



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 Food and Drug Administration-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 have been important components of our health risk identification capabilities and our ability to proactively assist our members in living 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 becomes effective as of the first health plan renewal date on or after Aug. 1, 2012.

About Expanded Women's Preventive Care Services

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 reform law Sept. 23, 2010. New coverage guidelines require non-grandfathered health plans to cover an expanded list of women's preventive care services:

- 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 also 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. In addition, UnitedHealthcare small business plans (generally 2-99 employees) offer preventive care services at no cost-share regardless of grandfathered status.

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

Effective Dates for Expanded Women's Preventive Care Services

Coverage for expanded women's preventive care services becomes effective as of the first health plan renewal date on or after Aug. 1, 2012. It's important to note that for renewing fully insured plans, the effective dates for medical coverage and pharmacy coverage may be different. Medical coverage begins on the plan's first renewal date on or after Aug. 1, 2012, and pharmacy coverage begins on Aug. 1, 2012, *regardless* of the plan's renewal date as long as the group has oral contraceptive coverage today. For all other new or renewing plans, pharmacy and medical coverage becomes effective as of the first plan year, or the first health plan renewal date, on or after Aug. 1, 2012.

In addition to covering the cost of rental, UnitedHealthcare will cover the purchase of a personal, double-electric breast pump at no cost to the member.

Breast-feeding Support, Supplies and Counseling

Under the health reform law, lactation support and counseling as well as costs for renting breast-feeding equipment for each child's birth are covered at no cost-share. In addition to covering the cost of rental, UnitedHealthcare will cover the purchase of a personal, double-electric breast pump at no cost to the member. To rent or purchase breast pumps, members will simply need to contact a network physician, hospital or durable medical equipment (DME) supplier. The physician, hospital or DME supplier will bill UnitedHealthcare directly for reimbursement. Members will not be able to purchase supplies, such as breast pumps, at retail and send the receipt for reimbursement.

Contraception Methods and Counseling

The new requirement covers prescribed FDA-approved contraception methods, sterilization procedures and patient education and counseling for all women with reproductive capacity without cost-share. Condoms and spermicidal agents, for example, are not covered under the health reform law because they are available without a prescription. In addition, the law only covers women's contraception, so male contraception and sterilization are not included in preventive care services benefits.

UnitedHealthcare has determined that oral contraceptives with the same progestin are equivalent to each other. Therefore, each unique progestin contraceptive medication will be represented in Tier 1 (the lowest-cost tier). In higher-cost tiers, a copayment, coinsurance and deductible may apply.

Tier 1 contraceptives on the Advantage Prescription Drug List (PDL) and the Traditional PDL will be available at no cost to the member. It is anticipated that approximately 50 percent of prescription claims for hormonal contraceptives will process at no cost-share when no cost-share is implemented.

The health reform law specifically states that the contraception and contraceptive counseling recommendations as part of the expanded women's preventive benefit do not include "abortifacient drugs."

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 the religious employer exemption or temporary enforcement safe harbor are responsible for certifying their status and complying with state and federal laws.

It's important to know that some contraceptives, like oral contraceptives, are covered under the pharmacy benefit when the prescription is filled at a network pharmacy. The administration of contraceptives by a network physician in a medical setting (sterilization, services to place/remove/inject contraceptive methods, etc.) will be covered without cost-share under the medical benefit.

It is anticipated that approximately 50 percent of prescription claims for hormonal contraceptives will process at no cost-share when no cost-share is implemented.

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 physician 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 physician or midwife.





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. 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 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.

Managing Costs of Expanded Women's Preventive Care Services

The health reform law specifically permits health plans to use reasonable medical management techniques such as tiering, ancillary charges, notification, supply limits, step therapy and select exclusions to promote accessible and affordable preventive care.

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 increased utilization of certain preventive care services, like contraceptives. The 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.

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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, provided by out-of-network providers. If preventive services are covered out of the network, a plan or issuer may impose cost-sharing requirements, unless a state law otherwise requires first-dollar coverage. If a plan does not cover out-of-network services, preventive services that would have been covered when offered by network physicians may not be covered at all.

What Employers Need to Know

1. **No action is required to receive the expanded women's preventive care services at no cost-share.**
2. **Know the effective dates for the no cost-share pharmacy and medical benefits.** Effective dates may differ for fully insured and self-funded plans.
3. **Determine if you are exempt.** If you have grandfathered status or meet the federal requirements for religious exemption as defined by the health reform law, and do not want contraceptive coverage, please contact your UnitedHealthcare representative for further direction.

For More Information

Consult your UnitedHealthcare representative if you have questions about the expanded list of women's preventive care services. Or, visit the United for Reform Resource Center at uhc.com/reform and click the preventive services provision for the latest health reform news, prescription drug lists, religious exemption information, educational videos, timelines and frequently asked questions about health reform. Information about what preventive services must be covered under the health reform law is found at www.healthcare.gov/law/resources/regulations/womensprevention.html

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 health plan ID card.

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