

November 1, 2020

The Affordable Care Act (ACA) requires coverage of certain preventive services without member cost-sharing at the in-network level, including certain contraceptive medications, devices and services for women, as prescribed (referred to in this document as “preventive contraceptive benefits”).* The coverage requirements for preventive contraceptive benefits apply to Blue Cross and Blue Shield of Minnesota and Blue Plus commercial market non-grandfathered plans (and certain other plans that have adopted the benefit). Some groups, including, without limitation, groups who use a pharmacy benefit manager other than Prime Therapeutics, may have a different set of preventive contraceptive pharmacy benefits than shown here. *

Blue Cross covers as a preventive contraceptive benefit at least one Food and Drug Administration (FDA) approved medication or device for each type of contraception within a given method of birth control, as outlined below. Medical management techniques may apply.

Important note: Some services and devices are only covered under the medical benefit, while others may be covered under either the medical or pharmacy benefit, as noted below. Items indicated as OTC (over the counter), pharmacy, or pharmacy only are only eligible for preventive coverage when a member has a prescription and the item is purchased in-network at the pharmacy or pharmacy counter and the pharmacy benefit card is presented. In other words, members and providers are not eligible for reimbursement of claims for OTC, pharmacy, or pharmacy only items submitted with claim forms or receipts.

The preventive contraceptive benefit includes one annual contraceptive counseling visit and certain contraceptive types (as prescribed, when provided in-network), for women between the ages of 12-64. As of October 1, 2015, contraceptive types covered under the preventive contraceptive benefit include those listed below. Note that the specific types of contraceptives covered under the preventive pharmacy benefit may periodically change to account for formulary updates, applicable law and regulatory guidance.

Your pharmacy benefit may have a more expansive contraceptive formulary other than what is listed below. Please go to myprime.com and sign in for the most comprehensive list.

Barrier methods

- Cervical cap: cervical cap, fitting and instruction (medical or pharmacy)
 - FEMCAP – cervical cap Spermicides (OTC)
- Diaphragm: diaphragm, fitting and insertion (medical or pharmacy)
 - CAYA – diaphragm arc-spring
- Female condom (OTC) (male condoms are not eligible for coverage)
 - FC, FC2 FEMALE CONDOM – condoms - female
- Spermicide
 - ENCARE – nonoxynol-9 vaginal suppos 100 mg
 - nonoxynol-9 gel 4% GYNOL II VAGINAL – nonoxynol-9 gel 3%
 - SHUR-SEAL – nonoxynol-9 gel 2%
 - VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam, film
- Sponge
 - TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg

Hormonal methods - Oral Contraceptives (pharmacy only). Note that coverage for oral contraceptives, other than those listed below, may be provided without member cost-sharing if a prescription drug

exception is granted. A member or provider may initiate a prescription drug exception request by following the prescription drug exception process available through myprime.com, or by calling Blue Cross Customer Service.

- Combined triphasic contraceptive pill
 - Norgestimate/Ethinyl Estradiol (generic for Ortho tri-cyclen)
 - Trinessa
 - Tri-Linyah
 - Tri-Previfem
 - Tri-Sprintec
 - Tri-Estarylla
 - Tri-Femynor
 - Tri-Vylibra
 - Tri-Mili
 - Extended-cycle contraceptive pill
 - Introvale
 - Jolessa
 - Quasense
 - Levonorgestrel/Ethinyl Estradiol (91-day) tab 0.15 – 0.03 mg
 - Setlakin
 - Progestin-only contraceptive pill
 - Camila
 - Deblitane
 - Errin
 - Heather
 - Incassia
 - Jencycla
 - Jolivette
 - Lyza
 - Nora-Be
 - Norethindrone tab 0.35 mg (Ortho micronor)
 - Norlyda
 - Norlyroc
 - Sharobel
 - Tulana
 - Transdermal Combined (pharmacy only)
 - Xulane
 - Shot/injection (medical or pharmacy)
 - Depo-Provera
 - Depo-Subq-Provera 104
 - Medroxyprogesterone acetate
 - Vaginal ring (pharmacy only)
 - Nuvaring
- Implantable devices (medical only)

- Implantable rod
 - Initial insertion and removal or replacement
- Intrauterine devices (IUD)
 - Copper or hormonal
 - Initial insertion and removal or replacement

Permanent birth control – (medical only)

- Intratubal occlusion device and delivery system implantation and removal or replacement.
- Tubal ligation procedures
 - Reversals, for any reason, are not covered as a preventive contraceptive benefit.
 - Inpatient facility fees for tubal ligation are not covered under the preventive contraceptive benefit since the sterilization is incidental to and is not the primary reason for the admission.

Emergency Contraception** (pharmacy only)

- Emergency Ella
 - Ella – ulipristal acetate tab 30mg
- Emergency Progestin
 - Aftera
 - Econtra EZ
 - Econtra One Step
 - Levonorgestrel tab 1.5 mg
 - My Choice
 - My Way
 - New Day
 - Opcon One-Step
 - Option 2
 - Plan B One-Step – levonorgestrel tab 1.5 mg
 - Preventeza
 - React
 - Take Action

*Certain religious employers and eligible organizations may be, respectively, exempt or eligible for accommodation from the requirement to cover preventive contraceptive benefits. Women enrolled through eligible organizations may have a separate ID card for preventive contraceptive benefits. Individual policy holders may not claim exemption.

**Some self-insured groups may have a different set of preventive contraceptive benefits than shown here. For instance, they may not offer Emergency Contraception or other contraceptive types listed in this document as a preventive contraceptive benefit for which no member cost-sharing applies.

Non-preventive care received during a preventive care visit is subject to normal plan cost sharing. Out-of-network services may incur member liability or may not be covered.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

This document was current as of November 1, 2020, and therefore may not reflect the most up to date information. This information may change from time to time as determined appropriate by Blue Cross and/or Blue Plus. Coverage for specific preventive services may differ from that described in this document. Not all items on this list are covered benefits for all products or groups with Blue Cross or Blue Plus. For the most up to date information about benefits that may be available to you, please contact Customer Service at the number located on the back of your ID card. Coverage for certain items and services may only be provided for plan and policy years after a certain date. Pharmacy coverage may differ for members with pharmacy benefit managers other than Prime Therapeutics. This list may not represent all possible tests or benefits, and inclusion of a service or item on this list does not guarantee coverage. Check your health plan benefits or call the number on the back of your member ID card for details on coverage. Additional requirements may apply. Tests ordered during a preventive visit that are not considered preventive care may be subject to deductibles, copays and/or coinsurance. Additionally, treatment or tests for an existing condition or illness are not preventive care and may be subject to deductibles, copays and/or coinsurance.