AcademicBlue℠

Preventive Care Services: Contraception

CONTRACEPTIVE COVERAGE

Effective Jan. 1, 2025

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, birth control pill, female and male condoms), when prescribed and dispensed via a network pharmacy
- 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

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 (Plan B One-Step)
Afterpill (Plan B One-Step)
Curae (Plan B One-Step)
Econtra One-Step
ELLA – ulipristal acetate tab 30 mg
Her Style (Plan B One-Step)
levonorgestrel tab 1.5 mg (Plan B One-Step)
My Choice (Plan B One-Step)
My Way (Plan B One-Step)
New Day (Plan B One-Step)
Opcicon One-Step (Plan B One-Step)
Option 2 (Plan B One-Step)
React (Plan B One-Step)
Take Action (Plan B One-Step)

FEMALE CONDOMS
FC2 FEMALE CONDOM – condoms – female

MALE CONDOMS
ALL MALE CONDOMS

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

INTRAUTERINES
KYLEENA – levonorgestrel releasing IUD 17.5 mcg/day (19.5 mg total)†
LILETTA – levonorgestrel releasing IUD 20.1 mcg/day (52 mg total)†
MIRENA – levonorgestrel releasing IUD 20 mcg/day (52 mg total)†
PARAGARD INTRAUTERINE COP – 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 EQ
Dasetta 1/35, 7/7/7
Delyla
desogestrel/ethinyl estradiol & ethinyl estradiol tab 0.15-0.02/0.01 mg (21/5)
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 estrad-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
Joyeaux
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
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)
Levora 0.15/30-28
Loestrin 1.5/30-21, 1/20-21
Loestrin Fe 1/20, 1.5/30
LO LOESTRIN FE – 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
norethindrone ace-ethinyl estradioal-fe cap 1 mg-20 mcg (24) (Taytulla)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg

Contraceptive Product Coverage*

norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)
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, 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
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
Turqoz
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
Vienva
Viorele
Volnea
Vyfemla
Vylibra
Wera
Wymzya Fe
Zovia 1/35
Zumandimine

ORAL EXTENDED - CONTINUOUS

Amethyst
Ashlyna
Camrese
Camrese Lo
Daysee
Dolishale
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)
levonorgestrel-ethinyl estradiol tab 0.1-0.02 mg (84) & ethinyl estradiol tab 0.01 mg (7)
levonorgestrel-ethinyl estradiol tab 0.15-0.02/0.025/0.03 mg & ethinyl estradiol 0.01 mg
Lojaimiess
Rivelsa
Setlakin
Simpesse

ORAL PROGESTIN

Camila
Deblitane
Emzahh
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
norethindrone tab 0.35 mg
Norlyroc
OPILL – norgestrel tab 0.075 mg
Sharobel
SLYND – drospirenone tab 4 mg

PATCHES

norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr
TWIRLA – levonorgestrel-ethinyl estradiol transdermal ptwk 120-30 mcg/24hr
Xulane
Zafemy

RINGS

ANNOVERA – segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr
NUVARING – etonogestrel-ethinyl estradiol vag ring 0.12-0.015 mg/24hr

SPERMICIDES

ENCARE – nonoxynol-9 vaginal suppository 100 mg
OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%
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

* Members may have additional reproductive health benefits per Illinois law not represented within this list.

* 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. Copay waiver and coverage exception forms for your doctor to fill out are available at bcbsil.com/provider. Your doctor can also 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.

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Health care coverage is important for everyone.

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. 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. 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, IL 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/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

	To receive language or communication assistance free of charge, please call us at 855-710-6984.
Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجانًا، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કૉલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jį' hodíilnį.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہِ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.