



Understanding expanded women's preventive care guidelines

UnitedHealthcare is dedicated to helping people live healthier lives and we encourage our members to receive age- and gender-appropriate preventive care services. Preventive care services and health screenings have been important to our focus on helping our members identify potential health risks and providing proactive assistance so they are able to live the healthiest life possible.

As part of the ongoing implementation of the health care reform law, members in most health plans are eligible to receive certain expanded preventive care services, based upon age, gender and other factors, with no cost-sharing (e.g., copayments, coinsurance and deductibles). The Department of Health and Human Services (DHHS) released new health plan coverage guidelines that require expanded women's preventive services such as well-woman visits, domestic violence screening and U.S. Food and Drug Administration (FDA)-approved contraception, beginning on or after August 1, 2012.

Coverage for certain expanded women's preventive care services becomes effective the first plan year renewal date, beginning on or after August 1, 2012. It's important to note that effective dates for medical coverage and pharmacy coverage may be different depending on your specific medical plan and pharmacy plan renewal date. So, it is important to check with your health benefits administrator for your specific coverage and benefit summary.



Expanded Women's Preventive Care Services

Q. What types of services are included in the Expanded Women's Preventive Care Services?

- A. Expanded services include well-woman visits, as defined by the health care reform law; and defined as visits to obtain the recommended preventive care services, including preconception counseling and prenatal care.

Here is the list of services that may be received during a well-woman visit that are available at no cost-share under the preventive benefit:

- ▶ Preventive physicals
- ▶ Mammogram screening
- ▶ Colorectal cancer screening
- ▶ Immunizations required by the Advisory Committee on Immunization Practices (ACIP)

The following services are newly covered under the expanded women's preventive care services benefit:

- ▶ Contraception methods and counseling
- ▶ Domestic violence screening and counseling
- ▶ Human papillomavirus (HPV) testing beginning at age 30, and for every three years thereafter



Prenatal Services Covered Under the Preventive Benefit

Prenatal services covered without cost-sharing include:

- ▶ Prenatal obstetrical office visits
- ▶ All lab services explicitly identified in the health care reform law
- ▶ Tobacco cessation counseling specific to pregnant women
- ▶ Immunizations recommended by the ACIP
- ▶ Counseling for breast-feeding and rental equipment (breast pumps) and supplies
- ▶ Gestational diabetes screening

Under the law, coverage for gestational diabetes screening is required for pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes. UnitedHealthcare will cover gestational diabetes screening for all pregnant women, regardless of gestational week.

A full list is available at: <http://www.healthcare.gov/law/features/rights/preventive-care/index.html>



Q. Are these Expanded Women’s Preventive Care Services different than the previously released preventive care services that became effective as of September 23, 2010?

A. Yes. The new list of women’s preventive care services is an extension of the existing preventive care services provision that went into effect under the health care reform law on September 23, 2010. The expanded coverage for women includes breast-feeding support, supplies and counseling, FDA-approved contraception methods and counseling, and several services covered during a well-woman visit along with routine prenatal care.

	August 1, 2012 Expanded Women’s Preventive Services	September 23, 2010 Preventive Services Provision
Gestational diabetes screening	All pregnant women and those at high risk during the first prenatal visit are screened	Pregnant women at risk
HPV DNA testing for women 30 years and older	All women age 30+ every 3 years	Not mandated as preventive
Sexually transmitted infections counseling	All sexually active women	Women at risk (teens, pregnant women, lifestyle)
HIV screening and counseling	All sexually active women	Women at risk (pregnant women, lifestyle)
Domestic violence screening and counseling	All women	Women at risk
FDA-approved contraception methods and counseling	All methods, all women	Not mandated as preventive
Breast-feeding counseling and payment of rental equipment and supplies	Part of pre-/post-natal counseling for pregnant women, coverage for rental of breast-feeding equipment	Coverage for counseling only
Well-woman exams	To obtain specified preventive services	Yearly

Q. When will the Expanded Women's Preventive Care Services be effective for members covered by applicable UnitedHealthcare benefit plans?

