



Preventive Care Services for Women's Well Being

Effective Jan. 1, 2019

Your health plan may provide certain contraceptive coverage and preventive screenings, 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 co-pay, 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 co-payments, coinsurance or deductible may apply.

Hepatitis B screenings

HIV screening

Screenings for sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis

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

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*

FEMCAP – cervical cap 22 mm, 26 mm, 30 mm

CAYA – diaphragm arc-spring

OMNIFLEX DIAPHRAGM – diaphragms

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm

Aftera

Econtra EZ

Econtra One-Step

ELLA – ulipristal acetate tab 30 mg

Fallback Solo

levonorgestrel tab 1.5 mg (Plan B One-Step)

My Choice

My Way

Next Choice One Dose

Opcicon One-Step

Option 2

React

Take Action

FC FEMALE CONDOM – condoms - female

FC2 FEMALE CONDOM – condoms - female

NEXPLANON – etonogestrel subdermal implant 68 mg

DEPO-PROVERA CONTRACEPTIVE – medroxyprogesterone acetate IM suspension 150 mg/mL

DEPO-PROVERA CONTRACEPTIVE – medroxyprogesterone acetate IM suspension prefilled syringe 150 mg/mL

DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate suspension prefilled syringe 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)

KYLEENA – levonorgestrel releasing IUD 17.5 mcg/day (19.5 mg total)

LILETTA – levonorgestrel releasing IUD 18.6 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 COMBINED

Azurette

Bekyree

Blisovi Fe 1/20

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

Gildess Fe 1/20

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 (Femcon Fe)

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS



CONTRACEPTIVE PRODUCT COVERAGE*

**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)**

Pimtreea

Tarina Fe 1/20

Tri-Estarylla

Tri Femynor

Tri-Linyah

Trinessa

Tri-Previfem

Tri-Sprintec

Tri-Vylibra

Viorele

Wymzya Fe

Zenchent 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

Jencycla

Jolivette

Lyza

Nora-BE

norethindrone tab 0.35 mg (Ortho Micronor)

Norlyda

Norlyroc

Sharobel

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

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

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%

TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS

* 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.