



Preventive Care Services: Contraception



Preventive Care Coverage at No Cost to You

Effective Jan. 1, 2022

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. 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. 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 (i.e. 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 diaphragms, cervical caps 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

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

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

Aubra EQ

Aurovela 1/20, 1.5/30

Aurovela Fe 1/20, 1.5/30

Aurovela 24 Fe

Aviane

Ayuna

Azurette

Balziva

Bekyree

Blisovi Fe 1/20, 1.5/30

Blisovi 24 Fe

Briellyn

Caziant

Charlotte 24 Fe

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

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 estrad-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

Gemmily

Gianvi

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



CONTRACEPTIVE PRODUCT COVERAGE*

Kaitlib Fe	Mono-Linyah	Pimtrea
Kalliga	NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	Pirmella 1/35, 7/7/7
Kariva	Necon 0.5/35-28	Portia-28
Kelnor 1/35, 1/50	Nextstellis	Previfem
Kurvelo	Nikki	Reclipsen
Larin 1/20, 1.5/30	norethindrone acetate & ethinyl estradiol tab 1.5 mg-30 mcg	Simliya
Larin Fe 1/20, 1.5/30	norethindrone & ethinyl estradiol-Fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg (Generess Fe)	Sprintec 28
Larin 24 Fe	norethindrone acetate ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Sronyx
Larissia	norethindrone acetate/ethinyl estradiol	Syeda
Layolis Fe	norethindrone acetate & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	Tarina Fe 1/20
Leena	norethindrone acetate & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	Tarina Fe 1/20 EQ
Lessina	norethindrone acetate-ethinyl estradiol-Fe chew tab 1 mg-20 mcg (24) (Minastrin 24 Fe)	Tarina 24 Fe
Levonest	norethindrone acetate & ethinyl estradiol-Fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	Tilia Fe
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	norethindrone acetate-ethinyl estradiol-Fe tab 1 mg-20 mcg (24)	Tri-Estarylla
levonorgestrel-ethinyl estradiol tab 0.05-30/0.075-40/0.125-30 mg-mcg	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tri Femynor
Levora 0.15/30-28	norgestimate-ethinyl estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tri-Legest Fe
Lillow	norgestimate-ethinyl estradiol tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tri-Linyah
Loestrin 1.5/30-21	Nortrel 0.5/35 (28), 1/35, 7/7/7	Tri-Lo-Estarylla
Loestrin Fe 1/20	Nylia 7/7/7	Tri-Lo-Marzia
Loestrin Fe 1.5/30	Nymyo	Tri-Lo-Mili
LO LOESTRIN FE – norethindrone-ethinyl estradiol-Fe tab 1 mg-10 mcg (24)/10 mcg (2)	Ocella	Tri-Lo-Sprintec
Loryna	Orsythia	Tri-Mili
Low-Ogestrel	Philith	Tri-Nymyo
Lo-Zumandimine		Tri-Previfem
Lutera		Tri-Sprintec
Marlissa		Trivora-28
Melodetta 24 Fe		Tri-Vylibra
Merzee		Tri-Vylibra Lo
Mibelas 24 Fe		TYBLUME - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Microgestin 1/20, 1.5/30		Tydemy
Microgestin Fe 1/20, 1.5/30		Velivet
Microgestin 24 Fe		Vestura
Mili		Vienva
		Viorele
		Volnea
		Vyfemla



CONTRACEPTIVE PRODUCT COVERAGE*

Vylibra
Wera
Wymzya Fe
Zarah
Zovia 1/35, 1/35E
Zumandimine
ORAL EXTENDED - CONTINUOUS
Amethia
Amethia Lo
Amethyst
Ashlyna
Camrese
Camrese Lo
Daysee
Dolishale
Fayosim
Iclevia
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 (Ortho Micronor)
Norlyda
Norlyroc
Sharobel
SLYND - drospirenone tab 4 mg
Tulana
PATCHES
TWIRLA - levonorgestrel-ethinyl estradiol transdermal ptwk 120-30 mcg/24hr
XULANE - norelgestromin-ethinyl estradiol transdermal 150-35 mcg/24hr
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 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
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 coverage exception from BCBSIL (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. 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.