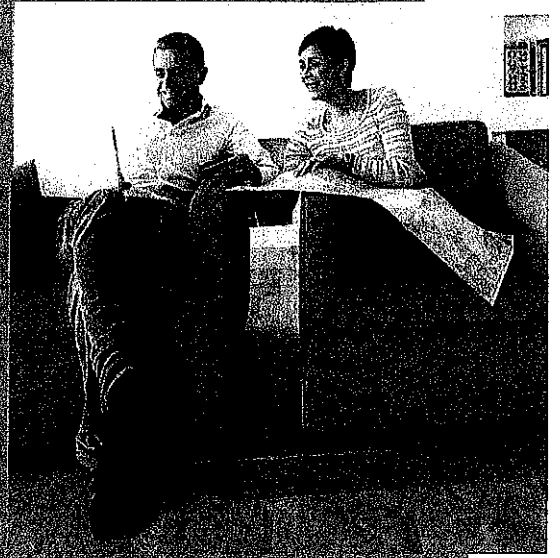


preventive health coverage



Your health plan focuses on helping to keep you well, rather than just providing coverage for covered illness or injury. Your plan includes coverage for preventive care services for men, women¹ and children and complies with the Patient Protection and Affordable Care Act (if applicable).

Services designated as preventive care include periodic well visits, routine immunizations, and certain designated screening for symptom-free or disease-free individuals. Preventive care services also generally include additional immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease. Your doctor will determine the tests and frequency that are right for you based on your age, gender and family history.

Services covered as preventive care under your plan are listed on the following pages. Other services provided at the time of your well visit or checkup that are not listed as preventive will be considered under your standard medical coverage. This means you may be responsible for paying a share (copay or coinsurance) of the cost for those services that may be different from the share you pay – if any – for preventive services. Please see your plan materials for specific details about your coverage.



Wellness Exams and Immunizations

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Well-baby/Well-child/ Well-person exams (includes height, weight, head circumference, BMI, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 & 30 months. Additional visit at 2-4 days for infants discharged less than 48 hours after delivery	Well child exams; once a year	Once a year	Periodic visits, depending on age
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP)	2, 4 & 6 months and 15-18 months	Ages 4-6	Tetanus, diphtheria, acellular pertussis (Tdap) given once, ages 11-64	Tetanus and diphtheria toxoids booster (Td) every 10 years; Tdap given once, ages 11-64
Haemophilus Influenzae type b conjugate (Hib)	2, 4 & 6 months and 12-15 months			
Hepatitis A (HepA)	12-23 months			May be required for persons at risk
Hepatitis B (HepB)	At birth, 1-4 months and 6-18 months	Ages 3-10 if not previously immunized	Ages 11-18 if not previously immunized	May be required for persons at risk
Human Papillomavirus (HPV)²		Ages 9-10, as doctor advises	Ages 11-12, catch-up, ages 13-26	Catch-up, through age 26
Influenza Vaccine	Annually 6 months and older	Annually	Annually	Annually
Measles, Mumps and Rubella (MMR)	Ages 12-15 months	Ages 4-6 or 11 & 12 if not given earlier	If not already immune	Rubella for women of childbearing age if not immune
Meningococcal (MCV)			All persons ages 11-18	
Pneumococcal (Pneumonia)	2, 4 & 6 months and 12-15 months			Ages 65 & older, once (or younger than 65 for those with risk factors)
Poliovirus (IPV)	2 & 4 months and 6-18 months	Ages 4-6		
Rotavirus	Ages 6-24 weeks			
Varicella (Chickenpox)	Ages 12-15 months	Ages 4-6	Second dose catch-up or if no evidence of prior immunization or chickenpox	Second dose catch-up or if no evidence of prior immunization or chickenpox
Zoster				Ages 60+

Health Screenings and Interventions

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Alcohol misuse				All adults
Aspirin to prevent cardiovascular disease¹				Men ages 45-79; women ages 55-79
Autism	18, 24 months			
Blood Pressure		At each visit	Once a year	Every 2 years or as doctor advises
Cholesterol/Lipid Disorders	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)		Ages 20 and older if risk factors	All men ages 35 and older, or ages 20-35 if risk factors All women ages 45 and older, or ages 20-45 if risk factors

