

# SCHOOLCARE HEALTH BENEFIT PLANS

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of the New Hampshire School Health Care Coalition

## Welcome to SCHOOLCARE

SCHOOLCARE has been providing high quality health coverage for New Hampshire public entities for nearly 20 years. We are committed to offering excellent health plans, the highest level of service and information, and engaging wellness and education programs. In the enclosed documents you will find details related to your SCHOOLCARE health coverage, including;

- Benefit plan summaries
- How to find network providers
- An enrollment form and instructions
- Prescription drug lists and mail order information
- Overview of the *Good For You!* wellness programs
- Identity fraud coverage information
- How to use your Employee Assistance Program

SCHOOLCARE has partnered with Cigna for many years to deliver the best healthcare service and claims administration. We use Cigna's **National Open Access Plus with CareLink** network of providers. This gives you access to care in every state of the country! Primary Care Physician (PCP) referrals are not required to seek care from a specialist.

## Service

Cigna provides the first-contact customer service for SCHOOLCARE members.

- If you have a question related to a claim, coverage or medical authorizations, call Cigna toll free **1-800-244-6224**, 24/7. Or, visit the Cigna website: **[www.cigna.com](http://www.cigna.com)**.
- You can also find your medical claims, details about your coverage, home delivery of prescriptions, as well as provider cost and quality ratings on **[www.mycigna.com](http://www.mycigna.com)**. Login required.
- You can always contact SCHOOLCARE with questions at **1-800-562-5254**.



## Open Enrollment Packet

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# IMPORTANT NOTICE



## Special Enrollment Requirements from Cigna

This flyer contains important information you should read before you enroll. If you have any questions about this information, please contact your benefits manager.

### If you are declining enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

**To request special enrollment or obtain more information, contact our Customer Service Team at 800.Cigna24.**

### Other late entrants

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

Together, all the way.™



## Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- › All stages of reconstruction of the breast on which the mastectomy was performed;
- › Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- › Prostheses; and
- › Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits.



**If you would like more information on WHCRA benefits, call our Customer Service Team at 800.Cigna24 (800.244.6224).**



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## IMPORTANT ANNOUNCEMENT

SCHOOLCARE will be changing the names of its health benefit plans this spring. The change will reduce confusion and increase accuracy. Please see below for details.

### What is Happening?

The names of the SCHOOLCARE health benefit plans will change. The benefits, network, coverage and pharmacy programs will remain the same.

### When Will This Occur?

The effective date of the new names will be **July 1, 2015**.

### What are the New Names?

Former Name	New Name
HMO Open Access	SCHOOLCARE <b>Green</b> Open Access
POS Open Access	SCHOOLCARE <b>Blue</b> Open Access
Open Access Plus	SCHOOLCARE <b>Red</b> Open Access
Consumer Driven Health Plan (CDHP)	SCHOOLCARE <b>Yellow</b> Open Access

### Why are the Names Changing?

The SCHOOLCARE plans operate on Cigna's Open Access Plus with CareLink National Provider Network, which offers access to care across the US with thousands of providers. Cigna also operates other networks for other health plans including a Cigna HMO network and a POS Network. Confusion and inaccurate information arises when participants, providers and Cigna refer to HMO and POS plans that operate on an Open Access network and not the Cigna HMO network. The change will reduce confusion and greatly increase accuracy and efficiency.

### What can be Expected Next?

- There will be no change to the benefits and coverage.
- Participants will receive new ID cards with the new plan name.
- New Health Benefits Booklets will be sent to all participants over the summer.
- Collective bargaining agreements that refer to the old plan names should be updated with the new names via a side bar agreement, memorandum of understanding or through the bargaining process.

## SUMMARY OF BENEFITS

Benefits outlined below are intended as a general summary and are covered only when using a CIGNA participating provider. All benefits are subject to the terms and conditions of your Health Benefits Booklet. In the event of any inconsistency between this Summary and the Health Benefits Booklet, the provisions as defined in the Health Benefits Booklet and Endorsements will govern. Covered benefits are subject to review for medical necessity. Plan year is defined from July 1 through June 30.

BENEFITS	YELLOW OPEN ACCESS (In Network Benefits Only)
<b>DEDUCTIBLES, MAXIMUMS*</b> Plan Year Deductible Coinsurance Out-of-Pocket Maximum/Plan Year Maximum Lifetime Benefit * All family members contribute towards family deductible/out-of-pocket max.	Individual: \$1,250; Family: \$2,500 20% Individual: \$2,000; Family: \$4,000 Unlimited
<b>PREVENTIVE CARE*</b> Routine Physical Examination Routine Immunizations Well Child Preventive Care Well Woman Preventive Care Adult Preventive Care Additional services such as urinalysis and EKG Routine Eye Exam (one every 12 months for all ages) Discounts Available for Eyewear * Includes Naturopathic Services, Routine Laboratory	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
<b>OTHER PHYSICIAN SERVICES*</b> Office Visits and/or Office Surgery Maternity Care * Includes Naturopathic Services	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
<b>OUTPATIENT DIAGNOSTIC TESTING</b> Radiology and Laboratory Services (Prior authorization required for some tests)	Deductible, then 20% to the Out of Pocket Maximum
<b>HOSPITAL CARE</b> Inpatient Services including Newborn Care Same Day or Outpatient Surgery Radiation and Chemotherapy Physician Visits and Services Anesthesiologist Services Operating Room X-ray and Laboratory Services Medications and Supplies	Deductible, then 20% to the Out of Pocket Maximum  (Inpatient admissions and some outpatient procedures require prior authorization)

# SCHOOLCARE **Yellow** Open Access

BENEFITS	YELLOW OPEN ACCESS (In Network Benefits Only)
HEARING TESTS	Deductible, then 20% to the Out of Pocket Maximum
EMERGENCY & URGENT CARE <i>(Medically Necessary and Worldwide)</i> Hospital Emergency Room Urgent Care Facility	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT (Physician's office) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
PRESCRIPTION DRUGS Through participating pharmacies  Certain Preventive Generic Drugs including oral contraceptives (generic), Retail or Maintenance: \$0 (Prior authorization required for some drugs)	Retail: (30 day supply) Deductible, then 10% to the Out of Pocket Maximum** Maintenance: (90 day supply) Deductible, then 10% to the Out of Pocket Maximum** available only through Cigna Home Delivery mail order  **\$75 maximum after deductible
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (Combined maximum). INPATIENT (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum  Deductible, then 20% to the Out of Pocket Maximum
CHIROPRACTIC CARE 20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
ACUPUNCTURE* <i>(In or Out of Network)</i> 12 days per person/per plan year <i>*Coverage based on Cigna medical guidelines.</i>	Deductible, then 20% to the Out of Pocket Maximum
DURABLE MEDICAL EQUIPMENT	Deductible, then 20% to the Out of Pocket Maximum
EXTERNAL PROSTHETIC APPLIANCES	Deductible, then 20% to the Out of Pocket Maximum
OTHER BENEFITS ORAL SURGERY <i>(accidents only)</i> REMOVAL OF BONEY IMPACTED WISDOM TEETH SKILLED NURSING CARE <i>(100 days per person/per plan year maximum)</i> AMBULANCE <i>(if not a true emergency, services are not covered)</i> BLOOD TRANSFUSIONS HOME HEALTH SERVICES HOSPICE	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
<b>GOOD FOR YOU!</b> by SCHOOLCARE Health and Wellness Incentives, Employee Assistance Program	Included

# How to Complete the SCHOOLCARE Enrollment/Change Form

## Employee Instructions

### Please

- Type or Print neatly.
- If printing, use a pen with black or blue ink.
- If you make a mistake, USE WHITE-OUT or simply FILL OUT A NEW FORM.
- Use a zero with single digits (Ex. Use **01** instead of **1**).
- Do not write dashes or periods in any box. **(All boxes must be blank or contain either a number, letter, or X if needed.)**
- Do not cross out a section if it does not apply (just leave it blank).

The following fields must be completed for every individual to be covered under the plan:

### Section A – To be Completed by Employer.

### Section B – Employee Information.

- Provide **LEGAL NAME AND MIDDLE INITIAL** for all enrollees.
- Federal regulations require **social security numbers** for all enrollees.
- Provide **valid email address** to be sure you receive information regarding wellness cash incentives.

### Section C – Employee Coverage Options

For Medical plans, select one of the following:

**Green** Open Access (formerly HMO)

**Blue** Open Access (formerly POS)

**Red** Open Access (formerly Open Access+)

**Yellow** Open Access (formerly CDHP)

For Dental: Applicable only if your employer offers SCHOOLCARE / Cigna Dental

### Section D – Other Health Care Coverage

Please indicate if you or any family members to be covered under your plan have other medical insurance. If yes, complete this section.

**Please double-check before signing the form; missing fields will delay processing of your enrollment.**

### Section E – Signatures

You must sign and date the application. After the employer has completed the remainder of the Enrollment/Change Form, make sure you make a copy for your own records.



"	Signature – The information provided above is true and correct to the best of my knowledge.	
G"	Go r m { ggøi'Uki pcwtg'I'F cvg" "	Go r m { gtøi'Uki pcwtg'I'F cvg" "

**Please make a copy for both employee and employer then submit the original to SchoolCare.**  
**Please review additional information on reverse side of this form.**

**For a qualifying event, subscribers and dependents are allowed to join the plan within 30 days of the change.**

**Examples are:**

**Marriage**

**Divorce**

**Birth of a child**

**Loss of other insurance through spouse**

**Death**

**Adoption**

### **Cigna HealthCare Provisions**

- "Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Cigna Home Delivery Program and its affiliates, Cigna Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
- I agree, for myself and my dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person to fully inform the healthplan and will execute such assignments, liens or other documents which may be necessary to enable the healthplan to recover the value of the services provided. I further agree that in the event I or any of my dependents collect benefits or damages from any other party who has primary responsibility for services provided by SchoolCare, I will immediately reimburse SchoolCare to the extent of services provided and to the extent permitted by state law.
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties.

