

Coverage of Women's Preventive Health Services for Non-Grandfathered Plans

Preventive benefit required under women's health provision	Original provision (effective September 23, 2010)	Change in coverage (effective for plan years on and after August 1, 2012)
Well-woman visit	Coverage required for office visits with no member cost sharing if the preventive service provided during the office visit could not be billed separately and the primary purpose of the office visit was the delivery of such item or service.	<i>No change.</i> We provide coverage for preventive office visits, including one well-woman visit annually.
Screening for gestational diabetes	Coverage required for the screening of type II diabetes for members age 18 or older.	<i>Change.</i> We will cover screening for gestational diabetes (all ages).
Human Papillomavirus (HPV) testing	Not required, but covered for all ages.	<i>No change.</i> We provide coverage for all members. ¹
Screening and counseling for sexually transmitted infections and Human Immune Deficiency virus (HIV)	Coverage required under routine office visit.	<i>No change.</i> We include covered screenings, including HIV testing, under coverage changes made to meet preventive reform requirements in the ACA.
Screening and counseling for interpersonal and domestic violence	Coverage required under routine office visit.	<i>No change.</i> We include coverage for screening and counseling for interpersonal and domestic violence during preventive office visits.
Breast feeding support and counseling	Coverage required for breast feeding counseling.	<i>Change.</i> We will cover the rental of breast pumps at 100 percent, up to the purchase price. <i>Change.</i> We will cover up to 20 visits for lactation classes.
Contraceptive counseling and methods	Not addressed in original provision.	<i>Change.</i> We will cover all FDA-approved contraceptive methods for women, including: <ul style="list-style-type: none"> • Generic drugs • Brand-name drugs that do not have a generic equivalent² • Over-the-counter drugs if the member has a valid prescription • Other contraceptive methods: injectables (e.g., Depo-Provera), implantable and intravaginal devices (i.e. Implanon, Nuva Ring, IUDs, diaphragms, cervical caps) and transdermal patches • Female sterilization (e.g., tubal ligation)

¹No frequency limit at this time; current medical policy is under review and subject to change.

²Brand-name drugs that have a generic equivalent will be subject to the member's applicable copay, coinsurance and/or deductible.