Health Care Reform: Women’s Preventive Care
Additional guidelines expand coverage

The health care reform law requires health plans to cover certain preventive care services for participants without any cost sharing, such as deductibles, copayments or coinsurance. This requirement has been expanded to include additional preventive care for women.

Coverage Expanded for Women
In August 2011, the Department of Health and Human Services (HHS) released guidelines that expand preventive services for women. The reasoning was that women have unique health needs and higher rates of chronic disease, such as diabetes, heart disease and stroke.

What Is Covered?
As with the current preventive care coverage requirements, health plans will be required to cover these additional preventive services with no copay, coinsurance or deductible for the patient. The following items are included in the expanded coverage:

- Well-woman visits (annual preventive care visit for adult women to obtain recommended preventive services);
- Gestational diabetes screening for women 24 to 28 weeks pregnant, and women at high risk;
- Human papillomavirus (HPV) testing for women 30 and older, once every three years;
- Annual counseling for HIV and sexually transmitted infections for all sexually active women, plus annual HIV testing;
- Contraceptives and contraceptive counseling. (Certain religious employers, such as churches, are not required to cover contraceptives);
- Breastfeeding support, supplies and counseling; and
- Domestic violence screening and counseling.

Be sure to check your plan’s specific rules before receiving care. The preventive care rules do not apply to health plans that have “grandfathered” status under the health care reform law.

Though plans are required to provide these services free of charge, they do have the option to use cost-controlling measures, such as making you pay for a brand name drug if a comparable generic is available, or charging a copayment for preventive services received at an out-of-network facility.

When Does This Take Effect?
The additional preventive care guidelines for women take effect for plan years beginning on or after Aug. 1, 2012. If your plan operates on a calendar year basis, the new rules will be effective on Jan. 1, 2013.

However, if you work for a church-affiliated organization, your employer may have an additional year to comply with the contraceptive coverage requirement and may choose not to cover contraceptives at all.

A new rule is being developed that will allow you to obtain contraceptive coverage directly from the insurance company in these cases.