Questions & Answers:
Breastfeeding Support and Supplies

Q: How does coverage of breastfeeding support and supplies fit into the health care law?

A: Under the new health care law, all new health insurance plans must cover certain preventive health services and screenings without cost-sharing. Breastfeeding support and supplies are one of the preventive services that plans must cover without any cost-sharing.

Q: Does this mean I won't have to pay anything for my breastfeeding pump or lactation consultant?

A: The law requires insurance companies to cover breastfeeding supports and supplies without a copayment or other cost-sharing. While some plans previously covered these services, many only paid a portion of the cost, while the woman would have to pay a co-payment or co-insurance. Now, breastfeeding support and supplies will be fully covered by insurance plans and you will not need to make a separate payment to your healthcare provider or pharmacy. However, we know that in practice, many women face obstacles in getting their pump or lactation counseling covered at all, or covered without cost-sharing. If you're having problems, there are additional resources in this toolkit to help you.

Q: How do I know if my plan is new and if these requirements apply to my plan?

A: Health plans that existed before the health care law are considered "grandfathered" into the new system. Grandfathered plans don't have to follow the preventive services coverage rules, including providing breastfeeding support and supplies without cost-sharing. This means that the plan can continue to operate just as it has until it makes significant changes. These changes include: cutting benefits significantly; increasing co-insurance, co-payments, or deductibles or out-of-pocket limits by certain amounts; decreasing employer premium contributions by more than 5 percent; or, adding or lowering annual limits.

Un-grandfathered plans are group health plans created after March 23, 2010, group health plans that have implemented significant changes, or individual plans purchased after that date, which is when the health care law was signed by the President. All un-grandfathered private health plans have to follow the new preventive health services coverage and cost-sharing rules. When you hear that "all new health plans" have to cover these services, it means that all "un-grandfathered" plans must cover them.

Q: What does "in-network" and "out-of-network" mean?

A: Insurance companies contract with certain providers and facilities that are then considered "in-network" for your health plan. "Out-of-network" providers are typically not fully covered by your health plan so when you visit an out-of-network provider you are often responsible for much greater cost sharing or even the whole cost of the visit. It is important to call your insurance company to verify that the provider you want to see is "in-network." In general, in order to obtain your breast pump and counseling at no cost-sharing, you have to go to an in-network provider or company.

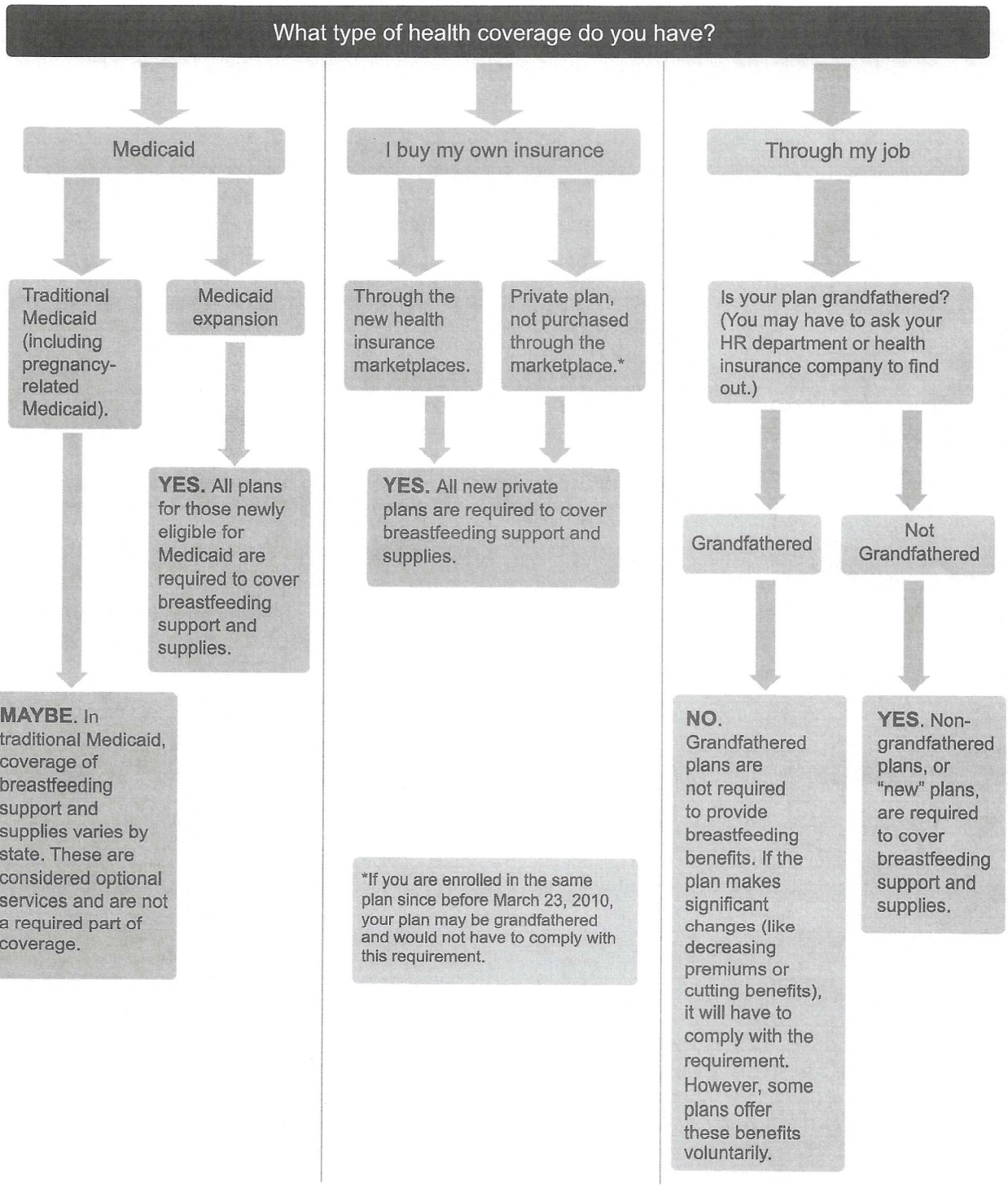
Q: What if my insurance company doesn't have any lactation consultants or breast pump supplier in-network?

