



BlueCross BlueShield of Illinois

ACA Women's Preventive Services Contraceptive Benefit Coverage*

Eligible benefit plans include coverage under the Affordable Care Act for contraceptives to be covered without cost-sharing for plan/policy years beginning on or after August 1, 2012 for non-grandfathered plans. This list includes what contraceptives Blue Cross and Blue Shield of Illinois (BCBSIL) will cover and is subject to change.

Cervical Caps	M	Emergency Contraceptives**	P	Intrauterine	M
FEMCAP		levonorgestrel		MIRENA	
PRENTIF CAVITY-RIM CERVICAL CAP				PARAGARD	
		Next Choice		All Other IUDs	
PRENTIF FITTING SET		Injections	M	Patch	P
Diaphragms	M	DEPO-PROVERA CONTRACEPTIVE (generic available)		ORTHO EVRA	
OMNIFLEX DIAPHRAGM		DEPO-SUBQ PROVERA 104			
ORTHO ALL-FLEX		medroxyprogesterone acetate		Ring	P
ORTHO COIL SPRING KIT		Implantable	M	NUVARING	
ORTHO FLAT SPRING KIT		IMPLANON			
WIDE-SEAL SILICONE		NEXPLANON			
Oral Contraceptives					P
Camila		norethindrone			
Errin		norgestimate/ethinyl estradiol (generic for Orthro Tri-Cyclen)			
Heather		Quasense			
Introvale		Trinessa			
Jolessa		Tri-Previfem			
Jolivette		Tri-Sprintec			
Nora-BE					
		Procedures	M		
		Contraceptive implant removal			
		Contraceptive implant insertion			
		Fitting of cervical cap or diaphragm			
		Insertion/removal of IUD			
		Female sterilization including tubal ligation***			

* Prescription coverage for contraception may vary according to the terms and conditions of the plan

** A prescription is required for emergency contraceptives to be covered without cost-sharing under the pharmacy benefit for non-grandfathered plans

*** Hysterectomies are not covered without cost-sharing

Terms and conditions of coverage may vary according to plan and state

If the member does not have pharmacy coverage, services may be covered under the medical plan benefit

Prescriptions not shown on this list may be covered and subject to cost-sharing, i.e., co-payments, deductibles or co-insurance

ACA regulations provide for an exemption from the ACA requirement to cover contraceptive services without cost-sharing for certain group health plans of organizations that qualify as religious employers or eligible organizations, provided they meet certain criteria as specified in the regulations

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

M – Covered under Medical Benefit

P – Covered under Pharmacy Benefit