



Preventive Care Services for Women's Well Being



Preventive Care Coverage at No Cost to You

Effective Jan. 1, 2017

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. If you are using a contraceptive not listed under the Contraceptive Benefit Coverage, then co-payments, coinsurance or deductible may apply.

Screening Tests

- Hepatitis B screenings
- HIV Screening
- Screenings for sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis

Contraception*

The following contraceptive items and services may be covered without cost-sharing when provided by a pharmacy or doctor in your health plan's network.

- 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 (foam, sponge, female condoms), when prescribed by a physician
- The morning after pill
- Medical devices such as diaphragm, cervical cap and contraceptive implants
- Female sterilization, including tubal ligation



CONTRACEPTIVE BENEFIT COVERAGE*

ORAL CONTRACEPTIVES	DRUG STRENGTH
Aftera	1.5 MG
Altavera	0.15 MG-30 MCG
Alyacen 1/35	1 MG-35 MCG
Alyacen 7/7/7	0.5-35 MG-MCG, 0.75-35 MG-MCG, 1-35 MG-MCG
Amethia	0.15-0.03 MG (84) & ETH EST TAB 0.01 MG (7)
Amethia Lo	0.1-0.02 MG (84) & ETH EST TAB 0.01 MG (7)
Apri	0.15 MG-30 MCG
Aranelle	0.5-35 MG-MCG, 1-35 MG-MCG, 0.5-35 MG-MCG
Ashlyna (91 DAY)	0.15 MG-0.03 MG
Aubra	0.1 MG-20 MCG
Aviane	0.1 MG-20 MCG
Azurette	0.15 MG-0.02 MG, 0.01 MG (21/5)
Bekyree	0.15 MG-0.02 MG, 0.01 MG
Balziva	0.4 MG-35 MCG
Blisovi Fe 1/20	1 MG - 20 MCG
Blisovi Fe 1.5/30	1.5 MG - 30 MCG
Blisovi 24 Fe	1 MG - 20 MCG (24)
Brielllyn	0.4 MG-35 MCG
Camila	0.35 MG
Camrese	0.15 MG-0.03 MG (84) & ETH EST TAB 0.01 MG (7)
Camrese Lo	0.1 MG-0.02 MG (84) & ETH EST TAB 0.01 MG (7)
Caziant	0.1-0.025 MG-MG, 0.125-0.025 MG-MG, 0.15-0.025 MG-MG
Chateal	0.15 MG-30 MCG
Cryselle	0.3 MG-30 MCG
Cyclafem 1/35	1 MG-35 MCG
Cyclafem 7/7/7	0.5-35 MG-MCG, 0.75-35 MG-MCG, 1-35 MG-MCG
Cyred	0.05 MG-30 MCG
Cyred Juleber	0.15 MG - 30 MCG
Dasetta 1/35	1 MG-35 MCG
Dasetta 7/7/7	0.5-35 MG-MCG, 0.75-35 MG-MCG, 1-35 MG-MCG
Daysee	0.15 MG-0.03 MG (84) & ETH EST TAB 0.01 MG (7)
Deblitane	0.35 MG
Delyla	0.1 MG-20 MCG