Health Screenings and Interventions

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Colon Cancer Screening				The following tests will be covered for colorectal cancer screening, ages 50 and older (or at any age if risk factors): <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Stool-based deoxyribonucleic acid (DNA) test • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years
Congenital Hypothyroidism Screening	Newborns			
Depression Screening			Ages 12-18	All adults
Developmental Screening	9, 18 months	30 months		
Developmental Surveillance	Newborn 1, 2, 4, 6, 12, 15, 24 months	At each visit	At each visit	
Diabetes Screening				Adults with sustained blood pressure greater than 135/80
Dental Caries Prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride) ¹	Children older than 6 months	Children older than 6 months		
Oral Health Evaluation/ Assess for Dental Referral	12, 18, 24 months	30 months, 3, 6 years		
Hearing Screening (not complete hearing examination)	All newborns by 1 month	4, 5, 6, 8 & 10 or as doctor advises		
Healthy Diet/Nutrition Counseling				Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease
Hemoglobin or Hematocrit	12 months			
HIV Screening			Adolescents at risk	Adults at risk
Iron Supplementation ³	6-12 months for children at risk			
Lead Screening	12, 24 months			
Metabolic/Hemoglobinopathies (according to state law)	Newborns			
Obesity Screening		Ages 6 and older	Ages 6 and older	All adults
PKU Screening	Newborns			
Prophylactic Ocular (Eye) Medication to Prevent Blindness	Newborns			
Prostate Cancer Screening (PSA)				Once a year for men ages 50 and older or any age with risk factors
Sexually Transmitted Infections (STI) Screening			All sexually active adolescents	All adults at risk
Sickle Cell Disease Screening	Newborns -			
Syphilis Screening			Individuals at risk	Adults at risk
Tobacco use/cessation interventions				All adults
Tuberculin test	Children at risk	Children at risk	Adolescents at risk	
Ultrasound Aortic Abdominal Aneurysm Screening				Men ages 65-75 who have ever smoked
Vision Screening (not complete eye examination)		3, 4, 5, 6, 8 & 10 or as doctor advises	12, 15 & 18 or as doctor advises	

Women's Health Screenings And Interventions

Anemia Screening	Pregnant women
Bacteriuria Screening	Pregnant women
Discussion/Referral for Counseling Related to BRCA1/BRCA2 test	Women at risk
Discussion About Potential Benefits/Risk of Breast Cancer Preventive Medication	Women at risk
Breast Cancer Screening (Mammogram)	Women ages 40 and older, annually
Breastfeeding Promotion	During pregnancy and after birth
Cervical Cancer Screening (Pap test)	Within 3 years of sexual activity; or ages 21-64, at least every 3 years
Chlamydia Screening	Sexually active women ages 24 and under & older women at risk
Folic Acid Supplementation ³	Women planning or capable of pregnancy
Gonorrhea Screening	Sexually active women at risk
Hepatitis B Screening	Pregnant women
Osteoporosis Screening	Age 65 or older (or under age 65 for women at risk)
Rh Incompatibility Test	Pregnant women
Syphilis Screening	Pregnant women
Tobacco Use/Cessation Interventions	Pregnant women

Note: If your doctor provides medical services during your preventive care visit that are not included in the preventive care list, these items will be considered under your standard medical plan coverage. This means you may be responsible for paying a share (copay or coinsurance) of the cost. Please see your plan materials for specific details about your plan coverage.

¹Additional recommendations for women's preventive health services that were released by the Department of Health and Human Services (HHS) in August 2011 will become effective for plan years beginning on or after **August 1, 2012**. Details about the additional services will be listed in this document closer to the effective date.

²Gender criteria apply depending on vaccine brand.

³ Certain preventive medications noted above may be available to you at no cost. Your doctor will be required to give you a prescription for these medications, including over-the-counter (OTC) medications, for them to be covered under your Pharmacy benefit.

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, and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Exclusions

This document does not guarantee coverage for all preventive services. Immunizations for travel are generally not covered. Other non-covered services can include any medical service or device that is not medically necessary, and any services and supplies for or in connection with experimental, investigational or unproven services. This document contains only highlights of preventive health services. The specific terms of coverage, exclusions and limitations, including legislated coverage, are included in the Summary Plan Description or Insurance Certificate.