### **Authorization To Deduct Contributions**

- I authorize deductions from my earnings or the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

### **SPECIAL PROVISION FOR EMPLOYERS WITH SECTION 125 PLANS**

By allowing an individual to enroll in the Insurance Plan other than during the open enrollment period, Cigna HealthCare or Connecticut General Life Insurance Company does not waive any terms of its contract. Further, by allowing an individual to enroll in the Insurance Plan other than during the open enrollment period, Cigna HealthCare or Connecticut General Life Insurance Company does not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer's Section 125 plan.

# KNOW WHAT'S IMPORTANT TO YOU



Programs and services that help you make the most of your Cigna health plan.

## Here when you need us – 24/7/365.

By phone, anytime day or night – live, 24/7 customer service, 365 days a year (call the number on the back of your Cigna ID card).

- Order an ID card, update insurance information and check claim status
- Talk with a health coach about your health goals and questions
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in over 150 languages

Online and on the go – **myCigna.com** and **myCigna Mobile App**.<sup>1</sup>

- Use our award-winning<sup>2</sup> directory of doctors, hospitals and facilities with cost, quality and patient experience\* ratings
- Verify coverage details (copays, deductibles, out-of-pocket maximums, etc.)
- Check claim activity and history
- Access temporary ID cards or information on how to order new ones\*
- Learn from a wealth of health information and resources\*
- Compare prescription drug prices, find generic options and enjoy convenience and savings by using Cigna Home Delivery Pharmacy<sup>SM\*</sup>
- Take a quick health assessment quiz to get a better understanding of your health today – and teach you simple steps for improving it in the future.

\*Available on **myCigna.com** only

Please note that your access to **myCigna.com** begins on your plan effective date. To check your network before then, please visit **Cigna.com**.

Download your app now from the **App Store<sup>SM</sup>** or **Google Play<sup>TM</sup>**.

## It's easy to save.

Whether you need to see a doctor or get blood work done, you can save money by choosing care within the Cigna network. Check our online directory for the most up-to-date listings.

## Be well.

Most plans provide access to certain preventive care services at no additional cost to you when you receive them from a doctor who participates in the Cigna network. Preventive services may include: <sup>3</sup>

- Wellness visits
- Screenings for high blood pressure and cholesterol
- Testing for diabetes and colon cancer
- Clinical breast exams and mammograms
- Pap tests

**GO YOU.**



## Manage your medications.

To help you stay healthy and manage the prescription medications you or your family may need, we offer:

- Convenient access – more than 62,000 pharmacies in our network
- Cigna Home Delivery Pharmacy<sup>SM</sup> for prescriptions you take on a regular basis
- Online resources to:
  - o Review your pharmacy coverage
  - o View the list of brand and generic medications available under your plan
  - o Track expenses
  - o Research medications
  - o Ask a pharmacist questions

## Health and wellness discounts.

Save money when you purchase health and wellness products and services through the Cigna Healthy Rewards<sup>®</sup> program.<sup>4</sup>

Discounts are available for the following health and wellness programs:

- Weight management and nutrition
- Fitness
- Tobacco cessation
- Mind/body
- Vision and hearing care
- Alternative medicine
- Healthy lifestyle products
- Dental care products



All health plans and health insurance policies have exclusions and limitations. Review your enrollment materials for costs and complete details of coverage.

App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc.

1. This app is available to any current Cigna customer who has been provided user access to myCigna.com. Actual features may vary based on your plan and your individual security profile. Standard mobile phone carrier and data usage charges apply. The downloading and use of the app is subject to the terms and conditions of the app and the online stores from which it is downloaded.

2. *InformationWeek* named myCigna.com, online health care cost and quality capabilities, a top ten technology innovation of 2012 for newly redesigned “Find Doctors and Services” search engine. September 12, 2012

3. Services may vary by age or gender. Review your enrollment materials for details about the services covered under your specific medical plan.

4. Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage. **A discount program is NOT insurance, and you must pay the entire discounted charge.**

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YOUR HEALTH  
HAS MET

# ITS APP<sup>SM</sup>

## Introducing the simple, personalized myCigna Mobile App.

You're busier than ever. At Cigna, we get that. While we can't wave a magic wand and make all the frustrating, time-consuming aspects of your life go away, we can give you a tool to help make your life easier. And healthier.

The all-new **myCigna** Mobile App gives you a simple way to personalize, organize and access your important health information – on the go. It puts you in control of your health, so you can get more out of life.



GO YOU<sup>SM</sup>



# Little App. BIG FEATURES.



## Health care professional directory

- Search for a doctor or health care facility from the Cigna national network and compare quality-of-care ratings
- Access maps for instant driving directions



## ID cards

- Quickly view ID cards (front and back) for entire family
- Easily print, email or scan right from smartphone



## Claims

- View and search recent and past claims
- Bookmark and group claims for easy reference



## Drug search

- Look up and compare actual costs at over 60,000 pharmacies nationwide
- Find closest pharmacy location using GPS
- Research medications and dosages
- Speed-dial Cigna Home Delivery Pharmacy<sup>SM</sup>



## Account balances

- Access and view health fund balances
- Review plan deductibles and coinsurance



## Health wallet

- Store and organize all important contact info for doctors, hospitals and pharmacies
- Add health care professionals to contact list right from a claim or directory search

Get the myCigna Mobile App from the App Store<sup>SM</sup> or Google Play.



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## Customer reference guide

# Understanding your PREVENTIVE CARE HEALTH COVERAGE



Getting the right preventive care services at the right time can help you stay healthier by:

- Preventing certain illnesses and health conditions from happening; or
- Detecting a health problem at a stage that may be easier to treat.

That's why your Cigna plan covers designated preventive care services. When you receive care in-network, it generally is at a lower cost to you. Depending on your plan, in-network preventive care services may be covered at 100% – but be sure to check your plan materials for details about your specific medical plan.

To make sure you get the care you need – without any unexpected out-of-pocket costs – it's important for you to understand the following:

- What a preventive care service is; and
- Which services your health plan will cover.

### What is a preventive care service?

**Preventive care services** are provided when you don't have any symptoms and haven't been diagnosed with the health issue connected with the preventive service. For example, a flu vaccination is given to prevent the flu before you get it. Other


preventive care services like mammograms can help detect an illness when there aren't any symptoms. Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. During a wellness exam, you and your doctor will determine what tests and health screenings are right for you based on your age, gender, personal health history and current health.

Even when your appointment is for a preventive exam, you may receive other services during that exam that are not preventive care services. For example, your doctor may check on a chronic condition such as heart disease. When your doctor determines that you have a medical issue present, the additional screenings and tests after this diagnosis are no longer considered preventive. These services are covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a different share of the cost than you do for preventive care services.

The charts on the following pages outline the various services and supplies considered as preventive care under your plan. If you have additional questions about preventive care services, talk to your doctor or call Cigna at the toll-free number on the back of your ID card.



## Wellness exams












SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)		<ul style="list-style-type: none"> <li>Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months</li> <li>Additional visit at 2–4 days for infants discharged less than 48 hours after delivery</li> <li>Ages 3 to 21 once a year</li> <li>Ages 22 and older periodic visits, as doctor advises</li> </ul>

The following routine immunizations are currently designated preventive services:

SERVICE	SERVICE
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (MCV)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (HepA)	Poliovirus (IPV)
Hepatitis B (HepB)	Rotavirus (RV)
Human papillomavirus (HPV) (age and gender criteria apply depending on vaccine brand)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://cdc.gov/vaccines/schedules/).









































## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Alcohol misuse screening		All adults
Anemia screening		Pregnant women
Aspirin to prevent cardiovascular disease <sup>1</sup>		Men ages 45–79; women ages 55–79
Autism screening		18, 24 months
Bacteriuria screening		Pregnant women
Breast cancer screening (mammogram)		Women ages 40 and older, every 1–2 years
Breast-feeding support/counseling, supplies <sup>2</sup>		During pregnancy and after birth
Cervical cancer screening (pap test) HPV DNA test with pap test		Women ages 21–65, every 3 years Women ages 30–65, every 5 years
Chlamydia screening		Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening		<ul style="list-style-type: none"> <li>Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes)</li> <li>All men ages 35 and older, or ages 20–35 if risk factors</li> <li>All women ages 45 and older, or ages 20–45 if risk factors</li> </ul>
Colon cancer screening		<p>The following tests will be covered for colorectal cancer screening, ages 50 and older:</p> <ul style="list-style-type: none"> <li>Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>Flexible sigmoidoscopy every 5 years</li> <li>Double-contrast barium enema (DCBE) every 5 years</li> <li>Colonoscopy every 10 years</li> <li>Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification</li> </ul>





















 = Men,  = Women,  = Children/Adolescents



## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening		Newborns
Contraception counseling/education. Contraceptive products and services <sup>13,4</sup>		Women with reproductive capacity
Depression screening	  	Ages 11–21, All adults
Developmental screening		9, 18, 30 months
Developmental surveillance		Newborn 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Diabetes screening	 	Adults with sustained blood pressure greater than 135/80
Discussion about potential benefits/risk of breast cancer preventive medication <sup>1</sup>		Women at risk
Dental caries prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride <sup>1</sup> )		Children older than 6 months
Domestic and interpersonal violence screening		All women
Fall prevention in older adults (physical therapy, vitamin D supplementation <sup>1</sup> )	 	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation <sup>1</sup>		Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing		Women at risk • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening		Pregnant women
Gonorrhea screening		Sexually active women at risk
Hearing screening (not complete hearing examination)		All newborns by 1 month. Ages 4, 5, 6, 8, and 10 or as doctor advises
Healthy diet/nutrition counseling	  	Ages 6 and older – to promote improvement in weight status. Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease
Hemoglobin or hematocrit		12 months
Hepatitis B screening		Pregnant women
Hepatitis C screening	 	Adults at risk; one-time screening for adults born between 1945 and 1965
HIV screening and counseling	  	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women, annually
Iron supplementation <sup>1</sup>		6–12 months for children at risk
Lead screening		12, 24 months
Lung cancer screening (low-dose computed tomography)	 	Adults ages 55 to 80 with 30 pack-year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification. (coverage effective upon your plan's start or anniversary date on or after 1/1/15)
Metabolic/hemoglobinopathies (according to state law)		Newborns
Obesity screening	  	Ages 6 and older. All adults
Oral health evaluation/assess for dental referral		12, 18, 24, 30 months. Ages 3 and 6
Osteoporosis screening		Age 65 or older (or under age 65 for women with fracture risk as determined by Fracture Risk Assessment Score). Computed tomographic bone density study requires precertification
PKU screening		Newborns

## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Ocular (eye) medication to prevent blindness		Newborns
Prostate cancer screening (PSA)		Men ages 50 and older or age 40 with risk factors
Rh incompatibility test		Pregnant women
Sexually transmitted diseases counseling		Sexually active women, annually
Sexually transmitted infections (STI) screening	  	All sexually active adolescents. All adults at risk
Sickle cell disease screening		Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	  	Ages 10–24
Syphilis screening	  	Individuals at risk; Pregnant women
Tobacco use/cessation interventions	 	All adults; Pregnant women
Tobacco use prevention (counseling to prevent initiation)		School-age children and adolescents
Tuberculin test		Children and adolescents at risk
Ultrasound aortic abdominal aneurysm screening		Men ages 65–75 who have ever smoked
Vision screening (not complete eye examination)		Ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 or as doctor advises

 = Men,  = Women,  = Children/Adolescents

Other coverage: Your plan supplements the preventive care services listed above with additional services that are commonly ordered by primary care physicians during preventive care visits. These include services such as urinalysis, EKG, thyroid screening, electrolyte panel, Vitamin D measurement, bilirubin, iron and metabolic panels.



- 1 Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
- 2 Subject to the terms of your plan's medical coverage, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment. To obtain the breast pump and initial supplies, contact CareCentrix at 1.877.466.0164 (Option 3). To obtain replacement supplies, contact Edgepark Medical Supplies at 1.800.321.0591.
- 3 Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
- 4 Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of [www.cdc.gov](http://www.cdc.gov). This document is a general guide. Always discuss your particular preventive care needs with your doctor.

### Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

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# 2015 Cigna

## prescription drug list

Choosing the medication that is right for you is between you and your doctor. This prescription drug list offers you an extensive list of brand name and generic medications that are covered under your pharmacy plan.

Choosing where to fill your medication should be easy, too. With access to a complete network of retail pharmacies (including all major chains and most local and regional pharmacies) and Cigna Home Delivery Pharmacy, you have convenient access to your medications – whether you pick them up or have them delivered to your home.

Within this document you will find a list of medications covered under your plan, in an easy-to-read format. You will see:

1. Medications split into three categories (generic, preferred brand and non-preferred brand)
2. Health conditions and medications listed in alphabetical order
3. Symbols to let you know if there are any important details related to coverage



**Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.**

## Your three-tier prescription drug list

**A three-tier prescription drug list splits medications into three categories (or tiers):**



**1st Tier – Generic Medications:** Generic medications have the same active ingredients, safety, dosage, quality and strength as their brand name counterparts. You will usually pay less for generic medications under a three-tier plan.

**2nd Tier – Preferred Brand Medications:** Preferred brand medications will usually cost more than a generic, but may cost less than a non-preferred brand on a three-tier plan.

**3rd Tier – Non-Preferred Brand Medications:** Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for non-preferred medications on a three-tier plan.

## Preventive prescription drug option

Preventive medications are described as medications that are used to prevent a disease or condition in people with risk factors such as: high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, or to prevent the recurrence of the disease or condition in people who have recovered.

Preventive medications do not include drugs used to treat an existing illness, injury or condition. Some pharmacy plans require you to pay a certain amount (deductible) before the plan coverage begins, but preventive medications may be covered before you reach that amount. To be sure, you can read your enrollment materials to see how preventive medications are covered specific to your plan. Also, a list of all covered preventive medications is available on **myCigna.com**. Preventive medications are identified by a “PM” symbol within the drug list search.

## Understanding Cigna’s prescription drug list

Every medication available on Cigna’s prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications. *Please note: this list is subject to change.* If you do not see a specific medication on this list, please check **myCigna.com** to see all of the medications covered under your plan.

### The symbols on the list mean

If a medication on the list has one of the following symbols, your doctor may have to get an authorization (approval) for coverage of that medication.

- PA:** **Prior Authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.
- QL:** **Quantity Limit** means you may have coverage for a limited amount of a specific medication.
- AGE:** **Age Requirement** means that a person must be within a specific age group for a specific medication to be covered.
- ST:** **Step Therapy** is a prior authorization program that requires you to try other medications available to treat the same condition before the medication with the “ST” is covered.

## myCigna.com

Our customer website that can help you manage your prescription coverage:

When you visit **myCigna.com**, you can:

- Look up the details of your specific pharmacy plan
- Research thousands of available medications
- Compare medication prices using the Prescription Drug Price Quote tool
- Ask a pharmacist questions
- And much, much more!

## Medications delivered right to your home

Cigna Home Delivery Pharmacy is designed for people who take prescription medications on a regular basis (including specialty medications). The benefits of Cigna Home Delivery Pharmacy include:

- **QuickFill**, our automatic refill reminder service, makes it simple for you to fill prescriptions through email or phone
- Getting up to a 90-day supply of your medications in one fill
- Delivery of medications to your door at no additional charge
- Licensed pharmacists available to help 24/7
- CoachRx: a free tool that can help with reminders, coaching and information. Visit **Cigna.com/coachrx** to learn more
- It's easy to switch! Just call **1.800.835.3784**

For more information, visit the Cigna Home Delivery Pharmacy page on **myCigna.com**.



Save time and money with the convenience of Cigna Home Delivery Pharmacy

## Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. This important legislation will result in changes to every American’s health coverage. Some of the changes took effect in 2010, and most of the law’s effects will be felt by 2014. Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage of medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost-share to you. As with all covered medications, we would require a prescription from your doctor to process the claim under your pharmacy plan (including OTC medications). To get the most current information, visit **www.informedonreform.com** or **Cigna.com** and look for the “Informed on Reform” link.

## If you have questions

Please call the toll-free number on the back of your Cigna ID card. We’re here to help.



GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine/ dextroamphetamine clonidine HCl dexmethylphenidate dexmethylphenidate HCl methamphetamine methylphenidate HCl methylphenidate/ER/2 HR ER modafanil	Adderall XR Focalin XR Intuniv Strattera Vyvanse	Adderall (PA, ST) amphetamine/ dextroamphetamine XR Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Focalin (PA, ST) Kapvay Metadate CD (PA, ST) Methylin (PA, ST) Nuvigil Provigil (PA) Quillivant XR (PA, ST) Ritalin (PA, ST) Ritalin ER Ritalin LA Ritalin SR (PA, ST) Zenzedi (PA,ST)
AIDS/HIV		
abacavir abacavir/lamivudine/ zidovudine didanosine lamivudine lamivudine/zidovudine nevirapine nevirapine ER stavudine zidovudine	Aptivus Crixivan Emtriva Epzicom Fuzeon (PA) Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viramune XR Viread	Atripla Combivir Complera Edurant Epivir Fulyzaq (PA) Intelence Retrovir Tivicay Videx Zerit Ziagen
ALLERGY		
azelastine HCl azelastine nasal budesonide clemastine fumarate cyproheptadine desloratadine epinephrine (QL) flunisolide nasal fluticasone nasal hydroxyzine ipratropium nasal levocetirizine	Astepro Epipen (QL) Epipen Jr. (QL) Nasonex Veramyst	Adrenaclick (QL) Astelin Atrovent (nasal) Auvi-Q (QL) Beconase AQ (PA, ST) Dymista (PA, ST) Fabior Flonase (PA, ST) Karbinal ER Nasacort AQ (PA, ST) Omnaris (PA, ST) Patanase

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>ALLERGY (CONTINUED)</b>		
montelukast triamcinolone nasal		QNASL (PA, ST) Rhinocort AQ (PA, ST) Semprex-D Singulair Xyzal Zetonna (PA, ST)
<b>ALZHEIMER DISEASE</b>		
donepezil donepezil HCl galantamine hydrobromide rivastigmine (caps)		Aricept Aricept ODT Exelon Namenda XR (PA) Razadyne Razadyne ER
<b>ANXIETY</b>		
alprazolam buspirone diazepam lorazepam oxazepam		Lorazepam Intensol Niravam
<b>ASTHMA AND RESPIRATORY</b>		
albuterol solution (nebulizer solution) albuterol sulfate (syrup, tabs) budesonide caffeine citrate cromolyn sodium (nebulizer solution) Dylix dyphylline guaifenesin/theophylline ipratropium bromide (nebulizer solution) levalbuterol (nebulizer solution) metaproterenol sulfate (syrup, tabs) montelukast sildenafil (PA) terbutaline sulfate theophylline anhydrous zafirlukast	Advair Diskus/HFA Asmanex Atrovent HFA Combivent Respimat Flovent Diskus/HFA ProAir HFA Pulmicort Pulmozyme (PA) QVAR Serevent Spiriva Symbicort Ventolin HFA Xolair (PA)	Accolate Accuneb nebulizer (PA, ST) Adecir (PA) Adempas (PA) Aerospan Alvesco Anoro Ellipta Arcapta Breo Ellipta (ST) Brovana nebulizer (PA, ST) Daliresp Dulera Foradil Letairis Opsumit (PA) Orenitram ER (PA) Perforomist (PA, ST) Proventil HFA Revatio (PA) Singulair Tracleer Tudorza Pressair (ST) Ventavis Xopenex HFA Xopenex nebulizer (PA, ST)

