

Contraceptive Coverage List



BlueCross BlueShield
of Oklahoma

Effective January 1, 2016

Eligible benefit plans include coverage under the Affordable Care Act for the following contraceptives and contraceptive products to be covered at \$0 member cost share. This list will be reviewed periodically and is subject to change. To determine cost share for medications or products not listed below, log onto your account at MyPrime.com.

| Contraceptive Benefit Coverage* | | |
|--|---|---|
| EMERGENCY CONTRACEPTIVES | DRUG STRENGTH | CERVICAL CAPS |
| Ella | 30 MG TABLET | FEMCAP |
| levonorgestrel | 0.75 MG | PRENTIF CAVITY-RIM CERVICAL CAP |
| ORAL CONTRACEPTIVES | DRUG STRENGTH | PRENTIF FITTING SET |
| Camila | 0.35 MG | DIAPHRAGMS |
| Deblitane | 0.35 MG | CAYA ARC-SPRING DIAPHRAGM |
| Errin | 0.35 MG | OMNIFLEX DIAPHRAGM |
| Heather | 0.35 MG | ORTHO ALL-FLEX |
| Introvale | 0.15-0.03 MG | ORTHO COIL SPRING KIT |
| Jencycla | 0.35 MG | ORTHO FLAT SPRING KIT |
| Jolessa | 0.15-0.03 MG | WIDE-SEAL SILICONE |
| Jolivette | 0.35 MG | INJECTIONS |
| Kimidess | 0.15-0.02/0.01 MG | DEPO-PROVERA CONTRACEPTIVE (generic available) |
| levonorgestrel/ethinyl estradiol (91 DAY) | 90-20 MCG, 0.15-0.03 MG | DEPO-SUBQ PROVERA 104 |
| Lyza | 0.35 MG | medroxyprogesterone acetate |
| Nora-BE | 0.35 MG | IMPLANTABLE |
| norethindrone | 0.35 MG | IMPLANON |
| norgestimate/ethinyl estradiol (generic for Ortho Tri-Cyclen) | 0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG | NEXPLANON |
| Norlyroc | 0.35 MG | INTRAUTERINE |
| Quasense | 0.15-0.03 MG | LILETTA |
| Setlakin (91 DAY) | 0.15-0.03 MG | MIRENA |
| Sharobel | 0.35 MG | PARAGARD |
| Tarina Fe (91 DAY) | 1 MG - 20 MG | SKYLA |
| Tri-Estarylla | 0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG | PATCH |
| Tri-Linyah | 0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG | ORTHO EVRA |
| Trinessa | 0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG | Xulane |
| Tri-Previfem | 0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG | RING |
| Tri-Sprintec | 0.18-35 MG-MCG, 0.215-35 MC-MCG, 0.25-35 MG-MCG | NUVARING |

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS

Some of these products may be covered under your medical benefit.
*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.

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.