WHAT WE WILL COVER TODAY

- NWLC’s Report “State of Birth Control Coverage: Health Plan Violations of the Affordable Care Act”
- Success in the States: Connecticut’s Experience
- Guidance Released by HHS, DOL, and Treasury on May 11, 2015
- Q&A
The Affordable Care Act’s contraceptive coverage guarantee is working...

Privately insured women are increasingly paying $0 out of pocket for a range of contraceptive methods.

- Pill: 67% paid $0 in Fall 2012, 15% paid $0 in Spring 2014
- Injectable: 59% paid $0 in Fall 2012, 27% paid $0 in Spring 2014
- Ring: 74% paid $0 in Fall 2012, 20% paid $0 in Spring 2014
- IUD: 45% paid $0 in Fall 2012, 62% paid $0 in Spring 2014

...and soon even more women will benefit.

*Based on combined data for spring 2013, fall 2013 and spring 2014 because the number of IUD users surveyed was small.
“Thanks to zero copay birth control, I can get the medication I need without having to go without groceries for a week.” – Woman in Virginia
Plan documents in 15 states (both 2014 and 2015)

Publicly available documents from several insurance companies

NWLC correspondence with insurance companies

CoverHer Hotline
INSURANCE COMPANIES FAIL TO COMPLY WITH THE BIRTH CONTROL BENEFIT: KEY TRENDS
ALL MEANS ALL: PLANS STILL DO NOT COVER, OR REQUIRE OUT-OF-POCKET COSTS FOR, ALL FDA-APPROVED METHODS OF BIRTH CONTROL
- Sterilization surgery for women
- Sterilization surgical implant for women
- Implantable rod
- IUD Copper
- IUD with Progestin
- Shot/Injection
- Patch
- Vaginal Contraceptive Ring
- Oral Contraceptives (Combined Pill)
- Oral Contraceptives (Progestin only)
- Oral Contraceptives Extended/Continuous Use
- Diaphragm with Spermicide
- Sponge with Spermicide
- Cervical Cap with Spermicide
- Female Condom
- Spermicide alone
- Plan B/Plan B One Step/Next Choice
- Ella
“I had an IUD put in last fall based on information provided to me by my physician, in consultation with my insurance company, that the procedure would be fully covered. Shortly after I received a bill in the mail for the full amount saying that the claim had been denied by my health insurance company. The insurance company says I can appeal their decision by writing a letter telling them how the decision ‘made me feel.’” –Woman in District of Columbia
“I pay $32 monthly for [birth control].”
– Woman in Virginia

“She claims that the Nuvaring is not included on that list.”
– Woman in California

“She told me that my group in my health insurance plan can pick what birth controls they want to cover and mine is not on the list.”
– Woman in New York
“GENERIC ONLY” IS NOT OK. PLANS MUST COVER BRANDS IN SOME CIRCUMSTANCES
“So far they said they only have to cover ‘Tier One’ prescriptions. So, I asked what that meant and they said generic.” – Woman in Iowa
RELATED SERVICES: THESE MUST BE COVERED BUT PLANS FAIL TO DO SO.
$228.31 in out-of-pocket costs.
IUD follow-up visit, including routine ultrasound.
Device and insertion were covered at 100%.
Anthem BlueCross BlueShield, Missouri.

$8,600 in out-of-pocket costs.
Items and services associated with sterilization, including necessary anesthesia.
Covered her gynecologist to perform a sterilization procedure at 100%.
Anthem BlueCross, state unknown.
OTHER VIOLATIONS OF THE BIRTH CONTROL BENEFIT
OTHER VIOLATIONS OF THE BIRTH CONTROL BENEFIT

- Failure to have a process to waive out-of-pocket costs
- Failure to cover sterilization for dependents
- Imposing age limits on birth control coverage
- Policies that in effect delay or deny coverage of birth control
RECOMMENDATIONS
INSURANCE COMPANIES MUST COME INTO COMPLIANCE

• Insurance companies must come into compliance
• Federal regulators must enforce the law and educate the public
• State regulators must enforce the law
SUCCESS IN THE STATES:
CONNECTICUT’S EXPERIENCE

GUIDANCE FROM THE ADMINISTRATION
MAY 2015
WHAT THE FAQs SAY ABOUT BIRTH CONTROL

- All FDA-approved methods for women on the Office of Women’s Health Birth Control Guide (currently 18) must be covered without cost-sharing
- Medical management is limited to within a method category
- “Expedient exceptions process” must be in place

EFFECTIVE DATE FOR GUIDANCE

- First plan year beginning on or after 60 days after the Guidance was published
- For marketplace, and many employer-based plans, this means Jan. 1, 2016
- For student health plans, this means this fall (August/September)

What do we do in the meantime?
QUESTIONS?

COVERHER HOTLINE:
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