A: If your insurance company doesn't have any lactation consultants or breast pump providers in-network, the insurance company must cover services from an out-of-network provider without cost-sharing. Federal guidance makes clear 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."[1] If your insurance company does not have providers in its network to provide breastfeeding equipment or lactation counseling, you must be able to go out-of-network, the item or service must be covered; and covered at no cost-sharing.

Q: Can my insurance company place any limits on my breast pump or lactation counseling?

A: It depends. Federal regulations make clear that coverage of comprehensive lactation support and counseling and costs of renting or purchasing breastfeeding equipment extends for the duration of breastfeeding. An insurance company cannot impose an unallowable waiting period or limit, such as requiring you to obtain the pump within six months of delivery or limiting the benefit to one pump per year. Your insurance company is also not allowed to refuse to provide lactation counseling or limit this benefit to a hospital setting. However, an insurer can use some limits such as requiring you to rent a pump instead of purchasing one, or requiring you to see an in-network lactation consultant.

Does my health insurance have to cover breastfeeding supplies and support without cost-sharing?



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?

YES, as a new plan, breastfeeding supplies and support are covered without any cost-sharing.

GREAT! Can you provide me a list of in-network lactation consultants?

YES, our list can be found here…

THANKS. And, what is the process for getting my breast pump?

YES, let me walk you through that process…

CONGRATULATIONS! Thanks to the Affordable Care Act, your plan is covering your breastfeeding supplies and support.

NO, we don't have a list of providers. You can get breastfeeding counseling through your pediatrician or OB/GYN.

[Most pediatricians or OB/GYNs will not have a list of providers.] I don't think my pediatrician or OB/GYN will have a list, if you can't provide a list then I would like to speak to your supervisor about this policy.

NO, we don't cover breast pumps or lactation consultants.

Is my plan grandfathered?

YES, you're enrolled in a plan that began before March 23, 2010 so it doesn't have to comply with this requirement.

Unfortunately, you won't be able to get coverage for your breastfeeding support or supplies from your current plan. The plan will have to comply when it makes changes such as decreasing premiums or cutting benefits.

NO, your plan is not grandfathered, but we don't provide this benefit.

The healthcare law requires that you provide this benefit. Can I speak with a supervisor to make sure this is the correct information about this policy?

Repeat these questions to the supervisor.

If you are still not getting the correct answer, you have several options:

1. File an internal appeal (see letters at the end of the toolkit).
2. Contact us at Prevention@nwlc.org
3. If you purchase your plan on your own or through the marketplace, contact your state insurance commissioner.