BlueCross BlueShield of Illinois



Preventive Care Services: **Contraception**

Preventive Care Coverage at No Cost to You

Effective Jan. 1, 2027

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. Some examples of contraceptive drugs and products that may be covered under your plan are on this list. They will be reviewed from time-to-time and are subject to change. 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 a copay, 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.

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.

- All of the prescribed products within each of the categories approved by the FDA for use as a method of contraception, other than those that have at least one therapeutic equivalent.
- FDA-approved contraceptives available over the counter (i.e. foam, sponge, birth control pill, female and male condoms), when prescribed and dispensed via network pharmacy.
- The morning after pill (emergency contraception).
- Injections such as DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical or pharmacy benefit.
- Medical devices such as diaphragms, cervical caps and contraceptive implants may be covered under the pharmacy or medical benefit.
- Female sterilization, including tubal ligation and tubal implant.

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CONTRACEPTIVE PRODUCT COVERAGE*

CERVICAL CAPS

FEMCAP – 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

Afterpill

Econtra One-Step

ELLA – ulipristal acetate tab 30 mg

Her Style

levonorgestrel tab 1.5 mg

My Choice

My Way

New Day

Opcicon One-Step

Option 2

Plan B One-Step

React

Shewise

Take Action

FEMALE CONDOMS

FC2 FEMALE CONDOM – condoms – female

MALE CONDOMS

ALL MALE CONDOMS

IMPLANTABLES

NEXPLANON – etonogestrel subdermal implant 68 mg†

INJECTIONS

DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate susp pref syr 104 mg/0.65 mL

medroxyprogesterone acetate IM suspension 150 mg/mL (Depo-Provera Contraceptiv)†

medroxyprogesterone acetate IM suspension prefilled syringe 150 mg/mL (Depo-Provera Contraceptiv)†

INTRAUTERINES

KYLEENA – levonorgestrel releasing IUD 17.5 mcg/day (19.5 mg total)†

LILETTA – levonorgestrel releasing IUD 20.1 mcg/day (52 mg total)†

MIRENA – levonorgestrel releasing IUD 21 mcg/day (52 mg total)†

MIUDELLA COPPER INTRAUTERINE SYSTEM – copper IUD†

PARAGARD INTRAUTERINE COP – copper IUD†

SKYLA – levonorgestrel releasing IUD 14 mcg/day (13.5 mg total)†

ORAL CONTRACEPTIVES

ORAL COMBINED

Afirmelle

Altavera

Alyacen 1/35, 7/7/7

Apri

ARANELLE – norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg

Aubra EQ

Aurovela 1/20, 1.5/30

Aurovela Fe 1/20, 1.5/30

Aurovela 24 Fe

AVERI – desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg

Aviane

Ayuna

Azurette

Balziva

Blisovi Fe 1/20, 1.5/30

Blisovi 24 Fe

Briellyn

Charlotte 24 Fe

Chateal EQ

Cryselle

Cyred EQ

Dasetta 1/35, 7/7/7

Delyla

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)

drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)

drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)

drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)

drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)

Elinest

Enskyce

Estarylla

Falmina

Feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg

Feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg

FEMLYV – norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg

Finzala

Galbriela

Gemmily

Hailey 1.5/30

Hailey Fe 1/20, 1.5/30

Hailey 24 Fe

Isibloom

Jasmiel

Joyeaux

Juleber

Junel 1/20, 1.5/30

Junel Fe 1/20, 1.5/30

Junel Fe 24

Kaitlib Fe

BlueCross BlueShield of Illinois

CONTRACEPTIVE PRODUCT COVERAGE*

Kalliga

Kariva

Kelnor 1/35

Kurvelo

Larin 1/20, 1.5/30

Larin Fe 1/20, 1.5/30

Larin 24 Fe

Lessina

Levonest

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg

levonorgestrel-eth estra tab 0.05-30/ 0.075-40/0.125-30 mg-mcg

levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)

