2026 Individual & Family Plans

Birth control (contraceptive) drug list

Effective: January 1, 2026

Applies to the following states:
AL, AZ, CO, FL, GA, IA, IL, IN, KS, LA, MD, MI, MO, MS, NC, NE, NJ, NM, NY, OH, OK, SC, TN, TX, VA, WA, WI and WY

Pharmacy drug list

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 coverage rules or limits such as quantity limits may apply.

Over-the-counter birth control (contraceptives)

Over-the-counter birth control (contraceptives) are 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
CURAE TAB 1.5MG
ECONTRA OS TAB 1.5MG
HER STYLE 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

Pills

OPILL

Condoms

VARIETY OF OPTONS

Spermicides

ENCARE SUP 100MG
GYNOL II GEL 3%
VCF VAGINAL GEL CONTRACE
VCF VAGINAL MIS CONTRACP

Sponges

TODAY SPONGE MIS

Prescription birth control (contraceptives)

Cervical cap

FEMCAP MIS 22MM
FEMCAP MIS 26MM
FEMCAP MIS 30MM

Diaphragm

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

Emergency Contraception

ELLA TAB 30MG

Patch

NORELGE/ETHI DIS 150/35
TWIRLA DIS 120-30
XULANE DIS 150-35
ZAFEMY DIS 150/35

Ring

ANNOVERA MIS
ELURYNG MIS
ENILLORING MIS
ETONOGESTREL MIS ETHY EST
HALOETTE MIS

Shot/Injection

DEPO-SQ PROV INJ 104
MEDROXYPR AC INJ 150MG/ML

Spermicide

PHEXXI GEL

Prescription birth control (contraceptives)

Pill

- AFIRMELLE TAB 0.1-0.02
- ALTAVERA TAB
- ALYACEN TAB 1/35
- ALYACEN TAB 7/7/7
- AMETHIA TAB
- 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
- 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 0.15/30
- CRYSELLE-28 TAB 28 TABS
- 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
- DROSPIR/ETHI TAB 3-0.02MG
- DROSPIR/ETHI TAB 3-0.03MG
- DROSPIRE/ETH TAB ESTR/LEV
- ELINEST TAB
- EMZAHH TAB 0.35MG
- 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
- FAYOSIM TAB
- FEIRZA TAB 1/20
- FEIRZA TAB 1.5/30
- FEMLYV TAB 1/0.02MG
- FINZALA CHW FE 1/20
- GEMMILY CAP 1/20
- HAILEY TAB 1.5/30
- HAILEY 24 TAB FE
- HAILEY FE TAB 1.5/30
- HAILEY FE TAB 1/20
- HEATHER TAB 0.35MG
- ICLEVIA TAB
- INCASSIA TAB 0.35MG
- INTROVALE TAB
- ISIBLOOM TAB
- JAIMIESS TAB
- JASMIEL TAB 3-0.02MG
- JENCYCLA TAB 0.35MG
- JOLESSA TAB
- JOYEAUX TAB 0.1-20
- JULEBER TAB
- JUNEL 1.5/30 TAB
- JUNEL 1/20 TAB
- 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
- LO LOESTRIN TAB 1-10-10
- LOJAIMIESS TAB
- LORYNA TAB 3-0.02MG
- LOW-OGESTREL TAB
- LO-ZUMANDIMI TAB 3-0.02MG
- LUTERA TAB
- LYLEQ TAB 0.35MG
- LYZA TAB 0.35MG
- MARLISSA TAB 0.15/30
- MERZEE CAP 1/20
- 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 TAB 0.1-20
- MONO-LINYAH TAB 0.25-35
- NECON TAB 0.5/35
- NEXTSTELLIS TAB 3-14.2MG
- NIKKI TAB 3-0.02MG
- NOR/EST/FF TAB 1.5/30
- NORA-BE TAB 0.35MG
- NORE/ETH/FER CAP 1/20
- 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
- NORETHINDRON 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
- NYMYO TAB 0.25-35
- OCELLA TAB 3-0.03MG
- PHILITH TAB 0.4-35
- PIMTREA TAB
- PORTIA-28 TAB
- RECLIPSEN TAB
- RIVELSA TAB
- SETLAKIN TAB
- SHAROBEL TAB 0.35MG
- SIMLIYA TAB 28 DAY
- SIMPESSE TAB
- SLYND TAB 4MG
- SPRINTEC 28 TAB 28 DAY
- SRONYX TAB
- SYEDA TAB 3-0.03MG
- TARINA 24 FE TAB
- TARINA FE TAB 1/20 EQ
- TAYSOFY CAP 1/20
- TILIA FE TAB
- TRI-ESTARYLL TAB
- TRI-LEGEST TAB FE
- TRI-LINYAH TAB
- TRI-LO TAB ESTARYLL
- TRI-LO- TAB MARZIA
- TRI-LO- TAB SPRINTEC
- TRI-LO-MILI TAB
- TRI-MILI TAB
- TRI-NYMYO 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 1/50 TAB
- VELIVET PAK
- VESTURA TAB 3-0.02MG
- 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 CHW 0.4MG-35
- ZOVIA 1/35 TAB
- ZUMANDIMINE TAB 3-0.03MG

Frequently asked questions

Which contraceptives are covered by my Individual & Family plan from UnitedHealthcare?

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 (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**
- **1-800-711-4555**

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.

By your side when it matters.

Need more information about your 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**.

United Healthcare®

*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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