



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*

EMERGENCY CONTRACEPTIVES

- Aftera
Econtra EZ
Econtra One-Step
ELLA
Fallback Solo
My Choice
My Way
Next Choice One Dose
Opcicon One-Step
Option 2
React
Take Action

ORAL CONTRACEPTIVES

- Amethia Lo
Azurette
Bekyree
Blisovi Fe 1/20
Camila
Camrese Lo
Deblitane
Desogestrel/Ethinyl Estradiol
Errin
Gildess Fe 1/20
Heather
Introvale
Jencycla
Jolesa
Jolivette
Junel Fe 1/20
Kariva
Kimidess
Larin Fe 1/20
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 (91)
Lyza
Microgestin Fe
Nora-BE
Norethindrone
Norethindrone/ethinyl estradiol
Norethindrone/ethinyl estradiol/fe
Norgestimate/ethinyl estradiol (generic for Ortho Tri-Cyclen)
Norlyda
Norlyroc
Pimtrea
Quasense
Setlakin
Sharobel
Tarina Fe 1/20
Tri-Estarylla
Tri-Femynor
Tri-Linyah
Tri-Previfem
Tri-Sprintec
Trinessa
Viorele
Wymzya FE
Zenchent FE

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

FEMALE CONDOMS

- FC FEMALE CONDOM
FC2 FEMALE CONDOM

INJECTIONS

- DEPO-PROVERA
Medroxyprogesterone Acetate

IMPLANTABLES

- IMPLANON
NEXPLANON

INTRAUTERINES

- KYLEENA
LILETTA
MIRENA
PARAGARD
SKYLA

PATCHES

- XULANE

RINGS

- NUVARING

SPONGES

- TODAY

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. If your contraception product is not listed, check your 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.

* 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.