

New Preventive Care Requirements for Women

9/16/2011 April A. Goff, Norbert F. Kugele

Well woman visits, breastfeeding supplies and contraceptives are among the recommended preventive care treatments that nongrandfathered group health plans will have to start covering without any cost-sharing requirements, for plan years beginning on or after August 1, 2012. Calendar-year plans will not have to cover these expenses until January 1, 2013. However, plan sponsors should expect lots of questions from participants about these new rules during upcoming open enrollment periods.

Services Required

Under the new regulations, nongrandfathered group health plans must provide the following services to women without imposing co-pays, deductibles or co-insurance for in-network services:

Treatment or Service	Frequency
Well Woman visits, including preconception and prenatal care	Annually, or more often if necessary
Screening for gestational diabetes	With every pregnancy
DNA human papillomavirus (HPV) testing	No more than once every three years, if the woman is at least 30 years old
Counseling for sexually transmitted infections	Annually
HIV counseling and screening	Annually
Contraceptives (including all FDA approved contraceptive methods), sterilization procedures and patient education and counseling	As prescribed for all women with reproductive capacity
Breastfeeding support, supplies and counseling, including the cost of breastfeeding equipment such as breast pumps	Coinciding with each birth
Screening/Counseling for interpersonal and domestic violence	Annually

Religious Exemption

Religious institutions with “exclusively religious activities” will have a choice whether to cover contraceptives. This exemption does not apply to any other treatment or service required for women, including counseling and screening for sexually transmitted infections and HIV. To qualify for the exemption, the organization must be a non-profit whose purpose is the inculcation of religious values. The organization must primarily employ and serve individuals who belong to the same religious affiliation.

These rules do not apply to flexible spending accounts or separate dental/vision plans. Health Reimbursement Arrangements are subject to these requirements, unless structured to provide only limited-scope benefits (e.g. dental/vision coverage).

If you have questions about the new requirements, please contact Norbert F. Kugele (nkugele@wnj.com or 616.752.2186), April A. Goff (agoff@wnj.com or 616.752.2154) or any other member of the Warner Norcross & Judd Health Care Reform Task Force