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Primary/Preferred Drug List

The CVS Caremark Primary/Preferred Drug List is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.
- You may be responsible for the full cost of non-formulary products that are excluded from coverage.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit www.caremark.com or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage.
- The member's prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay information for a specific medicine.

ANALGESICS

§ NSAIDs

diclofenac
meloxicam
naproxen

NSAIDs, COMBINATIONS

VIMOVO

NSAIDs, TOPICAL

PENNSAID
VOLTAREN GEL

COX-2 INHIBITORS

CELEBREX

§ OPIOID ANALGESICS

codeine-acetaminophen
hydrocodone-
acetaminophen
tramadol
tramadol ext-rel

§ OPIOID ANALGESICS, CII

fentanyl transdermal
hydromorphone

morphine
morphine ext-rel
morphine suppository
oxycodone
oxycodone-acetaminophen
AVINZA
EXALGO
KADIAN
NUCYNTA
NUCYNTA ER
OPANA ER
OXYCONTIN

VISCOSUPPLEMENTS

SYNVISC
SYNVISC-ONE

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefactor
cefdinir
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins

§ FLUOROQUINOLONES

ciprofloxacin ext-rel
ciprofloxacin tablet
levofloxacin
AVELOX
CIPRO SUSPENSION

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

amantadine
rimantadine
RELENZA
TAMIFLU

§ MISCELLANEOUS

clindamycin
metronidazole
nitrofurantoin
sulfamethoxazole-
trimethoprim

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-
hydrochlorothiazide
lisinopril-
hydrochlorothiazide
quinapril-
hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
BENICAR / BENICAR HCT
DIOVAN / DIOVAN HCT

MICARDIS /
MICARDIS HCT

ANTILIPEMICS
§ BILE ACID RESINS
cholestyramine
WELCHOL

**CHOLESTEROL
ABSORPTION INHIBITORS**
ZETIA

§ FIBRATES
fenofibrate
TRICOR
TRILIPIX

§ HMG-CoA REDUCTASE
INHIBITORS
atorvastatin
fluvastatin
lovastatin
pravastatin
simvastatin
CRESTOR

NIACINS / COMBINATIONS
NIASPAN
SIMCOR

§ BETA-BLOCKERS
atenolol
carvedilol
metoprolol
metoprolol succinate ext-rel
nadolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

§ CALCIUM CHANNEL
BLOCKERS
amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL
BLOCKER / ANTILIPEMIC
COMBINATIONS
amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES
digoxin

**DIRECT RENIN INHIBITORS /
DIURETIC COMBINATIONS**
TEKURNA /
TEKURNA HCT

**DIRECT RENIN INHIBITOR /
CALCIUM CHANNEL
BLOCKER COMBINATIONS**
TEKAMLO

**DIRECT RENIN INHIBITOR /
CALCIUM CHANNEL
BLOCKER / DIURETIC
COMBINATIONS**
AMTURNIDE

§ DIURETICS
furosemide
hydrochlorothiazide
metolazone
*spironolactone-
hydrochlorothiazide*
torsemide
*triamterene-
hydrochlorothiazide*

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)
citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
VIBRYD

§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)²
venlafaxine
venlafaxine ext-rel
CYMBALTA
PRISTIQ

§ MISCELLANEOUS
AGENTS
bupropion
bupropion ext-rel
mirtazapine
trazodone

§ HYPNOTICS,
NONBENZODIAZEPINES
zolpidem
zolpidem ext-rel

MIGRAINE
§ SELECTIVE SEROTONIN
AGONISTS
naratriptan
sumatriptan
MAXALT
SUMAVEL DOSEPRO
ZOMIG

