### Hormonal Contraceptives

#### Brand Hormonal Contraceptives
- Micronor
- Natazia
- Ortho-Cyclen
- Ortho-Novum 7/7/7
- Ortho-Tri-Cyclen
- Yasmin

#### Generic Hormonal Contraceptives
- Altavera, Levora-28, Portia (generic Nordette)
- Apri, Emoquette, Recipsen (generic Desogen, Ortho-Cept)
- Aranelle, Leena (generic Tri-Norinyl)
- Aviane, Lessina, Lutera, Orsytia, Sronyx (generic Alesse)
- Caziant, Velivet (generic Cyclessa)
- Cryaelle, Low-Ogestrel (generic Lo/Ovral)
- Cyclafem, Necon 1/35, Nortrel 1/35 (generic Ortho-Novum 1/35)
- Enpresse, Trivora-28 (generic Triphasil)
- Gildess FE, Junel FE, Microgestin FE (generic Loestrin FE)
- Kelnor 1/35, Zovia-1/35E (generic Demulen 1/35)
- medroxyprogesterone acetate (generic Depo-Provera)
- Necon 0.5/35, Nortrel 0.5/35 (generic Brevicon, Modicon)
- Necon 1/50, (generic Norinyl 1/50)
- Necon 10/11 (generic Ortho Novum 10/11)
- Zovia-1/50E (generic Demulen 1/50)

### Emergency Contraceptives

#### Brand Emergency Contraceptives
- ella
- Plan B One-Step³

#### Generic Emergency Contraceptives
- Levonorgestrel, Next Choice (generic Plan B)³

### Diaphragms

#### Brand Diaphragms
- Femcap
- Ortho All-Flex
- Ortho-Diaphragm

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³ Please note this list is subject to change.

² Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications listed on the Prescription Drug List (PDL) may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.

³ $0 cost share only if prescription is provided by physician.
Health Care Reform

Pharmacy Benefit Contraception Coverage

Frequently Asked Questions

We know that many of our clients have questions about the pharmacy benefit contraception coverage required by the Patient Protection and Affordable Care Act, or “health reform law,” effective Aug. 1, 2012. In response, we have prepared the following FAQ to address what is happening, when, and steps we are taking to help manage the added costs represented by this new coverage requirement.

If you need more information, please contact your Oxford representative.

What is changing?
The new health reform law will require coverage of FDA-approved contraceptive methods for women at 100 percent, without charging a copayment, coinsurance or deductible, when filled at a network pharmacy. Items available without a prescription, such as condoms and spermicidal agents, are not covered under the health reform law.

When do the changes take effect?
- Fully insured commercial groups begin required contraceptive coverage on Aug. 1, 2012 regardless of renewal date.
- Self-insured groups begin required contraceptive coverage upon their benefit plan renewal date – on or after Aug. 1, 2012. For most self-funded groups, this will be Jan. 1, 2013.
- For new fully insured and self-funded business, the required changes will be implemented when their benefit plans begin, on or after Aug 1, 2012.

How will the new changes affect your pharmacy coverage?
To satisfy this requirement, we have created a new list of Tier 1 contraceptives on the Advantage Prescription Drug List (PDL), listed on the other side of this page. These contraceptives will be available at no cost to members on both standard and high-deductible or consumer-driven health (CDH) plans.

What are we doing to manage the cost of this coverage?
The health reform law specifically permits health insurance plans to use reasonable medical management techniques such as tiering to manage the new preventive services. Specifically, we have determined that contraceptives with the same progestin are equivalent to each other. Therefore, each unique progestin contraceptive medication will be represented in Tier 1, making sure women have access to a variety of contraceptives at no cost share. Other contraceptives will be covered in higher-cost tiers at the applicable plan cost share.

The number of contraceptive options in each tier, which is subject to change, is listed below:

<table>
<thead>
<tr>
<th>PDL Type</th>
<th>Number of Tier 1 Contraceptive Options</th>
<th>Number of Tier 2 Contraceptive Options</th>
<th>Number of Tier 3 Contraceptive Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantage PDL</td>
<td>26*</td>
<td>9*</td>
<td>13*</td>
</tr>
</tbody>
</table>

* Count is based on the chemical or each unique product represented; there may be multiple medication names for each.

Are there exceptions for customers who do not want to implement this reform provision?
Yes, there are some exceptions. If your plan is grandfathered, has a religious exemption, or is eligible for the one-year safe harbor exemption, your plan may be exempt. However, customers must provide the correct certifications prior to either Aug. 1, or their renewal date, in order to qualify. If you believe that your firm qualifies for an exemption, please contact your broker, consultant or Oxford representative immediately.

What if I have a high-deductible or consumer-driven health (CDH) plan?
The same no-cost option contraceptive medications will be available for your members. However, if a member fills a prescription for covered birth control products not on your plan’s no-cost drug list, they will need to pay the full cost, until your pharmacy plan deductible is reached.

Will we communicate this change to your enrolled population?
Yes. For fully insured groups, member letters with a no-cost contraceptive drug list will be mailed on or around July 1, 2012. For self-funded groups, your Oxford representative can provide you with a general member letter and drug list to distribute prior to your renewal date. In addition, information will be available to members on oxfordhealth.com by July 1, or by calling the Pharmacy Customer Service member telephone number on the back of their health plan ID card.

What if the health care reform law requirements for women’s contraceptive coverage change?
If the law requiring plans to provide birth control at no cost changes, we will keep you informed of how our plans will comply with these changes through our standard client communication vehicles.

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