

# PPACA NO COST-SHARE PREVENTIVE MEDICATIONS

## by drug category

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.<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.

### Preventive medication coverage

This document shows the prescription medications and over-the-counter medicines and 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**<sup>®</sup> 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 medication 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.

Together, all the way.<sup>®</sup>



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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**This document shows the prescription medications and over-the-counter medicines and 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**

Aspirin 81  
aspirin tablet  
aspirin EC  
Aspirin-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  
Colyte With Flavor Packets  
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  
Powderlax  
Prepopik  
Purelax

SmoothLAX  
SUPREP  
TriLyte With Flavor Packets

## **Breast Cancer Prevention<sup>2</sup>**

anastrozole<sup>3</sup>  
exemestane<sup>3</sup>  
raloxifene  
tamoxifen

## **Cholesterol Related**

**Available to adults 40-75 years of age**

atorvastatin 10mg, 20mg  
fluvastatin ER 80mg  
fluvastatin 20mg, 40mg  
lovastatin 20mg, 40mg  
pravastatin 10mg, 20mg, 40mg, 80mg  
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

## **Folic Acid Supplementation**

**Only for products containing 0.4 mg-0.8 mg of folic acid**

FA-8  
folic acid 0.4mg, 0.8mg  
KPN  
Perry Prenatal  
Prenatal  
Prenatal Multi-DHA  
Prenatal Multivitamin  
Prenatal Vitamin

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

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  
Briellyn  
Camila  
Camrese  
Camrese Lo  
Caziant  
Chateal  
Chateal EQ  
Cryelle  
Cyclafem  
Cyred  
Cyred EQ  
Dasetta  
Daysee  
Deblitane  
Delyla  
desogestrel-ethinyl estradiol  
drospirenone-ethinyl estradiol  
Elinest  
EluRyng vaginal ring  
Emoquette  
Enpresse  
Enskyce  
Errin  
Estarylla  
ethynodiol-ethinyl estradiol  
etonogestrel-ethinyl estradiol vaginal ring  
Falmina  
Fayosim  
Femynor  
Gianvi  
Hailey 24 FE  
Heather  
Incassia  
Introvale

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

(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  
Lutera  
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  
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  
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-Previfem  
Tri-Sprintec  
Trivora-28  
Tri-Vylibra  
Tri-Vylibra Lo  
Tulana  
Tydemy  
Velivet  
Vienva  
Viorele  
Vyfemla  
Vylibra  
Wera  
Wymzya FE  
Xulane  
Zarah  
Zovia 1-35E  
Zumandimine

## Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention<sup>2,4,6</sup>

*These medications are covered at no cost-share (\$0) for plans renewing on or after 7/1/20.*

emtricitabine/tenofovir (TDF)  
200mg-300mg<sup>7</sup>  
Descovy 200-25 mg<sup>8</sup>  
Truvada 200-300mg<sup>7</sup>

## Pediatric Multivitamins (containing fluoride and fluoride supplements)

Available to children six months – sixteen years

Escavite  
Escavite D  
Floriva  
Fluorabon  
fluoride  
Fluoritab  
Flura-Drops  
Ludent Fluoride  
multi-vitamin w-fluoride-iron  
multivitamin with fluoride  
MVC-fluoride  
Poly-Vi-Flor  
Poly-Vi-Flor With Iron  
Polyvitamins with Fluoride  
Quflora Ped 1mg chewable tablet,  
0.25mg/ml drops, 0.5mg/ml drop  
Sodium Fluoride drops, tablet  
Tri-Vi-Flor  
Tri-Vitamin with Fluoride

## Smoking Cessation<sup>4,9</sup>

Quantity Limitations 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.

## Vaccines

***For plans renewing after 2/1/20:  
On your plan's renewal date, these  
vaccines will be covered under the  
pharmacy benefit.<sup>10</sup>***

ActHIB  
Adacel Tdap  
Afluria Quad  
Bexsero  
Boostrix Tdap  
Daptacel DTaP  
diphtheria-tetanus toxoids-ped  
Engerix-B  
Fluad  
Fluarix Quad  
Flublok Quad

Flucelvax Quad  
Flulaval Quad  
FluMist Quad Nasal  
Fluzone High-Dose  
Fluzone Quad  
Fluzone Quad Pedi  
Gardasil 9  
Havrix  
Heplisav-B  
Hiberix  
Infanrix DTaP  
IPOL  
Kinrix  
Menactra  
Menveo A-C-Y-W-135-DIP  
M-M-R II  
Pediatrix

PedvaxHIB  
Pentacel  
Pneumovax 23  
Prenar 13  
ProQuad  
Quadracel DTaP-IPV  
Recombivax HB  
Rotarix  
RotaTaq  
Shingrix  
TdVax  
Tenivac  
Trumenba  
Twinrix  
Vaqta  
Varivax  
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, 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. These medications are covered at no cost-share (\$0) for plans renewing on or after 10/1/20.
4. 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.
5. Generic hormonal contraceptives are available at no cost-share to you, even though they may not be listed here.
6. These medications are only covered at 100% if used alone instead of in combination with other HIV medications.
7. 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.
8. 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.
9. 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 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.

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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).