

# PPACA No Cost-Share Preventive Medications

## By drug category

Preventive medications are used to keep certain conditions from developing or 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 the preventive medications and products in this drug list at 100%, or no cost-share (\$0), to you.<sup>1</sup>

- 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.
- If your doctor feels a certain contraceptive product or quit smoking medication/product on this list isn't right for you, ask your doctor to contact Cigna Healthcare<sup>SM</sup>. Together, we'll look for other medications that may be available at no cost-share.

### About this drug list

For your plan to cover these medications and products at \$0 (no copay, coinsurance and/or deductible), **you'll need a prescription** from your doctor – even for the over-the-counter (OTC) products, which are typically available without a prescription.

- Medications are listed alphabetically by drug category.
- Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.
- This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations. Log in to the **myCigna® App**<sup>2</sup> or **myCigna.com**<sup>®</sup>, or check your plan materials, to learn more about how your plan covers preventive medications.

## PPACA No Cost-Share Preventive Medications

This is a list of the preventive prescription medications and OTC products available to you at no cost-share (\$0) under PPACA. This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations.

### Aspirin Products

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

aspirin 81 mg tablet

### Barrier Contraception

CAYA CONTOURED

FC2 FEMALE CONDOM

FEMCAP

gynol ii

MALE CONDOM<sup>5</sup>

PHEXXI

TODAY CONTRACEPTIVE SPONGE

VCF FILM, GEL

WIDE SEAL DIAPHRAGM

### Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age

alophen pills

bisacodyl tablet

clearlax

gavilax powder

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

peg3350-sodium sulfate-sodium

chloride-potassium chloride-

sodium ascorbate-ascorbic acid

peg-prep

polyethylene glycol 3350

powderlax

purelax

smoothlax

sodium sulfate-potassium sulfate-

magnesium sulfate

women's gentle laxative

women's laxative

### Breast Cancer Prevention

anastrozole

exemestane

raloxifene

tamoxifen

### Cholesterol Related<sup>4</sup>

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

AFTERA

curae

econtra ez

econtra one-step

ELLA

her style

levonorgestrel

my choice

my way

new day

opcicon one-step

option 2

TAKE ACTION

### Folic Acid Supplementation

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

BRAINSTRONG PRENATAL

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 PRENATAL DHA

ONE-A-DAY PRENATAL

ONE-A-DAY PRENATAL-I

perry prenatal

prenatal

prenatal complete

## Folic Acid Supplementation

(Cont.)

PRENATAL FORMULA-DHA  
PRENATAL GUMMIES  
PRENATAL MULTI  
PRENATAL MULTI-DHA  
prenatal multivitamin  
PRENATAL MULTIVITAMIN-DHA  
prenatal one daily  
prenatal vitamin  
PRENATAL VITAMIN + DHA  
ra one daily prenatal dha  
SIMILAC PRENATAL  
STUART ONE  
ULTRA PRENATAL PLUS DHA

## Hormonal Contraception<sup>4,5</sup>

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  
emoquette  
emzahh  
enilloring  
enpresse  
enskyce  
errin  
estarylla  
ethynodiol-ethinyl estradiol  
etonogestrel-ethinyl estradiol  
falmina  
finzala  
gemmily  
hailey  
hailey fe  
hailey 24 fe  
haloette  
heather  
iclevia  
incassia

isibloom  
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  
ethinyl estradiol  
levonorgestrel-ethinyl estradiol-  
ferrous bisglycinate  
levora-28  
lojaimiess  
loryna  
lo-zumandimine  
low-ogestrel  
lutura  
lyleq  
lyza  
marlissa  
medroxyprogesterone syringe, vial  
merzee  
mibelas 24 fe

## Hormonal Contraception<sup>4,5</sup>

(Cont.)

