



# Preventive Care Services for Women's WellBeing



## Preventive Care Coverage at No Cost to You

**Effective Jan. 1, 2022**

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 co-pay, 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 co-payments, coinsurance or deductible may apply.

### Screening Test

- 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
- Injections such as DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical benefit
- 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 DIAPHRAGM KIT – diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm†

### EMERGENCY CONTRACEPTIVES

**Aftera**

**Econtra EZ**

**Econtra One-Step**

ELLA – ulipristal acetate tab 30 mg

**levonorgestrel tab 1.5 mg (Plan B One-Step)**

**My Choice**

**My Way**

**New Day**

**Opcicon One-Step**

**Option 2**

**Preventeza**

**React**

**Take Action**

### FEMALE CONDOMS

FC FEMALE CONDOM – condoms - female

FC2 FEMALE CONDOM – condoms - female

### 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 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 19.5 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 CONTRACEPTIVES

*ORAL COMBINED*

**Aurovela Fe 1/20**

**Azurette**

**Bekyree**

**Blisovi Fe 1/20**

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

**Hailey Fe 1/20**

**Junel Fe 1/20**

**Kariva**

**Larin Fe 1/20**

**Loestrin Fe 1/20**

**Microgestin Fe 1/20**

**norethindrone & ethinyl estradiol-Fe chew tab 0.4 mg-35 mcg**

**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**

**Pimtrea**

**Simliya**

**Tarina Fe 1/20**

**Tarina Fe 1/20 EQ**

**Tri-Estarylla**

**Tri Femynor**



CONTRACEPTIVE PRODUCT COVERAGE\*

Tri-Linyah

Tri-Mili

Tri-Nymyo

Tri-Previfem

Tri-Sprintec

Tri-Vylibra

Viorele

Volnea

Wymzya Fe

ORAL EXTENDED - CONTINUOUS

Amethia Lo

Camrese Lo

Iclevia

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)

Lojaimiess

Setlakin (91 day)

ORAL PROGESTIN

Camila

Deblitane

Errin

Heather

Incassia

Jencycla

Lyleq

Lyza

Nora-BE

norethindrone tab 0.35 mg (Ortho Micronor)

Norlyda

Norlyroc

Sharobel

Tulana

PATCHES

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

Zafemy

RINGS

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

SPERMICIDES

ENCARE – nonoxynol-9 vaginal suppository 100 mg<sup>†</sup>

OPTIONS CONCEPTROL VAGINAL – nonoxynol-9 gel 4%<sup>†</sup>

OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%<sup>†</sup>

SHUR-SEAL – nonoxynol-9 gel 2%<sup>†</sup>

VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%, foam 12.5%<sup>†</sup>

VCF Vaginal Contraceptive Gel-nonoxynol-9-gel 4%<sup>†</sup>

SPONGES

TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg

Generic Drugs = bold Brand Drugs = CAPITAL LETTERS † = Covered under medical benefit

\* 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 BCBSMT (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.

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.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association