



# Preventive Care Services: Contraception



## Preventive Care Coverage at No Cost to You

*Effective Jan. 1, 2021*

Your health plan may provide certain contraceptive coverage as a benefit of membership, at no cost to you when you use a pharmacy or doctor in your health plan's network. There is no co-pay, deductible or coinsurance, even if your deductible or out-of-pocket maximum has not been met. Coverage for contraceptives can vary depending on the type of plan you are enrolled in, as well as your prescription drug list. If you are using a contraceptive not listed under the Contraceptive Product Coverage, then co-payments, coinsurance or deductible may apply. Check your drug list or call the number listed on your member ID card to find out what products are covered at no cost share under your plan.

### Contraception\*

The following contraceptive items and services may be covered under the medical or pharmacy benefit without cost-sharing when provided by a pharmacy or doctor in your health plan's network. This list is not all inclusive. Additional products may be covered at no additional cost.

- One or more prescribed products within each of the categories approved by the FDA for use as a method of contraception
- FDA-approved contraceptives available over the counter (i.e. foam, sponge, female condoms), when prescribed by a physician
- The morning after pill
- Injections such as IM DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical or pharmacy benefit
- Medical devices such as diaphragm, cervical cap and contraceptive implants may be covered under the pharmacy or medical benefit
- Female sterilization, including tubal ligation and tubal implant
- Male sterilization



## CONTRACEPTIVE PRODUCT COVERAGE\*

### CERVICAL CAPS

FEMCAP - cervical cap 22 mm, 26 mm, 30 mm

### DIAPHRAGMS

CAYA – diaphragm arc-spring

OMNIFLEX DIAPHRAGM – diaphragms

WIDE-SEAL SILICONE DIAPHRAGM KIT – diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm

### EMERGENCY CONTRACEPTIVES

**Aftera**

**Econtra Ez**

**Econtra One-Step**

ELLA – ulipristal acetate tab 30 mg

**levonorgestrel tab 1.5 mg (Plan B One-Step)**

**My Choice**

**My Way**

**New Day**

**Opcicon One-Step**

**Option 2**

**Preventeza**

**React**

**Take Action**

### FEMALE CONDOMS

FC FEMALE CONDOM – condoms - female

FC2 FEMALE CONDOM – condoms - female

### IMPLANTABLES

NEXPLANON – etonogestrel subdermal implant 68 mg<sup>†</sup>

### INJECTIONS

DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate susp pref syr 104 mg/0.65 mL

**medroxyprogesterone acetate IM suspension 150 mg/mL (Depo-Provera Contraceptive)**

**medroxyprogesterone acetate IM suspension prefilled syringe 150 mg/mL (Depo-Provera Contraceptive)**

### INTRAUTERINES

KYLEENA – levonorgestrel releasing IUD 17.5 mcg/day (19.5 mg total)<sup>†</sup>

LILETTA – levonorgestrel releasing IUD 19.5 mcg/day (52 mg total)<sup>†</sup>

MIRENA – levonorgestrel releasing IUD 20 mcg/day (52 mg total)<sup>†</sup>

PARAGARD INTRAUTERINE COPPER – copper IUD<sup>†</sup>

SKYLA – levonorgestrel releasing IUD 14 mcg/day (13.5 mg total)<sup>†</sup>

### ORAL CONTRACEPTIVES

*ORAL COMBINED*

**Afirmelle**

**Altavera**

**Alyacen 1/35, 7/7/7**

**Apri**

**Aranelle**

**Aubra**

**Aubra EQ**

**Aurovela 1/20, 1.5/30**

**Aurovela Fe 1/20, 1.5/30**

**Aurovela 24 Fe**

**Aviane**

**Ayuna**

**Azurette**

**Balziva**

**Bekyree**

**Blisovi Fe 1/20, 1.5/30**

**Blisovi 24 Fe**

**Briellyn**

**Caziant**

**Charlotte 24 Fe**

**Chateal**

**Chateal EQ**

**Cryselle-28**

**Cyclafem 1/35, 7/7/7**

**Cyred**

**Cyred EQ**

**Dasetta 1/35, 7/7/7**

**Delyla**

**desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)**

**desogestrel/ethinyl estradiol & ethinyl estradiol tab 0.15-0.02/0.01 mg (21/5) (Mircette)**

**drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)**

**drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)**

**drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg (Beyaz)**

**drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)**

**Elinest**

**Emoquette**

**Enpresse-28**

**Enskyce**

**Estarylla**



**CONTRACEPTIVE PRODUCT COVERAGE\***

ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg

Falmina

Femynor

Gianvi

Hailey 1.5/30

Hailey Fe 1/20, 1.5/30

Hailey 24 Fe

Isibloom

Jasmiel

Juleber

Junel 1/20, 1.5/30

Junel Fe 1/20, 1.5/30

Junel Fe 24

Kaitlib Fe

Kalliga

Kariva

Kelnor 1/35, 1/50

Kurvelo

Larin 1/20, 1.5/30

Larin Fe 1/20, 1.5/30

Larin 24 Fe

Larissia

Layolis Fe

Leena

Lessina

Levonest

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg

levonorgestrel-ethinyl estradiol tab 0.05-30/0.075-40/0.125-30 mg-mcg

Levora 0.15/30-28

Lillow

LO LOESTRIN FE – norethindrone-ethinyl estradiol-Fe tab 1 mg-10 mcg (24)/10 mcg (2)

