



Preventive Care Services for Women's Well Being



Preventive Care Coverage at No Cost to You

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.

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 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*

CERVICAL CAPS

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

DIAPHRAGMS

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

EMERGENCY CONTRACEPTIVES

Aftera

Econtra EZ

Encontra 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

FEMALE CONDOMS

FC FEMALE CONDOM – condoms - female

FC2 FEMALE CONDOM – condoms - female

IMPLANTABLES

NEXPLANON – etonogestrel subdermal implant 68 mg

INJECTIONS

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)

INTRAUTERINES

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 INTRAUTERINE COPPER – copper IUD

SKYLA – levonorgestrel releasing IUD 14 mcg/day (13.5 mg total)

ORAL CONTRACEPTIVES

ORAL COMBINED

Altavera

Alyacen 1/35, 7/7/7

Apri

Aranelle

Aubra

Aviane

Azurette

Balziva

Bekyree

Blisovi Fe 1/20, 1.5/30

Blisovi 24 Fe

Briellyn

Caziant

Chateal

Cryselle-28

Cyclafem 1/35, 7/7/7

Cyred

Dasetta 1/35, 7/7/7

Delyla

desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)

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)

Elinest

Emoquette

Enpresse-28

Enskyce

Estarylla

ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg

Falmina

Femynor

Gianvi

Gildagia

Generic Drugs = bold

Brand Drugs = CAPITAL LETTERS



CONTRACEPTIVE PRODUCT COVERAGE*

Gildess Fe 1/20, 1.5/30	Microgestin Fe 1/20, 1.5/30	Rajani
Isibloom	Microgestin 24 Fe	Reclipsen
Juleber	Mili	Sprintec 28
Junel 1/20, 1.5/30	Mono-Linyah	Sronyx
Junel Fe 1/20, 1.5/30	Mononessa	Syeda
Junel Fe 24	Myzilra	Tarina Fe 1/20
Kaitlib Fe	Necon 0.5/35-28, 1/35, 7/7/7	Tilia Fe
Kariva	Nikki	Tri-Estarylla
Kelnor 1/35, 1/50	norethindrone acetate & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	Tri Femynor
Kimidess	norethindrone & ethinyl estradiol-Fe chew tab 0.4 mg-35 mcg (Femcon Fe), 0.8 mg-25 mcg (Generess Fe)	Tri-Legest Fe
Kurvelo	norethindrone acetate-ethinyl estradiol-Fe chew tab 1 mg-20 mcg (24) (Minastrin 24 Fe)	Tri-Linyah
Larin 1/20, 1.5/30	norethindrone acetate & ethinyl estradiol-Fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	Tri-Lo-Estarylla
Larin Fe 1/20, 1.5/30	norethindrone acetate-ethinyl estradiol-Fe tab 1 mg-20 mcg (24)	Tri-Lo-Marzia
Larin 24 Fe	norethindrone acetate-ethinyl estradiol-Fe tab 1 mg-20 mcg (24)	Tri-Lo-Sprintec
Larissia	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-Cyclen)	Trinessa
Layolis Fe	norgestimate-ethinyl estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho Tri-Cyclen Lo)	Trinessa Lo
Leena	norgestimate-ethinyl estradiol tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho Tri-Cyclen)	Tri-Previfem
Lessina	Nortrel 0.5/35 (28), 1/35, 7/7/7	Tri-Sprintec
Levonest	Ocella	Trivora-28
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	Orsythia	Tri-Vylibra
levonorgestrel-ethinyl estradiol tab 0.05-30/0.075-40/0.125-30 mg-mcg	Philith	Velivet
Levora 0.15/30-28	Pimtrea	Vestura
Lillow	Pirmella 1/35, 7/7/7	Vienna
Lomedia 24 Fe	Portia-28	Viorele
Loryna	Previfem	Vyfemla
Low-Ogestrel		Vylibra
Lutera		Wera
Marlissa		Wymzya Fe
Melodetta 24 Fe		Zarah
Mibelas 24 Fe		Zenchent
Microgestin 1/20, 1.5/30		Zenchent Fe
		Zovia 1/35E, Zovia 1/50E

Generic Drugs = **bold**

Brand Drugs = CAPITAL LETTERS



CONTRACEPTIVE PRODUCT COVERAGE*

ORAL EXTENDED - CONTINUOUS

Amethia

Amethia Lo

Amethyst

Ashlyna

Camrese

Camrese Lo

Daysee

Fayosim

Introvale (91 day)

Jolessa (91 day)

levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg

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

levonorgestrel-ethinyl estradiol tab 0.15 mg-0.03 mg (84) & ethinyl estradiol tab 0.01 mg (7) (Seasonique)

levonorgestrel-ethinyl estradiol tab 0.1 mg-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)

Quasense (91 day)

Rivelsa

Setlakin (91 day)

ORAL PROGESTIN

Camila

Deblitane

Errin

Heather

Jencycla

Jolivette

Lyza

Nora-BE

norethindrone tab 0.35 mg (Ortho Micronor)

Norlyda

Norlyroc

Sharobel

PATCHES

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

RINGS

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

Generic Drugs = **bold**

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* 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. 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, check your prescription drug list or ask your doctor about therapeutic alternatives. Your doctor can also submit a coverage exception from BCBSMT (unless you have a benefit exclusion) for products not covered on your prescription drug list.