

Coverage for Women's Preventive Services

The benefit will cover the following services at 100% or no cost sharing to the member. The benefit is limited to certain services and contraceptive methods, devices, and medications.

Coverage:

- ✓ Well Woman Visits – covered as a preventive office visit and will be paid as other preventive services are under the Affordable Care Act (ACA).
- ✓ Pre-Conception Services – covers services for family planning, contraceptive management, and procreative counseling. Artificial insemination, invitro, and genetic testing are not considered pre-conception services and will be subject to current Medical Policy and/or contractual limitations and exclusions.
- ✓ Maternity and Pre-Natal Care – Maternity Services will pay as any other Medical Benefit, not as Women's Preventive Services. Specific services for pregnant women will be paid as Women's Preventive services including the following screenings:
 - Bacteriuria
 - Chlamydia
 - Hepatitis B
 - Rh Incompatibility
 - Syphilis
- ✓ Other Services – the following screenings, testing, and counseling will be covered as Women's Preventive Services:
 - Gestational Diabetes
 - Human Papillomavirus
 - Sexually Transmitted Infections
 - Human Immune Deficiency Virus
 - Interpersonal and Domestic Violence
- ✓ Contraceptive Methods and Counseling – the following specific services are covered:
 - Sterilization/Tubal Ligation
 - Certain Contraceptives
 - Injection/Implant
 - Drugs (not Oral)

Some contraceptive products will be covered at the pharmacy through our Pharmacy Manager - URx

- ✓ Contraceptive Products– the following will be covered:
 - One Generic oral combination
 - Generic oral continuous cycle
 - Generic emergency
 - Generic Progestin only
 - Ortho-Evra
 - Nuvaring
 - IUD – Mirena and Copper
 - Cervical cap
 - Diaphragm
 - Implanon and Norplant
 - Medroxyprogesterone
- ✓ Lactation Services – the following will be covered:
 - Consultations when performed by a certified lactation consultant under the supervision of a licensed MD/DO or mid-level practitioner; claim must be filed by the licensed MD/DO or mid-level practitioner; billed for the mother or baby as a routine diagnosis
 - The Plan will reimburse the Member the actual cost for the purchase of a breast pump once per birth event. Hospital-grade pumps can be rented, per Medical Policy criteria.