



# Illinois Insurance Facts

## Birth Control Coverage FAQs

### Illinois Department of Insurance

Revised  
June 2009

**Note:** This information was developed to provide consumers with general information and guidance about insurance coverages and laws. It is not intended to provide a formal, definitive description or interpretation of Department policy. For specific Department policy on any issue, regulated entities (insurance industry) and interested parties should contact the Department.

Effective January 1, 2004, all individual and group insurance and HMO policies that provide coverage for outpatient services and outpatient prescription drugs or devices, must also provide coverage for all outpatient contraceptive devices approved by the Food and Drug Administration. Deductibles and coinsurance are the same as those imposed for any other outpatient service or outpatient prescription drug or device under the policy.

The law ([215 ILCS 5/356z.4](#)) does not apply to self-insured employers or to trusts or insurance policies written outside Illinois. However, for HMOs, the law does apply in certain situations to contracts written outside of Illinois if the HMO member is a resident of Illinois and the HMO has established a provider network in Illinois. To determine if your HMO provides coverage for birth control, you should contact the HMO directly or check your certificate of coverage.

Following are frequently asked questions regarding the law.

#### 1. How do I find out if my plan is self-insured?

You can ask your employer or call the plan to find out if your plan is self-insured. Most large employers and most union plans are self-insured. Many self-insured plans use insurance companies to process their claims and perform other administrative duties so it can be confusing to the covered person. If you cannot determine if your plan is self-insured, call us at (877) 527-9431. We may be able to assist you over the phone or we may request that you send a written inquiry so we can contact the company on your behalf.

#### 1. My plan has a \$35.00 copayment for prescription drugs. My birth control pill costs \$32.00 so my plan does not pay anything. Is that acceptable under the law?

Yes. The law requires the plan to pay for birth control at the same benefit level as like services under the policy. If the prescription drug copayment is \$35.00, then the copayment applies to birth control pills.

#### 2. My major medical policy has a \$250.00 deductible for office visits and procedures performed in the office. Does this deductible apply to my office visit to consult my physician about birth control? Does it apply to office procedures such as insertion of an IUD (Intrauterine Device)?

Yes. The deductible that applies to office visits and procedures also applies when those services are necessary for purposes of birth control.

- 3. I use Depo-Provera, a hormone injection that lasts for 3 months, as my form of birth control. I have to pick up the medicine from the pharmacy and take it to my physician for injection. How should this be paid under my policy?**

The Depo Provera injection is administered in the doctor's office. Many physicians do not keep a supply of the Depo Provera medication in their office because it is not used often enough for them to maintain a fresh supply. Those physicians have their patients pick up the medication at the pharmacy and bring it to the office for injection. Benefits for the prescription should be paid according to the prescription drug benefit under the policy. Benefits for the injection are paid as any other injection in a physician's office. If the plan pays for injections under the major medical portion of the policy (for example, \$100.00 deductible and then 80% benefit), then that benefit applies. If a physician does keep a supply of Depo Provera in his office, then the injection and medicine are subject to the major medical portion of the policy if that is how other injections are paid under the policy.

- 4. Are condoms covered under the law?**

No. Over the counter drugs and supplies are not covered.

- 5. Does the law require insurance carriers to pay for the morning after pill?**

There are two types of pills to take if you have had unprotected sexual intercourse and do not want to become pregnant. Pills called emergency contraceptive pill (ECPs) stop ovulation, fertilization and implantation. They are basically stronger birth control pills. They are called "morning after pills", although you can take them up to 72 hours after intercourse.

The second type of pill is called RU-486 (mifeprex) is taken after a women becomes pregnant. This pill causes the uterus to expel the egg, ending the pregnancy. This is loosely classified as a form of abortion.

Insurers are required under the law to pay for the ECP but not for the RU 486. The ECPs or morning after pills are taken to prevent a pregnancy and are covered under the law. RU 486 is taken to end a pregnancy and it is not covered under the law.

- 6. Do contraceptive drugs only need to be covered if the insurance policy covers both outpatient services and outpatient prescription drugs?**

Yes. The law only applies to insurance plans that provide coverage for both types of services in order for birth control to be covered.

- 7. Is an insurance company allowed to have a pre-existing clause for birth control pills and devices?**

No, the insurance policy/certificate must provide immediate coverage after the effective date for contraceptive drugs and contraceptive outpatient services.

- 8. My insurance company uses a drug formulary. My birth control medication is not on the formulary and I have to pay a higher copayment. Is that acceptable?**

Yes. The company may apply drug formulary provisions to birth control prescriptions.

**9. My pharmacist refuses to fill my prescription for the morning after pill based upon her moral beliefs. Can a pharmacist refuse to fill my birth control prescription?**

No. An emergency rule requires pharmacists to fill prescriptions in an appropriate and timely manner. Governor Blagojevich has introduced a new toll-free number where women can report to state regulators if a pharmacy fails to dispense a prescription in an appropriate and timely manner. Women may call (800) 280-4149 to file a complaint.

**For More Information**

Call our Consumer Services Section at (312) 814-2427 or  
our Office of Consumer Health Insurance toll free at (877) 527-9431  
or visit us on our website at <http://insurance.illinois.gov>

**Related Information**

[215 ILCS 5/356z.4](#) Illinois Compiled Statutes 215 Article XX Accident and Health Insurance (scroll to approximately 1/3 of the way down the page or use find and search for "356z.4").