Loryna

Low-Ogestrel

Lo-Zumandimine

Lutera

Marlissa

Melodetta 24 Fe

Mibelas 24 Fe

Microgestin 1/20, 1.5/30

Microgestin Fe 1/20, 1.5/30

Mili

Mono-Linyah

NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg

Necon 0.5/35-28

Nikki

norethindrone & ethinyl estradiol-Fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg (Generess Fe)

norethindrone acetate/ethinyl estradiol

norethindrone acetate & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)

norethindrone acetate & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)

norethindrone acetate-ethinyl estradiol-Fe chew tab 1 mg-20 mcg (24) (Minastrin 24 Fe)

norethindrone acetate & ethinyl estradiol-Fe tab 1 mg-20 mcg (Loestrin Fe 1/20)

norethindrone acetate-ethinyl estradiol-Fe tab 1 mg-20 mcg (24)

norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-Cyclen)

norgestimate-ethinyl estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg

norgestimate-ethinyl estradiol tab 0.18-35/0.215-35/0.25-35 mg-mcg

Nortrel 0.5/35 (28), 1/35, 7/7/7

Ocella

OGESTREL - norgestrel & ethinyl estradiol tab 0.5 mg - 50 mcg

Orsythia

Philith

Pimtrea

Pirmella 1/35, 7/7/7

Portia-28

Previfem

Reclipsen

Simliya

Sprintec 28

Sronyx

Syeda

Tarina Fe 1/20

Tarina Fe 1/20 EQ

Tarina 24 Fe

TAYTULLA - norethindrone acetate-ethinyl estradioal-fe cap 1 mg-20 mcg (24)

Tilia Fe

Tri-Estarylla

Tri Femynor

Tri-Legest Fe

Tri-Linyah

Tri-Lo-Estarylla

Tri-Lo-Marzia

Tri-Lo-Mili

Tri-Lo-Sprintec

Tri-Mili

Tri-Previfem

Tri-Sprintec

Trivora-28

Tri-Vylibra

Tri-Vylibra Lo

Tydemy

Velivet

Vienna



CONTRACEPTIVE PRODUCT COVERAGE\*

Viorele
Volnea
Vyfemla
Vylibra
Wera
Wymzya Fe
Zarah
Zovia 1/35E
Zumandimine

ORAL EXTENDED - CONTINUOUS

Amethia
Amethia Lo
Amethyst
Ashlyna
Camrese
Camrese Lo
Daysee
Fayosim
Introvale (91 day)
Jaimiess
Jolessa (91 day)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg
levonorgestrel & ethinyl estradiol (91 day) tab 0.15-0.03 mg
levonorgestrel-ethinyl estradiol tab 0.15-0.03 mg (84) & ethinyl estradiol tab 0.01 mg (7) (Seasonique)

levonorgestrel-ethinyl estradiol tab 0.1-0.02 mg (84) & ethinyl estradiol tab 0.01 mg (7) (LoSeasonique)
levonorgestrel-ethinyl estradiol tab 0.15-0.02/0.025/0.03 mg & ethinyl estradiol 0.01 mg (Quartette)
Lojaimiess
Rivelsa
Setlakin (91 day)
Simpesse

ORAL PROGESTIN

Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyza
Nora-BE
norethindrone tab 0.35 mg (Ortho Micronor)
Norlyda
Norlyroc
Sharobel
SLYND - norethindrone tab 0.35 mg
Tulana

PATCHES

XULANE - norelgestromin-ethinyl estradiol transdermal 150-35 mcg/24hr

RINGS

ANNOVERA - segesterone acetate-ethinyl estradiol vaginal ring 0.15-0.013 mg/24hr
NUVARING - etonogestrel-ethinyl estradiol vaginal ring 0.120-0.015 mg/24hr

SPERMICIDES

ENCARE - nonoxynol-9 vaginal suppository 100 mg
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%
SHUR-SEAL - nonoxynol-9 gel 2%
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%, foam 12.5%
VCF Vaginal Contraceptive Gel-nonoxynol-9-gel 4%

SPONGES

TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg

Generic Drugs = bold Brand Drugs = CAPITAL LETTERS † = Covered under medical benefit

\* Some of these products may be covered under your medical benefit if provided by a doctor in your health plan's network. Most generic drugs listed are followed by a reference brand drug in (parentheses). The brand name drug in parentheses is listed for reference and may not be covered under your benefit. This list is not all inclusive. Additional products may be covered at no additional cost.

\* Prescription coverage for contraception may vary according to the terms and conditions of the plan and prescription drug list. A prescription may be required for coverage without cost-sharing under the pharmacy benefits for non-grandfathered plans. If your contraception product is not listed, check your prescription drug list or ask your doctor about therapeutic alternatives. Your doctor can also submit a coverage exception from BCBSIL (unless you have a benefit exclusion) for products not covered on your prescription drug list.

\* Certain group health plans established or maintained by organizations that qualify as religious employers may be exempt. These services may be covered under a plan's Pharmacy benefits.

This information is for informational purposes only, does not constitute legal or other advice and should not be relied upon to determine coverage. Affordable Care Act regulations provide for an exemption from the requirement to cover contraceptive services for certain group health plans established or maintained by organizations that qualify as religious employers. Also, federal regulatory agencies have established an accommodation for religious affiliated eligible organizations, in which case separate payment may be available for certain contraceptive services. For more information about the religious employer exemption or eligible organization accommodation, please contact us at the phone number on your member ID card.