Benefit Category: Physician’s Office Services – Sickness and Injury AND Preventive Care Services  
Under Section: Payment Amount

Health Care Reform – Well Women’s Health – 8/1/12

PRENATAL CARE
Prenatal care - See Well-woman Visits below for cost share information.

New coverage guidelines for Expanded Women’s Preventive Care Services with no cost-share include:

- 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
  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 requires multiple preventive visits in the same year for a woman to receive all recommended services, including routine prenatal care.

- 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.

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 preventive services, then out-of-network preventive services generally will not be covered. However, if a plan does not cover out-of-network preventive services, but does have out-of-network medical benefits, then UnitedHealthcare will cover out-of-network routine prenatal office visits under the plan’s out-of-network medical benefits. Any cost-sharing under the out-of-network medical benefit would apply to the prenatal office visits.

For specific code details, the Coverage Determination Guidelines for Preventive Care Services can be accessed by clicking on this link: Preventive Care Services

[GEN] 1
Preventive Care Medications  Effective 8/1/12 – All new and existing plans.

Refer to myuhc.com for a listing of preventive care medications (contraceptives).

All preventive care benefits, whether Federal or State required, have no cost share requirements and are payable at 100%.

If you have pharmacy benefit coverage, your plan may also be required to cover preventive care medications that are obtained at a network pharmacy at 100%, without application of any Copayment, Coinsurance or deductible, as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Exception: For Washington Trust AAOA Customers with Plan designs: WC:Y; WD: K-R; W, WF: E, G, H-L; WG: C-Z; WR:Z Well Women’s Health Benefits are not applied until 5-1-13 and, therefore, effective 5-1-13 the cost of breast pumps and preventive care medications are covered as described above but retain the existing cost share which is applied to other Preventive Care Benefits.

Health Care Reform - PPACA
For new business effective 9-23-10 or after.
For existing plans on their renewal date on or after 9-23-10.

Preventive Care

All preventive care benefits, whether Federal or State required, have no cost share requirements and are payable at 100%.

Benefits for preventive care that are payable at 100% of Eligible Expenses (without application of any Copayment, Coinsurance, or deductible.

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Breast Pumps - All Groups - Effective 1-1-14:
Preventive Care Benefits defined under the Health Resources and Services Administration (HRSA) requirement include the cost of purchasing one breast pump per Pregnancy in conjunction with childbirth is covered under Preventive Care Services at 100% of Eligible Expenses (without application of any Copayment, Coinsurance or Deductible). Any exclusion under the Personal Care, Comfort or Convenience section is revised to not apply to breast pumps provided under the conditions stated above.

If more than one breast pump can meet your needs, Benefits are available only for the most cost effective pump. We will determine the following:

- Which pump is the most cost effective.
- Whether the pump should be purchased or rented.
- Duration of the rental.
- Timing of an acquisition.

**Benefits for the cost of renting one breast pump will no longer be covered.**

*See next page for Breast Pumps for Purchase.*
Members can contact any UHC network physician or durable medical equipment (DME) supplier. UHC National Ancillary DM breast pump suppliers will ship the breast pump directly to the member.

Breast Pumps for Purchase:

1) Byram Healthcare
   1-877-902-9726
   Fax: (866) 811-4500
   Web: www.byramhealthcare.com

2) Edgepark
   1-800-321-0591
   Fax: 330-425-4355
   Web: www.edgepark.com

3) Genadyne
   1-888-809-9750
   Web: www.lucinacare.com

4) Effective 06/01/2014 - Target Stores – IN STORE PURCHASES ONLY. 
   NO SHOPPING ONLINE

Last Update Date: 04/09/2014