

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.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.

Preventive medication coverage

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. Brand-name medications are capitalized and generic medications are lowercase.

This drug list is updated as the U.S. Preventive Services Task Force makes new recommendations. Log in to the **myCigna**® App or **myCigna.com**, 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.

Together, all the way.®



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

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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

Aspirin 81
aspirin tablet
aspirin EC
Aspirin-Low
adult Aspirin Regimen
Bayer Chewable Aspirin
children's aspirin
Ecotrin
EcPirin
Low Dose Aspirin EC
St. Joseph's Aspirin

Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 50-75 years of age

Alophen Pills
bisacodyl tablet
Bisa-Lax
ClearLax
Clenpiq
Colyte with Flavor packets
Correctol
ducodyl
Dulcolax tablet
GaviLAX
GaviLyte-C
GaviLyte-G
GaviLyte-N
GentleLax
Gialax
Glycolax
GoLYTELY
Healthylax
LaxaClear
Laxative Peg 3350
MiraLax
MoviPrep
Natura-Lax
Nulytely
Nulytely with flavor packets
Osmoprep
PEG 3350-Electrolyte
PEG-Prep
Plenvu

polyethylene glycol 3350
Powderlax
Prepopik
Purelax
SmoothLAX
SUPREP
Sutab
TriLyte With Flavor Packets
Women's Laxative

Breast Cancer Prevention²

anastrozole³
exemestane³
raloxifene
tamoxifen

Cholesterol Related

Available to adults 40-75 years of age

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

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

Human Immunodeficiency Virus (HIV) Infection Pre-Exposure Prevention

emtricitabine/tenofovir (TDF)
200mg-300mg^{2,4,6}

Pediatric Multivitamins (containing fluoride and fluoride supplements)

Available to children six months – sixteen years of age

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
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^{4,7}

Quantity limits apply

bupropion SR 150mg
Nicoderm CQ
Nicorelief
Nicorette
nicotine gum
nicotine lozenge
nicotine patch
Nicotrol
Quit 2
Quit 4
Stop Smoking Aid

Vaccines⁸

COVID-19 vaccines: Availability is based on your state's roll-out plan. Once you're eligible to get the vaccine, it will be covered at 100% under PPACA.

ActHIB
Adacel Tdap
Afluria
Afluria Quad

Vaccines⁸ (continued)

Bexsero	Fluzone Intraderm Quad	Pentacel ActHIB
Boostrix Tdap	Fluzone Quad	Pfizer COVID-19 Vaccine (EUA)
Daptacel DTaP	Gardasil 9	Pneumovax 23
diphtheria-tetanus toxoids-ped	Havrix	Pprevnar 13
Engerix-B	Heplisav-B	ProQuad
Fluad	Hiberix	Quadracel DTaP-IPV
Fluad Quad	Infanrix DTaP	Recombivax HB
Fluarix Quad	IPOL	Rotarix
Flublok	Janssen COVID-19 Vaccine (EUA)	RotaTeq
Flublok Quad	Kinrix	Shingrix
Flucelvax Quad	Menactra	TdVax
Flulaval Quad	Menquadfi	Tenivac
FluMist Quad Nasal	Menveo A-C-Y-W-135-DIP	Trumenba
Fluvirin	M-M-R II	Twinrix
Fluzone High-Dose	Moderna COVID-19 Vaccine (EUA)	Vaqta
Fluzone High-Dose Quad	Pediarix	Varivax
	PedvaxHIB	Vaxelis
	Pentacel	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, this list of medications may change if legal requirements for preventive coverage changes.
2. 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.
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 or her to call Cigna. 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. 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 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.

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 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).