ORAL CONTRACEPTIVES	DRUG STRENGTH
Desogestrel/Ethinyl Estradiol	0.15 MG-0.02 MG, 0.01 MG (21/5), 0.15 MG-30 MCG
Drospirenone/Ethinyl Estradiol	3-0.02 MG, 3-0.03 MG
Econtra EZ	1.5 MG
Elinest	0.3 MG-30 MCG
Emoquette	0.15 MG-30 MCG
Enpresse	0.05-30 MG-MCG, 0.075-40 MG-MCG, 0.125-30 MG-MCG
Enskyce	0.15 MG-30 MCG
Errin	0.35 MG
Estarylla	0.25 MG-35 MCG
Falmina	0.1 MG-20 MCG
Gianvi	3-0.02 MG
Gildagia	0.4 MG-35 MCG
Gildess 1.5/30	1.5 MG-30 MCG
Gildess 1/20	1 MG-20 MCG
Gildess Fe 1.5/30	1.5 MG-30 MCG
Gildess Fe 1/20	1 MG-20 MCG
Heather	0.35 MG
Introvale	0.15 MG-0.03 MG
Jencycla	0.35 MG
Jolessa	0.15 MG-0.03 MG
Jolivette	0.35 MG
Juleber	0.15 MG-30 MCG
Junel 1.5/30	1.5 MG-30 MCG
Junel 1/20	1 MG-20 MCG
Junel Fe 1.5/30	1.5 MG-30 MCG
Junel Fe 1/20	1 MG-20 MCG
Junel Fe 24	1 MG-20 MCG
Kaitlib Fe	0.8 MG -25 MCG
Kariva	0.15-0.02/0.01 MG (21/5)
Kelnor 1/35	1 MG-35 MCG
Kimidess	0.15-0.02/0.01 MG
Kurvelo	0.15 MG-30 MCG
Larin 1.5/30	1.5 MG-30 MCG
Larin 1/20	1 MG-20 MCG
Larin Fe 1.5/30	1.5 MG-30 MCG
Larin Fe 1/20	1 MG-20 MCG
Larin 24 Fe	1 MG-20 MCG

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.

* Prescription coverage for contraception may vary according to the terms and conditions of the plan. A prescription may be required for coverage without cost-sharing under the pharmacy benefits for non-grandfathered plans. 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.

If your contraception product is not listed, ask your doctor about therapeutic alternatives. Your doctor can also submit a coverage exception from BCBSMT (unless you have a benefit exclusion).



CONTRACEPTIVE BENEFIT COVERAGE*

ORAL CONTRACEPTIVES	DRUG STRENGTH
Larissia	0.1 MG - 20 MCG
Layolis Fe Chewable	0.8 MG-20 MCG
Leena	0.5-35/1-35/0.5-35 MG-MCG
Lessina	0.1 MG-20 MCG
Levonest	0.05-30/0.075-40/0.125-30 MG-MCG
Levonorgestrel/Ethinyl estradiol	0.1 MG-20 MCG, 0.15 MG-30 MCG, 0.1 MG-0.02 MG (84) & ETH EST TAB 0.01 MG (7), 0.15 MG-0.03 MG, 0.05-30 MG-MCG, 0.075-40 MG-MCG, 0.125-30 MG-MCG
Levora 0.15/30	0.15 MG-30 MCG
Lomeda 24 Fe	1 MG-2 MCG
Loryna	0.15 MG-30 MCG
Low-Ogestrel	0.3 MG-30 MCG
Lutera	0.1 MG-20 MCG
Lyza	0.35 MG
Marlissa	0.15 MG-30 MCG
Microgestin 1.5/30	1.5 MG-30 MCG
Microgestin 1/20	1 MG-20 MCG
Microgestin Fe 1.5/30	1.5 MG-30 MCG
Microgestin Fe 1/20	1 MG-20 MCG
Microgestin 24 Fe	1 MG-20 MCG (24)
Mono-Linyah	0.25 MG-35 MCG
Mononessa	0.25 MG-35 MCG
Myzilra	0.05-30 MG-MCG, 0.075-40 MG-MCG, 0.125-30 MG-MCG
Necon 0.5/35	0.5 MG-35 MCG
Necon 1/35	1 MG-35 MCG
Necon 7/7/7	0.5-35 MG-MCG, 0.75-35 MG-MCG, 1-35 MG-MCG
Nikki	3-0.02 MG
Nora-BE	0.35 MG
Norethindrone	0.35 MG
Norethindrone/Ethinyl Estradiol	1 MG-20 MCG, 0.3 MG-30 MCG
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate	1 MG-20 MCG, 1 MG-20 MCG (24)
Norgestimate/Ethinyl Estradiol	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG, 0.18-25 MG-MCG, 0.215-25 MG-MCG, 0.25-25 MG-MCG

