



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*

EMERGENCY CONTRACEPTIVES	DRUG STRENGTH
Ella	30 MG TABLET
Levonorgestrel	0.75 MG
ORAL CONTRACEPTIVES	DRUG STRENGTH
Bakryee	0.15-0.02 MG, 0.01 MG
Blisovi Fe 1/20	1 MG - 20 MCG
Camila	0.35 MG
Deblitane	0.35 MG
Errin	0.35 MG
Heather	0.35 MG
Introvale	0.15-0.03 MG
Jencycla	0.35 MG
Jolessa	0.15-0.03 MG
Jolivette	0.35 MG
Kimidess	0.15-0.02/0.01 MG
Levonorgestrel/Ethinyl Estradiol (91 DAY)	0.15-0.03 MG
Lyza	0.35 MG
Nora-BE	0.35 MG
Norethindrone	0.35 MG
Norgestimate/ethinyl estradiol (generic for Ortho Tri-Cyclen)	0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG
Norethindrone/Ethinyl Estradiol-FE Chew Tab	0.4 MG-35 MG
Norlyroc	0.35 MG
Quasense	0.15-0.03 MG
Setlakin (91 DAY)	0.15-0.03 MG
Sharobel	0.35 MG
Tarina Fe (91 DAY)	1 MG - 20 MG
Tri-Estarylla	0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG
Tri-Linyah	0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG
Tri-Previfem	0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG
Tri-Sprintec	0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG
Trinessa	0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG
Zenchant FE	0.4 MG-35 MG
Wymzya FE	0.4 MG-35 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
INJECTIONS
DEPO-PROVERA CONTRACEPTIVE (GENERIC AVAILABLE)
DEPO-SUBQ PROVERA 104
Medroxyprogesterone Acetate
IMPLANTABLE
IMPLANON
NEXPLANON
INTRAUTERINE
LILETTA
MIRENA
PARAGARD
SKYLA
PATCH
ORTHO EVRA
Xulane
RING
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.

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

* 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.