# 2015 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL*		
* Please check your enrollment materials to determine whether these medications are covered under your specific plan.		
Altavera	BeYaz	Angeliq
Alyacen	Lomedia 24 FE	Brevicon
Amethia	LoSeasonique	Cyclessa
Amethia Lo	Minastrin 24 FE	Depo-Provera Subq
Amethyst	NuvaRing	Desogen
Apri	Ortho Evra	Ella
Aranelle	Ortho TriCyclen Lo	Eurostep FE
Aubra		Fem FE
Aviane		Generess FE
Azurette		Loestrin
Balziva		Loestrin FE
Briellyn		Mircette
Camila		Modicon
Camrese		Natazia
Camrese Lo		Nordette
Caziant		Norinyl 1+35
Chateal		Norinyl 1+50
Cryselle		Nor-QD
Cyclafem		Ortho Micronor
Dasetta		Ortho-Cept
Daysee		Ortho-Cyclen
desogestrel-ethinyl estradiol		Ortho-Novum 7-7-7
Elinest		Ortho-Tri-Cyclen
Emoquette		Ovcon-35
Enpress		Quartette
Enskyce		Safyral
Errin		Seasonale
Estarylla		Seasonique
ethinyl estradiol/drospirenone		Tri-Norinyl
Falmina		Yasmin 28
Gianvi		Yaz
Gildagia		
Gildess		
Heather		
Introvale		
Jencycla		
Jolessa		
Junel		
Junel FE		
Kariva		
Kelnor		
Kurvelo		
Larin		
Larin FE		
Leena		
Lessina		
Levonest		
levonorgestrel		
levonorgestrel-ethetra		
levonorgestrel-ethin estradiol		
Levora		



GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>BIRTH CONTROL*</b> (CONTINUED)		
<i>* Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i>		
I-norgest-eth estr/ethin est		
Loryna		
Low-Ogestrel		
Lutera		
Lyza		
Marlissa		
Microgestin		
Microgestin FE		
Mono-Linyah		
Mononessa		
Myzila		
Necon		
Next Choice		
Nora-Be		
noreth a-et est/fe fumarate		
norethindrone		
norethindrone-ethinyl estrad		
norgestimate-ethinyl estradiol		
norgestrel-ethinyl estradiol		
Nortrel		
Ocella		
Ogestrel		
Orsythia		
Philiith		
Pimtrea		
Pirmella		
Portia		
Previfem		
Quasense		
Reclipsen		
Sprintec		
Sronyx		
Syeda		
Tilia FE		
Tri-Estarylla		
Tri-Legest FE		
Tri-Linyah		
Trinessa		
Tri-Previfem		
Tri-Sprintec		
Trivora		
Velivet		
Vestura		
Viorele		
Wera		
Wymzya FE		
Xulane		
Zarah		
Zenchant		
Zenchant FE		
Zeosa		
Zovia		

# 2015 Cigna prescription drug list

GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
<b>BLADDER PROBLEMS</b>		
oxybutynin/XL potassium citrate ER tolterodine tartrate trospium chloride	Detrol LA Elmiron Toviaz VESicare	Detrol (PA, ST) Ditropan XL (PA, ST) Enablex (PA, ST) Gelnique (PA, ST) Myrbetriq (PA,ST) Oxytrol (For Men Only) Sanctura (PA, ST) Sanctura XR (PA, ST) Urocit-K
<b>CANCER</b>		
anastrozole azacitadine bicalutamide capecitabine cyclophosphamide doxorubicin HCl exemestane flutamide letrozole lomustine tamoxifen citrate temozolomide (PA)	Gleevec (PA) Granix Hexalen Leukeran Lupron Depot (PA) Lysodren Matulane Myleran Neulasta (PA) Neupogen (PA) Nexavar (PA) Revlimid (PA) Sprycel (PA) Sutent (PA) Tarceva (PA) Temodar (PA) Thalomid (PA) Xeloda Zolinza (PA)	Afinitor (PA) Afinitor Disperz (PA) Arimidex Aromasin Bosulif (PA) Caprelsa (PA) Casodex Cometriq (PA) Droxia Erivedge (PA) Fareston Femara Gilotrif (PA) Imbruvica (PA) Inlyta (PA) Jakafi (PA) Mekinist (PA) Panretin Pomalyst (PA) Purixan Stivarga (PA) Sylatron (PA) Tarfinlar (PA) Targretin (PA) Tasigna (PA) Tykerb (PA) Valchlor Votrient (PA) Xalkori (PA) Xtandi (PA) Zelboraf (PA) Zykadia (PA) Zytiga (PA)
<b>CARDIOVASCULAR</b>		
<b>BLOOD THINNER/ANTI-CLOTTING</b>		
anagrelide cilostazol clopidogrel dipyridamole enoxaparin (QL) fondaparinux (QL)	Aggrenox Arixtra (QL) Effient Fragmin (QL) Xarelto (QL)	Agrylin Brilinta Coumadin Eliquis (ST) Jantoven Lovenox (QL)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CARDIOVASCULAR (CONTINUED)</b>		
<b>BLOOD THINNER/ANTI-CLOTTING</b>		
heparin (QL) ticlopidine warfarin		Plavix Pletal Pradaxa (ST) Zontivity
<b>HIGH BLOOD PRESSURE/HEART MEDICATIONS</b>		
acebutolol HCl acetazolamide amiloride HCl amlodipine besylate amlodipine/atorvastatin atenolol benazepril HCl benazepril HCl/amlodipine benazepril HCl/HCTZ bendroflumethiazide/nadolol betaxolol HCl bisoprolol fumarate bisoprolol/HCTZ bumetanide candesartan candesartan/HCTZ captopril captopril/HCTZ carvedilol chlorothiazide chlorthalidone chlorthalidone/atenolol clonidine HCl clonidine patch Clorpres diltiazem diltiazem 24 HR ER doxazosin mesylate enalapril maleate enalapril maleate/HCTZ eplerenone felodipine fosinopril sodium furosemide guanabenz acetate guanfacine hydralazine HCl hydralazine/HCTZ hydralazine/reserpine/HCTZ hydrochlorothiazide hydrochlorothiazide/amlor HCl indapamide irbesartan irbesartan/HCTZ isradipine labetalol HCl	Benicar Benicar HCT Bystolic Coreg CR Diovan (PA, ST) Diovan HCT Exforge Exforge HCT Tarka Tekturna Tekturna HCT	Accupril (PA, ST) Accuretic (PA, ST) Aceon (PA, ST) Altace (PA, ST) Amturnide Atacand (PA, ST) Atacand HCT (PA,ST) Avalide (PA, ST) Avapro (PA, ST) Azor Betapace AF Cardura Cardura XL Catapres, Catapres TTS Coreg Corgard Cozaar (PA, ST) Dutoprol Edarbi (PA, ST) Edarbychlor (PA, ST) Epaned Hemangeol Hyzaar (PA, ST) Inderal LA Innopran XL Levatol Lotensin (PA, ST) Lotensin HCT (PA, ST) Lotrel Mavik (PA, ST) Maxide Micardis (PA, ST) Micardis HCT (PA, ST) Monopril HCT (PA, ST) Norpace Norpace CR Norvasc Nymalize Prinivil (PA, ST) Prinzide (PA, ST) Sular Tekamlo Teveten (PA, ST) Teveten HCT (PA, ST) Toprol XL

GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
CARDIOVASCULAR (CONTINUED)		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
lisinopril		Tribenzor (ST)
lisinopril/HCTZ		Uniretic (PA, ST)
losartan potassium		Univasc (PA, ST)
losartan potassium/HCTZ		Vaseretic (PA, ST)
methazolamide		Vasotec (PA, ST)
methyl dopa		Verelan
methyl dopa/HCTZ		Zestoretic (PA, ST)
metolazone		Zestril (PA, ST)
metoprolol succinate		
metoprolol tartrate		
metoprolol/HCTZ		
minoxidil		
moexipril HCl		
moexipril HCl/HCTZ		
nadolol		
nicardipine HCl		
nifedipine		
nimodipine		
perindopril erbumine		
pindolol		
prazosin HCl		
propranolol HCl		
propranolol/HCTZ		
quinapril		
quinapril HCl/HCTZ		
ramipril (caps only)		
reserpine		
sotalol HCl		
spironolactone		
spironolactone/HCTZ		
telmisartan		
telmisartan/amlodipine		
telmisartan/HCTZ		
terazosin HCl		
timolol maleate		
torsemide		
trandolapril		
trandolapril/verapamil HCl		
triamterene HCl		
valsartan		
valsartan HCTZ		
Vecamyl-mecamylamine HCl		
verapamil		
OTHER		
amiodarone	Digoxin	Lanoxin
amiodarone HCl	Multaq	Nitromist
disopyramide	Nitrolingual spray	Ranexa (ST)
flecainide	Tikosyn	Rythmol SR
isosorbide dinitrate		Samsca (PA)
isosorbide mononitrate		
nitroglycerin		
propafenone SR		

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CHOLESTEROL LOWERING</b>		
atorvastatin choline fenofibrate colestipol fenofibrate fenofibric acid fluvastatin fluvastatin XL gemfibrozil lovastatin niacin omega-3 acid ethyl esters pravastatin simvastatin	Crestor (5 & 10 MG) (PA,ST) Crestor (20 & 40 MG) Lovaza Simcor Trilipix Welchol Zetia	Advicor Altoprev (PA, ST) Antara Caduet Colestid Fenoglide Juxtapid (PA) Kynamro (PA) Lescol Lescol XL Lipitor (PA, ST) Liptruzet Livalo (PA, ST) Lofibra Mevacor (PA, ST) Niaspan Pravachol (PA, ST) TriCor Vascepa (ST) Vytorin (PA, ST) Zocor (PA, ST)