Levora 0.15/30-28

LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)

Loestrin 1/20-21, 1.5/30-21

Loestrin Fe 1/20, 1.5/30

Loryna

Low-Ogestrel

Lo-Zumandimine

Luizza 1/20, 1.5/30

Lutera

Marlissa

Mibelas 24 Fe

Microgestin 1/20, 1.5/30

Microgestin Fe 1/20, 1.5/30

Mili

Minzoya

Mono-Linyah

NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg

Necon 0.5/35-28

NEXTSTELLIS – drospirenone-estetrol tab 3-14.2 mg

Nikki

norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg

norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)

norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg

norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)

norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg

norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg

Nortrel 0.5/35 (28), 1/35, 7/7/7

Nylia 1/35, 7/7/7

Philith

Pimtrea

Portia-28

Reclipsen

Simliya

Sprintec 28

Sronyx

Syeda

Tarina Fe 1/20 EQ

Tarina 24 Fe

Taysofy

Tilia Fe

Tri-Estarylla

Tri-Legest Fe

Tri-Linyah

Tri-Lo-Estarylla

Tri-Lo-Marzia

Tri-Lo-Mili

Tri-Lo-Sprintec

Tri-Mili

Tri-Sprintec

Tri-Vylibra

Tri-Vylibra Lo

Turqoz

TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg

Tydemy

Valtya 1/35, 1/50

VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg

Vestura

Vienva

Viorele

Volnea

Vyfemla

Vylibra

Wera

Wymzya Fe

Xarah Fe

Xelria Fe

Zovia 1/35

Zumandimine

ORAL EXTENDED – CONTINUOUS

Amethyst

Ashlyna

Camrese

Camrese Lo

Daysee

Dolishale

Iclevia (91-day)

Introvale (91-day)

Jaimiess

Jolessa (91-day)

levonor-eth est tab 0.15-0.02/0.025/ 0.03 mg & eth est 0.01 mg

levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg

levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg

levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7)

levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7)

Lojaimiess

Rivelsa

Rosyrah

Setlakin (91-day)

Simpesse

BlueCross BlueShield of Illinois

CONTRACEPTIVE PRODUCT COVERAGE*

ORAL PROGESTIN

Camila

Deblitane

Emzahh

Errin

Heather

Incassia

Jencycla

Lyleq

Lyza

Meleya

Nora-BE

norethindrone tab 0.35 mg

Norlyroc

OPILL – norgestrel tab 0.075 mg

Orquidea

Sharobel

SLYND – drospirenone tab 4 mg

PATCHES

norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr

TWIRLA – levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr

Xulane

Zafemy

RINGS

ANNOVERA – segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr

NUVARING – etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr

SPERMICIDES

ENCARE – nonoxynol-9 vaginal suppos 100 mg

OPTIONS GYNOL II VAGINAL CONTRACEPTIVE – nonoxynol-9 gel 3%

VCF VAGINAL CONTRACEPTIVE FILM – nonoxynol-9 film 28%

VCF VAGINAL CONTRACEPTIVE FOAM – nonoxynol-9 foam 12.5%

VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 gel 4%

SPONGES

TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg

VAGINAL GEL

PHEXX – lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%

* Members may have additional reproductive health benefits per Illinois law not represented within this list.

* 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 submit a copay waiver or coverage exception from BCBSIL (unless you have a benefit exclusion) for contraceptive products not covered on your prescription drug list. Copay waiver and coverage exception forms for your doctor to fill out are available at bcbsil.com/provider or myprime.com. Your doctor can also call the number on your member ID card to ask for a review. If you meet the conditions as outlined under the Affordable Care Act, you may have $0 member cost-sharing (no deductible, copay or coinsurance). BCBSIL will let you, and your doctor, know the coverage decision after receiving your request. If the request is denied, BCBSIL will let you and your doctor know why it was denied and offer you a covered alternative drug (if applicable).

* 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.

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.

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