The Affordable Care Act: Women’s Preventive Services

The Affordable Care Act (ACA), enacted on March 23, 2010, has created many opportunities for health care providers to deliver effective and efficient patient care. Preventive services are meant to improve patient outcomes and lower health care costs by reducing or eliminating the occurrence of certain illnesses and medical conditions. Under ACA, patients may have access to many preventive services with no cost-sharing.

With the coverage provided by ACA, a number of new preventive services for women may be covered with no cost-sharing on or after August 1, 2012, when using a provider in their plan/policy network.

Background

On Aug. 3, 2011, federal regulatory agencies published regulations requiring in-network coverage without cost-sharing for certain women’s preventive services provided for in guidelines supported by the Health Resources and Services Administration (HRSA). For non-grandfathered plans, the new regulations expand the coverage of women’s preventive services under ACA.

The guidelines supported by the HRSA include the following types of services:

- well-woman visits
- screening for gestational diabetes
- testing for HPV in women at least 30 years old
- counseling for sexually transmitted infections
- screening and counseling for HIV
- FDA-approved contraception methods and counseling
- breastfeeding support, supplies and counseling
- interpersonal and domestic violence screening and counseling

Women’s Preventive Coverage

Under ACA, certain preventive health services are covered with no patient cost-share – there is no copayment, coinsurance or deductible – when using a provider in the plan/policy network.

Depending on the particular plan:

- Coverage may be provided for the following types of services without cost-sharing when using an in-network provider:

  - Chlamydia infection screening
  - Gonorrhea and syphilis screening
  - Counseling about genetic testing for breast cancer
  - Counseling to help stop use of tobacco products
  - Screening for diabetes for persons with high blood pressure
  - Osteoporosis (bone density) screening
  - Cholesterol screening based on age and individual risk factors
  - Colorectal cancer screenings
  - Screening and counseling for alcohol misuse
  - Use of folic acid to promote health
  - Use of aspirin to prevent heart disease
  - Health counseling to include nutrition and weight management
  - Immunizations:
    - Hepatitis A and B
    - Human Papillomavirus (HPV)
    - Influenza (Flu)
    - Measles, mumps, rubella
    - Meningococcal (Meningitis)
    - Pneumococcal (Pneumonia)
    - Tetanus, Diphtheria, Pertussis
    - Varicella (Chickenpox)
    - Zoster (Shingles)
Depending on the particular plan, coverage without cost-sharing may expand to include contraceptive services when using an in-network provider:

- Prescription – One or more products within the categories approved by the FDA for use as a method of contraception
- Over-the-counter – Contraceptives available over-the-counter approved by the FDA for women (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Designated medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization*

Contraceptives

For pregnancies, coverage may also be provided for the following types of services without cost-sharing when using an in-network provider:

- Anemia screening for iron deficiency
- Syphilis screening
- Hepatitis B screening
- Blood testing for Rh incompatibility
- Urinary tract infection screening
- Breastfeeding education

*Certain restrictions may apply. Hysterectomies are not considered part of the women's preventive care benefit. This new coverage requirement is effective for plan/policy years beginning on or after August 1, 2012, for non-grandfathered plans.

Affordable Care Act regulations provide for an exemption from the requirement to cover contraceptive services under the HRSA guidelines for certain group health plans of organizations that qualify as religious employers. Similarly, federal regulatory agencies have established a one-year temporary safe harbor from the requirement to cover contraceptive services under the HRSA guidelines for certain group health plans of organizations that satisfy certain criteria. The one-year temporary safe harbor will be in effect until the first plan year that begins on or after August 1, 2013.

Contraceptive – Pharmacy Information

Eligible benefit plans include coverage under the Affordable Care Act for contraceptives to be covered at no cost-share for plan/policy years beginning on or after August 1, 2012, for non-grandfathered plans. This list includes the contraceptives covered by BCBSXX under this requirement. This list will be reviewed periodically and is subject to change.

<table>
<thead>
<tr>
<th>Cervical Caps</th>
<th>Emergency Contraceptives</th>
<th>Intrauterine</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMCAP</td>
<td>levonorgestrel</td>
<td>MIRENA</td>
</tr>
<tr>
<td>PRENTIF CAVITY-RIM CERVICAL CAP</td>
<td>Next Choice</td>
<td></td>
</tr>
<tr>
<td>PRENTIF FITTING SET</td>
<td>Injections</td>
<td>Patch</td>
</tr>
<tr>
<td>Diaphragms</td>
<td>DEPO-PROVERA CONTRACEPTIVE**</td>
<td>ORTHO EVRA</td>
</tr>
<tr>
<td>OMNIFLEX DIAPHRAGM</td>
<td>DEPO-SUBQ PROVERA 104</td>
<td></td>
</tr>
<tr>
<td>ORTHO ALL-FLEX</td>
<td>medroxyprogesterone acetate</td>
<td>Ring</td>
</tr>
<tr>
<td>ORTHO COIL SPRING KIT</td>
<td>Implanted</td>
<td></td>
</tr>
<tr>
<td>ORTHO FLAT SPRING KIT</td>
<td>IMPLANON</td>
<td></td>
</tr>
<tr>
<td>WIDE-SEAL SILICONE</td>
<td>NEXPLANON</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camila</td>
</tr>
<tr>
<td>Errin</td>
</tr>
<tr>
<td>Heather</td>
</tr>
<tr>
<td>Introval</td>
</tr>
<tr>
<td>Jolessa</td>
</tr>
<tr>
<td>Jolivette</td>
</tr>
<tr>
<td>Nora-BE</td>
</tr>
</tbody>
</table>
Breastfeeding

Services provided without cost-sharing may expand for breastfeeding services when using an in-network provider subject to terms and conditions of coverage:

- Breastfeeding support and counseling by a trained in-network provider while pregnant and/or during postpartum period
- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in the plan/policy provider network
- Manual breast pump*

*electronic and hospital-grade pumps will include cost-sharing

For more details on the coverage of preventive services without cost-sharing, visit the Affordable Care Act Resource Center on our website, bcbsil.com/affordable_care_act.

This information is for informational purposes only, does not constitute legal or other advice, and should not be relied upon to determine coverage.