



Effective January 1, 2017

Your health plan may provide certain contraceptive coverage and preventive screenings, 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. If you are using a contraceptive not listed under the Contraceptive Benefit Coverage, then co-payments, coinsurance or deductible may apply.

Contraceptive Benefit Coverage*	
EMERGENCY CONTRACEPTIVES	DRUG STRENGTH
ELLA	30 MG TABLET
LEVONORGESTREL	0.75 MG
ORAL CONTRACEPTIVES	
Complete list on reverse side.	
CERVICAL CAPS	
FEMCAP	
PRENTIF CAVITY-RIM CERVICAL CAP	
PRENTIF FITTING SET	
DIAPHRAGMS	
CAYA ARC-SPRING DIAPHRAGM	
OMNIFLEX DIAPHRAGM	
ORTHO ALL-FLEX	
ORTHO COIL SPRING KIT	
ORTHO FLAT SPRING KIT	
WIDE-SEAL SILICONE KIT	
INJECTIONS	
DEPO-PROVERA	
Medroxyprogesterone Acetate	
IMPLANTABLE	
IMPLANON	
NEXPLANON	
INTRAUTERINE	
LILETTA	
MIRENA	
PARAGARD	
SKYLA	
PATCH	
ORTHO EVRA	
XULANE	
RING	
NUVARING	

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.

* Prescription coverage for contraception may vary according to the terms and conditions of the plan. 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, ask your doctor about therapeutic alternatives. Your doctor can also submit a coverage exception from BCBSTX (unless you have a benefit exclusion).

* 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.

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

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

ORAL CONTRACEPTIVES	DRUG STRENGTH
Bekyree	0.15-0.02 MG, 0.01 MG
Blisovi Fe 1/20	1 MG-20 MCG
Camila	0.35 MG
Deblitane	0.35 MG
Errin	0.35 MG
Heather	0.35 MG
Introvale	0.15 MG-0.03 MG
Jencycla	0.35 MG
Jolessa	0.15 MG-0.03 MG
Jolivette	0.35 MG
Kimidess	0.15-0.02/0.01 MG
Levonorgestrel/Ethinyl Estradiol (91 DAY)	0.15 MG-0.03 MG
Lyza	0.35 MG
Nora-BE	0.35 MG
Norethindrone	0.35 MG
Norgestimate/Ethinyl Estradiol (generic for Ortho Tri-Cyclen)	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Norethindrone/Ethinyl Estradiol-Fe Chew Tab	0.4 MG-35 MG
Norlyroc	0.35 MG
Quasense	0.15 MG-0.03 MG
Setlakin (91 DAY)	0.15 MG-0.03 MG
Sharobel	0.35 MG
Tarina Fe (91 DAY)	1 MG-20 MG
Tri-Estarylla	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Tri-Linyah	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Tri-Previfem	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Tri-Sprintec	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Trinessa	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Wymzya Fe	0.4 MG-35 MG
Zenchent Fe	0.4 MG-35 MG