

Contraceptive Services Only

Connecticut

Delaware

Maryland

Oregon

District of Columbia

Illinois

Massachusetts

Washington

\$0 Cost-share Services, Products and Drugs for Women^{1,2,3}

The health reform law (Affordable Care Act) requires most health plans to pay for birth control (contraceptives and sterilization) for women at no cost to you. Some organizations can choose not to cover birth control (contraceptives) as part of their group health plan for religious reasons. If you are a member of one of these groups (Eligible Organizations), UnitedHealthcare is required to cover certain birth control products and services at no cost to you.

You can use your Contraceptive Services Only ID card to get the birth control services, products and drugs on this list for \$0 cost-share if they are:

- Prescribed by a health care professional such as your doctor.
- For services performed by a network health care professional.
- For products and drugs filled at a network pharmacy.

Medical Birth Control

These medical birth control services will be covered at no cost to you when prescribed and performed by a network health care professional. However, birth control products or drugs used as part of these services may be billed at full cost, unless they appear on this list.

Medical Birth Control

Contraceptive counseling

To start, keep or stop the use of birth control services, products and drugs.

Place, fit, inspect or remove diaphragms and cervical caps

Products must be on page 4 to be no cost.

Place, fit, inspect or remove IUDs (intrauterine devices)

Mirena®, Skyla™ and Paragard® (copper) IUDs are covered at no cost. Doctors who do not stock the Mirena® and Skyla™ levonorgestrel-releasing intrauterine systems may obtain them through CVS Caremark Specialty Pharmacy at 1-800-237-2767 or Fax 1-800-323-2445. Members cannot be reimbursed for IUDs purchased from a pharmacy.

Place, fit, inspect or remove drug implants

Nexplanon is covered at no cost. This flexible rod is implanted under the skin, and can provide birth control for up to 3 years.

Injections (shots) of 3-month contraceptives

Medroxyprogesterone (generic Depo-Provera) is covered at no cost.

Getting sterilized and anesthesia

(including cutting or blocking the Fallopian tubes or oviducts, i.e. getting your tubes tied)

Surgical sterilization (getting your tubes tied)⁴

Implantable devices (Essure is covered at no cost, and can be used to block the Fallopian tubes.) Facility fees (office or hospital fees), anesthesia, pathology (lab fees), and doctor fees are covered under the preventive benefit. Does not include pre- or post-operative exam.

CONTINUED

Over-the-Counter Birth Control (Contraceptives) for Women⁵

Birth Control Contraceptives (Over-the-Counter)

Contraceptive films	The following forms of birth control (contraceptives) are available over-the-counter (OTC) and will be covered at \$0 cost-share when prescribed by a health care professional and filled at a network pharmacy. Male forms of birth control (contraception) are not currently considered Preventive Care Medications under the Affordable Care Act.
Contraceptive foams	
Contraceptive gels	
Contraceptive sponges	
Emergency birth control (contraceptives) (generic for Plan B, generic for Plan B One-Step)	
Female condoms	

Prescription Hormonal Birth Control (Contraceptives)^{5,6}

Brand Hormonal Birth Control (Contraceptives)

● Balcoltra ⁸	○ NuvaRing
● Beyaz ⁷	● Ortho Tri-Cyclen Lo ⁷
● Depo- Provera 104mg	● Quartette ⁷
● Generess FE ⁷	● Safyral ⁷
● Lo Loestrin FE	● Taytulla ⁸
● Minastrin 24 FE ⁷	● Yasmin
● Natazia	● Yaz

Generic Hormonal Birth Control (Contraceptives)

● Altavera, Chateal, Chateal EQ, Kurvelo, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Levora-28, Lillow, Marliisa, Portia-28 (generic Nordette)
● Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Nortrel 1/35, Pirmella 1/35 (generic Ortho-Novum 1/35)
● Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Necon 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7 (generic Ortho-Novum 7/7/7)
● Amethia, Ashlyna, Camrese, Daysee, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg (generic Seasonique)
● Amethia Lo, Camrese Lo, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg (84) (generic LoSeasonique)
● Amethyst, Levonorgestrel/Ethinyl Estradiol 0.09/0.02 mg (generic Lybrel)
● Apri, Cyred, Cyred EQ, Desogestrel/Ethinyl Estradiol 0.15/0.03 mg, Emoquette, Enskyce, Isibloom, Juleber, Reclipsen, Solia (generic Desogen, Ortho-Cept)
● Aranelle, Leena (generic Tri-Norinyl)
● Aubra, Aubra EQ, Aviane, Delyla, Falmina, Larissia, Lessina, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg, Lutera, Orsythia, Sronyx, Vienva (generic Alesse)
● Azurette, Bekyree, Desogesterel/Ethinyl Estradiol 0.15/0.02 mg, Kariva, Kimidess, Pimtrea, Viorele (generic Mircette)
● Balziva, Briellyn, Gildagia, Philith, Vyfemla, Zenchent (generic Ovcon-35)
● Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Lomedia 24 FE, Norethindrone/Ethinyl Estradiol 24 FE 1/0.02 mg, Tarina 24 FE (generic Loestrin 24 FE)
● Blisovi FE, Gildess FE, Junel FE, Larin FE, Microgestin FE, Norethindrone/Ethinyl Estradiol FE 1/0.02 mg, Tarina FE (generic Loestrin FE)
● Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Jolivette, Lyza, Nora-BE, Norethindrone 35 mcg, Norlyda, Norlyroc, Sharobel, Tulana (generic Micronor, Nor-Q-D)
● Caziant, Cesia, Velivet (generic Cyclessa)
● Cryselle-28, Elinest, Low-Ogestrel (generic Lo/Ovral)
● Drospirenone/Ethinyl Estradiol/Levomefolate 3-0.02-0.451 mg, Ranjani (generic Beyaz) ⁸

