

Preventive Care Services: Contraception



CONTRACEPTIVE COVERAGE

Effective Jan. 1, 2024

Your health plan may provide certain contraceptive coverage, 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 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 (for example, foam, sponge, male and female condoms), when prescribed by a physician
- The morning after pill
- Injections such as DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical 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

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
(Plan B One-Step)
My Choice
My Way
New Day
Opcicon One-Step
Option 2
React
Take Action

FEMALE CONDOMS

FC2 FEMALE CONDOM –
condoms – female

MALE CONDOMS

CONDOMS – male – various

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

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
Aurovela Fe 1/20
Azurette
Blisovi Fe 1/20
desogest-eth & eth estrad
tab 0.15-0.02/0.01 mg
(21/5) (Mircette)
Hailey Fe 1/20
Junel Fe 1/20
Kariva
Larin Fe 1/20
Loestrin Fe 1/20

Microgestin Fe 1/20
norethindrone & ethinyl
estradiol-Fe chew tab
0.4 mg-35 mcg
norethindrone ace &
ethinyl estradiol-Fe tab
1 mg-20 mcg
norgestimate-eth estrad
tab 0.18-35/0.215-35/
0.25-35 mg-mcg
Nylia 1/35
Pimtrea
Simliya
Tarina Fe 1/20 EQ
Tri-Estarylla
Tri-Linyah
Tri-Mili
Tri-Nymyo
Tri-Sprintec
Tri-Vylibra
Viorele
Volnea
Wymzya Fe

ORAL EXTENDED - CONTINUOUS

Camrese Lo
Iclevia (91 day)
Introvale (91 day)
Jolessa (91 day)
levonorgestrel & ethinyl
estradiol (91-day) tab
0.15-0.03 mg
levonorgestrel-ethinyl
estradiol tab
0.1-0.02 mg (84) &
ethinyl estradiol
tab 0.01 mg (7)
(LoSeasonique)
Lojaimiess
Setlakin (91 day)

ORAL PROGESTIN

Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
norethindrone tab
0.35 mg
Norlyroc
Sharobel

PATCHES

Xulane
Zafemy

RINGS

NUVARING –
etonogestrel-ethinyl
estradiol vaginal ring
0.120-0.015 mg/24hr

SPERMICIDES

ENCARE –
nonoxynol-9 vaginal
suppository 100 mg[†]
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

* Members may be eligible to fill a prescription for up to a 12-month supply of covered contraceptives in accordance with state law.

* 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 BCBSMT (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.

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.

Blue Cross and Blue Shield of Montana complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-710-6984 (TTY: 711).

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Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jí' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.