<b>DEPRESSION</b>		
amitriptyline bupropion bupropion SR citalopram desipramine duloxetine HCl escitalopram fluoxetine fluvoxamine imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone trimipramine trimipramine maleate venlafaxine venlafaxine XR	Pristiq Wellbutrin XL	Aplenzin (PA, ST) Brintellix (PA,ST) Celexa (PA, ST) Cymbalta (PA, ST) Desvenlafaxine ER (PA,ST) Desvenlafaxine Fumarate (PA,ST) Effexor XR (PA, ST) Emsam Fetzima (PA,ST) Forfivo XL (PA,ST) Khedezla (PA,ST) Lexapro (PA, ST) Luvox CR Marplan Oleptro ER (ST) Paxil (PA, ST) Paxil CR (PA, ST) Prozac (PA, ST) Remeron Sarafem (PA, ST) Tofranil Venlafaxine HCl ER (PA, ST) Viibryd (PA, ST) Vivactil Wellbutrin (PA, ST) Wellbutrin SR (PA, ST) Zoloft (PA, ST)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>DIABETES</b>		
acarbose chlorpropamide glimepiride glipizide glipizide/metformin glyburide glyburide/metformin glyburide, micronized metformin metformin ER metformin HCl nateglinide pioglitazone pioglitazone HCl pioglitazone/glimiperide pioglitazone/metformin repaglinide tolazamide tolbutamide	ACCU-CHEK Test Strips Apidra Apidra SoloStar BD Insulin Syringes/Pen Needles Bydureon (QL) Byetta Glucagen HypoKit (QL) Glucagon Emergency Kit (QL) Humalog Humulin Janumet Janumet XR Januvia Kombiglyze XR Lantus Lantus SoloStar Levemir NovoFine/Novo Twist needles Novolin NovoLog One Touch test strips Onglyza Prandimet Prandin SymlinPen Victoza	Avandaryl Avandamet Avandia Cycloset Duetact Farxiga (PA,ST) Fortamet Glucophage XR Glyset Invokana (ST) Jentadueto (ST) Kazano (ST) Nesina (ST) Oseni (ST) Precose Starlix Tanzeum (QL, ST) Tradjenta (ST)
<b>ENDOCRINE AND METABOLIC - OTHER</b>		
allopurinol cabergoline (QL) desmopressin octreotide (PA)	Colcrys Increlex (PA) Lupron Depot-PED (PA) Megace ES Nilandron Sandostatin (PA) Sandostatin LAR (PA) Somavert (PA) Synarel Uloric	Egrifta (PA) Signifor (PA) Somatuline Depot (PA)
<b>EYE CONDITIONS</b>		
apraclonidine HCl atropine azelastine brimonidine bromfenac ciprofloxacin diclofenac dorzolamide dorzolamide/timolol epinastine flurbiprofen	Alomide Alphagan P 0.10% AzaSite Azopt Betoptic S Ciloxan (ointment) Iopidine Lotemax (drops & gel) Maxidex Moxeza Pataday	Acular LS Alocril Alrex Bepreve Besivance Ciloxan (drops) Cosopt Cystaran Durezol Elestat Emadine

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>EYE CONDITIONS (CONTINUED)</b>		
gatifloxacin ketorolac latanoprost levobunolol levofloxacin pilocarpine timolol tobramycin/dexamethasone trifluridine	Patanol Restasis Tobradex (ointment) Travatan Z Vexol Vigamox	Lastacaft Lotemax (oint) Optivar Rescula Simbrinza (ST) Timoptic Tobradex (drops) Tobradex ST Tobrex Trusopt Voltaren Xalatan Zioptan (ST)
<b>GASTROINTESTINAL (NOT HEARTBURN/ULCER)</b>		
balsalazide belladonna alkaloids/ phenobarbital budesonide cromolyn sodium (solution) dexamethasone metoclopramide HCl PEG 3350/potassium/sodium bicarb/salt PEG 3350/potassium/sodium bicarb/salt/sodium sulf prednisone prednisone sodium phosphate	Apriso Asacol HD Canasa Creon Delzicol GoLytely Humira (PA) Lialda Pentasa Urso/Urso Forte Zenpep	Amitiza Cimzia (PA) Colazal Colyte Donnatal Entocort EC Gazo NuLytely Pancreaze Pertzye Prepopik Rayos (ST) Relistor (PA) Remicade (PA) Simponi (PA) Suclear Sucraid Uceris Ultresa Viokace
<b>GROWTH HORMONES</b>		
	Humatrope (PA) Saizen (PA)	Genotropin (PA) Nordiflex (PA) Norditropin (PA) Nutropin (PA) Nutropin AQ (PA) Omnitrope (PA) Serostim (PA) Tev-Tropin (PA)
<b>HEARTBURN/ULCER</b>		
cimetidine famotidine lansoprazole lansoprazole/amoxicillin/ clarithromycin metoclopramide misoprostol	Dexilant Prevpac	Aciphex (PA, ST) Aciphex Sprinkle (PA,ST) Esomeprazole strontium (PA, ST) Nexium (2.5, 5, 10 & 40MG) (PA, ST) Omeclamox-Pak

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>HEARTBURN/ULCER (CONTINUED)</b>		
nizatidine omeprazole omeprazole/sodium bicarbonate pantoprazole rabeprazole HCl ranitidine sucralfate		Prevacid (PA, ST) Prilosec (PA, ST) Protonix (PA, ST) Zantac Syrup Zegerid (PA, ST)
<b>HORMONE REPLACEMENT</b>		
estradiol estropipate ethinyl estradiol levothroid levothyroxine levothyroxine sodium Levoxyl lithyronine medroxyprogesterone medroxyprogesterone acetate progesterone, micronized testosterone cypionate (PA) testosterone enanthate (PA) thyroid Unithroid	Alora Anadrol-50 (PA) Androderm (QL) AndroGel Armour Thyroid Divigel Enjuvia Estraderm Premarin Premphase Prempro Synthroid Testim Vivelle-Dot	Activella Axiron (ST, QL) Cenestin Combipatch Cytomel Delatestryl Depot Testosterone Estrace Femhrt Femring Fortesta (ST, QL) Menest Minivelle Prefest Prometrium Provera testosterone gel (QL) Vagifem Vogelxo
<b>INFECTIONS</b>		
acyclovir adefovir dipivoxil amantadine amoxicillin amoxicillin/clavulanate atovaquone azithromycin bacitracin/polymyxin besifloxacin HCl cefaclor ER cefadroxil cefdinir cefprozil ceftibuten dihydrate ceftriaxone cefuroxime axetil cephalexin ciclopirox ciprofloxacin clarithromycin clindamycin clindamycin phosphate cycloserine doxycycline	Baraclude Cipro HC Otic Ciprodex Epivir HBV Gris-Peg Hepsera Intron A (PA) Mycostatin (tab) Pegasys (PA) PegIntron (PA) Primsol Quaaliquin Ribapak Ribasphere Tamiflu (QL) Tobi Valcyte Vancocin HCl Vibromycin	Ancobon Augmentin Augmentin ES 600 Augmentin XR Avelox Bethkis Biaxin Biaxin XL Cetraxal Ciclodan Cipro XR CNL 8 Coartem (QL) Copegus Difcid (PA) Doryx Ery-Tab Famvir Flagyl ER Garamycin Grifulvin V Incivek (PA) Keflex Ketodan



GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>INFECTIONS (CONTINUED)</b>		
doxycycline hyclate doxycycline monohydrate erythromycin famciclovir fluconazole (QL for 150 mg only) flucytosine ganciclovir gentamicin gentamicin sulfate griseofulvin itraconazole (QL) ketoconazole lamivudine levofloxacin (susp) metronidazole minocycline minocycline HCl Moderiba moxifloxacin HCl mupirocin nitrofurantoin nystatin ofloxacin penicillin v potassium polymixin b sulf quinine sulfate ribavirin rifabutin rimantadine sulfamethoxazole/ trimethoprim terbinafine (QL) terconazole tetracycline tobramycin valacyclovir vancomycin vancomycin HCl voriconazole (PA)		Lamisil (QL) Levaquin Malarone (PA) Monurol Moxatag Noxafil Olysio (PA) Onmel (QL,ST) Penlac Priftin Rebetol Relenza (QL) Rocephin Sirturo Sitavig Sivextro (PA) Solodyn (ST) Sovaldi (PA) Spectracef Sporanox (QL) Suprax Tobi Podhaler Tyzeka Valtrex Vfend (PA) Victrelis (PA) Zithromax Zovirax Zyclara (ST) Zyvox (PA)
<b>MIGRAINE</b>		
acetaminophen/caffeine/ butalbital dihydroergotamine mesylate (QL) isomethepten/caf/ acetaminophen naratriptan (QL) rizatriptan (QL) rizatriptan benzoate (QL) sumatriptan (QL) sumatriptan succinate (QL) zolmitriptan (QL)	Treximet (QL)	Alsuma (QL) Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Sumavel DosePro (QL) Zomig/Zomig ZMT (QL)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>MULTIPLE SCLEROSIS</b>		
	Ampyra (PA) Avonex (PA) Avonex Pen (PA) Copaxone (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Aubagio (PA) Betaseron (PA) Extavia (PA) Gilenya (PA)
<b>NAUSEA AND VOMITING</b>		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide	Emend (QL)	Anzemet (inj) (QL) Anzemet (tab) (QL) Diclegis Marinol Sancuso (QL) Zofran (tabs, sol) Zuplenz (QL, ST)
<b>OSTEOPOROSIS</b>		
alendronate etidronate (Fortical) calcitonin-salmon ibandronate raloxifene HCl risedronate	Didronel Evista Forteo Miacalcin	Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva (PA, ST) Fosamax (PA, ST) Fosamax Plus D (PA, ST) Skelid (PA, ST)
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
buprenorphine butalbit/acetamin/caff/codeine butorphanol nasal (QL) codeine phos/carisoprodol/asa codeine phosphate codeine phosphate/aspirin codeine sulfate diclofenac dihy-cod tt/apap/caffeine dihydroergotamine mesylate (QL) doxorubicin HCl etodolac fenoprofen fentanyl citrate (lozenge on stick) (PA) fentanyl transdermal (QL) flurbiprofen hydrocodone bitartrate/apap hydromorphone HCl ibuprofen ibuprofen/hydrocod bit indomethacin ketoprofen ketorolac (QL) leflunomide	Actimmune (PA) Avinza (QL) Celebrex (QL) Dilaudid-5 Dipentum Enbrel (PA) Fentora (PA) Humira (PA) Indocin (suppository) Kadian (QL) Lidoderm Lidorex Lyrica Nucynta (ST, QL) Nucynta ER (QL) OxyContin (QL) Rheumatrex Roxicet (PA, ST) Savella Trexall	Abstral (PA) Actemra (PA) Actiq (PA) Arthrotec (PA, ST) Butrans (QL) Cambia (PA, ST) Cimzia (PA) Demerol (PA, ST) Dilaudid (PA, ST) Duexis (PA, ST) Durabec Duragesic (QL) Exalgo (QL) Flector (PA, ST, QL) Horizant (ST) Hycet (PA, ST) Kineret (PA) Lazanda (PA) Mobic (PA, ST) Nalfon (PA, ST) Naprelan (PA, ST) Naprosyn (PA, ST) Norco (PA, ST) Onsolis (PA) Opana Opana ER (QL)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b> (CONTINUED)		
levorphanol tartrate lidocaine meclufenamate mefenamic acid meloxicam meperidine HCl methotrexate migergot morphine sulfate nabumetone naproxen opium opium/belladonna alkaloids orphenadrine/aspirin/ caffeine oxaprozin oxycodone HCl oxycodone HCl/ acetaminophen oxycodone/aspirin oxymorphone oxymorphone HCl pentazocine HCl/naloxone HCl rizatriptan benzoate (QL) sulindac tolmetin tramadol HCl/ acetaminophen (QL) tramadol HCl/ER (QL) zolmitriptan (QL)		Otrexup (PA) Oxecta (PA, ST) Pennsaid (PA, ST) Percocet (PA, ST) Percodan (PA, ST) Ponstel (PA, ST) Prodrin Remicade (PA) Roxicodone (PA, ST) Simponi (PA) Skelaxin Sprix (QL) Subsys (PA) Synalgos-DC (PA, ST) Ultracet (PA, ST, QL) Ultram (PA, ST, QL) Ultram ER (PA, ST, QL) Vicodin (PA, ST) Vicoprofen (PA, ST) Vimovo (QL) Voltaren (PA, ST) Voltaren XR (PA, ST) Xartemis XR (QL) Xodol (PA, ST) Zamicet (PA, ST) Zohydro (QL) Zolvit (PA, ST) Zomig (QL) Zorvolex (PA,ST)
<b>PARKINSON DISEASE</b>		
amantadine benztropine bromocriptine carbidopa carbidopa/levodopa carbidopa/levodopa/ entacapone carbidopa/levodopa CR entacapone pramipexole ropinirole ropinirole XL selegiline	Azilect Apokyn (PA) Requip XL	Comtan Eldepryl Lodosyn Mirapex Mirapex ER Neupro Parcopa Requip Sinemet CR Stalevo Tasmar Zelapar
<b>PROSTATE</b>		
<i>* Please check your enrollment materials to determine whether this medication is covered under your plan.</i>		
alfuzosin doxazosin finasteride leuprolide acetate (PA)* prazosin	Avodart Cialis (PA,QL) Jalyn Lupron Depot (PA)*	Firmagon (PA) * Flomax Proscar Rapaflo Xtandi (PA)

