

Calling Your Health Plan: How to Find Out What Your Health Plan Covers

If you have private insurance, either through a plan you bought on your own or through your employer, you must first determine if your plan is grandfathered or un-grandfathered. (If you have coverage through Medicaid, skip to the last question.) The best way to find out if your plan is not grandfathered and if you are entitled to this coverage is to call your insurance company.

WHO SHOULD I CALL?

We recommend you call the phone number on your insurance card. That number should connect you to customer service for your insurance company or plan and should have the most up to date information about your health plan. If you get your insurance through your job, and have an employer-sponsored plan, you may have a benefits administrator you can also ask.

Remember, the person answering the phone is not the person making the decisions. If the person with whom you are speaking is unable to answer a question you have, you might want to ask to speak with a supervisor. If you do not believe you are being told correct information and you have insurance through your employer, you may also want to let your benefits administrator know of the issues.

WHAT SHOULD I SAY?

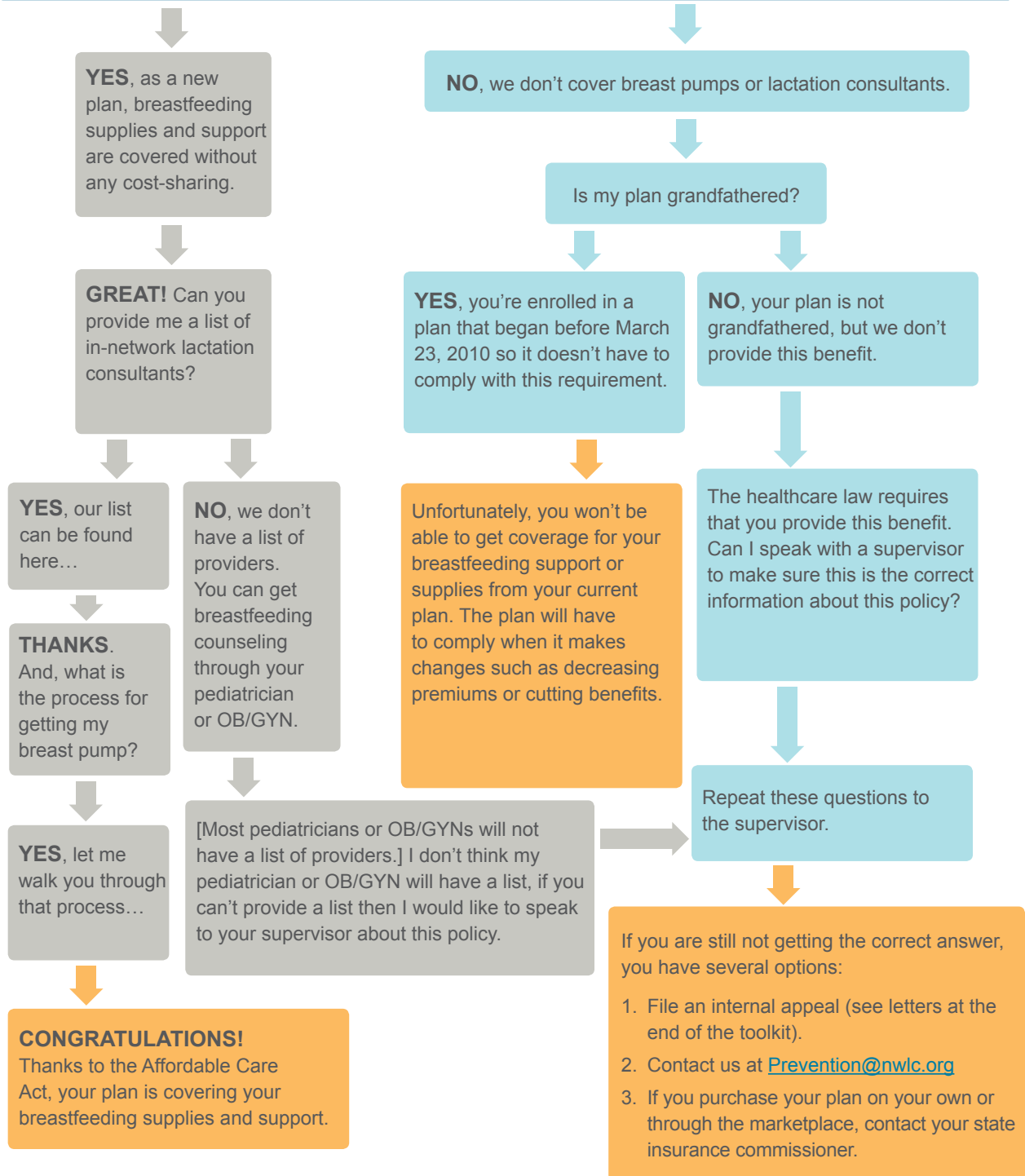
The phone script provided on the next page includes suggested questions you can ask to find out if your plan is providing breastfeeding support and supplies, and follow up questions about the details of the coverage. You do not have to follow the script perfectly. You can use it as a guide.

