



More Generous Insurance Coverage for Preventive Care for Women

August 21, 2011 by [Patrick A. Malone](#)

The news that health insurers will be required to cover contraception and related counseling, courtesy of the Affordable Care Act (ACA) passed last year, received a lot of media attention and political blowback.

Because some people find that provision of preventive care for women objectionable, it overshadowed [other elements of the new guidelines](#), which pertain to insurance policies whose plan years begin on or after Aug. 1, 2012. Such policies are referred to as “nongrandfathered” because they represent only new plans; a health plan in effect now cannot be “grandfathered” into this coverage, although some might include it anyway.

As defined by the U.S. Department of Health and Human Services, the mission of the ACA is to promote prevention of health problems in the hope of reducing the need to treat them. It also aims to make care affordable and accessible for everybody by requiring health plans to cover preventive services and eliminating cost sharing.

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Although “preventive services” covers a lot of territory that can include marginally appropriate, cost-inflating measures, those required by HHS demonstrate strong scientific evidence of their health benefits, per research conducted by the Institute of Medicine (IOM). Not only must plans cover them, they may not charge a copayment, coinsurance or deductible if the services are delivered by a network provider.

In addition to the birth control measures, from which plans are exempt for certain religious employers, the following preventive services for women are mandatory and must be provided by insurers without cost sharing to policyholders for policies beginning on or after Aug. 1, 2012:

- well-woman visits;
- screening for gestational high blood sugar;
- human papilloma virus (HPV) DNA testing for women 30 and older;
- sexually transmitted disease counseling;
- human immunodeficiency virus (HIV) screening and counseling;
- breastfeeding support, supplies and counseling; and
- family violence screening and counseling.

If your health insurance plan or insurance policy began on or after Sept. 23, 2010, it is also subject to mandatory preventive services for which you are not supposed to be charged a copayment or coinsurance, or for which you must meet your deductible if services are delivered by a network provider. To find out what’s on the list, [link here](#).

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