

Preventive Care Services: Contraception



CONTRACEPTIVE COVERAGE

Effective Jan. 1, 2020

Your health plan may provide certain contraceptive coverage 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 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 are using a contraceptive not listed under the Contraceptive Product Coverage, then copays, coinsurance or deductible may apply. Check your drug list or call the number listed on your member ID card to find out what products are covered at no cost share under your plan.

Contraception*

The following contraceptive items and services may be covered under the medical or pharmacy benefit without cost-sharing when provided by a pharmacy or doctor in your health plan's network. This list is not all inclusive. Additional products may be covered at no additional cost.

- One or more prescribed products within each of the categories approved by the FDA for use as a method of contraception
- FDA-approved contraceptives available over the counter (e.g., foam, sponge, female condoms), when prescribed by a physician
- The morning after pill
- Injections such as IM DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical or pharmacy benefit
- Medical devices such as diaphragm, cervical cap and contraceptive implants may be covered under the pharmacy or medical benefit
- Female sterilization, including tubal ligation and tubal implant
- Male sterilization

Contraceptive Product Coverage*

CERVICAL CAPS

FEMCAP – cervical cap 22 mm,
26 mm, 30 mm

DIAPHRAGMS

CAYA – diaphragm arc-spring
OMNIFLEX DIAPHRAGM – diaphragms
WIDE-SEAL SILICONE DIAPHRAGM
KIT – diaphragm wide seal 60 mm,
65 mm, 70 mm, 75 mm, 80 mm,
85 mm, 90 mm, 95 mm

EMERGENCY CONTRACEPTIVES

Aftera

Econtra Ez

Econtra One-Step

ELLA – ulipristal acetate tab 30 mg
**levonorgestrel tab 1.5 mg (Plan B
One-Step)**

My Choice

My Way

New Day

Next Choice One Dose

Opcicon One-Step

Option 2

Preventeza

React

Take Action

FEMALE CONDOMS

FC FEMALE CONDOM – condoms –
female

FC2 FEMALE CONDOM – condoms –
female

IMPLANTABLES

NEXPLANON – etonogestrel
subdermal implant 68 mg[†]

INJECTIONS

**medroxyprogesterone acetate
IM suspension 150 mg/mL
(Depo-Provera Contraceptive)**

**medroxyprogesterone acetate
IM suspension prefilled syringe
150 mg/mL (Depo-Provera
Contraceptive)**

INTRAUTERINES

KYLEENA – levonorgestrel releasing
IUD 17.5 mcg/day (19.5 mg total)[†]

LILETTA – levonorgestrel releasing
IUD 19.5 mcg/day (52 mg total)[†]

MIRENA – levonorgestrel releasing
IUD 20 mcg/day (52 mg total)[†]

PARAGARD INTRAUTERINE COPPER –
copper IUD[†]

SKYLA – levonorgestrel releasing IUD
14 mcg/day (13.5 mg total)[†]

ORAL CONTRACEPTIVES

ORAL COMBINED

Altavera

Alyacen 1/35, 7/7/7

Apri

Aranelle

Aubra

Aubra EQ

Aurovela 1/20, 1.5/30

Aurovela Fe 1/20

Aurovela 24 Fe

Aviane

Azurette

Balziva

Bekyree

Blisovi Fe 1/20, 1.5/30

Blisovi 24 Fe

Briellyn

Caziant

Chateal

Chateal EQ

Cryselle-28

Cyclafem 1/35, 7/7/7

Cyred

Cyred EQ

Dasetta 1/35, 7/7/7

Delyla

**desogestrel & ethinyl estradiol tab
0.15 mg-30 mcg (Desogen)**

**desogestrel/ethinyl estradiol
& ethinyl estradiol tab**

0.15-0.02/0.01 mg (21/5) (Mircette)

**drospirenone-ethinyl estradiol tab
3-0.02 mg (Yaz)**

**drospirenone-ethinyl estradiol tab
3-0.03 mg (Yasmin 28)**

**drospirenone-ethinyl
estradiol-levomefolate tab**

3-0.02-0.451 mg (Beyaz)

**drospirenone-ethinyl
estradiol-levomefolate tab**

3-0.03-0.451 mg (Safyral)

Elinest

Emoquette

Enpresse-28

Enskyce

Estarylla

ethynodiol diacetate & ethinyl

**estradiol tab 1 mg-35 mcg,
1 mg-50 mcg**

Falmina

Femynor

Gianvi

Gildagia

Hailey 24 Fe

Isibloom

Jasmiel

Juleber

Junel 1/20, 1.5/30

Junel Fe 1/20, 1.5/30

Junel Fe 24

Kaitlib Fe

Kariva

Kelnor 1/35, 1/50

Kimidess

Kurvelo

Larin 1/20, 1.5/30

Larin Fe 1/20, 1.5/30

Larin 24 Fe

Larissa

Layolis Fe

Leena

Lessina

Levonest

**levonorgestrel & ethinyl estradiol
tab 0.1 mg-20 mcg, 0.15 mg-30 mcg**

**levonorgestrel-ethinyl estradiol tab
0.05-30/0.075-40/0.125-30 mg-mcg**

Levora 0.15/30-28

Lillow

LO LOESTRIN FE –

norethindrone-ethinyl estradiol-Fe
tab 1 mg-10 mcg (24)/10 mcg (2)