# 2015 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>PROSTATE (CONTINUED)</b>		
tamsulosin terazosin	Uroxatral	Zoladex (PA)* Zytiga (PA)
<b>SCHIZOPHRENIA</b>		
clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone	Seroquel XR	Abilify Abilify Discmelt Clozaril (PA, ST) Fanapt (ST) Fazaclo (PA, ST) Geodon (PA, ST) Invega (PA, ST) Latuda (PA, ST) Orap Oxtellar XR Risperdal (PA, ST) Saphris (PA, ST) Seroquel (PA, ST) Symbax Versacloz (PA, ST) Zyprexa (PA, ST)
<b>SEIZURE</b>		
carbamazepine clonazepam diazepam divalproex ethosuximide felbamate gabapentin lamotrigine levetiracetam oxcarbazepine phenytoin tiagabine HCl topiramate valproate sodium zonisamide	Celontin Diastat Diastat Acudial Dilantin (30 MG only) Felbatol Gabitril Keppra Lamictal ODT Lyrica Peganone Vimpat	Aptiom Banzel Carbatrol Depakote (all forms) Dilantin Fycompa Keppra XR Lamictal Lamictal XR Neurontin Potiga Qudexy XR Saphris Stavzor Tegretol XR Topamax topiramate XR caps Trileptal Trokendi XR Zarontin Zonegran
<b>SEXUAL DYSFUNCTION</b>		
<i>* Please check your enrollment materials to determine whether this medication is covered under your plan.</i>	Cialis (PA, QL)* Muse (PA, QL)* Viagra (PA, QL)*	Caverject (PA, QL)* Edex (PA, QL)* Levitra (PA, QL)* Osphena Staxyn (PA, QL)* Stendra (PA, QL)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SKIN CONDITIONS</b>		
adapalene (AGE)	Benzacilin	Absorbica (QL)
alclometasone dipropionate	Benzamycin Pak	Acanya
amcinonide	Capex Shampoo (PA, ST)	Aclovate (PA, ST)
Amnesteem (QL)	Carac	Alcortin A
Apexicon E (diflorasone diacetate)	Cloderm (PA, ST)	Aldara
betamethasone	Cordran (PA, ST)	Aphthasol
betamethasone dipropionate	Cordran SP (PA, ST)	Atralin (AGE)
betamethasone dipropionate/ propylene glycol	Differin (AGE)	Avar
betamethasone valerate	Enbrel (PA)	Avar LS
calcipotriene	Exelderm	Avita
calcipotriene-betamethasone	Fluoroplex	Bactroban
Claravis (QL)	Humira (PA)	Benzefoam
clincimycinphosphate/benzoyl peroxide gel	Kenalog spray (PA, ST)	Bromday
clobetazol propionate	Klaron	Carinol HC (PA, ST)
clobetazol propionate/emoll	Locoid (lotion)	Clindacin Pac
clocortolone pivalate	Loprox shampoo	Clobex (PA, ST)
desonide	Lotemax	Clodan (PA, ST)
desoximetasone	Metrogel 1%	Condylox
diclofenac sodium	Naftin	Cutivate (PA, ST)
diflorasone diacetate	Noritate	Derma-Smoothe/FS (PA, ST)
dipropionate	Nucort (PA, ST)	Dermasorb AF
fluocinolone acetonide	Oracea	Dermasorb HC (PA,ST)
fluocinonide	Soriatane	Dermasorb TA (PA,ST)
fluocinonide/emollient	Tazorac	Dermasorb XM
flurouracil topical	Texacort (PA, ST)	Dermatop (PA, ST)
fluticasone propionate		Desonate (PA, ST)
halobetasol prop/ammonium lac		Desowen (PA, ST)
halobetasol propionate		Diprolene (PA, ST)
hydrocortisone		Diprolene AF (PA, ST)
hydrocortisone acetate/aloe vera		Dovonex cream
hydrocortisone acetate/urea		Duac
hydrocortisone butyrate		Ecoza
hydrocortisone butyrate/ emollient		Elidel (PA, ST)
hydrocortisone valerate		Elocon (PA, ST)
imiquimod		Epiduo
isotretinoin (QL)		Fabior
mafenide acetate		First Hydrocort (PA, ST)
methoxsalen, rapid		Halog (PA, ST)
metronidazole		Ilevro
mometasone furoate		Jublia (ST)
mupirocin calcium		Keralac
Myorisan (QL)		Locoid (Cr/Oint/Soln) (PA, ST)
podofilox		Luxiq (PA, ST)
prednicarbate		Luzu
salicylic acid		Metrogel
Sotret (QL)		Metro lotion
sulfacetamide		Momexin (PA, ST)
sulfacetamide sodium		Neuac
sulfacetamide sodium/sulfur		Nuzon (PA, ST)
sulfacetamide/sulfur/cleansr23		Olux (PA, ST)
tretinoin (AGE)		Olux-E (PA, ST)
triamcinolone acetonide		Otezla (PA)
		Ovace Plus (cream, lotion and wash)

# 2015 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SKIN CONDITIONS (CONTINUED)</b>		
urea		Pandel (PA, ST) PB Wash PEDIADERM HC (PA, ST) Plexion Prolensa Protopic (PA, ST) Regranex (PA) Remicade (PA) Retin-A Retin-A Micro (PA, AGE) Retin-A Micro Pump (PA, AGE) Riax Scalacort DK (PA, ST) Solaraze Sorilux Stelara (PA) Sumadan XLT Synalar (PA, ST) Synalar TS (PA, ST) Tadoxex Targretin gel Temovate (PA, ST) Topicort (PA, ST) Topicort LP (PA, ST) Tretin-X (PA) Ultrasal-ER Ultravate (PA, ST) Ultravate X (PA, ST) Umecta Vanos (PA, ST) Vectical Verdeso (PA, ST) Vytone Westcort (PA, ST) Xolegel Ziana Zyclara (ST)
<b>SLEEP</b>		
eszopiclone midazolam HCl quazepam zaleplon zolpidem zolpidem ER	Silenor	Ambien (PA, ST) Ambien CR (PA, ST) Doral Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Sonata (PA, ST) Zolpimist (PA, ST)
<b>TRANSPLANT</b>		
azathioprine cyclosporine mycophenolate mofetil mycophenolate sodium	Azasan Cellcept Neoral Prograf	Astagraf XL Imuran Myfortic Zortress

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>TRANSPLANT (CONTINUED)</b>		
sirolimus tacrolimus	Rapamune Sandimmune	
<b>VITAMINS*</b>		
calcitriol cyanocobalamin folic acid  <i>*All plans cover all generic prescription prenatal vitamins, even though not listed here.</i>	Active OB Bal-Care DHA Essential Citranatal Citranatal 90 DHA Citranatal Assure Citranatal B-Calm Citranatal DHA Citranatal Harmony Duet DHA Duet DHA EC Folet One Gesticare DHA Infanate Balance Natachew Natafort Natelle One Neevo Neevo DHA Nestabs Nestabs ABC Nestabs DHA Nexa Plus OB Complete OB Complete DHA OB Complete One OB Complete Petite PNV Folic Acid-Iron PNV-DHA Plus Precare Premier PreferaOB ONE PreferaOB Prenatal Vitamin Prenaissance Next-B Prenata Prenatal 19 Prenate AM Prenate Chewable Prenate DHA Prenate Elite Prenate Enhance Prenate Mini Prenate Restore Prenate Star Provida OB Select-OB Stuart Prenatal Stuartnatal Plus Stuartnatal Plus 3 TL-Select DHA Tricare Tricare Prenatal Compleat	Nascobal MaxFe

