

$0 birth control

Whether it's for regulating your cycle, managing cramps, or preventing pregnancy, you can count on affordable birth control (contraceptives) with your UnitedHealthcare® Individual & Family plan.

Questions? Call the number on your health plan ID or visit **myuhc.com/exchange** for 24/7 assistance.

Massachusetts

United Healthcare®



Pharmacy drug list – birth control (contraceptives)

Your UnitedHealthcare Individual & Family plan covers birth control (contraceptives) at no cost to you. Even if your plan has a deductible and you haven't met it, your cost-share is still $0 when filled at a network pharmacy. Applicable formulary requirements such as quantity limits may apply.

Over-the-counter birth control

Over-the-counter birth control (contraceptives) are also available for $0 cost-share with your Individual & Family plan. Ask your pharmacy to submit a claim* to UnitedHealthcare.

Emergency contraception

AFTERA TAB 1.5MG
AFTERPILL TAB 1.5MG
ECONTRA OS TAB 1.5MG
LEVONORGESTR TAB 1.5MG
MY CHOICE TAB 1.5MG
MY WAY TAB 1.5MG
NEW DAY TAB 1.5MG
OPCICON TAB 1.5MG
OPTION 2 TAB 1.5MG
PLAN B TAB 1.5MG
REACT TAB 1.5MG
TAKE ACTION TAB 1.5MG

Condoms

VARIETY OF OPTONS

Spermicides

ENCARE SUP 100MG
GYNOL II GEL 3%
VCF VAGINAL CONTRACEPTIVE GEL
VCF VAGINAL CONTRACEPTIVE FILM

Sponges

TODAY SPONGE

Prescription birth control

Cervical cap

FEMCAP 22MM
FEMCAP 26MM
FEMCAP 30MM

Diaphragm

CAYA DIAPHRAGM
OMNIFLEX DIAPHRAGM
WIDE-SEAL DIAPHRAGM KIT 60
WIDE-SEAL DIAPHRAGM KIT 65
WIDE-SEAL DIAPHRAGM KIT 70
WIDE-SEAL DIAPHRAGM KIT 75
WIDE-SEAL DIAPHRAGM KIT 80
WIDE-SEAL DIAPHRAGM KIT 85
WIDE-SEAL DIAPHRAGM KIT 90
WIDE-SEAL DIAPHRAGM KIT 95

