

Expanded Women's Preventive Health

Well Woman Visits

Well woman preventive care visit annually for adult women to receive preventive services that are age and developmentally appropriate, including pre and post-natal care.

Screening for Gestational Diabetes

Women who are 24 to 28 weeks pregnant, and at the first prenatal visit for those who are at high risk of development of gestational diabetes.

Human Papillomavirus DNA Testing (HPV)

High risk human papillomavirus DNA testing in women with normal cytology (pap smear results, every 3 years for women who are 30 or older

Counseling for Sexually Transmitted Infections

Counseling on sexually transmitted infections for all sexually active women.

Counseling and Screening for Human Immunodeficiency Virus

Counseling and screening for human immune-deficiency virus infection for all sexually active women.

Preeclampsia Screening (April 2017)

Screens for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.

Contraceptive Methods (including Sterilizations)

FDA-approved contraceptives methods, sterilization procedures, and patient education and counseling for women of reproductive capacity. FDA-approved contraceptive methods, include barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling, as prescribed by a health care provider. The plan may cover a generic drug without cost sharing and charge cost sharing for an equivalent branded drug. The plan will accommodate any individual for whom the generic would be medically inappropriate, as determined by the individual's health care provider. Services related to follow-up and management of side effects, counseling for continued adherence, and device removal are also covered without cost sharing. *Note: Plans must cover without cost sharing at least one form of contraception in each of the methods (currently 18) that the FDA has identified for women in its Birth Control Guide. Plan sponsors should work with their PBM to ensure proper coverage.*

Breastfeeding Support, Supplies and Counseling

Retail or PPO Only

Breast Pumps

Breastfeeding Equipment

- Breast pumps will now be covered under all plans. The Plans will cover manual, electric breast pumps and initial supplies. The limitation on this item is one pump per birth. In the case of multiple infants, only one pump will be covered. Purchase can be either retail or PPO DME provider.
- Replacement supplies will be covered for the breast pump, tubing adaptors, tubing, locking rings, bottles specific to the pump, caps for bottles specific to the pump, valves, filters and breast shields and/or splash protectors for use with breast pump.
- Purchase or rental of electric breast pumps will be covered. Hospital grade breast pump will be considered under the Plan, if the baby has to stay in the hospital or the baby is born with a congenital deformity. (Request Doctor's orders for the use of hospital grade breast pump)

Not covered under the covered breastfeeding equipment section, including but limited to:

- Batteries, battery-powered adaptors, battery packs.
- Electrical power adaptor for travel
- Bottles which are not specific to breast pump operation. This includes the associated nipples, caps and lids.
- Travels bags, and other similar travel or carrying accessories.
- Breast pump cleaning supplies.
- Baby weight scales.
- Garments or other products that allow hands-free pump operation.
- Breast milk storage bags, ice-packs, labels, labeling lids and other similar products.
- Nursing bras, bra pads, breast shells, nipple shields and other similar products.
- Creams, ointments and other products that relieve breastfeeding related symptoms or conditions of the breast or nipple.