

# Preventive Care Services: Contraception



## CONTRACEPTIVE COVERAGE

Effective Jan. 1, 2022

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 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 (for example, foam, sponge, male and female condoms), when prescribed by a physician
- The morning after pill
- Injections such as DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical 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

FEMCAP – cervical cap  
22 mm, 26 mm, 30 mm<sup>†</sup>

## DIAPHRAGMS

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

## 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**

**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<sup>†</sup>

## INJECTIONS

DEPO-SUBQ PROVERA 104  
– medroxyprogesterone  
acetate suspension prefilled  
syringe 104 mg/0.65mL<sup>†</sup>

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)<sup>†</sup>

LILETTA – levonorgestrel  
releasing IUD 19.5 mcg/day  
(52 mg total)<sup>†</sup>

MIRENA – levonorgestrel  
releasing IUD 20 mcg/day  
(52 mg total)<sup>†</sup>

PARAGARD – copper IUD<sup>†</sup>

SKYLA – levonorgestrel  
releasing IUD 14 mcg/day  
(13.5 mg total)<sup>†</sup>

## ORAL CONTRACEPTIVES

### ORAL COMBINED

**Aurovela Fe 1/20**

**Azurette**

**Bekyree**

**Blisovi Fe 1/20**

**desogestrel/ethinylestradiol  
& ethinyl estradiol tab  
0.15-0.02/0.01 mg (21/5)  
(Mircette)**

**Hailey Fe 1/20**

**Junel Fe 1/20**

**Kariva**

**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**

**Pimtrea**

**Simliya**

**Tarina Fe 1/20**

**Tarina Fe 1/20 EQ**

**Tri-Estarylla**

**Tri Femynor**

**Tri-Linyah**

**Tri-Mili**

**Tri-Nymyo**

**Tri-Previfem**

**Tri-Sprintec**

**Tri-Vylibra**

**Viorele**

**Volnea**

**Wymzya Fe**

### ORAL EXTENDED - CONTINUOUS

**Amethia Lo**

**Camrese Lo**

**Iclevia**

**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)**

**Lojaimiess**

**Setlakin (91 day)**

### ORAL PROGESTIN

**Camila**

**Deblitane**

**Errin**

**Heather**

**Incassia**

**Jencycla**

**Lyleq**

**Lyza**

**Nora-BE**

**norethindrone**

**tab 0.35 mg**

**(Ortho Micronor)**

**Norlyda**

**Norlyroc**

**Sharobel**

**Tulana**

## PATCHES

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

**Zafemy**

## RINGS

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

## SPERMICIDES

ENCARE –  
nonoxynol-9 vaginal  
suppository 100 mg<sup>†</sup>  
OPTIONS CONCEPTROL  
VAGINAL –  
nonoxynol-9 gel 4%<sup>†</sup>  
OPTIONS GYNOL  
II VAGINAL –  
nonoxynol-9 gel 3%<sup>†</sup>  
SHUR-SEAL –  
nonoxynol-9 gel 2%<sup>†</sup>  
VCF VAGINAL  
CONTRACEPTIVE –  
nonoxynol-9 film 28%,  
foam 12.5%<sup>†</sup>

**VCF Vaginal Contraceptive  
Gel-nonoxynol-9-gel 4%<sup>†</sup>**

## SPONGES

TODAY SPONGE –  
nonoxynol-9  
vaginal sponge 1000 mg

Generic Drugs = **bold**

Brand Drugs = CAPITAL LETTERS

† = Covered under medical benefit

\* Some examples of contraceptive drugs and products that may be covered under your plan are on this list. They will be reviewed from time to time and are subject to change.

\* 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 Blue Cross and Blue Shield of New Mexico (unless you have a benefit exclusion) for products not covered on your prescription drug list.

\* 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.

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

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

Díj baa akó ninizin: Díj saad bee yánfít'i'go Diné Bizaad, saad bee áká'ánida'áwo'de' é' , t'áá jiik'eh, éi ná hólo' , kójj' hódílnih 855-710-6984 (TTY: 711).

480990.0222

**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níłk'e níká a'doolwoł dóó bína'ídíłkídígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodííłnih kwe'e 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.