WHAT IF I HAVE MEDICAID?

Medicaid coverage of breastfeeding support and supplies varies by state. You will probably have to call your state Medicaid office to find out about coverage. If your annual income is less than 185 percent of the federal poverty level (about \$29,000 for a family of two or \$44,000 for a family of four), you can also contact your local Women, Infant, and Children (WIC) office. WIC provides a range of breastfeeding services, including breast pumps, lactation counseling, and educational materials.

Sample Script: Calling Your Health Plan

Hi, I understand that under the health care law, all plans are required to cover breastfeeding support and supplies without cost-sharing. I'm calling to confirm that my plan is covering these services. Can you tell me if it is?



Sample Letter: Coverage for Lactation Consultant

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. I recently tried to access lactation counseling that should be covered by my health insurance. The Patient Protection and Affordable Care Act requires insurance coverage of breastfeeding support and supplies with no cost-sharing. However, when I contacted [INSURANCE COMPANY NAME] about the coverage by [SPECIFY METHOD, PHONE] on [DATE], I was told I could not get coverage of [LACTATION COUNSELING] because [SPECIFY REASON, SUCH AS NO IN-NETWORK PROVIDERS].

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Services Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of certain preventive services for women with no cost-sharing. The list of women's preventive services that must be covered in plan years starting after Aug. 1, 2012 includes "comprehensive lactation support and counseling and costs of renting or purchasing breastfeeding equipment [] for the duration of breastfeeding" (see attachment).

My health insurance plan is non-grandfathered and the plan year started on [PLAN YEAR DATE]. Thus, the plan must comply with the women's preventive services provision.

The insurance plan has not established a process for me to obtain in-network lactation counseling, as required by federal law. Federal guidance on the preventive services clarify that, "... if a plan or issuer does not have in its network a provider who can provide the particular service, then the plan or issuer must cover the item or service when performed by an out-of-network provider and not impose cost-sharing with respect to the item or service."

Since [PLAN YEAR DATE], I have spent [TOTAL AMOUNT] out-of-pocket on [LACTATION COUNSELING], despite the fact that it should have been covered during that time. I have attached copies of receipts which document these out-of-pocket expenses. [COMPANY NAME] must rectify this situation by reimbursing me for the out-of-pocket costs I have incurred during the period it was not covered without cost-sharing. Furthermore, [COMPANY NAME] must ensure breastfeeding support and supplies, including lactation counseling are covered without cost-sharing in the future by changing any corporate policies that do not comply with the Affordable Care Act.

Sincerely,

[YOUR SIGNATURE]

Encl:

Frequently Asked Questions about the Affordable Care Act (Part XII), available online at <http://www.dol.gov/ebsa/faqs/faq-aca12.html>)

Copies of Receipts Documenting Out-of-Pocket Costs