ORAL CONTRACEPTIVES	DRUG STRENGTH
Norgestrel/Ethinyl Estradiol	0.3 MG-30 MCG
Norlyroc	0.35 MG
Nortrel 0.5/35	0.5 MG-35 MCG
Nortrel 1/35	1 MG-35 MCG
Nortrel 7/7/7	0.5-35 MG-MCG, 0.75-35 MG-MCG, 1-35 MG-MCG
Ocella	3-0.03 MG
Orsythia	0.1 MG-20 MCG
Philith	0.4 MG-35 MCG
Pimtreea	0.15 MG-0.02 MG, 0.01 MG (21/5)
Pirmella 1/35	1 MG-35 MCG
Pirmella 7/7/7	0.5-35 MG-MCG, 0.75-35 MG-MCG, 1-35 MG-MCG
Portia	0.15 MG-30 MCG
Previfem	0.25 MG-35 MCG
Quasense	0.15 MG-0.03 MG
Reclipsen	0.15 MG-30 MCG
Setlakin (91 DAY)	0.15 MG-0.03 MG
Sharobel	0.35 MG
Sprintec	0.25 MG-35 MCG
Sronyx	0.1 MG-20 MCG
Syeda	3-0.03 MG
Tarina Fe 1/20	1 MG-20 MCG
Tilia Fe	1-20 MG-MCG, 1-30 MG-MCG, 1-35 MG-MCG
Tri-Estarylla	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Tri-Legest Fe	1-20 MG-MCG, 1-30 MG-MCG, 1-35 MG-MCG
Tri-Linyah	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Tri-Lo-Estarylla	0.18-25 MG-MCG, 0.215-25 MG-MCG, 0.25-25 MG-MCG
Tri-Lo-Marzia	0.18-25 MG-MCG, 0.215-25 MG-MCG, 0.25-25 MG-MCG
Tri-Lo-Sprintec	0.18-25 MG-MCG, 0.215-25 MG-MCG, 0.25-25 MG-MCG
Trinessa	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Trinessa Lo	0.18-25 MG-MCG, 0.215-25 MG-MCG, 0.25-25 MG-MCG
Tri-Previfem	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG

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CONTRACEPTIVE BENEFIT COVERAGE*

ORAL CONTRACEPTIVES	DRUG STRENGTH
Tri-Sprintec	0.18-35 MG-MCG, 0.215-35 MG-MCG, 0.25-35 MG-MCG
Trivora	0.05-30 MG-MCG, 0.075-40 MG-MCG, 0.125-30 MG-MCG
Velivet	0.1-0.025 MG-MG, 0.125-0.025 MG-MG, 0.15-0.025 MG-MG
Vestura	3-0.02 MG
Vienna	0.1 MG-20 MCG
Viorele	0.15-0.02 MG, 0.01 MG (21/5)
Vyfemla	0.4 MG-35 MCG
Wera	0.5 MG-35 MCG
Wymzya Fe	0.4 MG-35 MCG
Zarah	3-0.03 MG
Zenchant	0.4 MG-35 MCG
Zenchant Fe	0.4 MG-35 MCG
Zovia 1/35E	1 MG-35 MCG
EMERGENCY CONTRACEPTIVES	DRUG STRENGTH
ELLA	30 MG TABLET
Fallback Solo	1.5 MG
LEVONORGESTREL	0.75 MG, 1.5 MG
Opcicon One-Step	1.5 MG
React	1.5 MG
Take Action	1.5 MG

CERVICAL CAPS
FEMCAP
PRENTIF CAVITY-RIM CERVICAL CAP
PRENTIF FITTING SET
DIAPHRAGMS
CAYA ARC-SPRING DIAPHRAGM
OMNIFLEX DIAPHRAGM
ORTHO COIL SPRING KIT
ORTHO FLAT SPRING KIT
WIDE-SEAL SILICONE KIT
INJECTIONS
DEPO-PROVERA
Medroxyprogesterone Acetate
IMPLANTABLE
IMPLANON
NEXPLANON
INTRAUTERINE
LILETTA
MIRENA
PARAGARD
SKYLA
PATCH
ORTHO EVRA
XULANE
RING
NUVARING

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