

What You Need to Know About Birth Control Coverage Under the ACA

1. The ACA requires all new plans to cover birth control for free.

All new plans must cover certain preventive services without cost sharing, meaning you can't be charged a copayment or have the cost applied to your deductible. Birth control is a preventive service, so it must be covered without cost sharing.

If your plan is "grandfathered," meaning it existed before the ACA, it may not have to follow this rule. You can find out if your plan is grandfathered by contacting your insurance company. Eventually no plans will be grandfathered, and all plans will have to follow this rule.

2. Your insurance plan must cover all FDA-approved methods of birth control.

Your plan must cover all 18 FDA-approved distinct birth control methods. These methods include birth control pills, sterilization surgery, IUDs, diaphragms, implants, cervical caps, sponges, shots/injections, patches, vaginal rings, and emergency contraception.

But, how this actually works may be a little trickier than it sounds. Plans only have to cover *one form of each method* of birth control without cost sharing and may use what are known as "reasonable medical management techniques" in determining what to cover. For example, a plan could only cover one type of birth control patch without cost sharing or use a formulary (limited list of treatments) for pills, as long as they are covering a patch and the required kinds of pills. Plans could also just cover generic products, not name brands, without cost sharing. Unless your plan is "grandfathered" -- if it existed before the ACA -- it has to cover the EHBs. Most plans aren't grandfathered, and eventually all plans will have to follow these rules. You can find out if your plan is grandfathered by contacting your insurance company.

3. If your doctor prescribes a method your insurance company won't cover without cost sharing, there must be a "waiver process" for you to get what your doctor prescribed without cost sharing.

If your doctor determines it's medically necessary for you to use a method not covered without cost sharing, your plan must have an easily accessible and sufficiently fast "waiver process" that you can go through to get that method without cost sharing. The plan must defer to your doctor's decision that a method is medically necessary for you. If after this process your plan still charges you cost sharing, you can go through your insurance company's appeal process to have them review the charges.

4. Insurance plans must cover services related to birth control without cost sharing.

To get on birth control, you often have to do things besides just getting a prescription. For example, you might have counseling with your doctor or follow up visits to manage side effects. Or, if you're prescribed an IUD, you may need it removed at some point. Services like these related to birth control must be covered without cost sharing, just like the birth control itself.

