



Contraceptive Services Only

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

Effective: January 1, 2026

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 claim⁵ 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		

Generic birth control (contraceptives)	
pill	Afirmelle, Aubra EQ, Aviane, Delyla, Falmina, Lessina, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg, Lutera, Orsythia, Sronyx, Vienva (generic Alesse)
pill	Altavera, Ayuna, 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 (84), Simpesse (generic Seasonique)
pill	Amethyst, Dolishale, Levonorgestrel/Ethinyl Estradiol 0.09/0.02 mg (generic Lybrel)
pill	Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen (generic Desogen, Ortho-Cept)
pill	Aranelle, Leena (generic Tri-Norinyl)
pill	Aurovela, Hailey, Junel, Larin, Luizza 1.5/30, Microgestin, Norethindrone/Ethinyl Estradiol 1.5 mg/30 mcg (generic Loestrin 1.5 mg/30 mcg)
pill	Aurovela, Junel, Larin, Luizza 1/20, Microgestin, Norethindrone/Ethinyl Estradiol 1 mg/20 mcg (generic Loestrin 1 mg/20 mcg)
pill	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE (generic Loestrin 24 FE)
pill	Aurovela FE, Blisovi FE, Feirza, 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, Meleya, Nora-BE, Norethindrone 35 mcg, Norlyroc, Orquidea, Sharobel (generic Micronor, Nor-Q-D)
pill	Camrese Lo, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg (84), LoJaimiess (generic LoSeasonique)
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	Estartylla, Mili, Mono-Linyah, Norgestimate/Ethinyl Estradiol 0.25/0.035 mg, Nymyo, Sprintec-28, Vylibra (generic Ortho-Cyclen)
pill	Ethinodiol Diacetate/Ethinyl Estradiol 1/0.035 mg, Kelnor 1/35, Zovia 1/35 (generic Demulen 1/35)
pill	Ethinodiol Diacetate/Ethinyl Estradiol 1/0.05 mg, Kelnor 1/50, Valtia 1/50 (generic Demulen 1/50)
pill	Galbriela chew, Kaitlib FE Chew, Layolis FE Chew, Norethindrone/Ethinyl Estradiol FE 0.8/0.025 mg Chew (generic Generess FE)
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	Levonorgestrel/Ethinyl Estradiol, Rivalsa, Rosyrah (generic Quartette)
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, Xelria FE (generic Femcon FE)
pill	Norethindrone/Ethinyl Estradiol FE 1-20/1-30/1-35 mg-mcg, Tilia FE, Tri-Legest FE, Xarah FE (generic Estrostep FE)
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	Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.035 mg, Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Nymyo, Tri-Sprintec, Tri-Vylibra (generic Ortho Tri-Cyclen)
pill	Tyblume
pill	Velivet (generic Cyclessa)

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 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.⁷ 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.

How do I get reimbursed for a qualifying product if I pay out-of-pocket?

For no up-front costs, ask your pharmacy to submit a claim to UnitedHealthcare. If you paid out of pocket, you can submit a reimbursement form. Learn more about the reimbursement process at <https://www.uhc.com/member-resources/forms>.

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.

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆኑ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali-Bangala)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភក្តិភក្តិថ្លៃ និងការទំនាក់ទំនងភក្តិភក្តិថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភក្តិភក្តិថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說**中文 (Chinese - Traditional)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais lus Hmoob (Hmong), muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti Ilocano (Ilocano), magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla italiano (Italian), può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویتان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.