



Contraceptive Methods and Counseling

Blue Cross and Blue Shield of Nebraska covers certain contraceptive methods and counseling at no additional cost in compliance with the Health and Human Services (HHS) guidelines for all women with reproductive capacity as prescribed. These methods and counseling are covered at no cost to members when using an in-network provider.

To confirm when this information is effective on your plan please call the Member Services number on the back of your ID card.

What is covered

Not all contraceptive methods and counseling are covered under your plan. Certain criteria must be met for services to be available at no cost to you.

If your plan covers contraceptive services and supplies, only FDA-approved contraceptive services and supplies are covered. This does include some over-the-counter (OTC) contraceptive methods. It does not include educational brochures. Some covered services will be at no cost to you and some services will remain covered subject to a cost share.

Contraceptive methods for females are covered at no cost to you, when the services are provided by an in-network provider. If the services are provided by an out-of-network provider, benefits are subject to your cost share amount, not to exceed the maximum allowable amount. Services for male contraceptive methods, such as vasectomies, are paid based on your plan's benefits and are subject to a cost share.



What is covered under the medical portion of my plan?

The following services will be covered at no cost to you when billed with a contraceptive diagnosis:

- Physician visits and follow-up care
- Counseling for natural family planning services
- Diaphragms and cervical caps (device and fitting)
- Implants, such as Implanon® (drugs, insertion and removal)
- Injections, such as depo-provera (drug and administration)
- Intrauterine device (IUD: device, insertion and removal)
- Tubal ligation (surgical procedure and related services when performed as the primary procedure)

For procedures that require insertion and removal, your plan will only cover the procedure at no cost to you when the removal and reinsertion is performed on the same day in the same session.

Other contraceptive services that are covered at no cost to you when received in an in-network doctor's office:

- IUDs
- Diaphragms
- Cervical caps
- Injectable contraceptive drugs
- Implantable contraceptive drugs
- Elective sterilization

What is covered under the pharmacy portion of my plan?

The following contraceptive services are paid when you visit an in-network pharmacy:*

- Birth control pills
- Patches
- Rings
- Female condoms
- Spermicide
- Sponges

* In order to be covered at no cost to you, the contraceptive item must be listed on the drug list called Contraceptive Drugs and Methods Pharmacy List. If the item is not on the list, the item will be covered, but will be subject to your plan's normal generic or brand-name cost share amounts (applicable copayment, deductible and/or coinsurance). See the below chart for cost share.

Covered Contraceptive Drugs	Benefits
Preferred <ul style="list-style-type: none"> • Generic drug • Brand-name drug 	<ul style="list-style-type: none"> • Plan pays 100% • Plan pays 100%
Non-preferred <ul style="list-style-type: none"> • Generic drug • Brand-name drug 	<ul style="list-style-type: none"> • Same as any other generic • Same as any other non-preferred brand drug
NOTE: Your plan's standard day-supply limits apply.	

NOTE: For claims to be processed as in-network at no additional cost to you, you will need a prescription for OTC items and purchased at the pharmacy counter instead of the upfront cashier.

These guidelines/benefits may not apply to certain employer groups. If you are not sure if your plan covers contraceptive methods and counseling for women, call the Member Services number on the back of your member ID card.