



Contraceptive Coverage

Effective Jan. 1, 2018

Your health plan may provide certain contraceptive coverage at no cost to you when you use a pharmacy or doctor in your health plan's network. There is no copay, 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 use a contraceptive that is not shown on the Contraceptive Benefit Coverage list, then copays, coinsurance or deductible may apply.

The following contraceptive items and services* may be covered without cost-sharing when provided by a pharmacy or doctor in your health plan's network.

- One or more prescribed products within each of the categories approved by the Food and Drug Administration (FDA) for use as a method of contraception
- FDA-approved contraceptives available over the counter (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Medical devices such as diaphragm, cervical cap and contraceptive implants
- Female sterilization, including tubal ligation

CONTRACEPTIVE BENEFIT COVERAGE

CERVICAL CAPS

FEMCAP
PRENTIF CAVITY-RIM
CERVICAL CAP
PRENTIF FITTING SET

DIAPHRAGMS

CAYA ARC-SPRING DIAPHRAGM
OMNIFLEX DIAPHRAGM
WIDE-SEAL SILICONE KIT

EMERGENCY CONTRACEPTIVES

Aftera
Econtra Ez
ELLA
Fallback Solo
Levonorgestrel tab 1.5 mg
My Way
Next Choice One Step
Opicon One-Step
Option2
React
Take Action

FEMALE CONDOMS

FC FEMALE CONDOM
FC2 FEMALE CONDOM

IMPLANTABLES

IMPLANON
NEXPLANON

INJECTIONS

DEPO-PROVERA
Medroxyprogesterone Acetate

INTRAUTERINES

LILETTA
MIRENA
PARAGARD
SKYLA

ORAL CONTRACEPTIVES

Altavera
Alyacen 1/35, 7/7/7
Amethia
Amethia Lo
Amethyst
Apri

Aranelle
Ashlyna
Aubra
Aviane
Azurette
Balziva
Bekyree
Blisovi Fe 1/20, 1.5/30
Blisovi 24 Fe
Briellyn
Camila
Camrese
Camrese Lo
Caziant
Chateal
Cryselle
Cylafem 1/35, 7/7/7
Cyred
Dasetta 1/35, 7/7/7
Daysee
Deblitane
Delyla
Desogestrel/Ethinyl Estradiol
Drospirenone/Ethinyl Estradiol
Elinest
Emoquette
Enpresse
Enskyce
Errin
Estartylla
Ethynodiol/Ethinyl Estradiol
Falmina
Fayosim
Femynor
Gianvi
Gildagia
Gildess 1/20, 1.5/30
Gildess Fe 1/20, 1.5/30
Gildess 24 Fe
Heather
Introvale
Isibloom
Jencycla
Jolessa
Jolivet
Juleber
Junel 1/20, 1.5/30
Junel Fe 1/20, 1.5/30

Junel Fe 24
Kaitlib Fe
Kariva
Kelnor 1/35
Kimidess
Kurvelo
Larin 1/20, 1.5/30
Larin Fe
Larin 24 Fe
Larissia
Layolis Fe
Leena
Lessina
Levonest
Levonorgestrel/Ethinyl Estradiol
Levora 0.15/30
Lomedia 24 Fe
Loryna 0.15/30
Low-Ogestrel
Lutera
Lyza
Marlissa
Mibelas 24 Fe
Microgestin 1/20, 1.5/30
Microgestin Fe 1/20
Microgestin 24 Fe
Mono-Linyah
Mononessa
Myzilra
Necon 0.5/30, 1/35, 7/7/7
Nikki
Nora-BE
Norethindrone
Norethindrone/Ethinyl Estradiol
Norethindrone/Ethinyl Estradiol /Fe
Norgestimate/ethinyl estradiol (generic for Ortho Tri-Cyclen)
Norlyda
Norlyroc
Ocella
Orsythia
Philith
Pimtrea
Pirmella 1/35, 7/7/7
Portia
Previfem

Quasense
Rajani
Reclipsen
Rivelsa
Setlakin
Sharobel
Sprintec
Sronyx
Syeda
Tarina Fe 1/20
Tilia Fe
Tri-Estartylla
Tri-Femynor
Tri-Legest Fe
Tri-Linyah
Tri-Lo-Estartylla
Tri-Lo-Marzia
Tri-Previfem
Tri-Sprintec
Trinessa
Trinessa Lo
Trivora
Vestura
Vienna
Viorele
Vyfemla
Wera
Wymzya FE
Zarah
Zenchant
Zenchant Fe
Zovia 1/35, 1/50

PATCHES

XULANE

RINGS

NUVARING

SPERMICIDES

ENCARE
GYNOL II
SHUR-SEAL
VCF VAGINAL CONTRACEPTIVE

SPONGES

TODAY

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS

Some of these products may be covered under your medical benefit if provided by a doctor in your health plan's network. 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 drug list or ask your doctor about therapeutic alternatives. Your doctor can also submit a coverage exception from Blue Cross and Blue Shield of Illinois (unless you have a benefit exclusion) for products not covered on your prescription drug list.

This information is for informational purposes only, does not constitute legal or other advice and should not be relied upon to determine coverage.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-710-6984 (TTY: 711).

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