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>VITAMINS* (CONTINUED)</b>		
<i>*All plans cover all generic prescription prenatal vitamins, even though not listed here.</i>	Vinate Care Vinate DHA RF Virt-Bal DHA Vitafof Nano Vitafof Ultra Vitafof-One VitamedMD Redichew Rx Vitapearl Viva DHA VP CH Ultra VP-PNV-DHA	
<b>MISCELLANEOUS</b>		
<i>* Please check your enrollment materials to determine whether this medication is covered under your plan.</i>		
acamprostate calcium aminocaproic acid buprenorphine cyclobenzaprine doxercalciferol hydrocodone/chlorpheniramine suspension hydrocortisone leucovorin levocarnitine lindane megestrol methocarbamol naltrexone naltrexone HCl paricalcitol pentoxifylline pramoxine/hydrocortisone pseudoephed/ hydrocodone/cpm quinine sulfate riluzole sevelamer carbonate sodium phenylbutarate sodium polystyrene sulfonate spinosad tizanidine tranexamic acid	Analpram Advanced Aranesp (PA)* Buphenyl Chantix* Epogen (PA)* Fosrenol Leukine Neupogen Pramosone Procrit (PA)* Proctofoam HC Renvela SPS Suboxone (PA) TussiCaps Zavesca (PA) Zemplar	Analpram HC Analpram E Arcalyst (PA) Brisdelle (QL) Cortifoam Cuvposa Epifoam Evzio Gattex (PA)* Glycate Hectorol Hetlio (PA) Ilaris (PA) Kuvan Lupaneta Pack (PA)* Lysteda Natroba Neo-Synalar Nimotop Nuedexta Nymalize Phoslo Phoslyra Procysbi (PA) Promacta (PA) Ravicti (PA) Rectiv Renagel Revla Rilutek Sklice Tussionex Ulesfia Velphoro Virtuz Zanaflex Zutripro



## Exclusions and limitations

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any medications available over-the-counter (OTC) that do not require a prescription by federal or state law, and any medication that is a pharmaceutical alternative to an OTC medication other than insulin [examples include OTC Benadryl, Maalox, Sudafed PE, etc.].
2. Medications that are therapeutically equivalent as determined by the Cigna HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over the counter [examples include Rx equivalents to OTC Allegra, Claritin and Zyrtec (Allegra D, Clarinex, Xyzal) and Rx equivalents to OTC Prevacid, Prilosec and Zantac (Aciphex, Kapidex, Nexium, Axid, Pepcid, Zantac)].
3. Any injectable infertility medications, and any injectable medications that require health care professional supervision and are not typically considered self-administered medications. The following are examples of health care professional-supervised medications: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any medications that are experimental or investigational within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices and appliances.
7. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
12. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis (the prevention of travel-related diseases).
16. Replacement of prescription medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. Medications that are to be taken by, or administered to, a customer while the customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.

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.



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# GENERIC PREVENTIVE DRUGS BY CONDITION



January 2015

The list below includes the most commonly used preventive generic medications, organized by condition. The certain conditions include diabetes, asthma, heart disease, high cholesterol and prenatal nutrient deficiency. *Please note, this list is not inclusive, and is subject to change.* You can visit the Prescription Drug Price Quote tool on **myCigna.com** for access to information on all medications.

## Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. This important legislation will result in changes to every American’s health coverage. Some of the changes took effect in 2010, and most of the law’s effects will be felt by 2014.

Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you. As with all covered medications, we would require a prescription

from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information, visit **informedonreform.com** or **myCigna.com** and look for the “Informed on Reform” link.

## If you have any questions

*Remember, this list is just a sample of the most commonly used medications, and is subject to change.* You can use the Prescription Drug Price Quote tool available on **myCigna.com** to see and compare the prices of all medications covered under your plan. Or, you can call the number on the back of your ID card to speak with a customer service representative at any time.

Together, all the way.™



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

## Asthma Related

albuterol sulfate  
albuterol sulfate  
(nebulizer solution)  
albuterol sulfate/  
ipratropium  
budesonide  
caffeine citrate  
cromolyn sodium  
inhalation solution  
dyphylline  
guaifenesin/dyphylline  
ipratropium bromide  
levalbuterol  
levalbuterol HCl  
metaproterenol sulfate  
montelukast  
racementhine HCl  
terbutaline sulfate  
theophylline anhydrous  
zafirlukast

## Blood Pressure Related

acebutolol HCl  
acetazolamide  
amiloride HCl  
amlodipine besylate  
amlodipine besylate/  
benazepril  
amlodipine/  
atorvastatin calcium  
atenolol  
benazepril HCl  
benazepril HCl/HCTZ  
bendroflumethiazide/  
nadolol  
bisoprolol fumarate  
bisoprolol/HCTZ  
bumetanide  
candesartan  
candesartan/HCTZ  
captopril  
captopril/HCTZ  
carvedilol  
chlorothiazide  
chlorthalidone/atenolol

clonidine  
clonidine HCl  
clonidine HCl/  
chlorthalidone  
diltiazem  
diltiazem HCl  
doxazosin mesylate  
enalapril maleate  
enalapril maleate/HCTZ  
eplerenone  
eprosartan mesylate  
(600 mg only)  
ethacrynic acid  
felodipine  
fosinopril sodium  
fosinopril sodium/HCTZ  
furosemide  
guanfacine HCl  
hydralazine HCl  
hydrochlorothiazide  
hydrochlorothiazide/  
amilor HCl  
indapamide  
irbesartan  
irbesartan/HCTZ  
isradipine  
labetalol HCl  
lisinopril  
lisinopril/HCTZ  
losartan potassium  
losartan/HCTZ  
methazolamide  
methyclothiazide  
methyldopa  
methyldopa/HCTZ  
metolazone  
metoprolol succinate  
metoprolol tartrate  
metoprolol/HCTZ  
minoxidil  
moexepiril HCl/HCTZ  
moexepiril/HCl  
nadolol  
nebivolol HCl  
nicardipine HCl  
nifedipine  
nimodipine  
nisoldipine

perindopril erbumine  
pindolol  
prazosin HCl  
prazosin HCl/polythiazide  
propranolol HCl  
propranolol/HCTZ  
quinapril  
quinapril HCl/HCTZ  
ramipril  
reserpine  
sotalol HCl  
spironolactone  
spironolactone/HCTZ  
(25-25 mg only)  
telmisartan  
telmisartan/amlodipine  
telmisartan/HCTZ  
terazosin HCl  
timolol maleate  
torsemide  
trandolapril  
triamterene/HCTZ  
valsartan  
valsartan/HCTZ  
Vecamyl -  
mecamylamine HCl  
verapamil

## Blood Thinner

cilostazol  
clopidogrel bisulfate  
dipyridamole  
ticlopidine HCl  
warfarin

## Cholesterol Related

amlodipine/atorvastatin  
atorvastatin calcium  
cholestyramine/aspartame  
cholestyramine/sucrose  
colestipol HCl  
fenofibrate  
fenofibrate, micronized  
fenofibric acid  
fluvastatin HCl  
gemfibrozil  
lovastatin

niacin  
omega-3 acid ethyl esters  
pravastatin HCl  
simvastatin

## Diabetes Related

acarbose  
chlorpropamide  
glimepiride  
glipizide  
glipizide ER  
glipizide/metformin HCl  
glyburide  
glyburide, micronized  
glyburide/metformin  
metformin HCl  
nateglinide  
pioglitazone HCl  
pioglitazone HCl/  
metformin HCl  
pioglitazone/glimiperide  
repaglinide  
tolazamide  
tolbutamide

## Osteoporosis Related

alendronate sodium  
alendronate sodium/  
vitamin D3  
etidronate disodium  
Forteo  
(fortical) calcitonin-salmon  
ibandronate sodium  
Miacalcin  
raloxifene  
risedronate sodium  
(150 mg only)

## Representative Prenatal Vitamins

*All prescription  
strength generic  
prenatal vitamins  
qualify as preventive  
medications*

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.



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# A PHARMACY AT YOUR FINGERTIPS

## Cigna Home Delivery Pharmacy

As a Cigna customer, you'll have access to Cigna Home Delivery Pharmacy<sup>SM</sup>, designed especially for individuals who take prescription medications on a regular basis, such as those used for diabetes, asthma, heart conditions, high blood pressure and more.

### You'll enjoy:

- › Easy refills – up to a 90-day supply means fewer refills
- › Reminder service to refill or take your medication available at [Cigna.com/CoachRx](http://Cigna.com/CoachRx)
- › Our free QuickFill service will call or email you when it's time to refill your prescriptions
- › Fast answers from Cigna pharmacists 24/7

**800.285.4812**

### Manage your medication

Log in to **myCigna.com** where you can obtain the following important information about your prescription medications:

- › Compare medication prices
- › Check order status
- › Review number of refills remaining
- › Order refills and more

**Together, all the way.<sup>SM</sup>**

### QuickSwitch<sup>®</sup> – we make filling a prescription simple

Have the following information handy when you call. We'll do the rest!

1. Name and Cigna ID number
2. Prescription medication names and dosage (for you or a covered family member)
3. Doctor information (name, phone number)
4. Payment information (American Express, Discover, MasterCard or VISA)

With this information, we will request a prescription from your doctor. Once we receive it, we will fill your medication and mail it to your home or other location of your choice.