Loryna

Low-Ogestrel

Lutera

Marlissa

Melodetta 24 Fe

Mibelas 24 Fe

Microgestin 1/20, 1.5/30

Microgestin Fe 1/20, 1.5/30

Mili

Mono-Linyah

Mononessa

Myzilra

NATAZIA – estradiol valerate-dienogest
tab 3 mg /2-2 mg/2-3 mg/1 mg

Necon 0.5/35-28, 7/7/7

Nikki

**norethindrone acetate & ethinyl
estradiol tab 1 mg-20 mcg**

(Loestrin 1/20-21)

norethindrone & ethinyl

estradiol-Fe chew tab

0.4 mg-35 mcg, 0.8 mg-25 mcg

(Generess Fe)

Contraceptive Product Coverage*

norethindrone acetate-ethinyl
estradiol-Fe chew tab
1 mg-20 mcg (24) (Minastrin 24 Fe)
norethindrone acetate & ethinyl
estradiol-Fe tab 1 mg-20 mcg
(Loestrin Fe 1/20)
norethindrone acetate-ethinyl
estradiol-Fe tab 1 mg-20 mcg (24)
norgestimate & ethinyl estradiol tab
0.25 mg-35 mcg (Ortho-Cyclen)
norgestimate-ethinyl estradiol tab
0.18-25/0.215-25/0.25-25 mg-mcg
(Ortho Tri-Cyclen Lo)
norgestimate-ethinyl estradiol tab
0.18-35/0.215-35/0.25-35 mg-mcg
(Ortho Tri-Cyclen)
Nortrel 0.5/35 (28), 1/35, 7/7/7
Ocella
OGESTREL – norgestrel & ethinyl
estradiol tab 0.5 mg - 50 mcg

Orsythia

Philith

Pimtrea

Pirmella 1/35, 7/7/7

Portia-28

Previfem

Rajani

Reclipsen

Simliya

Sprintec 28

Sronyx

Syeda

Tarina Fe 1/20

Tarina Fe 1/20 EQ

Tarina 24 Fe

TAYTULLA – norethindrone

acetate-ethinyl estradiol-Fe cap

1 mg-20 mcg (24)

Tilia Fe

Tri-Estarylla

Tri Femynor

Tri-Legest Fe

Tri-Linyah

Tri-Lo-Estarylla

Tri-Lo-Marzia

Tri-Lo-Sprintec

Tri-Mili
Trinessa
Trinessa Lo
Tri-Previfem
Tri-Sprintec
Trivora-28
Tri-Vylibra
Tri-Vylibra Lo
Tydemy
Velivet
Vestura
Vienva
Viorele
Vyfemla
Vylibra
Wera
Wymzya Fe
Zarah
Zenchant
Zovia 1/35E, 1/50E

ORAL EXTENDED - CONTINUOUS

Amethia

Amethia Lo

Amethyst

Ashlyna

Camrese

Camrese Lo

Daysee

Fayosim

Introvale (91 day)

Jolessa (91 day)

levonorgestrel-ethinyl estradiol
(continuous) tab 90-20 mcg

levonorgestrel & ethinyl estradiol
(91-day) tab 0.15-0.03 mg

levonorgestrel-ethinyl estradiol
tab 0.15-0.03 mg (84) & ethinyl
estradiol tab 0.01 mg (7)
(Seasonique)

levonorgestrel-ethinyl estradiol tab
0.1-0.02 mg (84) & ethinyl estradiol
tab 0.01 mg (7) (LoSeasonique)

levonorgestrel-ethinyl estradiol tab
0.15-0.02/0.025/0.03 mg & ethinyl
estradiol 0.01 mg (Quartette)

Quasense (91 day)

Rivelsa

Setlakin (91 day)

ORAL PROGESTIN

Camila

Deblitane

Errin

Heather

Incassia

Jencycla

Jolivette

Lyza

Nora-BE

norethindrone tab 0.35 mg
(Ortho Micronor)

Norlyda

Norlyroc

Sharobel

Tulana

PATCHES

XULANE – norelgestromin-ethinyl
estradiol transdermal
150-35 mcg/24hr

RINGS

NUVARING – etonogestrel-ethinyl
estradiol vaginal ring
0.120-0.015 mg/24hr

SPERMICIDES

ENCARE – nonoxynol-9 vaginal
suppository 100 mg

OPTIONS GYNOL II VAGINAL –
nonoxynol-9 gel 3%

SHUR-SEAL – nonoxynol-9 gel 2%

VCF VAGINAL CONTRACEPTIVE –
nonoxynol-9 film 28%, foam 12.5%

**VCF Vaginal Contraceptive
Gel-nonoxynol-9-gel 4%**

SPONGES

TODAY SPONGE – nonoxynol-9 vaginal
sponge 1000 mg

Generic Drugs = **bold**

Brand Drugs = CAPITAL LETTERS

† = Covered under medical benefit

* Some of these products may be covered under your medical benefit if provided by a doctor in your health plan's network. Most generic drugs listed are followed by a reference brand drug in (parentheses). The brand name drug in parentheses is listed for reference and may not be covered under your benefit. 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 prescription drug list or ask your doctor about therapeutic alternatives. Your doctor can also submit a coverage exception from BCBSIL (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.

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

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

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