

Preventive Care Services: Contraception



CONTRACEPTIVE COVERAGE

Effective Jan. 1, 2024

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 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 (for example, foam, sponge, female and male 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 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

Afterpill

Eontra One-Step

ELLA – ulipristal acetate tab 30 mg

Her style

**levonorgestrel tab 1.5 mg
(Plan B One-Step)**

My Choice

My Way

New Day

Opcicon One-Step

Option 2

React

Take Action

FEMALE CONDOMS

FC2 FEMALE CONDOM – condoms –
female

MALE CONDOMS

CONDOMS – male – various

IMPLANTABLES

NEXPLANON – etonogestrel
subdermal implant 68 mg[†]

INJECTIONS

DEPO-SUBQ PROVERA 104 –
medroxyprogesterone acetate susp
pref syr 104 mg/0.65 mL[†]

**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

Afirmelle

Altavera

Alyacen 1/35, 7/7/7

Apri

Aranelle

Aubra EQ

Aurovela 1/20, 1.5/30

Aurovela Fe 1/20, 1.5/30

Aurovela 24 Fe

Aviane

Ayuna

Azurette

Balziva

Blisovi Fe 1/20, 1.5/30

Blisovi 24 Fe

Briellyn

Charlotte 24 Fe

Chateal EQ

Cryselle-28

Cyred

Cyred EQ

Dasetta 1/35, 7/7/7

Delyla

**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

Enpresse-28

Enskyce

Estarylla

**ethynodiol diacetate & ethinyl
estradiol tab 1 mg-50 mcg**

Falmina

Finzala

Gemmily

Hailey 1.5/30

Hailey Fe 1/20, 1.5/30

Hailey 24 Fe

Isibloom

Jasmiel

Juleber

Junel 1/20, 1.5/30

Junel Fe 1/20, 1.5/30

Junel Fe 24

Kaitlib Fe

Kalliga

Kariva

Kelnor 1/35, 1/50

Kurvelo

Larin 1/20, 1.5/30

Larin Fe 1/20, 1.5/30

Larin 24 Fe

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

Loestrin 1.5/30-21

Loestrin 1/20-21

Loestrin Fe 1/20

Loestrin Fe 1.5/30

LO LOESTRIN FE –

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

Loryna

Low-Ogestrel

Lo-Zumandimine

Lutera

Marlissa

Merzee

Mibelas 24 Fe

Microgestin 1/20, 1.5/30

Microgestin Fe 1/20, 1.5/30

Microgestin 24 Fe

Mili

Mono-Linyah

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

Necon 0.5/35-28

NEXTSTELLIS – drospirenone-estetrol
tab 3-14.2 mg

Nikki

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

1.5 mg-30 mcg

norethindrone & ethinyl

estradiol-Fe chew tab

0.4 mg-35 mcg, 0.8 mg-25 mcg

(Generess Fe)

**norethindrone acetate ethinyl
estradiol-Fe cap 1 mg-20 mcg (24)
(Taytulla)**

Contraceptive Product Coverage*

norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg
norgestimate-ethinyl estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg
norgestimate-ethinyl estradiol tab 0.18-35/0.215-35/0.25-35 mg-mcg
Nortrel 0.5/35 (28), 1/35, 7/7/7
Nylia 1/35, 7/7/7
Nymyo
Ocella
Philith
Pimtrea
Pirmella 1/35, 7/7/7
Portia-28
Reclipsen
Simliya
Sprintec 28
Sronyx
Syeda
Tarina Fe 1/20 EQ
Tarina 24 Fe
Taysofy
Tilia Fe
Tri-Estarylla
Tri-Legest Fe
Tri-Linyah
Tri-Lo-Estarylla
Tri-Lo-Marzia
Tri-Lo-Mili
Tri-Lo-Sprintec
Tri-Mili
Tri-Nymyo
Tri-Sprintec
Trivora-28
Tri-Vylibra
Tri-Vylibra Lo
TYBLUME – levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg

Tydemy
Velivet – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg
Vestura
Vienna
Viorele
Volnea
Vyfemla
Vylibra
Wera
Wymzya Fe
Zovia 1/35
Zumandimine

ORAL EXTENDED - CONTINUOUS

Amethia
Amethyst
Ashlyna
Camrese
Camrese Lo
Daysee
Dolishale
Fayosim
Iclevia (91 day)
Introvale (91 day)
Jaimiess
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)
Lojaimiess
Rivelsa
Setlakin (91 day)
Simpesse

ORAL PROGESTIN

Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
norethindrone tab 0.35 mg
Norlyroc
Sharobel
SLYND – drospirenone tab 4 mg

PATCHES

TWIRLA – levonorgestrel-ethinyl estradiol transdermal ptwk 120-30 mcg/24hr
Xulane
Zafemy

RINGS

ANNOVERA – segesterone acetate-ethinyl estradiol vaginal ring 0.15-0.013 mg/24hr
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

VAGINAL GEL

PHEXXI – lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%

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 copay waiver or coverage exception from BCBSIL (unless you have a benefit exclusion) for contraceptive products not covered on your prescription drug list. Your doctor can call the number on your member ID card to ask for a review. If you meet the conditions as outlined under the Affordable Care Act, you may have \$0 member cost-sharing (no deductible, copay or coinsurance). BCBSIL will let you, and your doctor, know the coverage decision after receiving your request. If the request is denied, BCBSIL will let you and your doctor know why it was denied and offer you a covered alternative drug (if applicable).

* 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.

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, 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).

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

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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 जिसको 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.