

# Preventive Care Services: Contraception

**CONTRACEPTIVE COVERAGE**  
Effective Jan. 1, 2026

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 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.

## 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
- 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

# 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 DIAPHR – diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm

## EMERGENCY CONTRACEPTIVES

**Aftera (Plan B One-Step)**

**Afterpill (Plan B One-Step)**

**Eontra One-Step (Plan B One-Step)**

ELLA – ulipristal acetate tab 30 mg

**Her Style (Plan B One-Step)**

**levonorgestrel tab 1.5 mg (Plan B One-Step)**

**My Choice (Plan B One-Step)**

**My Way (Plan B One-Step)**

**New Day (Plan B One-Step)**

**Opcon One-Step (Plan B One-Step)**

**Option 2 (Plan B One-Step)**

**React (Plan B One-Step)**

**Take Action (Plan B One-Step)**

## 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 20 mcg/day (52 mg total)†

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**

**Aubra EQ**

**Aurovela 1/20, 1.5/30**

**Aurovela Fe 1/20, 1.5/30**

**Aurovela 24 Fe**

**Averi**

**Aviane**

**Ayuna**

**Azurette**

**Balziva**

**Blisovi Fe 1/20, 1.5/30**

**Blisovi 24 Fe**

**Briellyn**

**Charlotte 24 Fe**

**Chateal EQ**

**Cryselle-28**

**Cyred EQ**

**Dasetta 1/35, 7/7/7**

**Delyla**

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

**drosiprenone-ethinyl estradiol tab 3-0.02 mg (Yaz)**

**drosiprenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)**

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

DROSPIRENONE/ETHINYL ESTR - drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg

**Elinest**

**Enpresse-28**

**Enskyce**

**Estarylla**

**ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg**

**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**

**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**

**Kalliga**

**Kariva**

**Kelnor 1/35, 1/50**

**Kurvelo**

**Larin 1/20, 1.5/30**

**Larin Fe 1/20, 1.5/30**

# Contraceptive Product Coverage\*

Larin 24 Fe

Layolis Fe

Leena

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

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

Loestrin Fe 1/20, 1.5/30

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

Loryna

Low-Ogestrel

Lo-Zumandimine

Lutera

Marlissa

Merzee

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 & ethinyl estradiol-Fe  
chew tab 0.8 mg-25 mcg

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

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

Ocella

Philith

Pimtrea

Portia-28

Reclipsen

SAFYRAL - drospirenone-ethinyl es-  
trad-levomefolate tab 3-0.03-0.451 mg

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

Trivora-28

Tri-Vylibra

Tri-Vylibra Lo

Turqoz

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

Valtya 1/50

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

Vestura

Vienna

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)

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

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

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

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

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

Lojaimiess

Rivelsa

Setlakin (91-day)

Simpesse

*ORAL PROGESTIN*

Camila

Deblitane

Emzahn

Errin

Heather

Incassia

# Contraceptive Product Coverage\*

## Jencycla

## Lyleq

## Lyza

## Nora-BE

## Norethindrone - norethindrone tab 0.35 mg

## Norlyroc

OPILL – norgestrel tab 0.075 mg

## Sharobel

SLYND – drospirenone tab 4 mg

## PATCHES

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

TWIRLA – levonorgestrel-ethinyl estradiol  
transdermal ptkw 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 –  
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

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

Generic Drugs = **bold**

Brand Drugs = CAPITAL LETTERS

† = Covered under medical benefit

\* 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 copay waiver or coverage exception from BCBSMT (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 [bcbsmt.com/provider](http://bcbsmt.com/provider). 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). BCBSMT will let you, and your doctor, know the coverage decision after receiving your request. If the request is denied, BCBSMT 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.

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).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-710-6984 (TTY: 711).

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### Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

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

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator  
Attn: 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  
Email: [civilrightscoordinator@bcbsil.com](mailto:civilrightscoordinator@bcbsil.com)

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal:  
[ocrportal.hhs.gov/ocr/smartscreen/main.jsf](http://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)  
Complaint Forms:  
[hhs.gov/civil-rights/filing-a-complaint/index.html](http://hhs.gov/civil-rights/filing-a-complaint/index.html)

This notice is available on our website at [bcbsmt.com/legal-and-privacy/non-discrimination-notice](http://bcbsmt.com/legal-and-privacy/non-discrimination-notice)

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.



中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohjí' 855-710-6984 (TTY: 711) hodíilnih doodago nika'anáwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تاپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.