**SELECTIVE SEROTONIN
AGONIST / NONSTEROIDAL
ANTI-INFLAMMATORY
DRUG (NSAID)
COMBINATIONS**
TREXIMET

**MULTIPLE SCLEROSIS
AGENTS**
AVONEX
BETASERON
COPAXONE

ENDOCRINE AND METABOLIC

ANDROGENS
ANDRODERM
ANDROGEL

ANTI-DIABETICS
§ BIGUANIDES
metformin
metformin ext-rel

§ BIGUANIDE /
SULFONYLUREA
COMBINATIONS
glipizide-metformin

**DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS**
JANUVIA
ONGLYZA

**DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR /
BIGUANIDE COMBINATIONS**
JANUMET
JANUMET XR
KOMBIGLYZE XR

INCRETIN MIMETIC AGENTS
BYDUREON
VICTOZA

INSULINS
APIDRA
HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG
NOVOLOG MIX

INSULIN SENSITIZERS
ACTOS

**INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS**
ACTOPLUS MET

**INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS**
DUETACT

§ MEGLITINIDES
nateglinide
PRANDIN

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
ACCU-CHEK STRIPS AND
KITS³
BD INSULIN SYRINGES
AND NEEDLES
ONETOUCH STRIPS AND
KITS³

CALCIUM REGULATORS
§ BISPHOSPHONATES
alendronate
ibandronate
ACTONEL
ATELVIA

§ CALCITONINS
calcitonin-salmon

PARATHYROID HORMONES
FORTEO

CONTRACEPTIVES

§ MONOPHASIC
*ethinyl estradiol-
drospirenone*
BEYAZ
LO LOESTRIN FE
LOESTRIN 24 FE

§ TRIPHASIC
*ethinyl estradiol-
norgestimate*
ORTHO TRI-CYCLEN LO

FOUR PHASE
NATAZIA

§ EXTENDED CYCLE
*ethinyl estradiol-
levonorgestrel*

TRANSDERMAL
ORTHO EVRA

VAGINAL
NUVARING

ESTROGENS
§ ORAL
estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL
estradiol
EVAMIST
VIVELLE-DOT

§ ESTROGEN /
PROGESTINS, ORAL
estradiol-norethindrone
PREMPHASE
PREMPRO

FERTILITY REGULATORS
OVULATION STIMULANTS,
GONADOTROPINS
FOLLISTIM AQ

**HUMAN GROWTH
HORMONES**
NORDITROPIN

§ PROGESTINS, ORAL
medroxyprogesterone
progesterone, micronized

**SELECTIVE ESTROGEN
RECEPTOR MODULATORS**
EVISTA

§ THYROID SUPPLEMENTS
levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR
ANTAGONISTS
ranitidine

§ PROTON PUMP
INHIBITORS
lansoprazole
omeprazole
*omeprazole-sodium
bicarbonate capsule*
pantoprazole
DEXILANT
NEXIUM

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA
alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

§ URINARY
ANTISPASMODICS
oxybutynin
oxybutynin ext-rel
tropium
DETROL
DETROL LA
ENABLEX
GELNIQUE
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS
warfarin
PRADAXA
XARELTO

§ PLATELET AGGREGATION INHIBITORS

clopidogrel
AGGRENOX
BRILINTA
EFFIENT

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ENBREL
HUMIRA

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

SPIRIVA

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

ipratropium-albuterol
inhalation solution
COMBIVENT

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol
PROAIR HFA
PROVENTIL HFA
VENTOLIN HFA

LONG ACTING

ARCAPTA NEOHALER
FORADIL
SEREVENT

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

zafirlukast
SINGULAIR

§ NASAL ANTIHISTAMINES

azelastine
ASTEPRO

§ NASAL STEROIDS

flunisolide
fluticasone
triamcinolone
NASONEX
VERAMYST

STEROID / BETA AGONIST COMBINATIONS

ADVAIR
DULERA
SYMBICORT

§ STEROID INHALANTS

budesonide inhalation
suspension
ALVESCO
ASMANEX
FLOVENT
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE
adapalene

benzoyl peroxide
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
ACANYA
DIFFERIN
DUAC
EPIDUO
RETIN-A MICRO
VELTIN