Patch

NORELGESTROMIN/ETHINYL ESTRADIOL
TWIRLA
XULANE
ZAFEMY

Ring

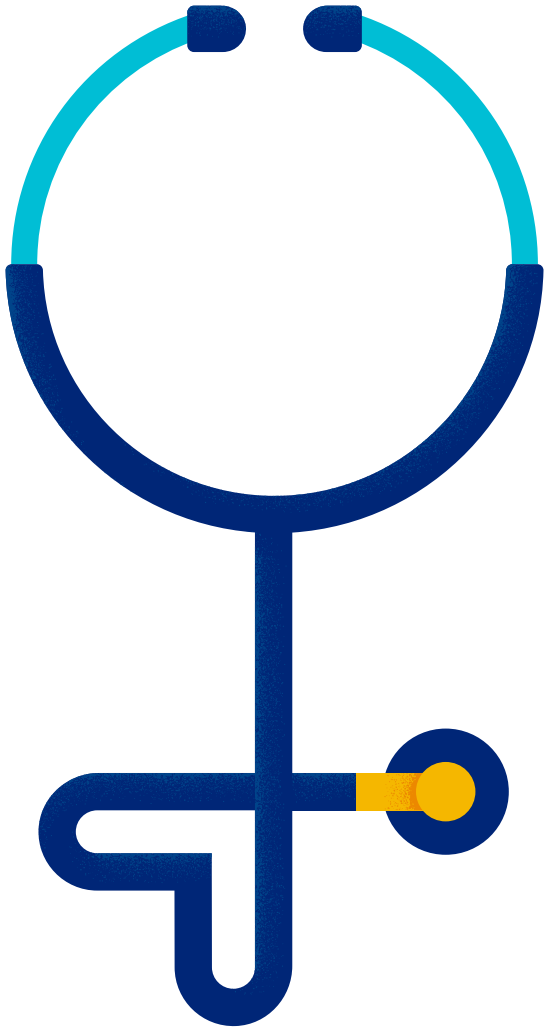
ANNOVERA
ELURYNG
ENILLORING
ETONOGESTREL THY EST
HALOETTE

Shot/injection

DEPO-PROVERA
MEDROXYPROGESTERONE ACETATE

Spermicide

PHEXX GEL



Prescription birth control

Pill

- AFIRMELLE TAB 0.1-0.02
- ALTAVERA TAB
- ALYACEN TAB 1/35
- ALYACEN TAB 7/7/7
- AMETHYST TAB 90-20MCG
- APRI TAB
- ARANELLE TAB
- ASHLYNA TAB
- AUBRA EQ TAB 0.1-0.02
- AUROVELA TAB 1.5/30
- AUROVELA TAB 1/20
- AUROVELA 24 TAB FE 1/20
- AUROVELA FE TAB 1.5/30
- AUROVELA FE TAB 1/20
- AVERI TAB
- AVIANE TAB
- AYUNA TAB
- AZURETTE TAB
- BALZIVA TAB
- BLISOVI 24 TAB FE 1/20
- BLISOVI FE TAB 1.5/30
- BLISOVI FE TAB 1/20
- BRIELLYN TAB
- CAMILA TAB 0.35MG
- CAMRESE TAB
- CAMRESE LO TAB
- CHARLOTTE 24 CHW FE 1/20
- CHATEAL EQ TAB
- CRYSELLE 28 TAB
- CURAE TAB
- CYRED TAB
- CYRED EQ TAB
- DASETTA TAB 1/35
- DASETTA TAB 7/7/7
- DAYSEE TAB
- DEBLITANE TAB 0.35MG
- DELYLA TAB 0.1-0.02
- DESO/ETHINYL TAB ESTRADIO
- DOLISHALE TAB 90-20MCG
- DROS/ETH EST TAB LEVOMEFO
- ELINEST TAB
- EMZAHH TAB
- ENPRESSE-28 TAB
- ENSKYCE TAB
- ERRIN TAB 0.35MG
- ESTARYLLA TAB 0.25-35
- ETHY ETH EST TAB 1-35
- ETHYNODIOL TAB 1-50
- FALMINA TAB
- FEIRZA 1.5/30
- FEIRZA 1/20
- FEMLYV TAB
- FINZALA CHW FE 1/20
- GALBRIELA
- GEMMILY
- HAILEY TAB 1.5/30
- HAILEY 24 TAB FE
- HAILEY FE TAB 1.5/30
- HAILEY FE TAB 1/20
- HEATHER TAB 0.35MG
- HERSTYLE TAB
- ICLEVIA TAB
- INCASSIA TAB 0.35MG
- INTROVALE TAB
- ISIBLOOM TAB
- JAIMIESS TAB
- JENCYCLA TAB 0.35MG
- JOLESSA TAB
- JOYEAUX TAB 0.1-20
- JULEBER TAB
- JUNEL 1.5/30 TAB
- JUNEL 1/20 TAB

Pill (continued)

