



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, as well as your plan's 2017 effective date. If you are using a contraceptive not listed under the Contraceptive Benefit Coverage, then co-payments, coinsurance or deductible may apply. Call the Customer Service number listed on your member ID card to find out what products are covered at no cost share under your plan.

Contraceptive Benefit Coverage*

EMERGENCY CONTRACEPTIVES	IMPLANTABLE
ELLA	IMPLANON
LEVONORGESTREL	NEXPLANON
My Way	INTRAUTERINE
Next Choice One Dose	LILETTA
ORAL CONTRACEPTIVES	MIRENA
Complete list on reverse side.	PARAGARD
CERVICAL CAPS	SKYLA
FEMCAP	PATCH
PRENTIF CAVITY-RIM CERVICAL CAP	ORTHO EVRA
PRENTIF FITTING SET	XYLANE
DIAPHRAGMS	RING
CAYA ARC-SPRING DIAPHRAGM	NUVARING
OMNIFLEX DIAPHRAGM	SPERMICIDES
ORTHO ALL-FLEX	ENCARE
ORTHO COIL SPRING KIT	GYNOL II
ORTHO FLAT SPRING KIT	SHUR-SEAL
WIDE-SEAL SILICONE KIT	VCF VAGINAL FILM
FEMALE CONDOMS	VCF VAGINAL FOAM
FC FEMALE CONDOM	VCF VAGINAL GEL
FC2 FEMALE CONDOM	SPONGES
INJECTIONS	TODAY
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 BCBSIL (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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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).

ORAL CONTRACEPTIVES

Altavera	Falmina	Marlissa	Tilia Fe
Alyacen	Femynor	Microgestin	Tri-Estarylla
Amethia	Gianvi	Microgestin 24 Fe	Tri-Legest Fe
Amethia Lo	Gildagia	Microgestin Fe	Tri-Linyah
Amethyst	Gildess	Mono-Linyah	Tri-Lo-Estarylla
Apri	Gildess 24 Fe	Mononessa	Tri-Lo-Marzia
Aranelle	Gildess Fe	Myzitra	Tri-Lo-Sprintec
Ashlyna	Heather	NATAZIA	Tri-Previfem
Aubra	Introvale	Necon	Tri-Sprintec
Aviane	Jencycla	Nikki	Trinessa
Azurette	Jolessa	Nora-Be	Trinessa Lo
Balziva	Jolivette	Norethindrone	Trivora-28
Bekryee	Julebar	Norethindrone/Ethinyl Estradiol/ Ferrous Fumarate	Velivet
Blisovi 24 Fe	Junel	Norethindrone Acetate/Ethinyl Estradiol	Vestura
Blisovi Fe	Junel Fe	Norgestimate/Ethinyl Estradiol	Vienna
Briellyn	Junel Fe 24	NORINYL	Viorele
Camila	Kaitlib Fe	Norlyroc	Vyfemla
Camrese	Kariva	Nortrel	Wera
Camrese Lo	Kelnor	Ocella	Wymza Fe
Caziant	Kimidess	OGESTREL	Zarah
Cesia	Kurvelo	Orsythia	Zenchent
Cryelle-28	Larin	Philith	Zenchent Fe
Cylafem	Larin 24 Fe	Pimtrea	Zovia 1/35E
Cyred	Larin Fe	Pirmella	ZOVIA 1/50E
Dasetta	Larissia	Portia-28	
Daysee	Layolis Fe	Previfem	
Deblitane	Leena	QUARTETTE	
Delyla	Lessina	Quasense	
Desogestrel/Ethinyl Estradiol	Levonorgestrel/Ethinyl Estradiol	Rajani	
Drospirenone/Ethinyl Estradiol	Levonest	Reclipsen	
Drospirenone/Ethinyl Estradiol/ Levomefolate	Levora	Setlakin	
Elinest	LO LOESTRIN FE	Sharobel	
Emoquette	Lomedia 24 Fe	Solia	
Enpresse-28	Loryna	Sprintec 28	
Errin	Low-Ogestrel	Sronyx	
Estarylla	Lutera	Syeda	
Ethinodiol Diacetate/Ethinyl Estradiol	Lyza	Tarina Fe	