



REPRODUCTIVE RIGHTS & HEALTH

CONTRACEPTIVE COVERAGE IN THE HEALTH CARE LAW: FAQ

The health care law makes preventive care more accessible and affordable to millions of Americans. This is especially important to women, who – prior to the Affordable Care Act – were more likely than men to avoid needed health care because of cost. To help address these cost barriers and make sure all women have access to preventive health care, the health care law requires private insurance plans to cover a wide range of preventive services, including an annual well-woman visit, breastfeeding equipment and support, mammograms, pap-smears, smoking cessation, and contraceptives, without co-payments or other cost sharing requirements.¹

I heard that plans are now required to cover birth control for free. Is that true?

The health care law requires certain preventive health services and screenings to be covered in health insurance plans without cost sharing, meaning that you will not be charged a co-payment for the services and the costs of the services will not be applied to your deductible. These requirements have been in effect for most plans since January 1, 2013.

The list of covered preventive services is extensive and includes birth control alongside other women's preventive services. For more information on the preventive health services generally, please see [Women's Preventive Services in the Affordable Care Act: Frequently Asked Questions](#).

The bottom line: If you have health insurance through your job, your parents, your spouse, or your school, your birth control should be covered without co-pay (note: there are a few exceptions to this, which are explained further below).

Does this mean I won't have to pay anything for my birth control?

You will be able to get your birth control at no out-of-pocket costs, as the full cost will be covered by your monthly premium.*

The bottom line: When you visit your health care provider about birth control and when you get it from the pharmacy, you should not have to pay anything at that time.

What types of birth control are now covered with no cost sharing?

The full range of FDA-approved contraceptive methods, including oral contraceptives (the pill), injectables, the ring, contraceptive implants, diaphragms, and cervical caps.* Sterilization for women is also covered.

The bottom line: Whatever method of birth control you and your provider decide is right for you, that method should be covered by your plan without a co-pay.

Won't this make my monthly premiums go up?

While we can't say for certain, there is strong evidence that covering birth control actually produces cost savings, because the cost of covering maternity, infant, and dependent care is more expensive than the cost of covering family planning services. According to the National Business Group on Health, a non-profit organization representing employers' perspectives on national health policy issues, the cost of adding birth control coverage to a health plan is more than made up for in expected cost savings.² And when birth control coverage was added to the federal employee plan, premiums did not increase because there was no resulting health care cost increase.³

The bottom line: Adding birth control to insurance plans doesn't increase premiums, and may actually save money.



I get health insurance through my employer. How do I know if these requirements apply to my plan?

If your plan existed before the health care law passed (March 2010) and has not made certain significant changes since then, it might be considered “grandfathered.” Grandfathered plans don’t have to give you this benefit, so you might not get it right away.

But eventually all plans will lose their grandfathered status and will be required to cover birth control without cost sharing. The latest figures show that only 26% of workers with employer-based insurance are still in a grandfathered plan.⁴

The best way to find out the specifics of your plan is to call your insurance company. For guidelines on how to do so, please visit [I Still Have to Pay Out-of-Pocket for My Birth Control](#).

The bottom line: Unless your plan is grandfathered, you should be getting birth control without a co-pay.

What about women who are students and enrolled in a student health plan?

Student health plans must comply with the requirement and offer the preventive health services, including birth control coverage, without cost-sharing.⁵ The only plans excepted are self-funded student health plans.⁶

The bottom line: If you have health insurance through your school, it is likely that your birth control should be covered without co-pay.

What about women on Medicaid?

Prior to the health care law, Medicaid already prohibited co-pays for birth control, although states did not cover every

method for every eligible individual.⁷ Under the ACA, states can expand their Medicaid program and the ACA’s preventive health service requirements apply to this expanded program. Therefore, women who are now eligible for the expanded Medicaid program have access to the full range of FDA-approved birth control methods without co-pay.⁸

The bottom line: If you have health insurance through Medicaid, you should have access to birth control without a co-pay.

What if I work for an employer with religious beliefs against birth control or go to school at a religiously-affiliated university?

Some religious employers, such as churches and other houses of worship, do not have to include birth control coverage in their health insurance plans.

A non-profit organization or “closely-held” for-profit corporations with religious objections to birth control coverage, can opt out of including birth control in its health plan, but women employees or students still get the birth control coverage. They just get it directly from the insurance company.

The bottom line: There are special rules for certain employers and schools that have religious objections to birth control. Check out our [resource](#) on those rules for more information.

If you believe your health plan has not implemented the contraceptive coverage requirement appropriately, please contact us at [coverher.org](#).

For more information on contraceptive coverage please visit [www.nwlc.org/contraceptivecoverage](#).

* Insurance companies do have some flexibility in implementing this new requirement, like being able to charge a co-payment for a brand name drug if a generic equivalent exists.

1 Patient Protection and Affordable Care Act, 42 U.S.C. § 300gg-13 (2010).

2 KP Campbell, Nat’l Bus. Group on Health, *Contraceptive Use Evidence-Statement: Counseling and Preventive Intervention*, in *A Purchaser’s Guide to Clinical Preventive Services: Moving Science into Coverage* (KP Campbell et al. ed., 2006).

3 When the FEHBP contraceptive coverage requirement was implemented, the Office of Personnel Management (OPM), which administers the program, arranged with the health carriers to adjust the 1999 premiums in 2000 to reflect any increased insurance costs due to the addition of contraceptive coverage. But OPM found that no such adjustment was necessary, and reported that “there was no cost increase due to contraceptive coverage.” Letter from Janice R. Lachance, Dir., U.S. Office of Pers. Mgmt. (Jan. 16, 2001) (on file with NWLC).

4 See Kaiser Family Found., *Employer Health Benefits 2014 Annual Survey: Grandfathered Health Plans*, at 210, available at <http://files.kff.org/attachment/2014-employer-health-benefits-survey-full-report>.

5 Student Health Insurance Coverage, 45 C.F.R. § 147.145 (2012).

6 While for most university health plans the student contracts directly with the health insurance company for insurance, a very small number of universities provide self-funded health plans to students. Such self-funded student plans are not considered individual health insurance and are not covered by the preventive services rule.

7 Kaiser Family Found. & Guttmacher Inst., *Medicaid’s Role in Family Planning* (2007), available at https://www.guttmacher.org/sites/default/files/pdfs/pubs/IB_medicaidFP.pdf.

8 The Supreme Court held in its decision on the Affordable Care Act that states need not participate in the expansion of Medicaid as a condition of continuing to receive their current Medicaid funding. *Nat’l Fed’n of Indep. Bus. et al. v. Sebelius*, 132 S. Ct. 2566, Nos. 11-393, 11-398, 11-400, 2012 WL 2427810 (June 28, 2012).

