



## 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

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## CONTRACEPTIVE BENEFIT COVERAGE\*

### EMERGENCY CONTRACEPTIVES

ELLA

### 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**

**Jolessa**

**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

### 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.