

Contraceptive Services Only

\$0 Cost-share services, products and drugs for women^{1,2,3}

Effective: May 1, 2025

Connecticut

Delaware

District of Columbia

Illinois

Maine

Maryland

Massachusetts

Minnesota

New Jersey

New York

Oregon

Washington



United Healthcare

U.S. Preventive Services Task Force A & B recommendation medications and supplements

The health care reform law (Affordable Care Act) requires most health plans to cover birth control (contraceptives and sterilization) for women at no cost. Certain Eligible Organizations may choose not to cover birth control as part of their group health plan due to sincerely held religious beliefs or moral convictions. If you are a member of one of these groups, and the group has elected an optional accommodation, UnitedHealthcare will cover certain birth control products and services at no cost to you.

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

- Prescribed by a network 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.

Birth control⁴

Over-the-counter birth control (contraceptives) for women

Birth control contraceptives
The following forms of birth control (contraceptives) are available OTC and will be covered at \$0 cost-share when filled at a network pharmacy. Ask your pharmacy to submit a claim ⁵ to UnitedHealthcare.
Condoms
Contraceptive films
Contraceptive foams
Contraceptive gels
Contraceptive sponges
Contraceptive suppositories
Emergency birth control (contraceptives) (AfterPill, generic for Plan B, generic for Plan B One-Step)
Opill

Prescription birth control (contraceptives)

KEY

pill...........Hormonal Birth Control Pill (oral contraceptive)
ring........Hormonal Birth Control Ring (contraceptive vaginal ring)
shot.......Hormonal Birth Control Shot (injectable contraceptive)
patch......Hormonal Birth Control Patch (contraceptive transdermal patch)
gel........Non-Hormonal Birth Control Gel (vaginal contraceptive)

Brand birth control (contraceptives)					
ring	Annovera	pill	Natazia	patch	Twirla
shot	Depo-SubQ Provera 104 mg	pill	Nextstellis	pill	Yasmin
pill	Femlyv	gel	Phexxi	pill	Yaz
pill	Lo Loestrin FE	pill	Slynd ⁶		

Gener	ic birth control (contraceptives)					
pill	Afirmelle, Aubra, Aubra EQ, Aviane, Delyla, Falmina, Lessina, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg, Lutera, Orsythia, Sronyx, Vienva (generic Alesse)					
pill	Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Levora-28, Marlissa, Portia-28 (generic Nordette)					
pill	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35 (generic Ortho-Novum 1/35)					
pill	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7 (generic Ortho-Novum 7/7/7)					
pill	Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Simpesse (generic Seasonique)					
pill	Amethyst, Dolishale, Levonorgestrel/Ethinyl Estradiol 0.09/0.02 mg (generic Lybrel)					
pill	Apri, Cyred, Cyred EQ, Desogestrel/Ethinyl Estradiol 0.15/0.03 mg, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia (generic Desogen, Ortho-Cept)					
pill	Aranelle, Leena (generic Tri-Norinyl)					
pill	Aurovela, Junel, Larin, Microgestin, Norethindrone/Ethinyl Estradiol 1 mg/20 mcg (generic Loestrin 1 mg/20 mcg)					
pill	Aurovela, Hailey, Junel, Larin, Microgestin, Norethindrone/Ethinyl Estradiol 1.5 mg/30 mcg (generic Loestrin 1.5 mg/30 mcg)					
pill	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Microgestin 24 FE, Norethindrone/Ethinyl Estradiol 1 mg/20 mcg - FE (24), Tarina 24 FE (generic Loestrin 24 FE)					
pill	Aurovela FE, Blisovi FE, Gildess FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, Norethindrone/Ethinyl Estradiol/FE, Tarina FE (generic Loestrin FE)					
pill	Azurette, Desogestrel/Ethinyl Estradiol 0.15/0.02 mg, Kariva, Pimtrea, Simliya, Viorele, Volnea (generic Mircette)					
pill	Balziva, Briellyn, Norethindrone/Ethinyl Estradiol 0.4 mg/35 mcg, Philith, Vyfemla (generic Ovcon-35)					
pill	Camila, Deblitane, Emzahh, Errin, Heather, Incassia, Jencycla, Lyleq,Lyza, Nora-BE, Norethindrone 35 mcg, Norlyroc, Sharobel (generic Micronor, Nor-Q-D)					
pill	Camrese Lo, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg (84), LoJaimiess (generic LoSeasonique)					
pill	Cesia, Velivet (generic Cyclessa)					
pill	Charlotte 24 FE, Finzala, Mibelas 24 FE, Norethindrone/Ethinyl Estradiol FE 1/0.02 mg Chewable (generic Minastrin 24 FE)					
pill	Cryselle-28, Elinest, Low-Ogestrel, Turqoz (generic Lo/Ovral)					
pill	Drospirenone/Ethinyl Estradiol/Levomefolate 3-0.02-0.451 mg, (generic Beyaz)					
pill	Drospirenone/Ethinyl Estradiol/Levomefolate 3-0.03-0.451 mg, Tydemy (generic Safyral)					
ring	Eluryng, Enilloring, Etonogestrel/Ethinyl Estradiol 0.12/0.015 mg/24 hr, Haloette (generic NuvaRing)					
pill	Enpresse-28, Levonest, Levonorgestrel/Ethinyl Estradiol 6-5-10, Trivora-28 (generic Triphasil)					
pill	Estarylla, Femynor, Mili, Mono-Linyah, Mononessa, Norgestimate/Ethinyl Estradiol 0.25/0.035 mg, Nymyo, Sprintec-28, Vylibra (generic Ortho-Cyclen)					
pill	Ethynodiol Diacetate/Ethinyl Estradiol 1/0.035 mg, Kelnor 1/35, Zovia 1/35 (generic Demulen 1/35)					
pill	Ethynodiol Diacetate/Ethinyl Estradiol 1/0.05 mg, Kelnor 1/50 (generic Demulen 1/50)					
pill	Fayosim, Levonorgestrel/Ethinyl Estradiol, Rivelsa (generic Quartette)					
pill	Gemmily, Merzee, Norethindrone/Ethinyl Estradiol FE, Taysofy (generic Taytulla)					
pill	Iclevia, Introvale, Jolessa, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Setlakin (generic Seasonale)					