JUNEL FE TAB 1.5/30
JUNEL FE TAB 1/20
JUNEL FE 24 TAB 1/20
KAITLIB FE CHW
KALLIGA TAB
KARIVA TAB 28 DAY
KELNOR TAB 1/35
KELNOR 1/50 TAB
KURVELO TAB 0.15/30
LARIN TAB 1.5/30
LARIN TAB 1/20
LARIN 24 TAB FE 1/20
LARIN FE TAB 1.5/30
LARIN FE TAB 1/20
LAYOLIS FE CHW
LEENA TAB
LESSINA TAB
LEVO-ETH EST TAB 90-20MCG
LEVONEST TAB
LEVONOR/ETHI TAB
LEVONOR/ETHI TAB 0.1-0.02
LEVONOR/ETHI TAB 0.1-20
LEVONOR/ETHI TAB ESTRADIO
LEVORA-28 TAB 0.15/30
LOJAIMIESS TAB
LO LOESTRIN TAB 1-10-10
LOW-OGESTREL TAB
LUIZZA 1.5/30
LUIZZA 1/20
LUTERA TAB
LYLEQ TAB 0.35MG
LYZA TAB 0.35MG
MARLISSA TAB 0.15/30
MELEYA
MERZEE TAB
MIBELAS 24 CHW FE
MICROGESTIN TAB 1.5/30
MICROGESTIN TAB 1/20
MICROGESTIN TAB FE 1/20
MICROGESTIN TAB FE1.5/30
MILI TAB 0.25/35
MINZOYA
MONO-LINYAH TAB 0.25-35
NATAZIA TAB
NECON TAB 0.5/35
NEXTSTELLIS TAB
NOR/EST/FF TAB 1.5/30
NORA-BE TAB 0.35MG
NORE/ETH/FER CHW 0.4MG-35
NORETH/ETHIN CHW FE
NORETH/ETHIN CHW FE 1/20
NORETH/ETHIN TAB 1.5/30
NORETH/ETHIN TAB 1/20
NORETH/ETHIN TAB FE
NORETH/ETHIN TAB FE 1/20
NORETHINDRONE TAB 0.35MG
NORGEST/ETHI TAB 0.25/35
NORGEST/ETHI TAB ESTRADIO
NORLYROC TAB 0.35MG
NORTREL TAB 0.5/35
NORTREL TAB 1/35
NORTREL TAB 7/7/7
NYLIA TAB 1/35
NYLIA TAB 7/7/7
OPILL TAB
ORQUIDEA TAB
PHILITH TAB 0.4-35
PIMTREA TAB
PORTIA-28 TAB
RECLIPSEN TAB
RIVELSA TAB
ROSYRAH TAB
SETLAKIN TAB
SHAROBEL TAB 0.35MG
SHEWISE TAB
SIMLIYA TAB 28 DAY
SIMPESSE TAB
SLYND TAB 4MG

Pill (continued)

SPRINTEC 28 TAB 28 DAY
SRONYX TAB
TARINA 24 FE TAB
TARINA FE TAB 1/20
TARINA FE TAB 1/20 EQ
TAYSOFY CAP
TILIA FE TAB
TRI-ESTARYLLA TAB
TRI-LEGEST TAB FE
TRI-LINYAH TAB
TRI-LO TAB ESTARYLLA
TRI-LO- TAB MARZIA
TRI-LO- TAB SPRINTEC
TRI-LO-MILI TAB
TRI-MILI TAB
TRI-SPRINTEC TAB
TRIVORA-28 TAB
TRI-VYLIBRA TAB
TRI-VYLIBRA TAB LO
TURQOZ TAB
TYBLUME CHW 0.1-0.02
TYDEMY TAB
VALTYA TAB 1/30
VALTYA TAB 1/35
VELIVET PAK
VIENVA TAB 0.1-20
VIORELE TAB
VOLNEA TAB
VYFEMLA TAB 0.4-35
VYLIBRA TAB 0.25-35
WERA TAB 0.5/35
WYMZYA FE CHW 0.4MG-35
XARAH FE TAB
XELRIA FE TAB
YASMIN 28 TAB
YAZ TAB
ZOVIA 1/35 TAB

Frequently asked questions



Which contraceptives are covered?

In addition to prescription and over-the-counter birth control, your plan's medical benefits cover the following at a $0 cost-share:

- Intrauterine Devices (IUD) (Paragard, Skyla, Liletta, Kyleena, Mirena)
- Implantable Rod (Implanon, Nexplanon)
- Shot/Injection (Medroxyprogesterone acetate)
- Surgical sterilization for women (having your tubes tied).

Your Individual & Family plan also covers sterilization surgery (vasectomy) for men and may be subject to member cost-sharing.

What if my drug is not covered?

If your health care provider (doctor, nurse practitioner, etc.) determines you need a medication that is not covered, they can let us know your medication is medically necessary and provide information about your diagnosis and medication history:

- Online: **professionals.optumrx.com/prior-authorization**
- By phone: **1-800-711-4555**

If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your ID card, and we can contact your healthcare provider for information to help process the request.

If your medication is approved and you are using it for contraception, you will pay a $0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

Where can I get more information about pharmacy drug coverage and costs?

Visit **myuhc.com/exchange**. You can also call the phone number on your health plan ID. Health care providers can visit **uhcprovider.com/exchange**.

*In certain scenarios, your pharmacy may ask you to contact your healthcare provider for a prescription.

Always refer to your benefit plan materials to determine your coverage for medications and cost share. Where differences are noted, the benefit plan documents will govern. For certain drugs as indicated on the Prescription Drug List, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time.

All brand-name medications are trademarks or registered trademarks of their respective owners.

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