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. 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 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 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.
This document shows the prescription medications and over-the-counter 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**
- Aspir 81
- aspirin tablet
- aspirin EC
- Aspir-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
- Bisa-Lax
- ClearLax
- 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
- polyethylene glycol 3350
- Powderlax
- Purelax
- SmoothLAX
- SUPREP
- TriLyte With Flavor Packets

**Breast Cancer Prevention**
- anastrozole
- exemestane
- raloxifene
- tamoxifen

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

**Emergency Contraception**
- Aftera
- Ecocontra EZ
- Ecocontra One-Step
- Ella
- levonorgestrel
- My Choice
- My Way
- Opcicon 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
- Perry Prenatal
- Prenatal
- Prenatal Multi-DHA
- Prenatal Multivitamin
- Prenatal Vitamin

**Hormonal Contraception**
- Afirmelle
- Altavera
- Alyacen
- Amethia
- Amethia Lo
- Amethyst

Brand name medications are capitalized and generic medications are lowercase.
Hormonal Contraception\textsuperscript{5,4} (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
Lutra
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
Orsyttha
Philith
Pimtrea
Pirmella
Portia
Previdem
Reclipsen
Rivelsa
Setlakin
Sharobel
Simliya
Simpessse
Sprintec
Sroyx
Syeda
Tarina 24 FE
Tarina FE
Tarina FE 1-20 EQ
Tilia FE
Tri Femynor
Tri-Estarrylla
Tri-Legest FE
Tri-Linyah
Tri-Lo-Estarrylla
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
Vienna
Viorele
Vyfemla
Vylibra
Wera
Wymzya FE
Xulane
Zarah
Zovia 1-35E
Zumandimine

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention\textsuperscript{2,3,5}
emtricitabine/tenofovir (TDF)
200mg-300mg\textsuperscript{6}
Descovy 200–25 mg\textsuperscript{7}
Truvada 200–300mg\textsuperscript{6}

Pediatric Multivitamins (containing fluoride and fluoride supplements)
Available to children six months – sixteen years of age
Floriva
Flurabon
fluoride
Fluoritab
Flura-Drops
Ludent Fluoride
multi-vitamin w-fluoride-iron
multivitamin with fluoride
MVC-fluoride
Poly-Vi-Flor
Poly-Vi-Flor With Iron
Quflora Ped 1mg chewable tablet, 0.25mg/ml drops, 0.5mg/ml drops
Sodium Fluoride drops, tablet
Tri-Vi-Flor
Tri-Vitamin with Fluoride

Smoking Cessation\textsuperscript{3,8}
Quantity limits 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.
<table>
<thead>
<tr>
<th>Vaccines</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ActHIB</td>
<td>Fluzone Quad Pedi</td>
</tr>
<tr>
<td>Adacel Tdap</td>
<td>Gardasil 9</td>
</tr>
<tr>
<td>Afluria Quad</td>
<td>Havrix</td>
</tr>
<tr>
<td>Bexsero</td>
<td>Heplisav-B</td>
</tr>
<tr>
<td>Boostrix Tdap</td>
<td>Hiberix</td>
</tr>
<tr>
<td>Daptacel DTaP</td>
<td>Infanrix DTaP</td>
</tr>
<tr>
<td>diphtheria-tetanus toxoids-ped</td>
<td>IPOL</td>
</tr>
<tr>
<td>Engerix-B</td>
<td>Kinrix</td>
</tr>
<tr>
<td>Fluad</td>
<td>Menactra</td>
</tr>
<tr>
<td>Fluarix Quad</td>
<td>Meneveo A-C-Y-W-135-DIP</td>
</tr>
<tr>
<td>Flublok Quad</td>
<td>M-M-R II</td>
</tr>
<tr>
<td>Flucelvax Quad</td>
<td>Pediarix</td>
</tr>
<tr>
<td>Flulaval Quad</td>
<td>PedvaxHIB</td>
</tr>
<tr>
<td>FluMist Quad Nasal</td>
<td>Pentacel</td>
</tr>
<tr>
<td>Fluzone High-Dose</td>
<td>Pneumovax 23</td>
</tr>
<tr>
<td>Fluzone Quad</td>
<td>Prevnar 13</td>
</tr>
<tr>
<td></td>
<td>ProQuad</td>
</tr>
</tbody>
</table>

*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. 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.

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

5. These medications are only covered at 100% if used alone instead of in combination with other HIV medications.

6. 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.

7. 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.

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

9. 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.

Product availability may vary by location and plan type and is subject to change. All group 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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- 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

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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 가입자님 대해서는 ID 카드 뒷면에 있는 전화번호로 연락해 주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711) 번으로 전화해 주십시오.


**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** – معذرتكم، نحن نقدمكم خدمات الترجمة اللا محلية مجاناً. إذا كنت عضوًا في برنامج Cigna، فقم باتصال بالرقم المدون على الورق الخلفي من بطاقة التأمين الخاصة بك. إذا كنت غير عضو في برنامج Cigna، فقم باتصال بالرقم 1.800.244.6224 (TTY: 711).

**French Creole** – ATANSYON: Gen sévi 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 tesserina 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 یا کسی که به شماره 1 800 244 6224 (شماره تلفن برای مشتریان ناشنوایان) تماس بگیرند.