

Individual & Family Plans

Cigna Health and Life Insurance Company,
Cigna HealthCare of Arizona, Inc.,
Cigna HealthCare of Georgia, Inc.,
Cigna HealthCare of Illinois, Inc., and
Cigna HealthCare of North Carolina, Inc.

PPACA NO COST-SHARE PREVENTIVE MEDICATIONS

by drug category

Preventive medications are used to prevent certain conditions from developing, or to prevent a condition from coming back.

Certain preventive medications are available 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 on this list. These recommendations are meant to help prevent disease, as well as meet women's unique health care needs.

Preventive medication coverage

This is a list of the preventive prescription medications and over-the-counter (OTC) products available to you at no cost-share (copay, coinsurance and/or deductible).

For your plan to cover these medications at 100%, you'll need to get a prescription from your doctor – even for the OTC products which are typically available without a prescription. Medications are listed alphabetically by drug category. Brand-name medications are capitalized and generic medications are lowercase.

This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations. Log in to the **myCigna**® App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications.

Choosing the right preventive medication

Many preventive medications are covered at 100% (or no cost-share to you) under PPACA's preventive coverage requirement. Talk with your doctor to see if one may work for you. If your doctor feels a certain contraceptive or smoking cessation medication on this list isn't right for you, ask your doctor to contact Cigna. Together, we'll look for other medications that may be available at no cost-share.

Together, all the way.®



PPACA NO COST-SHARE (\$0) PREVENTIVE MEDICATIONS

This is a list of the preventive prescription medications and over-the-counter (OTC) products available to you at no cost-share under PPACA. **For your plan to cover these medications at 100%, you'll need to get a prescription from your doctor – even for the OTC products which are typically available without a prescription.** This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations.

Aspirin Products

ADULT ASPIRIN
REGIMEN
aspirin
aspirin ec 81mg, 325mg
aspir-trin
BAYER CHEWABLE
ASPIRIN
children's aspirin
ECOTRIN
LOW DOSE ASPIRIN EC
ST. JOSEPH ASPIRIN
ST. JOSEPH ASPIRIN EC

Barrier Contraception

CAYA CONTOURED
FC2 FEMALE CONDOM
FEMCAP
GYNOL II
PHEXXI
TODAY CONTRACEPTIVE
SPONGE
VCF
wide seal diaphragm

Bowel Prep Products for Colorectal Cancer Screenings

Available to adults
45-75 years of age

ALOPHEN PILLS
bisacodyl tablet
BISA-LAX
CLEARLAX
CLENPIQ
COLYTE WITH FLAVOR
PACKETS
CORRECTOL
DULCOLAX TABLET
GAVILAX
GAVILYTE-C
GAVILYTE-G
GAVILYTE-N

GENTLE LAXATIVE
TABLET
GENTLELAX
GIALAX
GLYCOLAX
GOLYTELY
HEALTHYLAX
LAXACLEAR
LAXATIVE 25MG TABLET
LAXATIVE PEG 3350
MIRALAX
MOVIPREP
NATURA-LAX
NULYTELY SOLUTION
NULYTELY WITH
FLAVOR PACKS
OSMOPREP
PEG 3350-ELECTROLYTE
peg3350-sodium
sulfate-sodium
chloride-potassium
chloride-sodium
ascorbate-ascorbic acid
PEG-PREP
PLENVU
polyethylene glycol 3350
POWDERLAX
PREPOPIK
PURELAX
SMOOTHLAX
SUPREP
SUTAB
TRILYTE WITH FLAVOR
PACKETS
WOMEN'S LAXATIVE
WOMEN'S GENTLE
LAXATIVE

Breast Cancer Prevention

anastrozole
exemestane
raloxifene
tamoxifen

Cholesterol Related

Available to adults
40-75 years of age

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

Emergency Contraception

AFTERA
ECONTRA EZ
ECONTRA ONE-STEP
ELLA
levonorgestrel
MY CHOICE
MY WAY
OPCICON ONE-STEP
OPTION 2
TAKE ACTION

Folic Acid Supplementation

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

ALIVE PRENATAL
BRAINSTRONG
PRENATAL
CENTRUM SPECIALIST
PRENATAL
CLASSIC PRENATAL
EXPECTA PRENATAL
FA-8
folic acid 0.4mg, 0.8mg
KPN
MINI PRENATAL
ONE A DAY PRENATAL
DHA PACK
ONE DAILY PRENATAL
ONE-A-DAY PRENATAL-1

PERRY PRENATAL
PRENATAL
PRENATAL COMPLETE
PRENATAL FORMULA-
DHA
PRENATAL GUMMIES
PRENATAL MULTI
PRENATAL MULTI-DHA
PRENATAL
MULTIVITAMIN
PRENATAL
MULTIVITAMIN-DHA
PRENATAL ONE DAILY
PRENATAL PLUS-DHA
PRENATAL VITAMIN
PRENATAL + DHA
PRENATAL VITAMINS
RIGHT STEP PRENATAL
VITAMINS
SIMILAC PRENATAL
STUART ONE
ULTRA PRENATAL PLUS
DHA

Hormonal Contraception^{2,3}

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

Hormonal Contraception^{2,3}

(continued)

