

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.¹

- 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 HealthcareSM. 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**² 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 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 CONDOM³

PHEXXI

TODAY CONTRACEPTIVE SPONGE

VCF FILM, GEL

WIDE SEAL DIAPHRAGM

Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age⁶

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 Related⁴

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^{4,5}

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
lutra
lyleq
lyza
marlissa
medroxyprogesterone syringe, vial
merzee
mibelas 24 fe

Hormonal Contraception^{4,5}

(Cont.)

microgestin
microgestin fe
microgestin 24 fe
mili
mono-lynyah
necon
NEXPLANON
nikki
nora-be
norelgestromin-ethinyl estradiol
norethindrone
norethindrone-ethinyl estradiol
I-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-lynyah
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^{4,6}

APREUDE⁹
DESCOVY 200 MG-25 MG TABLET¹⁰
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^{4,7}

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

Vaccines⁸

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

ABRYSVO
ACAM2000^{II}
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^{II}
KINRIX
M-M-R II
MENQUADFI
MENVEO A-C-Y-W-135-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. **APRETUDE needs pre-approval (prior authorization) from Cigna Healthcare before it can be covered at no cost-share (\$0).** This review helps makes sure that you meet the U.S. Food and Drug Administration (FDA)'s requirements for using it. If your doctor wants you to use APRETUDE, ask your doctor's office to contact Cigna Healthcare to start the coverage review process.
10. DESCOVY is covered at no cost share (\$0) as of January 1, 2025 if used alone instead of in combination with other HIV medications.
11. **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.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

Discrimination is against the law

Medical coverage

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 LƯU Ý: 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 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره گیری کنید).