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## New Guidelines for Healthcare Plans under the Affordable Care Act

On August 1, 2011 the U.S. Department of Health and Human Services announced new guidelines for the Affordable Care Act, signed into law by President Obama on March 23, 2010. These new guidelines focus on women's preventive services. They require full coverage of the following services without cost sharing:

- Well-woman visits
- Screening for gestational diabetes
- Human Papillomavirus (HPV) DNA testing for women 30 years and older
- Sexually-transmitted infection counseling
- Human Immunodeficiency Virus (HIV) screening and counseling
- FDA-approved contraception methods and contraceptive counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling

Non-grandfathered plans are required to provide the above coverage without cost sharing as of the first plan year that begins on or after August 1, 2012. For calendar year plans, that would be January 1, 2013. Only non-grandfathered health plans (insured or self-funded) are required to cover preventive services with no cost-sharing. Plans currently considered grandfathered would be required to cover preventive services with no cost-sharing when grandfathered status is lost.

There are a few notable exceptions to these new guidelines. Reasonable medical management techniques may be used by insurance companies to promote the efficient delivery of care and control costs. An example of an acceptable reasonable medical management technique would be to charge a copay for a brand name high cost contraceptive drug if a similar low cost generic drug is available. Also, certain religious employers may be exempted from the requirement to provide contraception if they meet specific criteria. Finally, plans that maintain their grandfathered status are exempt.

For additional information on how these guidelines or other aspects of the Affordable Care Act will impact your employer sponsored plan, please contact your Harbridge Consultant.

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