

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

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.

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