# The Affordable Care Act:

## Women's Preventive Services | Fact Sheet

It's important to take care of yourself when you're sick, but it's also important to take care of yourself to stay healthy. Preventive services can help avoid or reduce many illnesses and medical problems.

The Affordable Care Act requires that non-grandfathered (meaning not exempt from new regulations or laws) group health plans and health insurance policies provide coverage for certain preventive services without cost-sharing (such as coinsurance, deductible or copayment) when using a network provider. This is effective for plan/policy years beginning on or after September 23, 2010, and you may be eligible for certain preventive services at no cost to you under the Affordable Care Act (ACA) – in other words, you may not need to meet your deductible or pay a copayment or coinsurance.

### Background

On Aug. 3, 2011, federal regulatory agencies published regulations requiring that certain preventive services for women be provided without cost-sharing as part of 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 diabetes which develops during pregnancy
- testing for HPV -- the virus that can cause cervical cancer -- for women at least 30 years old
- counseling for sexually transmitted infections
- screening and counseling for HIV – the virus that can cause AIDS
- FDA-approved contraception methods and counseling
- breastfeeding support, supplies and counseling
- interpersonal and domestic violence screening and counseling

This new coverage requirement is effective for plan/policy years beginning on or after August 1, 2012 for non-grandfathered plans.

### Women's Preventive Coverage

For women, plans or policies may provide coverage for certain preventive health services without cost-sharing (such as copayment, coinsurance or deductible) when you use an in-network provider. If you have questions about these benefits and your coverage, call the Customer Service number listed on your member ID card.

### 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

❖ 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

## Contraceptives

**Depending on the particular plan, your 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
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization*

*Certain restrictions may apply; you might have to pay a copay, coinsurance or deductible in some cases – refer to your plan materials or contact us for more information. Hysterectomies are not considered part of the women's preventive care benefit.

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## Contraceptives - Pharmacy Information

Eligible benefit plans include coverage under the Affordable Care Act for the following 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 will be reviewed periodically and is subject to change.

| Product | Brand/Generic |
|---|---|
| **Camila** | Generic |
| DEPO-PROVERA CONTRACEPTIVE** | Brand |
| DEPO-SUBQ PROVERA 104 | Brand |
| **Errin** | Generic |
| FEMCAP | Brand |
| **Heather** | Generic |
| IMPLANON | Brand |
| **Introvale** | Generic |
| **Jolessa** | Generic |
| **Jolivette** | Generic |
| **levonorgestrel** | Generic |
| **medroxyprogesterone acetate injection** | Generic |
| MIRENA | Brand |
| NEXPLANON | Brand |
| **Next Choice** | Generic |
| **Nora-Be** | Generic |
| **norethindrone** | Generic |
| **norgestimate/ethinyl estradiol** | Generic |
| NUVARING | Brand |
| OMNIFLEX DIAPHRAGM | Brand |
| ORTHO DIAPHRAGM ALL-FLEX | Brand |
| ORTHO DIAPHRAGM COIL SPRING KIT | Brand |
| ORTHO DIAPHRAGM FLAT SPRING KIT | Brand |
| ORTHO EVRA | Brand |
| PRENTIF CAVITY-RIM CERVICAL CAP | Brand |
| PRENTIF FITTING SET | Brand |
| **Quasense** | Generic |
| **Trinessa** | Generic |
| **Tri-Previfem** | Generic |
| **Tri-Sprintec** | Generic |
| WIDE-SEAL SILICONE DIAPHRAGM KIT | Brand |

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## Breastfeeding

**Subject to the terms and conditions of coverage, your coverage without cost-sharing may expand for breastfeeding services when using an in-network provider:**

- Breastfeeding support and counseling by a trained in-network provider while you are pregnant and/or after you've given birth
- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in your provider network
- Manual breast pump*

*electronic and hospital-grade pumps will not be covered with no cost-sharing

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

Affordable Care Act regulations provide for an exemption from the requirement to cover contraceptive services for certain group health plans established or maintained by organizations that qualify as religious employers. Also, federal regulatory agencies have established a one-year temporary safe harbor from the requirement to cover contraceptive services based on 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. For more information about the religious employer exemption and the temporary safe harbor, please contact us at the phone number on your member ID card.