

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

Talk with your doctor to see if one of these medications may work for you. 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 HealthcareSM. Together, we'll look for other medications that may be available at no cost-share.

About this drug list

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.
- **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®** App² or **myCigna.com®**, 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 the over-the-counter (OTC) products available to you at no cost-share under PPACA. This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations.

Aspirin Products

Important change: Starting January 1, 2024, aspirin products will no longer be covered under PPACA.³

adult aspirin regimen
aspirin 81mg
aspirin ec 81mg
aspirin regimen
aspirin-trin
BAYER CHEWABLE ASPIRIN
children's aspirin
ecotrin 81mg
low dose aspirin ec
st. joseph aspirin
st. joseph aspirin ec

Barrier Contraception

CAYA CONTOURED
FC2 FEMALE CONDOM
FEMCAP
gynol ii
MALE CONDOM⁴
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
bisa-lax
clearlax
CLENPIQ
CORRECTOL
DULCOLAX EC 5MG TABLET
gavilax
gavilyte-c
gavilyte-g
gavilyte-n
gentle laxative
gentlelax
GOLYTELY
healthylax
laxaclear

laxative 5mg
laxative peg 3350
MIRALAX POWDER
MOVIPREP
natura-lax
NULYTELY SOLUTION
peg 3350-electrolyte
peg3350-sodium sulfate-sodium
chloride-potassium chloride-sodium
ascorbate-ascorbic acid
peg-prep
PLENVU
polyethylene glycol 3350
powderlax
PREPOPIK
purelax
smoothlax
sodium sulfate-potassium sulfate-
magnesium sulfate
SUFLAVE
SUPREP
SUTAB
women's gentle laxative
women's laxative

Breast Cancer Prevention

anastrozole
exemestane
raloxifene
tamoxifen

Cholesterol Related

Available to adults 40-75 years of age⁵

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

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 0.4mg, 0.8mg
folitab 500
kpn
MINI PRENATAL
ONE A DAY WOMEN'S PRENATAL DHA
one daily prenatal
ONE DAILY PRENATAL
ONE-A-DAY PRENATAL-I
perry prenatal
prenatal
PRENATAL
prenatal complete
PRENATAL FORMULA-DHA
PRENATAL GUMMIES
PRENATAL MULTI
prenatal multi-dha
PRENATAL MULTI-DHA
prenatal multivitamin
PRENATAL MULTIVITAMIN-DHA
prenatal one daily
PRENATAL PLUS-DHA
prenatal vitamin
PRENATAL VITAMIN+ DHA
SIMILAC PRENATAL
STUART ONE
ULTRA PRENATAL PLUS DHA

Hormonal Contraception^{5,6}

afirmelle
altavera

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Hormonal Contraception^{5,6}

(Cont.)

