



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



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

Opcon 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

Cryelle-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-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 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



CONTRACEPTIVE PRODUCT COVERAGE*

Layolis Fe	norethindrone acetate ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	Tri-Lo-Sprintec
Leena	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	Tri-Mili
Lessina	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	Tri-Nymyo
Levonest	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tri-Sprintec
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Trivora-28
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30 mg-mcg	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tri-Vylibra
Levora 0.15/30-28	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tri-Vylibra Lo
Loestrin 1.5/30-21	Nortrel 0.5/35 (28), 1/35, 7/7/7	TYBLUME - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
Loestrin 1/20-21	Nylia 1/35, 7/7/7	Tydemy
Loestrin Fe 1/20	Nymyo	VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg
Loestrin Fe 1.5/30	Ocella	Vestura
LO LOESTRIN FE - norethindrone-ethinyl estradiol-Fe tab 1 mg-10 mcg (24)/10 mcg (2)	Philith	Vienna
Loryna	Pimtrea	Viorele
Low-Ogestrel	Pirmella 1/35, 7/7/7	Volnea
Lo-Zumandimine	Portia-28	Vyfemla
Lutera	Reclipsen	Vylibra
Marlissa	Simliya	Wera
Merzee	Sprintec 28	Wymzya Fe
Mibelas 24 Fe	Sronyx	Zovia 1/35
Microgestin 1/20, 1.5/30	Syeda	Zumandimine
Microgestin Fe 1/20, 1.5/30	Tarina Fe 1/20 EQ	ORAL EXTENDED - CONTINUOUS
Microgestin 24 Fe	Tarina 24 Fe	Amethia
Mili	Taysofy	Amethyst
Mono-Linyah	Tilia Fe	Ashlyna
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	Tri-Estarylla	Camrese
Necon 0.5/35-28	Tri-Legest Fe	Camrese Lo
NEXTSTELLIS - drospirenone-estetrol tab 3-14.2 mg	Tri-Linyah	Daysee
Nikki	Tri-Lo-Estarylla	Dolishale
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	Tri-Lo-Marzia	Fayosim
norethindrone & ethinyl estradiol-Fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg (Generess Fe)	Tri-Lo-Mili	Iclevia (91 day)
		Introvale (91 day)
		Jaimiess
		Jolessa (91 day)
		levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg



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.