At Cigna, your health and well-being is most important, and we want you to be at your 100% best. It’s good to take care of yourself. Getting the right preventive care services at the right time can help you stay healthy.

Health care reform requires coverage of specific preventive medications with no patient cost-sharing

The Patient Protection and Affordable Care Act (PPACA) requires that certain categories of drugs and other products be included in preventive care services coverage based on recommendations from the U.S. Preventive Services Task Force as well as the Institute of Medicine. These recommendations are meant to help prevent disease and meet women’s unique health care needs, and are updated periodically to reflect new advances in science and medicine.

Preventive medication coverage

The following prescription medications (as well as certain over-the-counter medications) and products may be available to you with no cost-sharing (copay, coinsurance and/or deductible) depending on your plan. Check your plan materials or visit myCigna.com for more information. You can also use the Prescription Drug Price Quote tool on myCigna.com to compare prices at local retail pharmacies and Cigna Home Delivery Pharmacy℠. If you have questions, you can call customer service using the number on the back of your ID card, 24 hours a day, 365 days a year, and we’ll be happy to help.

Religious exemptions to covering contraceptives

PPACA allows certain employers to exclude coverage for contraceptive services 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 does not cover these medications, and Cigna will offer to pay for your contraceptive services and specific medications at no additional cost to you if you choose. This coverage isn’t administered, funded by or connected in any way to your employer’s health coverage, and is private and confidential.

Your healthcare professional

Talk with your doctor about choosing the medication or product that’s right for you. If your doctor feels a certain contraceptive product (on this list) isn’t medically appropriate for you, have your doctor contact us to determine what other contraceptive products (not on this list) may be available with no cost-sharing. For preventive medications (including over-the-counter medications) or products to be covered, you’ll need to get a prescription from your doctor.

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.
This list represents the medications that Cigna administered plans will cover with no cost-sharing due to PPACA requirements. Please note: this list is subject to change.

**ASPIRIN PRODUCTS**

**Available to:**
- **Males:** 45 – 79 years
- **Females:** 55 – 79 years

<table>
<thead>
<tr>
<th>Adult Low Dose Aspirin</th>
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<td>Adult Low Dose Aspirin EC</td>
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<td>Lo-Dose Aspirin EC</td>
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<td>Low Dose Aspirin EC</td>
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<td>Miniprin</td>
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<td>St. Joseph Aspirin</td>
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<tr>
<td>Tri-Buffered Aspirin</td>
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<td>TX-Prin</td>
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**BARRIER CONTRACEPTION**

**Available to females**
- Conceptrol Inserts
- Conceptrol w/applicator
- Encare
- FC Female Condom
- FC2 Female Condom
- Femcap
- Gynol II
- Gynol II Extra Strength
- Omniflex Diaphragm
- Options Conceptrol Vaginal Contraceptive
- Options Gynol II Vaginal Contraceptive
- Ortho-Gynol
- Ortho Diaphragm All-Flex/65MM
- Ortho Diaphragm All-Flex/70MM
- Ortho Diaphragm All-Flex/75MM
- Ortho Diaphragm All-Flex/80MM
- Ortho Diaphragm Coil Spring Kit 100

**EMERGENCY CONTRACEPTION**

**Available to females**
- Ella
- My Way
- Next Choice
- Next Choice One Dose
- Take Action

**FALL PREVENTION/VITAMIN D SUPPLEMNTATION**

**Available to adults 65 years of age and older**
- Bio-D-Mulsion
- Bio-D-Mulsion Forte
- Children’s Replesta
- Children’s Vitamin D
- D3 Dots
- D3-50
- Decara
- Delta D3
- Diazyme Vitamin D3 Max
- D-Vi-Sol
- D-Vita
- Just D
- Kids Vitamin D3
- Maximum D3

**HORMONAL CONTRACEPTION**

**Available to females**
- Altavera
- Alyacen 1/35
- Alyacen 7/7/7
- Amethia
- Amethia Lo
- Apri
- Aranelle
- Aubra
- Aviane
- Azurette
- Balziva
- Briellyn
- Camila
- Camrese
- Camrese Lo
- Caziant
- Chatel
- Crystals-28
- Cyclofer 1/35
- Cyclofer 7/7/7
- Dasetta 1/35
- Dasetta 7/7/7
- Daysse
- desogestrel/ethinyl estradiol
- drospirenone/ethinyl estradiol
- Elnest
- Emoquette
- Enpresse-28
- Enskyce
- Errin
- Estarylla
- Falmuna
- Gianvi
- Gildagia
- Gildess 1.5/30
- Gildess 1/20
- Gildess FE 1.5/30
- Gildess FE 1/20
- Heather
- Introval
- Jencyclca
- Jolessa
- Jolvette
- Junel 1.5/30
- Junel 1/20