A. Coverage for certain expanded women's preventive care services becomes effective the first plan year renewal date, beginning on or after August 1, 2012. It's important to note that effective dates for medical coverage and pharmacy coverage may be different depending on your specific medical plan and pharmacy plan renewal date. So, it is important to check with your health benefits administrator for your specific coverage and benefit summary.

Q. Will UnitedHealthcare provide coverage of women's services that are not part of the Expanded Women's Preventive Care Services?

A. Yes, some UnitedHealthcare plans may provide coverage for certain women's services in addition to the expanded women's preventive health care services in the new guidelines for 2012. Some of these are covered today for UnitedHealthcare members; however, cost-sharing does and will apply. Check with your health benefits administrator for your coverage and benefit summary.

Q. Is cost-sharing required for women's preventive care services?

A. No. UnitedHealthcare will not require cost-sharing (copayments, coinsurance or deductibles) for the recommended preventive services when those services are rendered by network providers. UnitedHealthcare is not required to cover preventive services provided by non-network providers. If such non-network services are covered, UnitedHealthcare may require cost-sharing for recommended services delivered by the non-network providers.

Q. How do I determine what benefits I have and what my portion of the cost-sharing will be?

A. This new health care reform law does not change the way you confirm your benefits or cost-sharing. As you do today, you can verify the specific benefits and coverage of your UnitedHealthcare plan by checking with your health benefits administrator for your coverage and benefit summary.



Q. What does UnitedHealthcare consider to be a well-woman visit?

A. UnitedHealthcare has determined that under the health care reform law, well-woman visits include well-woman preventive care visits to obtain the recommended preventive services, including preconception and prenatal care. Today, many women's preventive health care services, including mammograms, screenings for cervical cancer and immunizations, are covered with no cost-sharing by UnitedHealthcare for qualifying health plans. The new coverage for well-woman visits under the health care reform law may require multiple preventive visits in the same year for a woman to receive all recommended services, including prenatal care.

Prenatal services covered with no cost-sharing include:

- ▶ Routine prenatal obstetrical office visits
- ▶ All lab services explicitly identified in the health care reform law
- ▶ Tobacco cessation counseling specific to pregnant women
- ▶ Immunizations recommended by the Advisory Committee on Immunization Practices

Prenatal services *not covered* under the women's preventive coverage include, but are not limited to:

- ▶ Radiology services not specified in the health care reform law (e.g., obstetrical ultrasounds)
- ▶ Delivery services
- ▶ High-risk prenatal services

While radiology services like obstetrical ultrasounds may be part of typical prenatal care, they are not included under the health care reform law. A copayment, coinsurance or deductible may apply for these services.

Q. Will all services performed before delivery be considered preventive care?

A. No, not all services performed before delivery will be considered preventive care. Examples of services that will *not* be considered part of the prenatal preventive care services include:

- ▶ Obstetric radiology services
- ▶ High-risk prenatal services
- ▶ Delivery services

Q. How are services, such as the removal of a lesion during a routine preventive care gynecological exam, covered?

A. If these services are performed during a routine preventive care examination, it would be covered as part of the preventive service benefit.

Q. What happens if symptoms requiring further diagnostic (non-preventive) testing are discovered during a preventive service?

A. Any diagnostic testing service would be covered under the diagnostic benefit rather than the preventive services benefit.