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

mometasone
triamcinolone

§ High Potency

desoximetasone
fluocinonide

§ Very High Potency
clobetasol

OPHTHALMIC

§ BETA-BLOCKERS, NONSELECTIVE

timolol maleate solution
BETIMOL

BETA-BLOCKERS, SELECTIVE

BETOPTIC S

§ PROSTAGLANDINS

latanoprost
LUMIGAN
TRAVATAN Z

§ SYMPATHOMIMETICS

brimonidine 0.2%
ALPHAGAN P

QUICK REFERENCE DRUG LIST

A

ACANYA
ACCU-CHEK STRIPS AND
KITS³
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
adapalene
ADVAIR
AGGRENOX
albuterol
alendronate
alfuzosin ext-rel
ALPHAGAN P
ALVESCO
amantadine
amlodipine
amlodipine-atorvastatin
amoxicillin
amoxicillin-clavulanate
AMTURNIDE
ANDRODERM
ANDROGEL
APIDRA
ARCAPTA NEOHALER
ASMANEX
ASTEPRO
ATELVIA
atenolol
atorvastatin
AVELOX
AVINZA
AVODART
AVONEX
azelastine
azithromycin

B

BD INSULIN SYRINGES
AND NEEDLES
BENICAR
BENICAR HCT
benzoyl peroxide
BETASERON
BETIMOL
BETOPTIC S
BEYAZ
BRILINTA
brimonidine 0.2%
budesonide inhalation
suspension
bupropion
bupropion ext-rel
BYDUREON
BYSTOLIC

C

calcitonin-salmon
carvedilol
cefaclor
cefdinir
CELEBREX
cephalexin
cholestyramine
CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution

clindamycin-benzoyl
peroxide
clobetasol
clopidogrel
codeine-acetaminophen
COMBIVENT
COPAXONE
COREG CR
CRESTOR
CYMBALTA

D

desonide
desoximetasone
DETROL
DETROL LA
DEXILANT
diclofenac
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
DIOVAN
DIOVAN HCT
doxazosin
doxycycline hyclate
DUAC
DUETACT
DULERA

E

EFFIENT
ENABLEX
ENBREL
ENJUVA
EPIDUO
EPIPEN

EPIPEN JR
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-
drospirenone
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norgestimate
EVAMIST
EVISTA
EXALGO

F

fenofibrate
fentanyl transdermal
finasteride
FLOVENT
fluconazole
flunisolide
fluocinonide
fluoxetine
fluticasone
fluvastatin
FOLLISTIM AQ
FORADIL
FORTEO
fosinopril
fosinopril-
hydrochlorothiazide
furosemide

G

GELNIQUE
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMIRA
HUMULIN R U-500
hydrochlorothiazide
hydrocodone-
acetaminophen
hydrocortisone
hydromorphone

I

ibandronate
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
itraconazole

J

JANUMET
JANUMET XR
JANUVIA

K

KADIAN
KOMBIGLYZE XR

L

lansoprazole

LANTUS
latanoprost
 LEVEMIR
levofloxacin
levothyroxine
lisinopril
lisinopril-
hydrochlorothiazide
 LO LOESTRIN FE
 LOESTRIN 24 FE
losartan
losartan-
hydrochlorothiazide
lovastatin
 LUMIGAN

M

MAXALT
medroxyprogesterone
meloxicam
metformin
metformin ext-rel
metolazone
metoprolol
metoprolol succinate ext-rel
metronidazole
 MICARDIS
 MICARDIS HCT
minocycline
mirtazapine
mometasone
morphine
morphine ext-rel
morphine suppository

N

nadolol

naproxen
naratriptan
 NASONEX
 NATAZIA
nateglinide
 NEXIUM
 NIASPAN
nifedipine ext-rel
nitrofurantoin
 NORDITROPIN
 NOVOLIN
 NOVLOG
 NOVLOG MIX
 NUCYNTA
 NUCYNTA ER
 NUVARING

O

omeprazole
omeprazole-sodium
bicarbonate capsule
 ONETOUGH STRIPS AND
 KITS³
 ONGLYZA
 OPANA ER
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
 OXYCONTIN

P

pantoprazole
paroxetine
paroxetine ext-rel

penicillin VK
 PENNSAID
 PRADAXA
 PRANDIN
pravastatin
 PREMARIN
 PREMPHASE
 PREMPRO
 PRISTIQ
 PROAIR HFA
progesterone, micronized
propranolol
propranolol ext-rel
 PROVENTIL HFA
 PULMICORT FLEXHALER