**FOLIC ACID SUPPLEMENTATION**

**Available to females (only products containing from 0.4 mg-0.8 mg of folic acid are included)**
- Classic Prenatal
- Daily Prenatal
- Engran-HP
- Folic Acid
- KPN
- Maxinate
- Natalins
- Natelle-EZ
- One Daily Prenatal
- P-D Natal Plus With Folic Acid
- Prenatal
- Prenatal Formula
- Prenatal Multi + DHA

**BREAST CANCER PREVENTION**

**Available to females**
- raloxifene
- tamoxifen

*Available upon your plan's renewal date in 2015.*
Portia-28
Pirmella 7/7/7
Pirmella 1/35
Pimtrea
Philith
Ocella
Nortrel 7/7/7
Nortrel 1/35
Nortrel 0.5/35 (28)
norgestrel/ethinyl estradiol
norgestimate/ethinyl estradiol
levonorgestrel/ethinyl estradiol
Levora 0.15/30-28
Loryna
Low-Ogestrel
Lutera
Lyza
Marlissa
medroxyprogesterone acetate 150 MG/ML
Microgestin 1.5/30
Microgestin 1/20
Microgestin FE
Microgestin FE 1.5/30
Mono-Linyah
Mononessa
Myzilra
Necon 0.5/35-28
Necon 1/35
Necon 7/7/7
Nora-Be	norethindrone	norgestimate/ethinyl estradiol
norgestrel/ethinyl estradiol
Nortrel 0.5/35 (28)
Nortrel 1/35
Nortrel 7/7/7
Ocella
Orsytia
Philith
Pimtrea
Pirmella 1/35
Pirmella 7/7/7
Portia-28
Previem
Quasense
Reclipsen
Sprintec 28
Sronyx
Syeda
Tilia FE
Tri-Estarylla
Tri-Legest FE
Tri-Linyah
Trinessa
Tri-Previfem
Tri-Sprintec
Trivora-28
Velivet
Vestura
Viorele
Vylemila
Wera
Wymzya FE
Xulane
Zarah
Zenchent
Zenchent FE
Zeosa
Zovia 1/35E
* If your doctor feels these medications are medically inappropriate, have them called us. Brands may be available with no cost-sharing to you.
* Generic hormonal contraceptives are available at no cost-sharing to you, even though they may not be listed here.

PEDIATRIC MULTIVITAMINS (containing fluoride and fluoride supplements)
Available to males and females: six months - six years
ADC w/Fluoride
Escavite
Escavite D
Fluorabon
Fluor-a-day
Fluoride
Fluoritab
Flura drops
Ludent Fluoride
Multivitamins w-Fluoride-Iron
Multivitamins with Fluoride
MVC-Fluoride
Polytab
Poly-VI-Flor
Poly-VI-Flor with Iron
Polyvitamins with Fluoride
Quflora
Sodium Fluoride
TL-Flourivite
Triple Vitamin w/Fluoride
Tri-VI-Flor
Tri-VI-Floro
Tri-vitamin with Fluoride
Tri-vite w/Fluoride
Tri-vite w/Fluoride Iron
Vitamins A,C,D & Fluoride

SMOKING CESSATION**
Effective on plan anniversary date beginning December 1, 2014. Quantity limitations apply.
bupropion (generic for Zyban®)
May also be known as:
Bupropion HCl SR 12HR
Buprol (patches, gum and lozenges)
May also be known as:
Commit
Nicoderm
Nicorelief
Nicoxone
Nicotine Polacrilex Gum
Nicotine Polacrilex Lozenge
Nicotine TD Patch 24HR
Nicotine Transdermal System
* If your doctor feels these medications are medically inappropriate, have them called us. Brands may be available with no cost-sharing to you.
* Generic nicotine replacement therapy (so called “store-brands”) are available at no cost-sharing to you, even though they may not be listed here.

PEDIATRIC IRON-CONTAINING PRODUCTS/FLUORIDE SUPPLEMENTATION
Available to males and females: six - 12 months
Children’s Ferrous Sulfate
Children’s Iron

All health benefit plans and insurance policies contain exclusions and limitations. 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 or purchase 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. Refer to your plan documents for costs and complete details of your plan’s prescription drug coverage.

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