

## FREQUENTLY ASKED QUESTIONS:

### Women's Preventive Services

#### **Q. What is the Women's Preventive Care Services Provision?**

A. The federal health reform law (the Affordable Care Act) requires health insurance companies to provide expanded coverage for women's preventive care services for eight additional classes of service when received from an in-network provider under most health insurance policies.

Effective with policies issued or renewing on and after Aug. 1, 2012, coverage will be available for women's preventive services set forth in guidelines supported by the federal Health Resources and Services Administration (HRSA), which include, for example, well woman visits, domestic violence screening and contraceptive methods approved by the U.S. Food and Drug Administration (FDA).

#### **Q. Which EmblemHealth plans are affected?**

A. The women's preventive care services benefits apply to members with non-grandfathered, commercial health coverage, whether insured or self-insured. They apply to both the individual and group (small and large) markets. The benefits do not apply to members enrolled in: Medicare; Medicaid; limited benefits coverage such as dental only and vision only; the NY Bridge Plan; or grandfathered plans, such as the City of New York, certain Healthy New York plans and certain standard HMO individual direct payment plans.

#### **Q. What types of services are included in the Women's Preventive Services Provision?**

A. The expanded coverage of preventive services that must be covered in-network without charging a copayment, coinsurance or a deductible includes:

- Well-woman visits
- Screening for gestational diabetes for all pregnant women.
- Human papillomavirus virus DNA testing
- for women ages 30 and older.
- Annual sexually transmitted infection counseling for all sexually active women.
- Annual counseling and screening for HIV.
- FDA-approved contraceptive methods, sterilization procedures, education and contraceptive counseling.
- Breastfeeding support, supplies and counseling, including costs for renting breastfeeding equipment.
- Domestic violence screening and counseling.

A full list is available at: <http://www.healthcare.gov/law/resources/regulations/index.html> under Other Regulations and Guidance.

# FREQUENTLY ASKED QUESTIONS: WOMEN'S PREVENTIVE SERVICES

## Q. How do the new coverage guidelines for women differ from the Preventive Care Services enhancements made in 2010?

A. The Women's Health Care Provision expands covered women's preventive services. Previously, a number of the services included in the provision were covered as a preventive service only for women at risk or upon referral by a physician. The chart below offers some guidance:

	Expanded Women's Preventive Services	September 23, 2010 Preventive Service Provision
<b>Gestational Diabetes Screening</b>	All pregnant women (24-28 weeks); and those at high risk during the first prenatal visit are screened	Pregnant women at risk
<b>HPV DNA testing for women 30 years and older</b>	All women age 30+ every 3 years	Not a required preventive care service.
<b>Sexually transmitted infections counseling</b>	All sexually active women	Women at risk (teens, pregnant women, lifestyle)
<b>HIV screening and counseling</b>	All sexually active women	Women at risk (pregnant women, lifestyle)
<b>Domestic violence screening and counseling</b>	All women	Women at risk
<b>FDA-approved contraception methods and counseling</b>	All methods, all women	Not a required preventive care service, but certain contraceptives may be covered as pharmacy benefits.
<b>Breast-feeding counseling and payment of rental equipment and supplies</b>	Part of pre-/post-natal counseling for pregnant women, coverage for rental of breast-feeding equipment	Coverage for counseling only
<b>Well-woman exams</b>	As many as necessary to obtain specified preventive services	Yearly

## Q. How will the Women's Preventive Care Provision be implemented for members covered by applicable Emblem Health benefit plans?

A. The new women's preventive care benefits apply to new plans issued on and after August 1, 2012 and they apply to existing plans as they renew on or after August 1, 2012. For many employers, health plan renewal is typically January 1, while other employers renew their coverage at other times during the year. :

## Q. Will Emblem Health provide coverage of women's services that are not part of the Women's Preventive Services Provision list?

A. Plans may provide coverage for services that are in addition to the women's preventive care services noted in the HRSA supported. These additional services may be subject to cost-sharing requirements. See your evidence of coverage for details specific to your plan.

## Q. Are cost-sharing obligations prohibited for women's preventive care services?

A. Yes. Group health plans and issuers of non-grandfathered plans are prohibited from imposing cost-sharing requirements for the federally required preventive services when those services are rendered by in-network providers. Plans and issuers are not required to cover preventive services provided by out-of-network providers. If such out-of-network services are covered, a plan or issuer may impose cost-sharing requirements for recommended services delivered by the out-of-network providers.

## Q. What is considered a well-woman visit?

A. Under the health reform law, these include visits to obtain the recommended preventive services, including preconception and prenatal care.

# FREQUENTLY ASKED QUESTIONS: WOMEN'S PREVENTIVE SERVICES

Today, many women's preventive health care services—including mammograms, screenings for cervical cancer and immunizations—are already covered with no cost-sharing under most EmblemHealth health plans. The new coverage for well-woman visits will require multiple preventive visits in the same year for a woman to receive all recommended services, including prenatal care. Prenatal services covered with no cost-sharing include:

- Routine prenatal obstetrical office visits.
- All lab services explicitly identified in the health reform law.
- Tobacco cessation counseling specific to pregnant women.
- Immunizations recommended by the Advisory Committee on Immunization Practices.

## **Q. Will all prenatal services performed be considered preventive care?**

**A.** No, examples of prenatal services that will not be considered part of the preventive care services include: Obstetric radiology services; high-risk prenatal services; and delivery services.

## **Q. What happens if symptoms requiring further diagnostic testing are discovered during a preventive service screening?**

**A.** Any claims for diagnostic testing services would be covered as a diagnostic benefit, not as a preventive benefit.

## **Q. Will EmblemHealth cover breast-feeding equipment under the Women's Preventive Care Services Provision?**

**A.** EmblemHealth will cover breastfeeding counseling and support during pregnancy and the postpartum period. The cost of renting and buying breastfeeding equipment will also be covered in full, in-network.

## **Q. What types of contraceptives will be covered under the Provision?**

EmblemHealth will cover the following FDA-approved contraceptive methods when prescribed:

1. Barrier – (i.e. diaphragms)
2. Hormonal – (i.e. oral contraceptives)
3. Emergency Contraceptives
4. Implanted Devices – (i.e. IUDs)

EmblemHealth will cover FDA-approved multi-source and single source generic oral contraceptive drugs and FDA-approved single source brand name oral contraceptive drugs that do not have a generic equivalent in full when dispensed by a participating retail pharmacy or a participating mail order or participating maintenance drug provider. Other FDA-approved prescription oral contraceptives are generally not covered. However, if your health plan includes pharmacy benefits, then other oral contraceptives may be covered subject to the pharmacy cost-sharing terms that otherwise apply to your benefits.

Note that the contraception and contraceptive counseling recommendations as part of the expanded women's preventive benefit do not include "abortifacient drugs." Abortion is not part of women's expanded preventive services under the health reform law. The guidelines do require coverage of emergency contraceptive methods as prescribed. Accordingly, certain "morning after" pills, such as Plan B® One-Step and ella®, which are FDA-approved emergency contraception, will be covered as prescribed. Vasectomies are not part of the expanded women's preventive health care benefit and standard/current benefits apply.

The new requirement covers prescribed contraceptive methods, patient education and counseling for all women with reproductive capacity. (Condoms and spermicidal agents are not covered because they are available without a prescription.)

**For the complete list of current women's preventive care services set forth in guidelines supported by the federal Health Resources and Services Administration (HRSA), visit: [www.healthCare.gov/center/regulations/prevention.html](http://www.healthCare.gov/center/regulations/prevention.html)**