

Women's Preventive Benefits as part of Patient Protection and Affordable Care Act (PPACA) Summary

The Patient Protection and Affordable Care Act (PPACA) requires health plans to cover designated women's preventive services without cost sharing for the member. Cost-sharing includes deductibles, copayments and coinsurance. Some of the benefits and services outlined in the women's preventive guidelines are already included within the existing PPACA preventive services requirements. Many of the screenings/services included in this provision would be provided at the time of the annual well-women visit. The following preventive services must be covered with no cost sharing:

- a) Well-woman visits: Including coverage for pre-natal visits that are billed separately from the delivery and post-partum care.
- b) Gestational Diabetes Screening*
- c) Human Papillomavirus (HPV) Testing*
- d) Counseling for Sexually Transmitted Diseases
- e) HIV Testing and Counseling*
- f) Contraceptive Methods and Counseling
- g) Breastfeeding Support, Supplies and Counseling
- h) Domestic Violence Screening and Counseling

(* laboratory services associated with the screening are covered at no cost-share)
The existing PPACA preventive benefits had age, gender and frequency restrictions.

Does the women's preventive services provision contain any restrictions?

Yes, there are certain benefits and services that contain frequency restrictions. Some services/benefits are provided to pregnant women only or for women who are sexually active. For a full list of restrictions and guidelines, visit:

<http://www.hrsa.gov/womensguidelines/>

* These are notices we are required to share. However we do not have any additional information regarding this information. If you need more information, call the number above.