Generic Hormonal Birth Control (Contraceptives) *continued.....*

- Drospirenone/Ethinyl Estradiol/Levonorgestrel 3-0.03-0.451 mg, Tydemy (generic Safyral)⁸
- Enpresse-28, Levonest, Levonorgestrel/Ethinyl Estradiol 6-5-10, Myzila, Trivora-28 (generic Triphasil)
- Estarylla, Femynor, Mili, Mono-Linyah, MonoNessa, Norgestimate/Ethinyl Estradiol 0.25/0.035 mg, Previfem, Sprintec-28, Vylibra (generic Ortho-Cyclen)
- Ethynodiol Diacetate/Ethinyl Estradiol 1/0.035 mg, Kelnor 1/35, Zovia-1/35E (generic Demulen 1/35)
- Ethynodiol Diacetate/Ethinyl Estradiol 1/0.05 mg, Kelnor 1/50 (generic Demulen 1/50)
- Fayosim, Levonorgestrel/Ethinyl Estradiol, Rivelsa (generic Quartette)⁸
- Introvale, Jolessa, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Quasense, Setlakin (generic Seasonale)
- Junel, Larin, Microgestin, Norethindrone/Ethinyl Estradiol 1/0.02 mg (generic Loestrin)
- Kaitlib FE, Layolis FE Chew, Norethindrone/Ethinyl Estradiol 0.8/0.025 mg (generic Generess FE)⁸
- ▲ Medroxyprogesterone Acetate 150 mg (generic Depo-Provera 150mg)
- Melodetta 24 FE, Mibelas 24 FE, Norethindrone/Ethinyl Estradiol FE 1/0.02 mg Chewable (generic Minastrin 24 FE)⁸
- Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35 (generic Brevicon, Modicon)
- Necon 1/50 (generic Norinyl 1/50)
- Norethindrone/Ethinyl Estradiol FE 0.4/0.35 mg, Wymzya FE, Zenchent FE (generic Femcon FE)
- Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.035 mg, Tri-Estarylla, Tri Femynor, Tri-Linyah, Tri-Mili, Trinessa, Tri-Previfem, Tri-Sprintec, Tri-Vylibra (generic Ortho Tri-Cyclen)
- Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.025 mg, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Sprintec, Trinessa-Lo (generic Ortho Tri-Cyclen Lo)
- Tilia FE, Tri-Legest FE (generic Estrostep FE)
- Xulane (generic Ortho Evra)

KEY

- Birth Control Pill (oral contraceptive)
- Birth Control Ring (contraceptive vaginal ring)
- ▲ Birth Control Shot (injectable contraceptive)
- Birth Control Patch (contraceptive transdermal patch)

CONTINUED

Prescription Cervical Caps and Diaphragms for Birth Control (Contraceptives)⁵

Brand Cervical Caps

Femcap

Brand Diaphragms

Caya

Omniflex

Wide-Seal

Prescription Emergency Birth Control (Contraceptives)⁵

Brand Emergency Birth Control (Contraceptives)

ella

Plan B One-Step

Generic Emergency Birth Control (Contraceptives)

Aftera, EContra EZ, EContra One Step, Fallback Solo, Levonorgestrel 1.5 mg, My Choice, My Way, New Day, Next Choice One Dose, Opcicon One-Step, Option 2, Preventeza, React, Take Action (generic Plan B One-Step)



¹ Please note this list is subject to change.

² Always refer to your Contraceptive Services Only Booklet to determine your coverage for contraceptives. Where differences are noted, the Contraceptive Services Only Booklet will govern. For example, your Contraceptive Services Only Booklet may only cover medical birth control, and not pharmacy birth control.

³ All branded medications are trademarks or registered trademarks of their respective owners.

⁴ When sterilization is performed during an inpatient admission (for example during maternity/delivery inpatient admission) the sterilization procedure itself will be covered under preventive benefits at no cost-share. However, the facility fees will not be covered under preventive benefits.

⁵ Additional products not listed on this document are covered at \$0 if your pharmacy benefit plan is administered in Oregon or Washington. Sign in to myuhc.com and go to Pharmacy Information or call the number on your member ID card.

⁶ Prior Authorization is not required for covered contraceptives if your pharmacy benefit plan is administered in Maryland, Oregon, or Washington

⁷ These products are only available for pharmacy benefit plans administered in Connecticut and prior authorization is required.

⁸ Prior authorization required.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Facebook.com/UnitedHealthcare Twitter.com/myUHC YouTube.com/UnitedHealthcare

CSO MT-1146192 7/19 ©2019 United HealthCare Services, Inc. 17-4993 (100-18562)