microgestin  
microgestin fe  
microgestin 24 fe  
mili  
mono-linyah  
necon  
NEXPLANON  
nikki  
nora-be  
norelgestromin-ethinyl estradiol  
norethindrone  
norethindrone-ethinyl estradiol  
1-0.02 mg, 1.5-0.03 mg tablet  
norethindrone-ethinyl estradiol-fe  
norgestimate-ethinyl estradiol  
norlyda  
nortrel  
nylia  
nymyo  
ocella  
OPILL  
philith  
pimtrea  
pirmella  
portia  
previfem  
reclipsen  
rivelsa  
setlakin  
sharobel  
simliya  
simpesse  
sprintec  
sronyx  
syeda  
tarina fe  
tarina fe I-20 eq

tarina 24 fe  
taysofy  
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-nymyo  
tri-previfem  
tri-sprintec  
tri-vylibra  
tri-vylibra lo  
trivora-28  
tulana  
turqoz  
TWIRLA  
tydemy  
velivet  
vestura  
vienva  
viorele  
volnea  
vyfemla  
vylibra  
wera  
wymzya fe  
xulane  
zafemy  
zarah  
zovia I-35  
zumandimine

## Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention<sup>4,6</sup>

emtricitabine-tenofovir 200 mg-  
300 mg tablet

## Implantable Contraception

KYLEENA  
LILETTA  
MIRENA  
PARAGARD T 380-A  
SKYLA

## Pediatric Multivitamins

(Containing fluoride and fluoride supplements)

Available to children six months –  
sixteen years of age

DAVIMET-FLUORIDE  
FLORIVA  
fluoride  
ludent fluoride  
MULTI-VIT-FLOR  
multivitamin-fluoride  
multivitamin-fluoride-iron  
multivitamin-iron-fluoride  
mvc-fluoride  
POLY-VI-FLOR  
POLY-VI-FLOR-IRON  
QUFLORA PED DROPS, 1 MG  
CHEWABLE TABLET  
sodium fluoride oral drops,  
chewable tablet  
TRI-VI-FLOR  
tri-vit-fluor  
tri-vite-fluoride  
vitamins a, c, d and fluoride

## Quit Smoking Medications<sup>4,7</sup>

Available to adults 18 years of age and older

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

## Vaccines<sup>8</sup>

\*For COVID-19 vaccines: Once you're eligible to get the vaccine, it will be covered at 100% under PPACA\*

ABRYSVO  
ACAM2000<sup>9</sup>  
ACTHIB  
ADACEL TDAP  
AFLURIA  
AREXVY  
BEXSERO  
BEYFORTUS  
BOOSTRIX TDAP  
CAPVAXIVE

COMIRNATY  
DAPTACEL DTAP  
DENGVAIXA  
ENGERIX-B  
FLUAD  
FLUARIX  
FLUBLOK  
FLUCELVAX  
FLULAVAL  
FLUMIST  
FLUZONE  
FLUZONE HIGH-DOSE  
GARDASIL 9  
HAVRIX  
HEPLISAV-B  
HIBERIX  
INFANRIX DTAP  
IPOL  
JANSSEN COVID  
JYNNEOS<sup>9</sup>  
KINRIX  
M-M-R II  
MENQUADFI  
MENVEO A-C-Y-W-I35-DIP  
MODERNA COVID  
MRESVIA  
NOVAVAX COVID  
PEDIARIX  
PEDVAXHIB  
PENBRAYA

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



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. 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.
3. Male condoms that are stocked behind the pharmacy counter and given to you by the pharmacist will be available at no cost-share to you. Quantity limits apply.
4. 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.
5. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
6. This medication will only be covered at no cost-share (\$0) if used alone instead of in combination with other HIV medications.
7. Generic nicotine replacement therapy (known as "store-brands") are available at no cost-share to you, even though they may not be listed here.
8. 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.
9. **This medication is covered at no cost share (\$0) as of January 1, 2025.** The administration of the vaccine is covered. The cost of government provided and funded vaccinations is not covered.

**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.

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Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

### Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator  
P.O. 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  
**<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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 Healthcare 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 Healthcare, 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 Healthcare 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 ỨNG: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna Healthcare, 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 Healthcare 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 Healthcare, 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 Healthcare, 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 Healthcare الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتص 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare-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 می شود. برای مشتریان فعلی Cigna Healthcare، لطفاً با شماره ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره گیری کنید).