

Frequently Asked Questions

What lines of business do the health care reform contraception coverage provisions impact?

The coverage is part of women's preventive services and applies to all group and individual nongrandfathered health plans.

What contraceptive drugs and services are covered under the health care reform women's preventive care benefit?

Coverage for women's contraceptive drugs include FDA-approved prescribed and over-the-counter contraception methods when accompanied by a prescription. Coverage also includes those services that are provided by participating doctors in their offices and/or participating facilities. We will not cover contraceptives for men. Coverage for prescription contraception drugs will be available through network retail or home delivery pharmacies.

We will cover:

- Oral contraceptives (birth control pills)
- Contraceptive patch
- Contraceptive ring
- Prescription diaphragm or cervical cap
- Sterilization for women
- FDA-approved women's over-the-counter contraceptives, like female condoms or spermicides, when accompanied by a prescription at an in-network pharmacy
- IUDs (covered under the medical benefit)
- Injectables that are not self-administered (covered under the medical benefit)

What contraceptives are not covered under the health care reform women's preventive care contraception provision benefit?

- Contraceptives obtained from non-network pharmacies
- Contraceptives considered over-the-counter that are obtained without a prescription
- Contraception methods for males

What is the cost-sharing structure for contraceptives purchased at a pharmacy?

Cost-sharing for prescription contraceptives will vary based on the type of drug and the plan's benefit structure.

- Generic drugs and single-source brands that don't have a generic equivalent will have no cost-sharing (100% coverage).
- Multi-source brand drugs that have a generic equivalent will reflect the existing plan design and cost-sharing.
- Covered OTC contraceptives obtained at an in-network pharmacy with a prescription will have no cost sharing (100% coverage).

Is there an out-of-network benefit?

There is no out-of-network benefit for contraceptives obtained under the pharmacy benefit. However, there may be an out-of-network benefit under medical coverage, depending on your plan design.

What is the process for covering non-preferred prescription contraceptives?

Sometimes we cover 100% of a brand-name drug, but only if the plan has brand-name drug benefits and there is no generic form available. We may require prior authorization for brand-name drugs with available generics. (Check the plan documents for more detail). A deductible, copay or coinsurance also may apply.

Women's contraception coverage



Will we cover Plan-B (emergency contraceptives – the “morning after” pill)?

We will cover emergency contraceptives at 100% for members who have a prescription and obtain their emergency contraceptive at an in-network pharmacy.

Can a religious organization exclude contraceptive coverage?

The law allows religious organizations to exclude contraceptive coverage from their plans. We will allow religious exemptions, but there are very specific guidelines for when these exemptions are permitted. This is available to all size groups, fully insured or ASO, as long as they meet the specific definition or criteria defined by the government.

Are there any plans that the benefit does not apply to?

Some grandfathered plans may not cover preventive services, depending on plan design, including contraceptives. However, some large group grandfathered plans may be able to customize their plans to cover contraception.

Where can I get more information and updates?

Please visit: makinghealthcarereformwork.com in the Library section under Preventive Care. Please bookmark this site so you can check back often for updates.

Current as of September 2013.

This content is provided solely for informational purposes. It's not intended as and does not constitute legal advice. This information should not be relied upon or used as a substitute for consultation with legal, accounting, tax or other professional advisors.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.