraception

Caya Contoured
 FC2 Female Condom
 FemCap
 Gynol II
 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
 Colyte With Flavor Packets
 Correctol
 ducodyl
 Dulcolax tablet
 GaviLAX
 GaviLyte-C
 GaviLyte-G
 GaviLyte-N
 GentleLax
 Glycolax
 GoLYTELY
 Healthylax
 LaxaClear
 MiraLax
 MoviPrep
 Natura-Lax
 PEG 3350-Electrolyte
 PEG-Prep
 Powderlax
 Prepopik
 Purelax

SmoothLAX
 SUPREP
 TriLyte With Flavor Packets

Breast Cancer Prevention²

anastrozole³
 exemestane³
 raloxifene
 tamoxifen

Cholesterol Related

Available to adults 40-75 years of age

atorvastatin 10mg, 20mg
 fluvastatin ER 80mg
 fluvastatin 20mg, 40mg
 lovastatin 20mg, 40mg
 pravastatin 10mg, 20mg, 40mg, 80mg
 rosuvastatin 5mg, 10mg
 simvastatin 10mg, 20mg, 40mg

Emergency Contraception

Aftera
 Econtra EZ
 Econtra One-Step
 Ella
 levonorgestrel
 My Choice
 My Way
 Opcon One-Step
 Option 2

Folic Acid Supplementation

Only for products containing 0.4 mg-0.8 mg of folic acid

FA-8
 folic acid 0.4mg, 0.8mg
 KPN
 Perry Prenatal
 Prenatal
 Prenatal Multi-DHA
 Prenatal Multivitamin
 Prenatal Vitamin

Hormonal Contraception^{4,5}

Afirmelle
 Altavera
 Alyacen
 Amethia
 Amethia Lo

Amethyst
 Apri
 Aranelle
 Ashlyna
 Aubra
 Aubra EQ
 Aurovela
 Aurovela 24 FE
 Aurovela FE
 Aviane
 Ayuna
 Azurette
 Balziva
 Bekyree
 Blisovi 24 FE
 Blisovi FE
 Briellyn
 Camila
 Camrese
 Camrese Lo
 Caziant
 Chateal
 Chateal EQ
 Cryselle
 Cyclofem
 Cyred
 Cyred EQ
 Dasetta
 Daysee
 Deblitane
 Delyla
 desogestrel-ethinyl estradiol
 drospirenone-ethinyl estradiol
 Elinest
 EluRyng vaginal ring
 Emoquette
 Enpresse
 Enskyce
 Errin
 Estarylla
 ethynodiol-ethinyl estradiol
 etonogestrel-ethinyl estradiol vaginal ring
 Falmina
 Fayosim
 Femynor
 Gianvi
 Hailey 24 FE
 Heather
 Incassia
 Introvale

Brand name medications are capitalized and generic medications are lowercase.

Hormonal Contraception^{4,5}

(continued)

Isibloom
Jasmiel
Jencycla
Jolessa
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
Leena
Lessina
Levonest
levonorgestrel-ethinyl estradiol
levonorgestrel-ethinyl estradiol
ethinyl estradiol
Levora-28
Lillow
Loryna
Low-Ogestrel
Lo-Zumandimine
Lutera
Lyza
Marlissa
Melodetta 24 FE
Mibelas 24 FE
Microgestin
Microgestin FE
Mili
Mono-Linyah
Necon
Nikki
Nora-Be
norethindrone 0.35mg
norethindrone-ethinyl estradiol
1-0.02mg
norethindrone-ethinyl estradiol-FE
norgestimate-ethinyl estradiol
Norlyda

Norlyroc
Nortrel
Ocella
Orsythia
Philith
Pimtrea
Pirmella
Portia
Previfem
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
Tri-Previfem
Tri-Sprintec
Trivora-28
Tri-Vylibra
Tri-Vylibra Lo
Tulana
Tydemy
Velivet
Vienva
Viorele
Vyfemla
Vylibra
Wera
Wymzya FE
Xulane
Zarah
Zovia 1-35E
Zumandimine

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention^{2,4,6}

These medications are covered at no cost-share (\$0) for plans renewing on or after 7/1/20.

emtricitabine/tenofovir (TDF)
200mg-300mg⁷
Descovy 200-25 mg⁸
Truvada 200-300mg⁷

Pediatric Multivitamins (containing fluoride and fluoride supplements)

Available to children six months – sixteen years

Escavite
Escavite D
Floriva
Fluorabon
fluoride
Fluoritab
Flura-Drops
Ludent Fluoride
multi-vitamin w-fluoride-iron
multivitamin with fluoride
MVC-fluoride
Poly-Vi-Flor
Poly-Vi-Flor With Iron
Polyvitamins with Fluoride
Quflora Ped 1mg chewable tablet,
0.25mg/ml drops, 0.5mg/ml drop
Sodium Fluoride drops, tablet
Tri-Vi-Flor
Tri-Vitamin with Fluoride

Smoking Cessation^{4,9}

Quantity Limitations apply

bupropion SR 150mg
Nicoderm CQ
Nicorelief
Nicorette
nicotine gum
nicotine lozenge
nicotine patch
Quit 2
Quit 4
Stop Smoking Aid

Brand name medications are capitalized and generic medications are lowercase.

Vaccines

*For plans renewing after 2/1/20:
On your plan's renewal date, these
vaccines will be covered under the
pharmacy benefit.¹⁰*

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
Pediatrix

PedvaxHIB
Pentacel
Pneumovax 23
Prenar 13
ProQuad
Quadracel DTaP-IPV
Recombivax HB
Rotarix
RotaTaq
Shingrix
TdVax
Tenivac
Trumenba
Twinrix
Vaqta
Varivax
Zostavax

Brand name medications are capitalized and generic medications are lowercase.



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, if legal requirements for preventive coverage changes, then this list may change.
2. PPACA coverage requirements don't apply to all plans. Log in to the **myCigna** app or website, or check your plan materials, to find out how your plan covers these medications and if you have a cost-share to fill them.
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/her to call us. 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. These medications are only covered at 100% if used alone instead of in combination with other HIV medications.
7. Once the generic version of Truvada (emtricitabine/tenofovir) is available, the brand name version will only be covered at no cost-share (\$0) if you have approval from Cigna through a coverage review process.
8. Descovy isn't covered the same way on all drug lists. You may need approval from Cigna before your plan will cover it. Log in to the **myCigna** app or website to find out how your plan covers this medication.
9. Generic nicotine replacement therapy (known as "store-brands") are available at no cost-share to you, even though they may not be listed here.
10. Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, 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 the vaccine is covered and available at their location. You shouldn't need to make an appointment to get a vaccination. If you use an out-of-network pharmacy, services may not be covered or may be subject to your plan's copay, coinsurance 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.

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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)
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 LỜI 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).