alyacen	falmina	merzee
amethia	fayosim	mibelas 24 fe
amethia lo	femynor	microgestin
amethyst	finzala	microgestin 24 fe
apri	gemmily	microgestin fe
aranelle	gianvi	mili
ashlyna	hailey	mono-lynyah
aubra	hailey 24 fe	necon
aubra eq	hailey fe	NEXPLANON
aurovela	haloette	nikki
aurovela 24 fe	heather	nora-be
aurovela fe	iclevia	norethindrone 0.35mg
aviane	incassia	norethindrone-ethinyl estradiol-iron
ayuna	isibloom	norethindrone-ethinyl estradiol
azurette	jaimiess	I-0.02mg, I.5-0.03mg
balziva	jasmiel	norethindrone-ethinyl estradiol-fe
bekyree	jencycla	norgestimate-ethinyl estradiol
blisovi 24 fe	jolessa	norlyda
blisovi fe	juleber	nortrel
brielllyn	junel	nylia
camila	junel fe	nymyo
camrese	junel fe 24	ocella
camrese lo	kaitlib fe	philith
caziant	kalliga	pimtrea
charlotte 24 fe	kariva	pirmella
chateal	kelnor I-35	portia
chateal eq	kelnor I-50	previfem
cryselle	kurvelo	reclipsen
cyred	larin	rivelsa
cyred eq	larin 24 fe	setlakin
dasetta	larin fe	sharobel
daysee	larissia	simliya
deblitane	layolis fe	simpesse
desogestrel-ethinyl estradiol	leena	sprintec
desogestr-eth estrad eth estra	lessina	sronyx
dolishale	levonest	syeda
drospirenone-ethinyl estradiol-	levonorgestrel-ethinyl estradiol	tarina 24 fe
levomefolate	levonorgestrel-ethinyl estradiol ethinyl	tarina fe
drospirenone-ethinyl estradiol	estradiol	tarina fe I-20 eq
elinest	levora-28	taysofy
eluryng vaginal ring	lillow	tilia fe
emoquette	lojaimiess	tri femynor
enpresse	loryna	tri-estarylla
enskyce	low-ogestrel	tri-legest fe
errin	lo-zumandimine	tri-lynyah
estarylla	luteru	tri-lo-estarylla
ethynodiol-ethinyl estradiol	lyleq	tri-lo-marzia
etonogestrel-ethinyl estradiol	lyza	tri-lo-mili
	marlissa	tri-lo-sprintec
	medroxyprogesterone I50mg/ml	tri-mili
	melodetta 24 fe	tri-nymyo

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Hormonal Contraception^{5,6}

(Cont.)

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
zovia I-35
zumandimine

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention^{5,7}

emtricitabine/tenofovir 200mg-300mg

Pediatric Multivitamins (containing fluoride and fluoride supplements)

Available to children six months – sixteen years of age

FLORIVA DROPS, CHEWABLE TABLETS
fluoride chewable tablets
fluoride
ludent fluoride
multi-vitamin w-fluoride-iron
multivitamin with fluoride
MULTIVITAMIN WITH FLUORIDE
multivitamin-iron-fluoride
MULTI-VIT-FLOR
mvc-fluoride
POLY-VI-FLOR
POLY-VI-FLOR WITH IRON
QUFLORA PED 0.25MG/ML DROPS,
0.5MG/ML DROPS, IMG CHEWABLE
TABLET

sodium fluoride drops, tablet
TRI-VI-FLOR
tri-vitamin with fluoride
tri-vite with fluoride
vitamin a,c,d-fluoride

Quit Smoking Medications^{5,8}

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

Vaccines⁹

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

ABRYSVO
ACTHIB
ADACEL TDAP
AFLURIA QUAD
AREXVY
BEXSERO
BEYFORTUS
BOOSTRIX TDAP
COMIRNATY
DAPTACEL DTAP
DENGVAIXIA
DIPHThERIA-TETANUS TOXOIDS-PED
ENGERIX-B
FLUAD QUAD
FLUARIX QUAD
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST QUAD NASAL
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)
MODERNA COVID-19 BOOSTER (EUA)
NOVAVAX COVID-19 VACCINE (EUA)
PEDIARIX
PEDVAXHIB
PENTACEL
PENTACEL ACTHIB
PFIZER COVID-19 VACCINE (EUA)
PNEUMOVAX 23
PREHEVBRIO
PREVNAR 13
PREVNAR 20
PRIORIX
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HB
ROTARIX
ROTATEQ
SHINGRIX
SPIKEVAX COVID VACCINE
TDVAX
TENIVAC
TRUMENBA
TWINRIX
VAQTA
VARIVAX
VAXELIS
VAXNEUVANCE
ZOSTAVAX



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](https://mycigna.com).
3. Low-dose aspirin (81 mg/day) will stay covered at 100%, or no cost-share (\$0), under PPACA's preventive services requirement for women who are at least 12 weeks pregnant and at high risk for pre-eclampsia.
4. 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.
5. 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.
6. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
7. This medication will only be covered at no cost-share (\$0) if used alone instead of in combination with other HIV medications.
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 cover vaccines in the same way. Log in to the [myCigna](https://mycigna.com) App or [myCigna.com](https://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.

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 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).