BlueCross BlueShield of Illinois

# Preventive Care Services: **Contraception**

## Preventive Care Coverage at No Cost to You

Effective Jan. 1, 2024

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 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 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

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# 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**

**Econtra 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 contrac)**

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

## 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**

**desogest-eth estrad & eth estrad 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 estrad-levome-folate tab 3-0.02-0.451 mg (Beyaz)**

**drospirenone-ethinyl estrad-levome-folate tab 3-0.03-0.451 mg (Safyral)**

**Elinest**

**Enpresse-28**

**Enskyce**

**Estarylla**

**ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg, 1mg-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**

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# CONTRACEPTIVE PRODUCT COVERAGE*

**Layolis Fe**

**Leena**

**Lessina**

**Levonest**

**levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg**

**levonorgestrel-eth estra 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 ace & 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)**

**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-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**

**norgestimate-eth estrad 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**

**Vienva**

**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**

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# CONTRACEPTIVE PRODUCT COVERAGE*

**levonorgestrel & ethinyl estradiol (91 day) tab 0.15-0.03 mg**

**levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)**

**levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)**

**levonor-eth est tab 0.15 0.02/0.025/0.03 mg & eth est 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

* 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. 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.