Q

quinapril
quinapril-
hydrochlorothiazide
 QVAR

R

ramipril
ranitidine
 RAPAFLO
 RELENZA
 RETIN-A MICRO
rimantadine

S

SEREVENT
sertraline
 SIMCOR
simvastatin
 SINGULAIR
 SPIRIVA

spironolactone-
hydrochlorothiazide
sulfamethoxazole-
trimethoprim
sumatriptan
 SUMAVEL DOSEPRO
 SUPRAX
 SYMBICORT
 SYNTHROID
 SYNVISC
 SYNVISC-ONE

T

TAMIFLU
tamsulosin
 TEKAMLO
 TEKTURNA
 TEKTURNA HCT
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torsamide
tramadol
tramadol ext-rel
 TRAVATAN Z
trazodone
tretinoin
 TREXIMET
triamcinolone
triamterene-
hydrochlorothiazide
 TRICOR
 TRILIPIX
tropium

V

valacyclovir
 VELTIN
venlafaxine
venlafaxine ext-rel
 VENTOLIN HFA
 VERAMYST
verapamil ext-rel
 VESICARE
 VICTOZA
 VIIBRYD
 VIMOVO
 VIVELLE-DOT
 VOLTAREN GEL

W

warfarin
 WELCHOL

X

XARELTO

Z

zafirlukast
 ZETIA
zolpidem
zolpidem ext-rel
 ZOMIG

PREFERRED ALTERNATIVES LIST

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)
ACIPHEX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>	BENZAC AC, BENZAC W	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>
ADVICOR	SIMCOR	BENZAGEL	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>
ALORA	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	BENZIQ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>
ALTOPREV	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR</i>	BREVOXYL	<i>benzoyl peroxide</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	CARDURA XL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
ARMOUR THYROID	<i>levothyroxine, SYNTHROID</i>	CENESTIN	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUGH STRIPS AND KITS ³	CLINDAGEL	<i>erythromycin solution</i>
ATACAND, ATACAND HCT	<i>irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>		
ATROVENT HFA	SPIRIVA		
AXERT	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>		
AXIRON	ANDRODERM, ANDROGEL		
AZELEX	<i>erythromycin solution</i>		
BECONASE AQ	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>		

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
DESQUAM E, DESQUAM X	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	OMNARIS	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>
DORAL	<i>zolpidem, zolpidem ext-rel</i>	OXYTROL ⁴	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
DUEXIS	VIMOVO	PATANASE	<i>azelastine, ASTEPRO</i>
DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>	PEXEVA	<i>citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, VIIBRYD</i>
EDARBI, EDARBYCLOR	<i>irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
EDLUAR	<i>zolpidem, zolpidem ext-rel</i>	PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
ESTRASORB	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	QNASL	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>
ESTROGEL	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	RELION INSULIN	NOVOLIN INSULIN
FEMTRACE	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>	RELPAK	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>
FENOGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>	RHINOCORT AQUA	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL	RIOMET	<i>metformin ext-rel</i>
FLECTOR	<i>diclofenac, meloxicam, naproxen</i>	ROZEREM	<i>zolpidem, zolpidem ext-rel</i>
FORTAMET	<i>metformin ext-rel</i>	RYZOLT	<i>tramadol ext-rel</i>
FORTESTA	ANDRODERM, ANDROGEL	SANCTURA XR ⁴	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
FOSAMAX PLUS D	<i>alendronate, ibandronate, ACTONEL, ATELVIA</i>	SKELID	<i>alendronate, ACTONEL</i>
FREESTYLE STRIPS AND KITS ⁴	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³	STRIANT	ANDRODERM, ANDROGEL
FROVA	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
GLUMETZA	<i>metformin ext-rel</i>	TESTIM	ANDRODERM, ANDROGEL
HUMALOG	APIDRA, NOVOLOG	TEVETEN, TEVETEN HCT	<i>irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	TOVIAZ	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	TRADJENTA	JANUVIA, ONGLYZA
HUMULIN	NOVOLIN	TRIGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
INNOPRAN XL	<i>atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR</i>	TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
INTERMEZZO	<i>zolpidem, zolpidem ext-rel</i>	VANOS	<i>clobetasol</i>
ISTALOL	<i>timolol maleate solution, BETIMOL</i>	XYTORIN	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR</i>
LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR</i>	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
LUNESTA	<i>zolpidem, zolpidem ext-rel</i>	ZETONNA	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>
MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA	ZYFLO, ZYFLO CR	<i>zafirlukast, SINGULAIR</i>
MENEST	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>		
MENOSTAR	<i>estradiol, EVAMIST, VIVELLE-DOT</i>		
NEOBENZ MICRO	<i>benzoyl peroxide</i>		
OLEPTRO	<i>trazodone</i>		
OLUX-E	<i>clobetasol propionate foam</i>		

