



UnitedHealthcare's Approach to Women's Preventive Care Services

As a company dedicated to helping people to live healthier lives, UnitedHealthcare encourages our members to receive preventive care services. Under the health reform law, non-grandfathered health plans are required to cover women's preventive care services such as well-woman visits, domestic violence screening, and prescribed Food and Drug Administration (FDA)-approved contraception without cost-sharing (copayment, coinsurance or a deductible) as long as they are received in the health plan's network.

UnitedHealthcare has a long-standing commitment to advancing prevention and early detection of disease for the people we are privileged to serve. Preventive care interventions are important to our ability to identify health risks and help our members live healthier lives.


UnitedHealthcare offers unique programs and resources to assist women on their path to good health including our Healthy Pregnancy Program and online support through www.uhcpreventivecare.com and Source4Women.

Coverage for expanded women's preventive care services was effective as of the health plan's first renewal date on or after Aug. 1, 2012.

About Women's Preventive Care Services

Under the health reform law, certain preventive services must be covered without cost-sharing, including several health care services specifically for women. The preventive care services provision went into effect on Sept. 23, 2010. Newer coverage guidelines require non-grandfathered health plans to cover an expanded list of women's preventive care services for plans on or after Aug. 1, 2012:

- Breast-feeding support, supplies and counseling
- Contraception methods and counseling
- Domestic violence screening
- Gestational diabetes screening
- HIV screening and counseling
- Human papillomavirus testing (beginning at age 30, and for every 3 years thereafter)
- Sexually transmitted infections counseling
- Well-woman visits



This benefit applies to both fully insured and self-funded plans that are non-grandfathered plans under the health reform law. While grandfathered plans are not required to implement these changes, some grandfathered plans have chosen to offer preventive care services at no cost-share. UnitedHealthcare small business plans (generally 2-99 employees) offer preventive care services at no cost-share regardless of grandfathered status.

UnitedHealthcare's **Preventive Care Services Coverage Determination Guideline (CDG)** helps doctors identify and correctly code preventive services they deliver to our members. The CDG defines the services, diagnoses, age, gender, and other requirements to ensure that certain services are paid with preventive benefits and covered without cost-share under most plans.

As we move forward, coverage may change to better meet the needs of our members, and the requirements of the health reform law.

Breast-feeding Support, Supplies and Counseling

Under the health reform law, lactation support and counseling as well as costs for breast-feeding equipment for each child's birth are covered without cost-share.

UnitedHealthcare will cover at the purchase of a personal, double-electric breast pump. To obtain a breast pump, members simply need to contact a network doctor or durable medical equipment (DME) supplier. The doctor or DME supplier will bill UnitedHealthcare directly for reimbursement. Members will not be able to purchase supplies, such as breast pumps, at a retail store and send the receipt for reimbursement. Members do not need a prescription from their doctor prior to contacting a DME breast pump supplier.

Contraception Methods and Counseling

The requirement covers FDA-approved contraception methods, when prescribed, sterilization procedures and patient education and counseling for all women with reproductive capacity without cost-share.

The law only covers women's contraception, so male contraception and sterilization are not included in preventive care services benefits.

While all FDA-approved *methods* are covered without cost-share under the health reform law, that does not mean all contraceptives. The methods covered by the pharmacy benefit are hormonal (e.g. birth control pills), barrier (i.e. diaphragms), emergency contraceptives (i.e. "morning after" pills) and select over-the-counter (OTC) contraceptives.

Contraceptives on our Preventive Care Medication List are covered at 100 percent when age- and gender-appropriate, prescribed by a health care professional and filled at a network pharmacy.

UnitedHealthcare has determined that contraceptives with the same progestin are equivalent to each other. Therefore, each unique progestin contraceptive medication is represented on the

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Preventive Medication List making sure women have access to a variety of contraceptives at no cost-share. Other contraceptives will be covered in other tiers at the applicable plan cost-share.

The law does not provide for coverage of abortifacient drugs/abortion pills such as Mifeprex[®] (mifepristone) as a preventive service.

It's important to know that some contraceptives, like oral contraceptives and the select over-the-counter contraceptives, are covered under the pharmacy benefit when prescribed by a doctor or health care professional and filled at a network pharmacy. And, contraceptives administered by a network doctor in a medical setting (sterilization, services to place/remove/inject contraceptive methods, etc.) are covered without cost-share under the medical benefit.

