



Preventive Care Services for Women's Well Being



Preventive Care Coverage at No Cost to You

Effective Jan. 1, 2018

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 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

Altavera
 Alyacen 1/35, 7/7/7
 Amethia
 Amethia Lo
 Amethyst
 Apri
 Aranelle
 Ashlyna
 Aubra
 Aviane
 Azurette
 Balziva
 Bekyree
 Blisovi Fe 1/20, 1.5/30
 Blisovi 24 Fe
 Briellyn
 Camila
 Camrese
 Camrese Lo
 Caziant
 Chateal
 Cryselle
 Cyclafem 7/7/7
 Cyred
 Dasetta 1/35, 7/7/7
 Daysee
 Deblitane
 Delyla
 Desogestrel/Ethinyl Estradiol
 Drospirenone/Ethinyl Estradiol
 Elinest
 Emoquette
 Enpresse
 Enskyce
 Errin
 Estarylla
 Ethynodiol/Ethinyl Estradiol
 Falmina
 Fayosim
 Femynor
 Gianvi
 Gildagia
 Gildess 1/20, 1.5/30

Gildess Fe 1/20
 Gildess 24 Fe
 Heather
 Introvale
 Isibloom
 Jencycla
 Jolessa
 Jolivette
 Juleber
 Junel 1/20, 1.5/30
 Junel Fe 1/20, 1.5/30
 Junel Fe 24
 Kaitlib Fe
 Kariva
 Kelnor 1/35
 Kimidess
 Kurvelo
 Larin 1/20, 1.5/30
 Larin Fe 1/20, 1.5/30
 Larin 24 Fe
 Larissia
 Layolis Fe Chewable
 Leena
 Lessina
 Levonest
 Levonorgestrel/Ethinyl estradiol
 0.1 MG-0.02 MG (84) & ETH EST
 TAB 0.01 MG (7)
 Levonorgestrel/Ethinyl estradiol
 0.15 MG-0.03 MG (84) & ETH EST
 TAB 0.01 MG (7)
 Levonorgestrel/Ethinyl estradiol
 0.15 MG-0.03 MG (7)
 Levora 0.15/30
 Lomeda 24 Fe
 Loryna
 Low-Ogestrel
 Luteru
 Lyza
 Marlissa
 Mibelas 24 Fe
 Microgestin 1/20, 1.5/30
 Microgestin Fe 1.5/30
 Microgestin 24 Fe

Mono-Linyah
 Mononessa
 Myzilra
 Necon 0.5/35, 1/35, 7/7/7
 Nikki
 Nora-BE
 Norethindrone
 Norethindrone/Ethinyl Estradiol
 Norethindrone/Ethinyl Estradiol/Fe
 Norgestimate/Ethinyl Estradiol
 Norlyroc
 Norlyda
 Nortrel 1/20, 1.50/30, 7/7/7
 Ocella
 Orsythia
 Philith
 Pimtreea 1/35
 Pirmella 1/35, 7/7/7
 Portia
 Previfem
 Quasense
 Rajani
 Reclipsen
 Rivelsa
 Setlakin
 Sharobel
 Sprintec
 Sronyx
 Syeda
 Tarina Fe 1/20
 Tilia Fe
 Tri-Estarylla
 Tri-Femynor
 Tri-Legest Fe
 Tri-Linyah
 Tri-Lo-Estarylla
 Tri-Lo-Marzia
 Tri-Lo-Sprintec
 Trinessa
 Trinessa Lo
 Tri-Previfem
 Tri-Sprintec
 Trivora
 Velivet

Vestura
 Vienva
 Viorele
 Vyfemla
 Wera
 Wymzya Fe
 Zarah
 Zenchent
 Zenchent Fe
 Zovia 1/35, 1/50

EMERGENCY CONTRACEPTIVES

ELLA

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**

IMPLANTABLES

IMPLANON
 NEXPLANON

INTRAUTERINES

LILETTA
 MIRENA
 PARAGARD
 SKYLA

PATCHES

XULANE

RINGS

NUVARING

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. 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..