

Women's Preventive Care Services: Breast-feeding Support, Supplies and Counseling

As a company dedicated to helping people to live healthier lives, UnitedHealthcare encourages our members to receive preventive care services. Under the health reform law, non-grandfathered health plans are required to cover women's preventive care services such as breast-feeding counseling and supplies, well-woman visits and Food and Drug Administration (FDA)-approved contraception without cost-sharing (copayment, coinsurance or a deductible) as long as they are received in the health plan's network.

Breast-feeding may have many benefits for both mother and baby and may help reduce a child's risk of respiratory diseases and food intolerances.

Under the health reform law, pregnant and postpartum women will have access to comprehensive lactation support and counseling, and costs for renting breast-feeding equipment in conjunction with each birth will be covered without cost-sharing (copayment, coinsurance or deductible). Breast-feeding support, counseling and equipment are covered without cost-sharing when received by a network provider, during pregnancy and/or in the postpartum period.

UnitedHealthcare believes some members may prefer to purchase a more portable and convenient electric breast pump rather than rent hospital-grade equipment. To offer a range of choices for our members, UnitedHealthcare will also cover the purchase of a personal, double-electric breast pump at no cost to the member.

To rent or purchase breast pumps, members will simply need to contact a network doctor or durable medical equipment (DME) supplier to order a breast pump near their due date or after they have delivered. National breast pump suppliers ship the breast pump directly to the lactating mother. The doctor or DME supplier will bill UnitedHealthcare directly for reimbursement. Beginning April 1, 2013, doctors and breast pump suppliers must submit a lactating mother diagnosis code when submitting breast pump claims.

Effective Dates for Breast-feeding Support at No Cost-share

Members will have access to breast pumps and breast-feeding support at no cost-share when coverage for expanded women's preventive care services becomes effective as of the first health plan renewal date on or after Aug. 1, 2012.

UnitedHealthcare will cover the purchase of a personal, double-electric breast pump at no cost-share to offer a range of choices for our members.



Hospital-Grade vs. Personal Double-Electric Breast Pumps

For quality products, easy accessibility, convenience and portability, UnitedHealthcare encourages members to purchase personal double-electric breast pumps without cost-share through one of our network breast pump suppliers. Due to the variability in breast pumps, high-quality, personal use double-electric breast pumps may be as effective, or potentially even more effective, as hospital-grade pumps (heavy-duty pumps designed for multiple users) in outpatient settings. In addition, we believe purchasing a personal breast pump is on average less expensive than renting a hospital-grade breast pump.

After 10 months of renting, hospital-grade pumps automatically convert to a purchase.

Lactation Support or Counseling

Lactation support or counseling services will be covered without cost-share when they are performed by a network doctor or health care professional and billed according to our [Preventive Care Services Coverage Determination Guideline](#) (CDG). The CDG helps doctors identify and correctly code preventive services to ensure they are covered without cost-share. The health reform law does not require coverage for lactation consultants who, unlike nurses and doctors, are not licensed under state law to provide medical services.

What Members Can Expect When Obtaining a Breast Pump

A member can obtain a breast pump by contacting a network doctor or network DME supplier close to her due date or after she has delivered her baby. For a list of breast pump suppliers, members may call the number on the back of their ID card. If contacting the breast pump supplier directly, members may be asked for their doctor's contact information, the date the baby was delivered or their due date, and whether breast milk is currently being produced by the mother. The breast pump supplier may verify this and other information with the member's doctor before the breast pump is shipped. Members do not need to obtain a prescription when contacting a DME breast pump supplier. Members will not be reimbursed for breast pumps purchased at retail stores.

UnitedHealthcare's Healthy Pregnancy Program provides women with resources to support moms before, during and after pregnancy. Enrollment is available at no additional cost to UnitedHealthcare members at www.healthy-pregnancy.com.



Out-of-Network Services May Have Cost-Sharing

The health reform law does not require plans and issuers to cover preventive care services, including expanded women's preventive services, received from out-of-network providers. If a plan covers out-of-network preventive services, the plan or issuer may impose cost-sharing requirements, unless an applicable 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 More Information

Consult your UnitedHealthcare representative if you have questions about breast-feeding supplies and counseling or other preventive care services. Visit the United for Reform Resource Center at uhc.com/reform and click the preventive services provision for the latest health reform news. Information about what preventive services must be covered under the health reform law is found at <http://www.healthcare.gov/law/resources/regulations/womensprevention.html>.

The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of the ID card.

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