Q. Will breast-feeding equipment be covered by UnitedHealthcare under the Expanded Women's Preventive Care Services?

- A.** Yes. In addition to covering the cost of renting a hospital-grade breast pump, UnitedHealthcare believes some members may prefer to purchase a more portable and convenient electric breast pump rather than rent hospital-grade equipment. UnitedHealthcare will cover the purchase of a personal, double-electric breast pump at no cost to the member. The personal breast pump is portable and more convenient for members, and on average, less expensive than renting a hospital-grade breast pump. To rent or purchase breast pumps, members will simply need to contact a network physician, hospital with a durable medical equipment (DME) supplier agreement or a DME breast pump supplier, on or near the baby's delivery date. UnitedHealthcare has contracted with national DME breast pump suppliers who can ship the breast pump directly to the member. The physician, hospital with a DME supplier agreement or DME breast pump supplier will bill UnitedHealthcare directly for reimbursement. Members may call the number on the back of their ID card for DME breast pump suppliers. Members are not required to obtain prescriptions for breast pumps prior to calling a breast pump supplier, but the breast pump supplier may contact the member's physician to obtain an order for a breast pump, as a part of their normal processes. Members will *not* be able to purchase supplies, such as breast pumps, at retail and send the receipt for reimbursement.

Please note that the suppliers may change.

Q. Does UnitedHealthcare offer a Healthy Pregnancy Program?

- A.** Yes. UnitedHealthcare's Healthy Pregnancy Program provides you with a variety of pregnancy support and education materials, from a due date calculator to a week-by-week summary of the baby's growth and development. The Healthy Pregnancy Program also includes reminders to discuss gestational diabetes screening with your doctor. A Healthy Pregnancy maternity nurse is available to support moms before, during and after pregnancy. Enrollment is available at no additional cost to you as part of your benefit plan at, www.healthy-pregnancy.com.

Q. What types of contraception products will be covered under the Expanded Women's Preventive Care Services?

A. Under the health care reform law, UnitedHealthcare will cover FDA-approved contraceptive methods for women without a cost-share. Some contraceptives, like oral contraceptives, are covered under the pharmacy benefit, if included in your plan, and the prescription is filled at a network pharmacy.

The following services will be covered under the medical benefit (and not the pharmacy coverage), as preventive when provided by a network physician, facility or health care professional:

- ▶ Intrauterine devices (IUD) including services to place or remove the IUD
- ▶ Diaphragms (covered under the pharmacy benefit if purchased by prescription at an outpatient pharmacy)
- ▶ Services to place/remove/inject covered FDA-approved contraceptive methods
- ▶ Sterilization procedures for women, such as tubal ligations

The new requirement covers prescribed contraceptive methods, sterilization procedures and patient education and counseling for all women with reproductive capacity.

Q. What types of contraception products will NOT be covered under the Expanded Women's Preventive Care Services?

A. Abortifacient Drugs: The health care reform law provides that the contraception and contraceptive counseling recommendations as part of the expanded women's preventive benefit do not include "abortifacient drugs." Abortion is not part of women's expanded preventive services under the health care reform law. The guidelines do require coverage of emergency contraceptive methods as prescribed. Accordingly, certain "morning after" pills, such as Plan B® One-Step and ella®, which are FDA-approved emergency contraception, will be covered as prescribed.

Vasectomies: Vasectomies are not part of the expanded women's preventive health care benefit and standard/current benefits apply.

Condoms and spermicidal agents: Condoms and spermicidal agents are not covered under the health care reform law because they are available without a prescription.

Q. What if I have questions or need more information?

A. Call the Customer Care number on the back of your health plan ID card, if you have questions or need more information.

Talk to your doctor

Consult your doctor for your specific preventive health recommendations, as he or she is your most important source of information about your health.

UnitedHealthcare looks forward to implementing this new coverage. It is our hope that women will not unnecessarily put off important and timely, personally appropriate health services until the new guidelines become effective for their specific coverage plan. And, always refer to your plan documents for your specific coverage information.



For more information visit www.myuhc.com



The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program can not diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

The content provided is for informational purposes only, and does not constitute medical advice. Always consult your doctor before making any decisions about medical care. The services outlined here do not necessarily reflect the services, vaccine, screenings or tests that will be covered under your benefit plan. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of your health plan ID card. Certain procedures may not be fully covered under some benefit plans.

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100-11613 2/13 Consumer © 2013 United HealthCare Services, Inc.