Preventive services can help avoid or reduce many illnesses and medical problems, and the Affordable Care Act (ACA) has changed how employees may access those services through their employer’s health plan.

ACA requires that non-grandfathered group health plans and health insurance policies provide coverage for certain preventive services without cost-sharing (such as coinsurance, deductible or copayment) when using an in-network provider. For non-grandfathered plans, this coverage requirement is effective for plan/policy years beginning on or after September 23, 2010, and therefore employees may be eligible for certain preventive services without cost-sharing under ACA – in other words, they may not need to meet a deductible or pay a copayment or coinsurance.

Background

On Aug. 3, 2011, federal regulatory agencies published regulations requiring coverage without cost-sharing for certain women’s preventive services provided for in guidelines supported by the Health Resources and Services Administration (HRSA). For non-grandfathered plans, the new regulations expand the coverage of women’s preventive services under ACA.

The guidelines supported by the HRSA include the following types of services:

- well-woman visits
- screening for gestational diabetes
- testing for HPV
- counseling for sexually transmitted infections
- screening and counseling for HIV
- FDA-approved contraception methods and counseling
- breastfeeding support, supplies and counseling
- interpersonal and domestic violence screening and counseling

For non-grandfathered plans, this new coverage requirement is effective for plan/policy years beginning on or after August 1, 2012.
Religious Employer Exemption

ACA regulations provide for an exemption from the ACA requirement to cover contraceptive services without cost-sharing for certain group health plans of organizations that qualify as religious employers.

To qualify as a religious employer, an organization must meet the following criteria:

- Organized and operates as a nonprofit entity as referred to in the tax code definition IRC 6033 (a)(3)(A)(i) or (ii). Note: This new definition no longer disqualifies an organization that operates a soup kitchen or parochial school.

Eligible Organization Accommodation

ACA regulations provide for an exemption from the ACA requirement to cover contraceptive services without cost-sharing for certain group health plans of organizations that qualify as an eligible organization. Eligible organizations that self-certify will not contract, arrange, pay for or refer for contraceptive coverage. Instead, Blue Cross and Blue Shield of Oklahoma will provide or arrange separate payments for contraceptive services.

To qualify as an eligible organization, the following criteria must be met:

- Opposes providing some or all of any contraceptive coverage required under ACA on account of religious objections;
- Organized and operates as a nonprofit entity;
- Holds itself out as a religious organization; and
- Self-certifies in a form and manner specified by the Secretary of Health and Human Services.

If a group health plan maintained by your organization satisfies the requirements of either the religious employer exemption or eligible organization accommodation, and intends to utilize the exemption or accommodation, please contact your BCBSOK account executive.

Note: In Oklahoma insured group health plans and health insurance issuers providing group health insurance coverage are required to provide coverage for certain contraceptive services under federal law and, independently, under state law. While a group health plan may determine it is a “religious employer” or “eligible organization” for purposes of federal regulations, its health insurance coverage must still comply with state law, which requires contraceptive coverage and does not permit any religious exemption.
Women’s Preventive Coverage

Plans or policies may provide coverage for certain preventive health services without cost-sharing (such as copayment, coinsurance or deductible) when using an in-network provider. If you have questions about these benefits and plan coverage please contact your BCBSOK representative. If your employees have specific coverage questions, encourage them to call the Customer Service number listed on their member ID card. (See righthand column)

Breastfeeding

Subject to the terms and conditions of the plan, coverage without cost-sharing may expand for breastfeeding services when using an in-network provider:

- Breastfeeding support and counseling by a trained in-network provider during pregnancy and/or after giving birth
- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in the provider network
- Breast pumps (manual, electric and hospital grade)**

**The Blue Cross and Blue Shield (BCBS) implementation of preventive services without cost-sharing under the Affordable Care Act (ACA) previously covered manual breast pumps only. Effective April 15, 2013, BCBS expanded its coverage to include electric and hospital grade breast pumps. This coverage applies to non-grandfathered plans and policies and expands the breastfeeding support options available to members without cost-sharing (some limitations or restrictions may apply). Contact a BCBS representative or call the number located on the back of the member ID card for more information.

