



BREASTFEEDING BENEFITS

UNDERSTANDING YOUR COVERAGE UNDER THE AFFORDABLE CARE ACT

Thanks to the Affordable Care Act (ACA), new or "ungrandfathered" health insurance plans must cover breastfeeding supports and supplies as a preventive benefit without imposing cost-sharing, such as deductibles, copayments, or coinsurance. Here are some answers to questions that you might have about the breastfeeding benefit...

Scope of Breastfeeding Benefits

Q: What is the breastfeeding benefit?

The breastfeeding benefit includes:

- Breastfeeding support and counseling before you give birth (prenatal) by a trained provider
- Breastfeeding support and counseling after you give birth (postnatal) by a trained provider, for the duration of breastfeeding
- Renting or purchasing breastfeeding equipment, such as a breast pump.

Plans must cover these items and services without cost-sharing, which means you should not have to pay out of pocket for these services and supplies. Breastfeeding benefits are available in conjunction with each birth.

Q: Does that mean I get coverage for a breast pump?

YES. The law requires insurance plans to cover breast pumps. But the law does not specify coverage of a certain type of pump. It is important to check with your plan ahead of time to find out if it will only cover a certain type of pump, if there is a particular supplier you need to use in order to get your pump, and the process for getting one.

Q: My plan says that it only covers breastfeeding counseling while I am in the hospital after delivery. Is this allowed?

NO. Breastfeeding counseling services must be covered for the duration of breastfeeding. Plans cannot limit breastfeeding coverage to the time in the hospital. And women who deliver without a hospital admission, such as those who choose home delivery, also have coverage for breastfeeding supports and supplies.

Q: Do I need to obtain breastfeeding equipment within a specified time period in order for it to be covered without costsharing?

NO. You can obtain breastfeeding equipment without cost-sharing for the duration of breastfeeding in conjunction with each birth.

Q: If I need breastfeeding counseling, how do I find a counselor covered by my plan?

Insurance companies must share up-to-date information about who participates in their plan networks, including breastfeeding counseling providers. Some plans may have an on-line provider directory while other plans may require you to call to get a list of in-network providers.

Q: If my health plan does not have a network of lactation providers, and I see an out-of-network provider, will I have to pay?

NO. If a plan cannot provide breastfeeding counseling services in-network, the plan must allow you to obtain the services from an out-of-network provider at no cost-sharing.

Q: My spouse or daughter is on my plan and needs breastfeeding services. Are these services covered without costsharing?

YES. If a dependent on your plan, like a spouse or daughter, needs breastfeeding supports or supplies, the plan must cover it without cost-sharing.

If you are having problems obtaining breastfeeding benefits, please visit www.nwlc.org/breastfeeding or contact us at coverher@nwlc.org.

HEALTH RES. & SERVS. ADMIN. (HRSA), Women's Preventive Services Guidelines (updated Dec. 20, 2016), available at https://www.hrsa.gov/wom-ensquidelines2016/index.html.

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