Illinois Department of Insurance

PAT QUINN
Governor

ANDREW BORON
Director

TO: All Life, Accident and Health Companies, HMOs, LHSOs, and VHSPs writing policies or contracts subject to the Federal Health Care Reform Legislation contained in the Affordable Care Act (ACA).

FROM: Andrew Boron, Director AB

DATE: August 30, 2012

RE: Company Bulletin 2012-05
Preventive Health Care for Women

The federal Affordable Care Act (ACA) requires health care plans to issue policies that provide coverage for preventive health services without cost sharing (copayment, coinsurance or deductible) when they are delivered by a network provider. Women's preventive health care such as mammograms, screening for cervical cancer, prenatal care and other services are required to be covered without cost sharing by non-grandfathered group coverage in plan years beginning on or after September 23, 2010 and by individual insurance in policy years beginning on or after September 23, 2010.

In addition to previous preventive health service requirements for women, health care plans must now comply with the guidelines released by the Health Resources and Services (HRSA) on August 1, 2011. Those provisions apply to non-grandfathered group and individual insurance coverage without cost sharing in plan years or, in the individual market, policy years beginning on or after August 1, 2012.

The HRSA guidelines, which are available at http://www.hrsa.gov/womensguidelines/, include:

- well-woman visits;
- screening for gestational diabetes;
- testing for human papillomavirus;
- counseling for sexually transmitted infections;
- counseling and screening for human immune-deficiency virus;
- contraceptive methods and counseling;
- breastfeeding support, supplies, and counseling; and
- screening and counseling for interpersonal and domestic violence.

Plans will retain the flexibility to control costs and promote efficient delivery of care by, for example, continuing to charge cost sharing for branded drugs if a generic version is available and just as effective and safe for the patient to use. However, plans must cover brand name drugs with no cost sharing when there is no generic equivalent available or when the generic is not appropriate for a patient's medical condition. Additionally, if a contraceptive method is approved by the FDA (even those not a part of the plan's formulary) and prescribed by the patient's health care provider, the provider can work with the carrier to get the method covered for the patient's medical condition.

Questions regarding this bulletin should be directed to Yvonne Clearwater at yvonne.clearwater@illinois.gov.

320 W. Washington Street
Springfield, Illinois 62767-0001
(217) 782-4515
www.insurance.illinois.gov