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative.



You may be responsible for the full cost of certain non-formulary products that are excluded from coverage. Please check with your plan sponsor for more information.

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.caremark.com to check coverage and copay information for a specific medicine.

* The preferred alternative products in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency. § Generics are available in this class and should be considered the first line of prescribing.

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

³ An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

⁴ A medical exception process is in place for specific clinical circumstances that may require continued coverage for one of these specific drugs: Freestyle diabetic test strips, Oxytrol and Sanctura XR. If your doctor believes you have a specific clinical need for one of these drugs, he or she should fax a medical exception request to 1-866-443-1172.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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www.caremark.com

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convenience care clinics



Helping you and your doctor better manage your health

The Convenience Care Clinics available include:

Cigna
Medical Group
CareToday
MinuteClinic
RediClinic
Take Care Health
Target Clinic
The Little Clinic
Refer to the directory for a complete list of clinics in the Cigna network.

When you need treatment for common ailments and injuries, you have more choices. You have already come to trust the health care services offered through our broad networks of health care professionals and facilities. Now you can get high-quality, affordable services for a wide variety of routine medical conditions through Convenience Care Clinics located throughout the country.

Because we believe that your doctor has primary responsibility for your care and treatment, the results of your diagnosis and treatment are sent to your doctor with your permission. If you have a more severe condition, or require treatment in a different setting, the Convenience Care clinician will refer you to your doctor or an Emergency Room.

The medical care you receive at a Convenience Care Clinic is covered by your health plan just like any other service you receive from a health care professional. Imagine:

- Not waiting for an appointment – when you need care, you walk right in. Wait times average 15 minutes or less.
- Finding a Convenience Care Clinic in or near your favorite retail store, with hours that fit into your busy schedule.
- Receiving high-quality medical care in a facility overseen by doctors and staffed by certified nurse practitioners and physician assistants.
- Getting all this – and more – and your share of the cost for these services is the same or less than a doctor's office visit.

Consider a Convenience Care Clinic for help with the following conditions:*

Allergies	Influenza	Poison ivy
Athlete's foot	Impetigo	Pregnancy testing
Bladder infections	Laryngitis	Ringworm
Bronchitis	Minor burns, rashes or skin infections	Sinus infections
Chlamydia	Minor sunburn	Strep throat
Cold sores	Mononucleosis	Swimmer's ear
Deer tick bites	Pink eye and styes	Swimmer's itch
Ear infections		Wart removal

Clinics also provide vaccinations* for:

DTaP (Diphtheria, Tetanus, Pertussis)
Influenza
Hepatitis A & B
Polio
Meningitis
MMR (Measles, Mumps, Rubella)
Pneumonia
Td (Tetanus, Diphtheria)

* Call the clinic near you to learn which treatments are available.



As part of the Cigna Medical Group in Arizona, CareToday clinics can currently be found in the following Phoenix-area cities:

- Anthem
- Avondale
- Gilbert
- Glendale
- Laveen
- Phoenix
- Scottsdale
- Surprise
- Tolleson



Look for MinuteClinic health care centers in retail outlets like CVS/pharmacy®, Cub Foods®, and QFC in the following states:

- Arizona
- California
- Connecticut
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Kentucky
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Nevada
- New Jersey
- New York
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Virginia
- Washington, DC



RediClinics can be found in select H-E-B® stores in Texas:

- Austin
- Houston
- Pasadena
- San Antonio



Take Care Health Systems provides walk-in health care services in select Walgreens® drugstores in the following states:

- Arizona
- California
- Colorado
- Delaware
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Massachusetts
- Michigan
- Mississippi
- Missouri
- Nevada
- New Jersey
- Ohio
- Oklahoma
- Pennsylvania
- Tennessee
- Texas
- Wisconsin



Target Clinics can be found in select Target stores in the following states:

- Florida
- Illinois
- Minnesota
- Maryland



The Little Clinics are conveniently housed in select Kroger™ and Publix™ stores in the following states:

- Arizona
- Colorado
- Florida
- Georgia
- Kentucky
- Ohio
- Tennessee



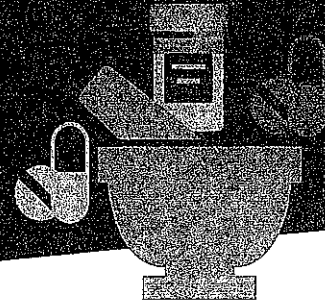
To find a Convenience Care Clinic near you:

- Access the directory on myCigna.com or Cigna.com, or
- Call the toll-free number on your Cigna ID card.



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Cigna Medical Vaccine Program Directory PHARMACIES



Cigna is pleased to announce that our customers may be able to receive the seasonal flu vaccine, as well as other select vaccines, at several retail pharmacy locations. These can be administered at the following pharmacies and will be billed through your Cigna medical benefit plan in accordance with your medical benefit coverage. Flu vaccines will be covered at no cost to you. Please present your Cigna medical ID card to the pharmacy.

- A&P
- Albertson's Pharmacy
- Bakers
- Biggs
- BI-LO Pharmacy
- Carrs
- City Markets
- Cub
- CVS/pharmacy
- Dillon Pharmacy
- Discount Drug Mart
- Dominick's
- Farm Fresh
- Fred Meyer
- Fred's Express
- Fred's Pharmacy
- Frys
- Genuardi's
- Gerbes Pharmacy
- Giant Eagle
- Giant Pharmacy
- Hannaford Food & Drug
- Hannaford Supermarket & Pharmacy
- Harveys Supermarket Pharmacy
- Ingles Pharmacy
- Harris Teeter
- H-E-B Pharmacy
- Jay C Food Stores
- Kerr Drug
- King Soopers
- Klein's ShopRite Pharmacy
- Kmart Pharmacy
- Kroger
- Long's
- Marc's Pharmacy
- Martins Pharmacy
- Meijer Pharmacy
- Osco Drug
- Osco Pharmacy
- Owens
- Paradis Shop n Save
- Pathmark
- Pavilions
- Pay Less Pharmacy
- Pharmacy Express
- Price Chopper Pharmacy
- Publix
- QFC
- Ralphs
- Randalls
- Rite Aid
- Ritzman Pharmacy
- Safeway
- Sav-On
- Scotts Pharmacy
- ShopKo Pharmacy
- Shop N Save
- Shoppers Pharmacy
- Smith's
- Stop and Shop Pharmacy
- Super Fresh
- Super G Pharmacy
- Target
- Thrifty White Pharmacy
- Tom Thumb
- Vons
- Waldbaum's
- Walgreens
- Weis Pharmacy
- White Drug
- Winn-Dixie
- Xpect Pharmacy

Please contact one of the pharmacies listed above to verify that your vaccine is covered and available at that location. No appointments are necessary.

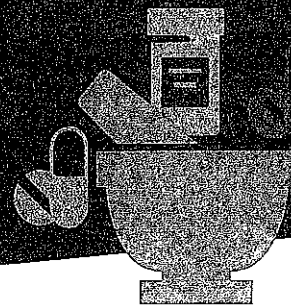
GO YOU™



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- Hannaford Supermarket & Pharmacy
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- Owens
- Paradis Shop n Save
- Pathmark
- Pavilions
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- Publix
- QFC
- Ralphs
- Randalls
- Rite Aid
- Ritzman Pharmacy
- Safeway
- Sav-On
- Scotts Pharmacy
- ShopKo Pharmacy
- Shop N Save
- Shoppers Pharmacy
- Smith's
- Stop and Shop Pharmacy
- Super Fresh
- Super G Pharmacy
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GO YOUSM



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