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

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# CIGNA HEALTHY REWARDS<sup>®</sup>

Plan #: 9234030

Routine Vision Care Services	Customer Cost*
<b>Routine Vision Examination:</b> Including but not limited to eye health examination, dilation, refraction and prescription for glasses	\$5 off routine exam
<b>Standard Clear Plastic or Glass Lenses:</b> Single Vision Bifocal Trifocal	Up to \$50 Up to \$75 Up to \$105
<b>Lens Options:</b> Standard UV Coating Standard Scratch-Resistance Standard Polycarbonate Standard Anti-Reflective Coating Progressives Other Add-Ons and Services	Up to \$15 Up to \$15 Up to \$40 Up to \$45 20% savings 20% savings
<b>Frames:</b> Most locations:  Retailers such as: JC Penney Optical, Sears Optical, Target Optical, Pearle Vision and Visionworks	25% off retail prices on frames  40% off retail price on most frames**
<b>Contact Lenses and Professional Services:</b> Contact Lens Professional Services (Fitting and Evaluation) Contact Lenses	\$10 off contact lens exam  Check with your Cigna Vision network eye care professional for any available offers on contact lenses.
<b>Non-Prescription Sunglasses**</b>	20% savings
<b>Frequency:</b> Exam and Materials	Unlimited

\* Regional variance — national schedule shown above. Check with your Cigna Vision network eye care professional for details. \*\* Select frames may not be available for savings.

† Provider participation is 100% voluntary. Please check with your eye care professional for any discount offer.

**The Cigna Vision network offers over 24,000 locations nationwide, including these national retail opticals:**



**This is a discount program – this is NOT insurance.**

## GO YOU<sup>®</sup>



These discounts are only available through a Cigna Vision network eye care professional. Customers are responsible to pay the discounted amounts directly to the Cigna Vision network eye care professional at the time of service. Stated discounts cannot be used in conjunction with other discounts, promotions or prior orders. Network eye care professionals are independent contractors solely responsible for your routine vision examination and products.

Healthy Rewards<sup>®</sup> is a discount program. Some Healthy Rewards programs are not available in all states. If your Cigna HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage. Healthy Rewards programs are separate from your Medical plan. A discount program is NOT insurance, and you must pay the entire discounted charge.

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## Summary of Reward Programs

By participating in our wellness program you can earn rewards every plan year!

**Plan year runs July 1<sup>st</sup> through June 30<sup>th</sup>**

**Subscriber\* = up to \$800**


(\*includes dependent activities)

**Covered Spouse = up to \$400**

**Good For You!** is SCHOOLCARE's commitment to your health and wellness. SCHOOLCARE has partnered with Viverae, a leading Health Management Provider, to offer best practice, evidence-based, achievable and fun wellness programs. Programs offer participants incentives for *Awareness, Education and Physical Activity*.

Each participant will have a unique experience based on age/gender and personal health.

**Understand YOU:** Build Awareness of your own personal health and wellness by...

 *Knowing your biometric numbers, completing a confidential health assessment & completing monthly questionnaires*



**Take Action:** Educate yourself on your own personal health and well-being by...

*Speaking with a coach, attending a workplace wellness seminar, completing age/gender specific preventive screenings, participating in targeted health programs, webinars & on-line courses*



**Stay Active:** Make physical activity part of your lifestyle by...

*Exercising on your own or at a gym, participating in peer and/or employer challenges, taking group fitness classes, completing a road race, etc...*

SCHOOLCARE's philosophy behind the wellness programs is to focus on the subscriber and spouse. We designed the program to help educate adults on their health and wellness in hopes that the habits would then be passed on to their dependents.

### For ALL Questions Please Contact:

SCHOOLCARE's Wellness Partner: VIVERAE  
1-888-VIVERAE (848-3723)

Monday - Thursday 8:00 AM to 8:30 PM ET  
Friday 8:00 AM to 7:00 PM ET

# HOW TO EARN YOUR **GOOD FOR YOU!** CASH INCENTIVES

## Quarter 1: UNDERSTAND YOU

Earn up to \$275 during July 1 to September 30

### \*Health Assessment & Biometric Data \$150

Obtain Biometrics through an on-site screening or print physician form and have signed by doctor & complete Health Assessment

### Quarterly Program Activities up to \$125

Questionnaires, Employer Challenges, Targeted Programs, Peer Challenges, Online Course, Healthy Events & Dependent Activities (self-reported) and Webinars

*~Covered Spouses can earn up to \$25 per quarter in Program Activities~*

## Quarter 2: TAKE ACTION

Earn up to \$175 during October 1 to December 31

### \*Health Coaching \$50

Participate in a series of calls with a Health Coach

### Quarterly Program Activities up to \$125

See Quarter 1

## Quarter 4: STAY ACTIVE

Earn up to \$125 during April 1 to June 30

### Quarterly Program Activities up to \$125

See Quarter 1

## Quarter 3: TAKE ACTION

Earn up to \$225 during January 1 to March 31

### \*Preventive Care Compliance \$100

Complete age/gender specific Preventive Care

### Quarterly Program Activities up to \$125

See Quarter 1

*\*Health Assessment and biometrics are required to be completed before Health Coaching becomes available.*

*\*Each quarter as a new wellness component becomes available, it will remain accessible throughout the plan year for completion.*

**Get started by creating your SCHOOLCARE **Good For You!** account**

Available to SCHOOLCARE subscriber and covered spouse

Visit: [www.schoolcare.org](http://www.schoolcare.org)

This site provides access to all the SCHOOLCARE **Good For You!** wellness programs outlined in this summary.

**A valid email address is required as quarterly cash incentives are received via email through PayPal only.**





## Identity Fraud Expense Reimbursement Coverage

Identity theft is one of the fastest growing crimes in the country today. According to the 2007 Identity Fraud Survey released by Javelin Strategy & Research, over eight million people were victims of identity theft in 2006. This means that one in every 27 consumers was a victim, with a total loss nearing \$50 billion.

New Hampshire School Health Care Coalition has purchased the Identity Fraud Expense Reimbursement Master Policy from Travelers Bond & Financial Products to provide you and your family with this valuable coverage.

Your Policy Number is: 105030868

Your Coverage Limit is: \$10,000.00

Your Deductible is: \$0

Telephone Number to Report Claims: 1.800.842.8496

### Identity Fraud Expense Reimbursement Coverage

The coverage reimburses identity theft victims for the following:

- Lost wages as a result of time taken off from work to deal with the fraud, including wrongful incarceration – up to \$500 per week for four weeks
- Notary and certified mail charges for completing and delivering fraud affidavits
- Fees to re-apply for loans denied as a result of erroneous credit information due to the ID theft
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity theft
- Attorney fees incurred, with Travelers Bond's prior consent, for:
  - Defending suits brought incorrectly by merchants or their collection agencies
  - Removing criminal or civil judgments wrongly entered against the victim
  - Challenging information in a credit report
- Additional coverage for your spouse, domestic partner, children under the age of 25 and parents residing in your household is included in your coverage.

**Becoming a victim of identity fraud is a frightening, frustrating experience. It can happen to anyone at any time. Our identity theft experts can help victims during this difficult time. Not only will we pay for expenses associated with clearing up your credit, but we will also provide you with detailed information on how to fix your credit and resolve the problem.**



Travelers Casualty and Surety  
Company of America and its  
property casualty affiliates,  
Hartford, CT 06183

[travelersbond.com](http://travelersbond.com)

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

## Assistance Program 24/7



## Assistance Program



## Assistance Program

### Self-service support – at your fingertips.

Educational materials on work/life topics such as caregiving, daily living and working smarter are available online, as well as personal assessments and interactive tools, including a savings center and relocation center.

**Extra flexibility.** For assistance with your search, we can email you. Include your email address when you request support via the web. It's just one more way for us to meet your needs.

**Call us anytime, any day or go online for confidential assistance, information or resources to help resolve life's challenges.**



\*Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage. A discount program is NOT insurance, and you must pay the entire discounted charge.

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To Contents

# WE CAN HELP YOU WITH THAT



## GO YOU<sup>SM</sup>



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

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# Life.

Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your Employee Assistance & Work/Life Support Program is available to help you and your family find a solution and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us – at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools, including an article library.

Visit a specialist.

For face-to-face assistance, you have 1-3 sessions available to you and your household members. You can call us or go online, search the provider directory and request a referral.

Reward yourself.

Access your Healthy Rewards®\* amenities program for discounts on a range of health and wellness services and products from participating providers.

**Achieve work/life balance.** Get extra support for handling life's demands. Call for advice or a referral to a service in your community on topics such as:

**Child care.** Whether you need care all day or just after school, find a place that's right for your family.



**Financial Services & Referral.** Receive a 30-minute free consultation and a 25% discount on select fees with network providers.



**Identity theft.** Receive a 60-minute free consultation with a fraud resolution specialist.



**Legal consultation.** Receive a 30-minute free consultation and up to a 25% discount on select fees.



**Pet care.** From grooming to boarding to veterinary services, find what you need to care for your pet.



**Senior care.** Learn about challenges and solutions associated with caring for an aging loved one.



These are just a few examples of the support available to you. Call to get the assistance you need to help resolve life's challenges.

**1.877.622.4327**

Log in to **CignaBehavioral.com** and enter your employer ID: schoolcare

**Assistance  
Program  
24/7**



Call us or reach us online.

**1.877.622.4327**

**CignaBehavioral.com**

Employer ID  
schoolcare



Call us or reach us online.

**1.877.622.4327**

**CignaBehavioral.com**

Employer ID  
schoolcare

We'll help you  
**GET WHAT YOU NEED**  
Just say when.



If you have a chronic health condition, we know there are times when you need extra help. That's why we're here. Take advantage of our free health coaching telephonically or online. We'll meet you where you are and be there when you need us.

### **Connect with one dedicated contact.**

A health advocate trained as a nurse, health educator, or behavioral health specialist – may be contacting you to get things started, or you can call us at any time. We can help you:

- Manage a chronic health condition.
- Follow a personal care plan.
- Understand medications or your doctor's orders.
- Identify health risks that affect your condition.
- Make educated decisions on your treatment options.
- Know what to expect if you need to spend time in the hospital.
- Improve your lifestyle by coping with stress, quitting tobacco use, maintaining good eating habits, and managing or losing weight.

**or**

### **Take charge of your health using online tools.**

We offer 24/7 online support to help you better understand your condition and overcome barriers to better health.

- Online programs that can offer help with lifestyle issues from weight, stress and smoking to chronic condition support for diabetes, asthma, heart failure and more.
- Tools to help you understand your condition and make more informed treatment decisions.
- Articles and podcasts on hundreds of health topics.

**You decide when  
what we have  
works for you.**

**GO YOU<sup>®</sup>**



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