

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.

Screening Tests

- Hepatitis B screenings
- HIV screening
- Screenings for sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis

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

Contraceptive Product Coverage*

CERVICAL CAPS

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

ORAL CONTRACEPTIVES

ORAL COMBINED
Aurovela Fe 1/20
Azurette
Bekyree
Blisovi Fe 1/20
**desogestrel/ethinyl
estradiol & ethinyl
estradiol tab**
0.15-0.02/0.01 mg (21/5)
(Mircette)
Junel Fe 1/20
Kariva
Kimidess
Larin Fe 1/20
Microgestin Fe 1/20
**norethindrone & ethinyl
estradiol-Fe chew tab**
0.4 mg-35 mcg

**norethindrone acetate &
ethinyl estradiol-Fe tab**
**1 mg-20 mcg (Loestrin
Fe 1/20)**
**norgestimate-ethinyl
estradiol tab**
**0.18-35/0.215-35/
0.25-35 mg-mcg**
(Ortho Tri Cyclen)
Pimtrea
Simliya
Tarina Fe 1/20
Tarina Fe 1/20 EQ
Tri-Estarylla
Tri Femynor
Tri-Linyah
Tri-Mili
Trinessa
Tri-Previfem
Tri-Sprintec
Tri-Vylibra
Viorele
Wymzya Fe

ORAL EXTENDED - CONTINUOUS

Amethia Lo
Camrese Lo
Introvale (91 day)
Jolessa (91 day)
**levonorgestrel & ethinyl
estradiol (91-day) tab**
0.15-0.03 mg
**levonorgestrel-ethinyl
estradiol tab**
**0.1-0.02 mg (84) &
ethinyl estradiol
tab 0.01 mg (7)**
(LoSeasonique)
Quasense (91 day)
Setlakin (91 day)

ORAL PROGESTIN

Camila
Deblitane
Errin
Heather

Incassia
Jencycla
Jolivetta
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 CONCEPTROL
VAGINAL –
nonoxynol-9 gel 4%[†]
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 BCBSTX (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).

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

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