



# 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

### EMERGENCY CONTRACEPTIVES

ELLA

### ORAL CONTRACEPTIVES

Amethia Lo

Azurette

Bekyree

Blisovi Fe 1/20

Camila

Camrese Lo

Daysee

Deblitane

Desogestrel/Ethinyl Estradiol

Errin

Gildess Fe 1/20

Heather

Introvale

Jencycla

Jolessa

Jolivette

Junel Fe 1/20

Kariva

Kimidess

Larin Fe 1/20

Levonorgestrel/Ethinyl Estradiol 0.1 mg - 0.02 mg (84) &  
eth est tab 0.01 mg (7)

Levonorgestrel/Ethinyl Estradiol 0.15 mg - 0.03 mg (84) &  
eth est tab 0.01 mg (7)

Levonorgestrel/Ethinyl Estradiol 0.15 mg-0.03 mg (91)

Lyza

Microgestin Fe

Nora-BE

Norethindrone

Norethindrone/ethinyl estradiol

Norethindrone/ethinyl estradiol/fe

Norgestimate/ethinyl estradiol  
(generic for Ortho Tri-Cyclen)

Norlyda

Norlyroc

Pimtrea

Quasense

Setlakin

Sharobel

Tarina Fe 1/20

Tri-Estarylla

Tri-Femynor

Tri-Linyah

Tri-Previfem

Tri-Sprintec

Trinessa

Viorele

Wymzya FE

Zenchant FE

### CERVICAL CAPS

FEMCAP

PRENTIF CAVITY-RIM CERVICAL CAP

PRENTIF FITTING SET

### DIAPHRAGMS

CAYA ARC-SPRING DIAPHRAGM

OMNIFLEX DIAPHRAGM

ORTHO COIL SPRING KIT

ORTHO FLAT SPRING KIT

WIDE-SEAL SILICONE KIT

### INJECTIONS

DEPO-PROVERA

Medroxyprogesterone Acetate

### IMPLANTABLES

IMPLANON

NEXPLANON

### INTRAUTERINES

LILETTA

MIRENA

PARAGARD

SKYLA

### PATCHES

XULANE

### RINGS

NUVARING

### 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 Oklahoma (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 Oklahoma 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).

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).

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