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# **THE GROUP BENEFIT NEWS BULLETIN**

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## **PPACA Update:**

### **New HHS rules provide women's preventive services with no cost sharing**

A recent announcement from the Health and Human Services (HHS) states that plan years beginning on or after August 1, 2012 will be required to provide women with coverage for birth control and other preventive services without co-pays or other out-of-pocket insurance charges. Many group plans currently provide for various preventive services for women but require members to participate in cost-sharing. Individual plans do not typically offer the comprehensive coverage that group plans do, but will have to do so now in order to comply with these rules.

The Affordable Care Act directed HHS to detail the preventive services that all new health plans must include absent of co-pays, co-insurance or deductibles. The National Academy of Sciences' Institute of Medicine conducted a first time ever research to determine the preventive services unique to keeping women healthy. Following their recommendations, HHS Director Kathleen Sebelius released a list of services:

- Well-Woman visits
- Gestational Diabetes screenings for pregnant women
- DNA testing for women 30 & older for human papillomavirus (HPV)
- Counseling for sexually transmitted infection
- Human immunodeficiency virus (HIV) screening and counseling
- Food and Drug Administration (FDA)-approved contraception methods and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic Violence Screening and Counseling

The rules will cover all prescription contraception approved by the FDA, including options not currently covered by health plans such as the so-called "morning-after pill" sold as Plan B and a more recently approved drug sold as Ella. Plans will maintain flexibility to control cost and promote efficient care delivery, such as by continuing to charge cost-sharing on branded drugs in the case where a generic is available and is just as effective and safe for the patient to use. Cost sharing will not be permitted for generic drugs.

No exemptions are currently outlined for religious employers. However, the Health Resources and Services Administration (HRSA) have been given permission to establish such exemptions from the listed guidelines in order to provide for group health plans of religious organizations. There are no religious exemptions for individual policies.

As always, TBPG will continue to monitor the updates and keep you informed of any pertinent information. If you have any questions, please contact your TBPG representative.



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