Preventive Care Services: Contraception

Effective Jan. 1, 2020

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 copay, 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 copays, coinsurance or deductible may apply. Check your drug list or call the number listed on your member ID card to find out what products are covered at no cost share under your plan.

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 (e.g., foam, sponge, female condoms), when prescribed by a physician
- The morning after pill
- Injections such as IM DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical or pharmacy 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
FFEMCAP – 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
Contra EZ
Contra One-Step
ELLA – ulipristal acetate tab
30 mg
levonorgestrel tab 1.5 mg
(Plan B One-Step)
My Choice
My Way
New Day
Next Choice One Dose
Opicon 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
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
Aurovola 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)
Junel Fe 1/20
Kariva
Kimideess
Larin Fe 1/20
Microgestin Fe 1/20
norethindrone & ethinyl estradiol-Fe chew tab
0.4 mg-35 mcg
noretindrone 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
(Ortho Tri Cyclen)
Pimtrea
Simliya
Tarina Fe 1/20
Tarina Fe 1/20 EQ
Tri-Estarylla
Tri Femynor
Tri-Linyah
Tri-Mili
Trinessa
Tri-Previfem
Tri-Sprintec
Tri-Vylibra
Viorele
Wymzya Fe

ORAL EXTENDED - CONTINUOUS
Amethia Lo
Camrese Lo
Introvalle (91 day)
Jolessa (91 day)
levonorgestrel & ethinyl estradiol (91-day) tab
0.15-0.03 mg
levonorgestrel-ethyl estradiol tab
0.1-0.02 mg (84) & ethinyl estradiol tab
0.01 mg (7)
(LoSeasonique)
Quasense (91 day)
Setlakin (91 day)

ORAL PROGESTIN
Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Jolivette
Lyza
Nora-BE
norethindrone tab 0.35 mg
(Ortho Micronor)
Norlyda
Norlyroc
Sharobel
Tulana

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

RINGS
NUVARING –
etonogestrel-ethyl 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
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 BCBSTX (unless you have a benefit exclusion) for products not covered on your prescription drug list.

This information is for informational purposes only, does not constitute legal or other advice and should not be relied upon to determine coverage.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística, lámame al 855-710-6984 (TTY: 711).