

WOMEN'S PREVENTIVE CARE COVERAGE

Under the Affordable Care Act of 2010, many women's preventive healthcare services are already covered with no cost sharing. On August 1, 2011, the Department of Health and Human Services adopted additional guidelines for Women's Preventive Services that will be covered at no cost starting starting August 1, 2012 for renewals and new policies.

Region and Effective Dates

- Guam – August 1, 2012
- CNMI – August 1, 2012

PHARMACY BENEFITS

The benefits outlined below are covered with no cost sharing (deductible, co-payment, and co-insurance waived) for **prescribed GENERICS at participating pharmacy providers.**

PHARMACY	
Type of Preventive Care	What is Covered at Participating Pharmacy Providers
Oral contraceptives	Generic contraceptive pills are covered at no cost*
Injectable contraceptives	Generic contraceptive injections are covered at no cost* ++
Contraceptive devices	Vaginal ring, IUD, patch, cervical caps, and diaphragm are covered at no cost* ++
Emergency pregnancy prevention	Prescribed emergency contraceptives are covered at no cost*
Contraceptives for men	Not Covered. Excluded benefit.
Over-the-counter products	Not covered. Excluded benefit.

**No cost sharing is applicable to generic equivalent and generic alternative contraceptives. Formulary brand and non-formulary contraceptives will be subject to regular pharmacy co-payment or co-insurance benefits. When no generic exists, formulary brand and non-formulary are covered at no cost. Once a generic becomes available, the formulary brand and non-formulary contraceptives will be subject to regular pharmacy co-payment or co-insurance benefits. Generic contraceptives filled at non-participating or non-network pharmacies are subject to regular pharmacy co-insurance benefits.*

++Office visits for the administration of injectables and the insertion and removal of contraceptive devices remain subject to regular medical plan benefits and limitations.

The following are not covered under the health care reform Women's Preventive Care benefit:

- Contraceptives not requiring a prescription, such as condoms, contraceptive sponges, spermicides, and non-prescription emergency contraceptives
- Contraceptives obtained from non-participating pharmacies (co-insurance pharmacy benefits will apply)
- Non-FDA approved contraceptives
- Contraceptives for men
- Contraceptive implants except IUD

MEDICAL BENEFITS

The benefits outlined below are covered with no cost sharing (deductible, co-payment, and co-insurance waived) at **participating medical providers only**, subject to the following:

- Non-participating providers will continue to be subject to any applicable deductible, co-payment, or co-insurance.
- Supplies covered under medical are in place of, not in addition to, those same covered supplies under pharmacy.

MEDICAL SERVICES	
Type of Preventive Care	What is Covered at Participating Medical Providers
Injectable contraceptives	Generic, brand, and non-formulary contraceptive injections are covered and subject to medical plan benefits and limitations if dispensed by a participating medical provider. (Generic contraceptive injections are covered at no cost when dispensed at participating pharmacy providers. Brand & non-formulary contraceptives are covered at regular pharmacy benefits when dispensed at participating pharmacy providers.)
Contraceptive devices	Vaginal ring, IUD, patch, cervical caps, diaphragm, and IUD are covered and subject to medical plan benefits and limitations if dispensed by a participating medical provider. (Generic contraceptive devices are covered at no cost when dispensed at participating pharmacy providers. Brand & non-formulary contraceptives are covered at regular pharmacy benefits when dispensed at participating pharmacy providers.)
Services for injectable and devices	Office visits for the administration of injectables and the insertion or removal of contraceptive devices are covered, subject to medical plan benefits and limitations.
Sterilization of female	Tubal ligation is covered at no cost, as well as the associated charges (anesthesia, labs, etc.). Complications of the surgery are covered, subject to medical plan benefits and limitations.
Sterilization of male (<i>not required by PPACA</i>)	Vasectomy is covered at no cost when performed in an outpatient office setting, as well as the associated charges (anesthesia, labs, etc.) Complications of the surgery are covered, subject to medical plan benefits and limitations. Vasectomy in a hospital setting is not a covered benefit.
Education and training	Education and training on contraceptive methods are covered at no cost annually.
Well-woman visits	Preventive care visits for adult women continue to be covered at no cost annually.
Breastfeeding Equipment	Manual and electric breast pumps are covered at no cost per pregnancy when rented from a participating provider. Hospital-grade pumps are excluded under preventive care and medical plan benefits.
Lactation support and counseling	Lactation support and counseling is covered at no cost per pregnancy from a participating provider.
Screening for gestational diabetes	Screening is covered at no cost for pregnant women between 24 and 28 weeks of gestation, and first prenatal visit for pregnant women at high risk for diabetes.
Human papillomavirus (HPV) test	Screening is covered at no cost (no age limit).
Counseling for sexually transmitted infections	Counseling during well-woman visits for all sexually active women will be covered at no cost annually.
Counseling and screening for HIV	Screening and counseling during well-women visits for all sexually active women will be covered at no cost annually/
Counseling and screening for interpersonal & domestic violence	Screening and counseling during well-women visits will be covered at no cost annually.