

# PPACA NO COST-SHARE (\$0) 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.<sup>1</sup> 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.

### 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**<sup>®</sup> App<sup>2</sup> or **myCigna.com**<sup>®,3</sup> 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.

### Religious exemptions to contraception coverage

PPACA allows certain employers to not cover (or exclude) contraceptives from coverage based on their religious beliefs. For women with a Cigna pharmacy plan through one of these employers, where the law requires, Cigna will pay for contraceptives and/or certain medications at no cost. This coverage is private and confidential and isn't administered, funded by or connected in any way to the employer's health coverage.



## 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. **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 81mg, 325mg  
aspirin ec 81mg, 325mg  
aspir-trin  
BAYER CHEWABLE ASPIRIN  
children's aspirin  
ecotrin 81mg  
ECOTRIN 325MG  
low dose aspirin ec  
st. joseph aspirin  
st. joseph aspirin ec

### Barrier Contraception

CAYA CONTOURED  
CONCEPTROL  
FC2 FEMALE CONDOM  
FEMCAP  
gynol ii  
MALE CONDOM<sup>4</sup>  
TODAY CONTRACEPTIVE SPONGE  
VCF FILM, GEL  
vcf foam  
WIDE SEAL DIAPHRAGM

### Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age

alophen pills  
bisacodyl tablets  
bisa-lax  
clearlax  
CLENPIQ  
CORRECTOL  
DULCOLAX EC 5 MG TABLET  
gavilax powder  
gavilyte-c  
gavilyte-g  
gavilyte-n  
gentle laxative tablet  
gentlelax  
GIALAX  
healthylax  
laxaclear  
laxative 5mg  
laxative peg 3350  
MIRALAX POWDER

natura-lax  
NULYTELY SOLUTION  
peg 3350-electrolyte  
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid  
peg-prep  
polyethylene glycol 3350  
powderlax  
purelax  
smoothlax  
SODIUM-POTASSIUM-MAGNESIUM SULFATE  
SUPREP  
SUTAB  
women's gentle laxative  
women's laxative

### Breast Cancer Prevention<sup>5</sup>

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

after pill  
AFTERA  
econtra ez  
econtra one-step  
ELLA  
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)*

Available to adults 50 years of age and younger

ALIVE PRENATAL  
BRAINSTRONG PRENATAL  
classic prenatal  
EXPECTA PRENATAL  
FA-8  
folic acid 0.4mg, 0.8mg  
kpn  
MINI PRENATAL  
ONE A DAY WOMEN'S PRENATAL DHA  
one daily prenatal dha pack  
ONE DAILY PRENATAL COMBO PAK  
ONE-A-DAY PRENATAL-1  
perry prenatal  
prenatal tablet  
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 VITAMIN + DHA  
SIMILAC PRENATAL  
STUART ONE  
ULTRA PRENATAL PLUS DHA

### Hormonal Contraception<sup>6,7</sup>

afirmelle  
altavera  
alyacen  
amethia  
amethyst  
apri  
aranelle  
ashlyna  
aubra  
aubra eq

## Hormonal Contraception<sup>6,7</sup>

(cont)

aurovela

aurovela 24 fe

aurovela fe

aviane

ayuna

azurette

balziva

bekyree

blisovi 24 fe

blisovi fe

briellyn

camila

camrese

camrese lo

caziant

charlotte 24 fe

chateal

chateal eq

cryselle

cyclafem

cyred

cyred eq

dasetta

daysee

deblitane

desogestrel-ethinyl estradiol

desogestrel-ethinyl estradiol ethinyl  
estradiol

dolishale

drospirenone-ethinyl estradiol

drospirenone-ethinyl estradiol-  
levomefolate

elinest

eluryng

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

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

lojaimiess

loryna

low-ogestrel

lo-zumandimine

lutura

lyleq

lyza

marlissa

medroxyprogesterone 150mg/ml

melodetta 24 fe

merzee

mibelas 24 fe

microgestin

microgestin fe

mili

mono-lynyah

necon

nikki

nora-be

norethindrone 0.35mg

norethindrone-ethinyl estradiol-iron

norethindrone-ethinyl estradiol 1.5-  
0.03mg, 1-0.02mg

norethindrone-ethinyl estradiol-fe

norlyda

nortrel

nylia

nymyo

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

taysofy

tilia fe

tri femynor

tri-estarylla

tri-legest fe

tri-lynyah

tri-lo-estarylla

tri-lo-marzia

tri-lo-mili

tri-lo-sprintec

tri-mili

tri-nymyo

tri-previfem

tri-sprintec

trivora-28

tri-vylibra

tri-vylibra lo

tulana

tydemy

velivet

vestura

vienva

viorele

volnea

vyfemla

vylibra

wera

wymzya fe

xulane

zafemy

zarah

zovia 1-35

zovia 1-35e

zumandimine

## Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention

emtricitabine/tenofovir 200mg-300mg<sup>5,6,8</sup>

## Implantable Contraception

KYLEENA  
LILETTA  
MIRENA  
PARAGARD T380-A  
SKYLA

## Pediatric Multivitamins

*(containing fluoride and fluoride supplements)*

Available to children six months – sixteen years of age

FLORIVA DROPS, CHEWABLE TABLETS  
FLUORABON  
fluoride chewable tablets  
fluoritab  
FLURA-DROPS  
ludent fluoride  
multivitamin with fluoride  
multi-vitamin w-fluoride-iron  
multivitamin-iron-fluoride  
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 oral drops and tablets  
TRI-VI-FLOR  
tri-vite with fluoride  
vitamins a,c,d and fluoride

## Smoking Cessation<sup>6,9</sup>

Available to adults 18 years of age and older

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

## Vaccines<sup>10</sup>

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

ACTHIB  
ADACEL TDAP  
AFLURIA QUAD  
BEXSERO  
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 VACCINE  
MODERNA COVID-19 VACCINE (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

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.



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. The downloading and use of the **myCigna** App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual App features available may vary depending on your plan and individual security profile.
3. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
4. **For plans renewing on or after January 1, 2023:** 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. **PPACA coverage requirements don't apply to all plans.** Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your plan covers these medications and how much they'll cost you.
6. 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.
7. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
8. This medication will only be covered at no cost-share (\$0) if used alone instead of in combination with other HIV medications.
9. **Quantity limits apply.** Also, 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 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 your plan covers the vaccine and it's available at their location. You shouldn't need to make an appointment to get a vaccination. If you use an out-of-network pharmacy, vaccines may not be covered or may be subject to your plan's copay, coinsurance, and/or deductible.

**Para obtener ayuda en español llame al número en su tarjeta de Cigna.**

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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# 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](mailto: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](mailto: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).