Generic birth control (contraceptives) continued					
pill	Kaitlib FE Chew, Layolis FE Chew, Norethindrone/Ethinyl Estradiol FE 0.8/0.025 mg Chew (generic Generess FE)				
pill	Levonorgestrel/Ethinyl Estradiol FE 0.1 mg/20 mcg, Joyeaux, Minzoya (generic Balcoltra)				
shot	Medroxyprogesterone Acetate 150 mg (generic Depo-Provera 150 mg)				
pill	Necon 0.5 mg/35 mcg, Nortrel 0.5 mg/35 mcg, Wera 0.5 mg/35 mcg (generic Brevicon, Modicon)				
patch	Norelgestromin/Ethinyl Estradiol 150/35 mcg, Xulane, Zafemy (generic Ortho Evra)				
pill	Norethindrone/Ethinyl Estradiol FE 0.4/0.35 mg, Wymzya FE (generic Femcon FE)				
pill	Norethindrone/Ethinyl Estradiol FE 1-20/1-30/1-35 mg-mcg, Tilia FE, Tri-Legest FE (generic Estrostep FE)				
pill	Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.035 mg, Tri-Estarylla, Tri-Linyah, Tri-Mili, Trinessa, Tri-Nymyo, Tri-Sprintec, Tri-Vylibra (generic Ortho Tri-Cyclen)				
pill	Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.025 mg, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo (generic Ortho Tri-Cyclen Lo)				
pill	Tyblume				

Prescription cervical caps and diaphragms for birth control (contraceptives)

Brand cervical caps

Femcap

Brand diaphragms

Caya

Omniflex

Wide-Seal

Prescription emergency birth control (contraceptives)

Brand emergency birth control (contraceptives)

AfterPill

ella

Plan B One-Step

Generic emergency birth control (contraceptives)

Aftera, Curae, EContra EZ, EContra One Step, Her Style, Levonorgestrel 1.5 mg, My Choice, My Way, New Day, Opcicon One-Step, Option 2, React, Take Action (generic Plan B One-Step)

What if my doctor prescribes a similar preventive medication that is not on this list?

The health care reform law allows plans to use reasonable medical management to decide which product/medications are provided at \$0 cost-share. If you choose a no-cost product from the list applicable to your plan, your cost at the pharmacy will be \$0. If you choose a covered product/medication that is not on the list, a copay or coinsurance may be required. And this cost will apply to your deductible if you have one.

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list. If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no additional cost. Your doctor may visit **uhcprovider.com** for details on how to submit and what information to include with **Patient Protection and Affordable Care Act \$0 Cost-Share Preventive Medications Exemption Requests.**

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.

Diaphragms and cervical caps

IUDs (intrauterine devices)

Implantable rods

These flexible rods are implanted under the skin, and can provide birth control for up to 3 years.

Injectable contraceptives

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)8

Questions?

Sign in to **myuhc.com** > *Pharmacies & Prescriptions* or call the number on your member ID card.



- 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 brand-name medications are trademarks or registered trademarks of their respective owners.
- 4 Additional products not listed on this document are covered at \$0 if your pharmacy benefit plan is administered in Connecticut, Oregon or Washington. Sign in to **myuhc.com** and go to Pharmacy Information or call the number on your member ID card.
- 5 In certain scenarios, your pharmacy may ask you to contact your healthcare provider for a prescription.
- 6 Prior Authorization required unless your pharmacy benefit plan is administered in Connecticut, Delaware, District of Columbia, Illinois, Maryland, Massachusetts, Minnesota, New Jersey, New York, Oregon, or Washington.
- 7 When informed by a member's health care provider, UnitedHealthcare will accommodate a coverage exception request for any member when one of the \$0 cost medications listed on the Preventive Care Medications list may be medically inappropriate as determined by the health care provider for that member and UnitedHealthcare will waive the otherwise applicable cost-sharing for a medication not represented on the Preventive Care Medications list.
- 8 If a member is admitted to an inpatient facility for another reason (for example during maternity/delivery) and has a sterilization procedure performed during that admission, the sterilization or other contraceptive procedure fees are covered under the preventive benefit. However, the facility fees are not covered under the preventive care benefit since the sterilization or other contraceptive procedure is incidental to, and is not the primary reason, for the inpatient admission.

508 Compliant

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