BRIELLYN
CAMILA
CAMRESE
CAMRESE LO
CAZIAN
CHARLOTTE 24 FE
CHATEAL
CHATEAL EQ
CONCEPTROL
CRYSSELLE
CYCLAFEM
CYRED
CYRED EQ
DASET
DAYSEE
DEBLITANE
desogestrel-ethinyl
 estradiol
DOLISHALE
drospirenone-ethinyl
 estradiol-levomefolate
drospirenone-ethinyl
 estradiol
ELINEST
ELURYNG VAGINAL
 RING
EMOQUETTE
ENPRESSE
ENSKYCE
ERRIN
ESTARYLLA
ethynodiol-ethinyl
 estradiol
etonogestrel-ethinyl
 estradiol
FALMINA
FAYOSIM
FEMYNOR
GEMMILY
GIANVI
HAILEY
HAILEY 24 FE
HAILEY FE
HEATHER
ICLEVIA
INCASSIA
INTROVALE
ISIBLOOM
JAIMIESS
JASMIEL

JENCYCLA
JOLESSA
JOLIVETTE
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
LAYOLIS FE
LEENA
LESSINA
LEVONEST
levonorgestrel-ethinyl
 estradiol
levonorgestrel-ethinyl
 estradiol ethinyl
 estradiol
LEVORA-28
LILLOW
LOJAIMIESS
LORYNA
LOW-OGESTREL
LO-ZUMANDIMINE
LUTERA
LYLEQ
LYZA
MARLISSA
medroxyprogesterone
 150mg/ml
MELODETTA 24 FE
MERZEE
MIBELAS 24 FE
MICROGESTIN
MICROGESTIN FE
MILI
MONO-LINYAH
MONONESSA
NECON
NEW DAY
NEXPLANON
NIKKI
NORA-BE
norethindrone 0.35mg
norethindrone-ethinyl

 estradiol-iron
norethindrone-ethinyl
 estradiol 1.5-0.03mg
norethindrone-ethinyl
 estradiol 1-0.02mg
norethindrone-ethinyl
 estradiol-fe
norgestimate-ethinyl
 estradiol
NORLYDA
NORTREL
NYLIA
NYMYO
OCELLA
ORSYTHIA
PHILITH
PIMTREA
PIRMELLA
PORTIA
PREVIFEM
RAJANI
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
TRINESSA
TRI-NYMYO
TRI-PREVIFEM
TRI-SPRINTEC
TRIVORA-28
TRI-VYLIBRA
TRI-VYLIBRA LO
TULANA
TWIRLA
TYDEMY

VELIVET
VESTURA
VIENVA
VIORELE
VOLNEA
VYFEMLA
VYLIBRA
WERA
WYMZYA FE
XULANE
ZAFEMY
ZARAH
ZENCHENT
ZOVIA
ZUMANDIMINE

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention

emtricitabine/tenofovir
200mg-300mg

Pediatric Multivitamins (containing fluoride and fluoride supplements)

Available to children
six months – sixteen years
of age

FLORIVA 0.25MG/ML
DROPS
FLUORABON
fluoride
FLUORITAB
FLURA-DROPS
LUDENT FLUORIDE
multivitamin-fluoride
multivitamin-fluoride-iron
MVC-FLUORIDE
POLY-VI-FLOR
POLY-VI-FLOR WITH
IRON
QUFLORA PED 0.25MG/
ML DROPS, 0.5MG/
ML DROPS, 1MG
CHEWABLE TABLET
SODIUM FLUORIDE
DROPS, TABLET

Pediatric Multivitamins

(continued)

TRI-VI-FLOR
TRI-VITAMIN WITH
FLUORIDE
TRI-VITE WITH
FLUORIDE
VITAMIN A,C,D-
FLUORIDE

Smoking Cessation^{2,5}

Quantity limits apply

bupropion sr 150mg
NICODERM CQ
NICORELIEF
NICORETTE
nicotine gum
nicotine lozenge
nicotine patch
NICOTROL
NICOTROL NS
QUIT 2
QUIT 4
STOP SMOKING AID
varenicline

Vaccines⁶

COVID-19 vaccines:
*Availability is based on
your state's roll-out plan.
Once you're eligible to
get the vaccine, it will be
covered at 100% under
PPACA.*

ACTHIB
ADACEL TDAP
AFLURIA
AFLURIA QUAD
BEXSERO
BOOSTRIX TDAP
DAPTACEL DTAP
diphtheria-tetanus
toxoids-ped
ENGERIX-B
FLUAD
FLUAD QUAD
FLUARIX QUAD
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST QUAD NASAL
FLUZONE HIGH-DOSE
FLUZONE HIGH-DOSE
QUAD
FLUZONE QUAD

GARDASIL 9
HAVRIX
HEPLISAV-B
HIBERIX
INFANRIX DTAP
IPOL
JANSSEN COVID-19
VACCINE (EUA)
KINRIX
MENACTRA
MENQUADFI
MENVEO A-C-Y-W-135-
DIP
M-M-R II
MODERNA COVID-19
VACCINE (EUA)
PEDIARIX
PEDVAXHIB
PENTACEL
PENTACEL ACTHIB
PFIZER COVID-19
VACCINE (EUA)
PNEUMOVAX 23
PREVNAR 13
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HB
ROTARIX
ROTATEQ
SHINGRIX

TDVAX
TENIVAC
TRUMENBA
TWINRIX
VAQTA
VARIVAX
VAXELIS
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, this list of medications may change if legal requirements for preventive coverage changes.
2. If your doctor feels these medications aren't right for you, ask him or her to call Cigna. There may be other brands available at no cost-share to you.
3. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
4. This medication will only be covered at no cost-share (\$0) if used alone instead of in combination with other HIV medications.
5. Generic nicotine replacement therapy (known as "store-brands") are available at no cost-share to you, even though they may not be listed here.
6. Not all plans cover vaccines in the same way. Log in to the myCigna App or myCigna.com, 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.

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 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.

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 representative.

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DISCRIMINATION IS AGAINST THE LAW

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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).