Religious exemptions to covering contraceptives

Under the health reform law, certain religious institutions that offer insurance to their employees may be able to choose whether or not to cover contraception services. Those that qualify for a religious exemption are responsible for certifying their status and complying with state and federal laws.

Domestic Violence Screening and Counseling

Annual screening and counseling for interpersonal and domestic violence is covered at no cost-share to the member under the health reform law. UnitedHealthcare covers age-appropriate preventive visits including risk identification and guidance for risk reduction at no cost-share. Domestic violence screening is included in the wellness examination codes provided under preventive care services benefits.

This screening is covered at no cost-share when performed by a network doctor or health care professional. The annual screening and counseling for interpersonal and domestic violence is not a service provided by mental health professionals. Instead, mental health professional services are covered under the behavioral health benefit.

Gestational Diabetes Screening

Under the law, 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. Our Healthy Pregnancy Program provides important preventive support services, including reminders to pregnant women to discuss gestational diabetes screening with her doctor or midwife.

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HPV DNA Testing

High-risk human papillomavirus (HPV) DNA testing in women is covered under the health reform law at no cost to the member. The law states screening should begin at 30 years of age, and need not occur more frequently than every three years. UnitedHealthcare will provide coverage for HPV screening in all women age 30 and over to be paid without cost-share to the member. HPV is the most common cause of cervical cancer, so HPV testing can help prevent it.

Sexually Transmitted Infections Counseling and HIV Screening

The health reform law requires health plans to cover counseling and screening for human immunodeficiency virus for *all* sexually active women, not just women at risk. The law also requires counseling for other sexually transmitted diseases.

Well-Woman Visits

Well-woman visits, as defined by the health reform law, include visits to obtain the recommended preventive services, including preconception counseling and prenatal care. Today, UnitedHealthcare covers many women's preventive health care services, including mammograms, screenings for cervical cancer, and immunizations, with no cost-sharing in qualifying health plans. 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 routine prenatal care visits.

Prenatal services covered with no cost-sharing include routine prenatal obstetrical office visits, all lab services explicitly identified in the health reform law, tobacco cessation counseling specific to pregnant women, and 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 (i.e., obstetrical ultrasounds), delivery and high-risk prenatal services. Postnatal care is not covered without cost-share under the health reform law.


Managing Costs of Preventive Care Services

The health reform law allows health plans to use reasonable medical management techniques to promote accessible and affordable preventive care. For example, tiering, ancillary charges, notification, supply limits, step therapy and select exclusions are medical management techniques that may be used.

The women's expanded preventive care services requirement is expected to increase medical trend for preventive services because of adding coverage for certain items not previously covered, such as breast pumps, and removing cost-sharing on other items. We also anticipate

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increased utilization of certain preventive care services, like contraceptives. The average financial impact of the expanded women's preventive requirement for customers with both medical and pharmacy benefits is estimated at 0.32 percent. The actual impact may vary based on factors including the group's demographics, coverage provisions, current and future utilization levels and cost-sharing provisions.

Out-of-network Coverage

The health reform law does not require plans and issuers to cover preventive care services, including expanded women's preventive services, received from out-of-network providers. If a plan covers out-of-network preventive services, the plan or issuer may impose cost-sharing requirements, unless an applicable state law otherwise requires first-dollar coverage.

If a plan does not cover out-of-network preventive services, then out-of-network preventive services generally will not be covered. However, if a plan does not cover out-of-network *preventive* services, but does have out-of-network *medical* benefits, then UnitedHealthcare will cover out-of-network routine prenatal office visits under the plan's out-of-network *medical* benefits. Any cost-sharing under the out-of-network medical benefit would apply to the prenatal office visits.

What Employers Need to Know

1. **No action is required to receive the expanded women's preventive care services at no cost-share** if a plan already covers other preventive care services without cost-share.
2. **Understand that some preventive services are covered without cost-share under the medical benefit and some under the pharmacy benefit.**

Determine if you are exempt. If your organization has grandfathered status or meets the federal requirements for religious exemption as defined by the health reform law, and does not want contraceptive coverage, please contact your UnitedHealthcare representative for further direction.

For More Information

Consult your UnitedHealthcare representative if you have questions. Or, visit the United for Reform Resource Center at uhc.com/reform and click the preventive services provision. Here you'll find the latest health reform news, prescription drug lists, religious exemption information, educational videos, timelines and frequently asked questions about health reform. General information about coverage of preventive services under the health reform law is found at <https://www.healthcare.gov/what-are-my-preventive-care-benefits#part=2>

The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of the ID card.

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