



2018 Affordable Care Act (ACA) \$0 Copay Contraceptive List

We value you as a BlueCross BlueShield of Tennessee member, and we know our female members have specific health care needs. We are here to make sure your health care coverage meets those needs.

Your BlueCross health plan meets the Women’s Preventive Services Provisions of the Affordable Care Act by including benefits for certain contraceptive drugs, devices and procedures for all women covered by your plan. With most plans, there is no additional cost when you visit in-network doctors, hospitals and pharmacies.

Pharmacy Methods

Medications and over-the-counter (OTC) items are eligible only with a prescription filed through an in- network pharmacy.

Taken by Mouth

Altavera	Drospirenone-Ethinyl Estradiol	Kelnor	Natazia	Syeda
Alyacen		Kimidess	Necon	Tarina FE
Amethia	Drospirenone-Ethinyl Estradiol-Levomefolate	Kurvelo	Nikki	Tilia FE
Amethia Lo	Elinest	Larin	Nora-Be	Tri-Estarylla
Amethyst	Emoquette	Larin 24 FE	Norethindrone	Tri Femynor
Apri	Enpresse	Larin FE	Norethindrone-Ethinyl Estradiol	Tri-Legest FE
Aranelle	Enskyce	Larissia	Norethindrone-Ethinyl Estradiol-FE	Tri-Linyah
Ashlyna	Errin	Layolis FE chewable	Norgestimate-Ethinyl Estradiol	Tri-Lo-Estarylla
Aubra	Estarylla	Leena	Norgestrel-Ethinyl Estradiol	Tri-Lo-Marzia
Aviane	Ethinodiol-Ethinyl Estradiol	Lessina	Norgestrel-Ethinyl Estradiol	Tri-Lo-Sprintec
Azurette	Falmina	Levonest	Norlyda	Tri-Mili
Balcoltra	Fayosim	Levonorgestrel-Ethinyl Estradiol	Norlyroc	Tri-Previfem
Balziva	Femynor	Levonorgestrel-Ethinyl Estradiol Triphasic	Nortrel	Tri-Sprintec
Bekyree	Fyavolv	Levora-28	Ocella	Tri-Vylibra
Blisovi 24 Fe	Gianvi	Lillow	Ogestrel	Trinessa
Blisovi Fe	Gildagia	Lo Loestrin FE	Orsythia	Trinessa Lo
Briellyn	Heather	Lomedia 24 FE	Philith	Trivora-28
Camila	Incassia	Loryna	Pimtrea	Tulana
Camrese	Introvale	Low-Ogestrel	Pirmella	Velivet
Camrese Lo	Isibloom	Lutera	Portia	Vienna
Caziant	Jencycla	Lyza	Previfem	Viorele
Chateal	Jevantique Lo	Marlissa	Quasense	Vyfemla
Cryselle	Jinteli	Melodetta 24 FE	Rajani	Wera
Cyclafem	Jolessa	Mibelas 24 FE	Reclipsen	Wymzya FE chewable
Cyred	Jolivette	Microgestin	Rivelsa	Zarah
Dasetta	Juleber	Microgestin FE	Safyral	Zenchant
Daysee	Junel	Mili	Setlakin	Zenchant FE chewable
Deblitane	Junel FE	Mono-Linyah	Sharobel	Zovia 1-35E
Delyla	Junel FE 24	Mononessa	Sprintec	
Desogestrel-Ethinyl Estradiol	Kaitlib FE chewable	Myzilra	Sronyx	
	Kariva			

Extended Release (Topical Patch, Injectable, Vaginal Ring)

Depo-SubQ Provera 104
prefilled syringe

Medroxyprogesterone
Acetate Intramuscular
Suspension

NuvaRing

Xulane Transdermal Patch

Emergency Contraceptives

EContra EZ^{QL}

My Choice^{QL}

Next Choice One Dose^{QL}

EContra One-Step^{QL}

My Way^{QL}

Opicicon One-Step^{QL}

Ella^{QL}

New Day^{QL}

Option 2^{QL}

QL – Drug has quantity limitation on amount covered

Medical Methods

Barrier Methods

Includes diaphragms, sponges, cervical caps, female condoms, and spermicide. Devices and over-the-counter (OTC) items are eligible only with a prescription and should be filed as medical claims.

Caya contoured diaphragm

Femcap

VCF Foam

FC female condom

Gynol II Jelly

Wide seal diaphragm

Implant Methods

Includes intrauterine devices (IUD) and implantable rods. Prior authorization for these devices and procedures is not required. These should be filed as medical claims.

Kyleena IUD

Mirena IUD

ParaGard IUD

Liletta IUD

Nexplanon Implant

Skyla IUD

Permanent Methods

Prior authorization for these procedures is not required. These should be filed as medical claims.

Essure

Occlusion of Fallopian Tubes

Sterilization Implants

Tubal Ligation

This list is subject to change throughout the year. Please call Member Service at the phone number listed on your BlueCross BlueShield of Tennessee member ID card or visit our website at bcbst.com for the most up-to-date information.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

විද්‍යා: ඉංග්‍රීසි භාෂාව භාවිතයෙන් භාෂා සහාය සේවාවන් නොමිලේ ලබාදීමට සූදානම්ව සිටිමු. 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዙዎት ተዘጋጅተዋል: ወደ ሚክላው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hółó, koji' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).