

ACA Contraceptive for Religious Affiliate Group Drug List

Preventive care can help keep you healthy and may even save your life. Getting routine health exams and screenings can help catch problems early, when they're easier to treat. And getting the right preventive care services can help you manage your health conditions and stay healthy.

Under the Affordable Care Act (ACA), pharmacy benefits must cover certain categories of preventive care drugs and products at 100%. That means you don't have to pay a share of the cost — no copay, deductible or percentage of the cost (coinsurance).

How do I get these drugs at no cost?

Talk with your doctor about choosing the medication or product that's right for you. To get these preventive drugs, including over-the-counter (OTC) drugs or products:

- They must be right for your age and condition.
- You'll need to get a prescription from your doctor (even for OTC products).
- Remember, only you and your doctor can decide on the medications you need and what's best for your health.

Preventive drugs and products, by category

Here's a list of medications Carelon plans will cover with no cost-share for you under the ACA. Keep in mind that this list can change. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Contraception

{A cost share may apply for other prescription contraceptives, based on your drug benefits. Your doctor can contact us by completing and returning the Brand Contraceptive Copay Waiver form if the contraceptive you are taking is not on the formulary and is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share. The form can be found here.

Oral Contraceptives

afirmelle 0.1-0.02

altavera
alyacen 1/35
alyacen 7/7/7
amethia
amethia lo
amethyst 90-20mcg
apri
aranelle
ashlyna
aubra 0.1-0.02
aubra eq 0.1-0.02
aurovela 1.5/30
aurovela 1/20
aurovela 24 fe 1/20
aurovela fe 1.5/30
aurovela fe 1/20
aviane
ayuna
azurette 28
balziva

bekyree
blisovi 24 fe 1/20
blisovi fe 1.5/30
blisovi fe 1/20
briellyn
camila 0.35mg
camrese
camrese lo
caziant
charlotte 24 chw fe 1/20
chateal 0.15/30
chateal eq 0.15/30
cryselle-28
cyclafem 1/35
cyclafem 7/7/7
cyred
cyred eq
dasetta 1/35
dasetta 7/7/7
daysee

deblitane 0.35mg
delyla 0.1-0.02
deso/ethinyl estradio
dolishale 90-20mcg
dros/eth est levomefo
drospir/ethi 3-0.02mg
drospir/ethi 3-0.03mg
drospire/eth/estr/lev
drospirenone ethy est
elinet
emoquette
emzahn 0.35mg
enpresse-28
enskyce
errin 0.35mg
estarylla 0.25-35
ethy eth est 1-35
ethynodiol 1-50
falmina
fayosim

femynor 0.25-35
finzala chw fe 1/20
gimmily 1/20
gianvi 3-0.02mg
hailey 1.5/30
hailey 24 fe
hailey fe 1.5/30
hailey fe 1/20
heather 0.35mg
iclevia
incassia 0.35mg
introvale
isibloom
isibloom 0.15-30
jaimiess
jasmiel 3-0.02mg
jencycla 0.35mg
jollessa
joyeaux
juleber

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junel 1.5/30	melodetta 24 fe	pirmella 7/7/7	vestura 3-0.02mg	medroxypr ac inj 150mg/ml
junel 1/20	merzee 1/20	portia-28	vienna 0.1-20	<u>Intrauterine Devices and Vaginal Rings</u>
junel fe 1.5/30	mibelas 24 fe	previfem	viorele	eluryng
junel fe 1/20	microgestin 1.5/30	quasense	volnea	enilloring
junel fe 24 1/20	microgestin 1/20	rajani	vyfemla 0.4-35	etonogestere mis ethy est
kaitlib fe	microgestin fe 1/20	reclipsen	vylibra 0.25-35	haloette
kalliga	microgestin fe 1.5/30	rivalsa	wera 0.5/35	<u>Spermicides (OTC)</u>
kariva 28	mili 0.25/35	setlakin	wymzya fe chw 0.4mg-35	conceptrol gel 4%
kelnor 1/35	minzoya 0.1/20	sharobel 0.35mg	zovia 1/35e	encare sup 100mg
kelnor 1/50	mono-linyah 0.25-35	simliya 28	zumandimine 3-0.03mg	gynol ii gel 3%
kurvelo 0.15/30	necon 0.5/35	simpesse	<u>Cervical Caps (Rx)</u>	Shur-Seal gel 2%
larin 1.5/30	necon 1/35	sprintec 28	Femcap mis 22-30mm	VCF vaginal aer gel,mis
larin 1/20	nikki 3-0.02mg	sronyx	<u>Diaphragms</u>	contracp
larin 24 fe 1/20	nor/est/ff 1.5/30	syeda 3-0.03mg	Caya dpr	<u>Transdermal</u>
larin fe 1.5/30	nora-be 0.35mg	tarina 24 fe	Omniflex	norelgestron-ee 150-35mcg/24hr patch
larin fe 1/20	nore/eth/fer 1/20	tarina fe 1/20	Wide-seal dpr kit 60-95	xulane dis 150-35
larissia	nore/eth/fer 0.4mg-35	tarina fe 1/20 eq	<u>Emergency Contraception (Rx or OTC)</u>	zafemy 150-35mcg/24hr patch
layolis fe	noreth/ethin fe chw	taysofy 1/20	aftera tab 1.5mg	<u>Vaginal Sponge</u>
leena	noreth/ethin fe 1/20chw	tilia fe	afterpill tab 1.5mg	Today sponge mis
lessina	noreth/ethin 1.5/30	tri femynor	curae tab 1.5mg	
levo-eth est 90-20mcg	noreth/ethin 1/20	tri-estaryll	econtra ez tab 1.5mg	
levonest	noreth/ethin fe 1/20	tri-legest fe	econtra os tab 1.5mg	
levonor/ethi	nore/eth/fer 1/20	tri-linyah	Ella tab 30mg	
levonor/ethi 0.1-0.02	norethindron 0.35mg	tri-lo estaryll	her style tab 1.5mg	
levonor/ethi 0.1-20	norgest/ethi 0.25/35	tri-lo marzia	levonorgestr tab 1.5mg	
levonor/ethi estradio	norgest/ethi/estradio	tri-lo- sprintec	my choice tab 1.5mg	
levora-28 0.15/30	norlyda	tri-lo-mili	my way tab 1.5mg	
lillow 0.15/30	norlyroc 0.35mg	tri-mili	new day tab 1.5mg	
loestrin 1/20-21	nortrel 0.5/35	trinessa	next choice tab 1.5mg	
loestrin 1.5/30	nortrel 1/35	trinessa lo	opcicon 1.5mg	
loestrin fe 1.5/30	nortrel 7/7/7	tri-nymyo	option 2 tab 1.5mg	
loestrin fe 1/20	nylia 1/35	tri-previfem	react tab 1.5mg	
lojaimiess	nylia 7/7/7	tri-sprintec	take action tab 1.5mg	
loryna 3-0.02mg	nymyo 0.25-35	trivora-28	<u>Condoms (OTC)</u>	
low-ogestrel	ocella 3-0.03mg	tri-vylibra	female condoms	
lo-zumandimi 3-0.02mg	Opill	tri-vylibra lo	male condoms	
lutera	orsythia	tulana 0.35mg	<u>Injectables (Rx)</u>	
lyleq 0.35mg	philith 0.4-35	turqoz	depo-sq prov inj	
lyza 0.35mg	pimtrea	tydemy		
marlissa 0.15/30	pirmella 1/35	velivet		

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.

Services provided by CarelonRx, Inc.

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Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.