Contraceptives

Depending on the particular plan:

- Coverage without cost-sharing may expand to include contraceptive services when using an in-network provider.
- Prescription – One or more products within the categories approved by the FDA for use as a method of contraception
- Over-the-counter – Contraceptives available over-the-counter approved by the FDA for women (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization including tubal ligation*

*Certain restrictions may apply; there might be copay, coinsurance or deductible in some cases – refer to your plan materials or contact us for more information. Hysterectomies are not considered part of the women’s preventive care benefit.

Depending on the particular plan:

Coverage may be provided for the following types of services without cost-sharing when using an in-network provider:

- Chlamydia infection screening
- Gonorrhea and syphilis screening
- Counseling about genetic testing for breast cancer
- Counseling to help stop use of tobacco products
- Screening for diabetes for persons with high blood pressure
- Osteoporosis (bone density) screening
- Cholesterol screening based on age and individual risk factors
- Colorectal cancer screenings
- Screening and counseling for alcohol misuse
- Use of folic acid to promote health
- Use of aspirin to prevent heart disease
- Health counseling to include nutrition and weight management
- Immunizations:
  - Hepatitis A and B
  - Human Papillomavirus (HPV)
  - Influenza (Flu)
  - Measles, mumps, rubella
  - Meningococcal (Meningitis)
  - Pneumococcal (Pneumonia)
  - Tetanus, Diphtheria, Pertussis
  - Varicella (Chickenpox)
  - Zoster (Shingles)

For pregnancies, coverage may also be provided for the following types of services without cost-sharing when using an in-network provider:

- Anemia screening for iron deficiency
- Syphilis screening
- Hepatitis B screening
- Blood testing for Rh incompatibility
- Urinary tract infection screening
- Breastfeeding education
### Contraceptive Benefit Coverage*

**CERVICAL CAPS**
- FEMCAP
- PRENTIF CAVITY-RIM CERVICAL CAP
- PRENTIF FITTING SET

**DIAPHRAGMS**
- OMNIFLEX DIAPHRAGM
- ORTHO ALL-FLEX
- ORTHO COIL SPRING KIT
- ORTHO FLAT SPRING KIT
- WIDE-SEAL SILICONE

**EMERGENCY CONTRACEPTIVES**
- levonorgestrel
  - My Way
  - Next Choice/One Dose

**INJECTIONS**
- DEPO-PROVERA CONTRACEPTIVE (generic available)
- DEPO-SUBQ PROVERA 104
  - medroxyprogesterone acetate

**IMPLANTABLE**
- IMPLANON
- NEXPLANON

**INTRAUTERINE**
- MIRENA
- PARAGARD
- SKYLA
- **PATCH**
  - ORTHO EVRA

**RING**
- NUVARING

**ORAL CONTRACEPTIVES**
- Camila
- Errin
- Heather
- Introvale
- Jencycla
- Jolessa
- Jolivette
- levonorgestrel/ethinyl estradiol (91 day)
- Lyza
- Nora-BE
- norethindrone
- norgestimate/ethinyl estradiol (generic for Ortho Tri-Cyclen)
- Quasense
- Trinessa
- Tri-Estarylla
- Tri-Linyah
- Tri-Previfem
- Tri-Sprintec

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### Contraceptive – Pharmacy Information

Eligible benefit plans include coverage under the Affordable Care Act for the following contraceptives to be covered at $0 member cost share. This list will be reviewed periodically and is subject to change. To determine cost share for medications not listed below, log onto your account at MyPrime.com.

Some of these products may be covered under your medical benefit.

*Prescription coverage for contraception may vary according to the terms and conditions of the plan

**A prescription is required for emergency contraceptives to be covered without cost-sharing under the pharmacy benefit for non-grandfathered plans

This information is for informational purposes only, does not constitute legal or other advice, and should not be relied upon to determine coverage.

Generic Drugs = **bold**

Brand Drugs = CAPITAL LETTERS