Midwives' Association of Washington State

An Informational Handout for Midwifery Clients
Women, Babies and the Affordable Care Act: Breast pumps and More

We've all heard various rumblings about "Obamacare" and the Affordable Care Act. Now that much of it has gone into effect, you are probably wondering even more how will it affect your family. As your primary maternity care provider, your midwife is in a unique position to help you understand some of the key ways that these new changes to our health care system will influence women, babies and families. Read below for more information!

As part of the changes to health care services resulting from the Affordable Care Act, annual check-ups for all family members are completely covered for almost all insurance plans*:

- Well-baby and well-child visits are free of charge
- Your deductibles do not apply to one Annual Wellness Visit per person per year for each of your family members
- Co-payments are waived for one Annual Wellness Visit per year per person
    - For women over 21, this includes your gynecological exam & pap
    - Mammograms are also included free of charge
    - Flu shots are available free of charge for all adults and children
- Since you won't pay an extra penny for each of your family members to have an Annual Wellness Visit, you no longer have to skip this preventative service even if you have a high deductible or a co-pay for other visits.

If you are a pregnant mother-to be,

- You don't need a referral for OB-GYN or Midwife services
- You can receive a breast pump free of charge - see below for more info!
- Lactation services are covered to help you succeed at breastfeeding
- You may be surprised to find that while you are pregnant, you may qualify for complete coverage under Washington Apple Health at no monthly premium cost to you. You can determine what plans you are eligible for by visiting: www.wahealthplanfinder.org

For your children,

- Flu shots are available free of charge for all children and adults
- Well-baby and well-child services are free of charge
- You may be surprised to find that your children qualify for complete coverage under Washington Apple Health at no monthly premium cost to you. Find out with no strings attached at: www.wahealthplanfinder.org

When your babies aren't babies anymore,

- Your children can be covered under your health insurance plan until they are 26 years old even if they are married, not living with you, attending school, not financially dependent on you and/or eligible to enroll in their employer's plan.
- This means, for example, if you have a young married 25 year old daughter who is pregnant but does not have health insurance, then she can be covered under your plan if it covers children.

If you are breastfeeding or planning to breastfeed,

- The cost of a breast pump or a rental for the duration of breastfeeding is covered
- Call your insurance for details about when and how you can get your breast pump: ask about the specifics of your coverage for HCPC equipment code **E0603**
- All health insurance plans* must provide breastfeeding support, counseling, and equipment for the time that you breastfeed your baby.
- Medela (a maker of breast pumps) provides a webpage where you can get more information about finding a supplier who accepts your insurance: www.medelabreastfeedingus.com/tips-and-solutions/168/where-can-i-get-my-pump
- PMSI (Pacific Mothers Support, Inc.) is a local supplier of breast pumps through your insurance. You can call them directly for more information, but some plans may require a form from your provider.
    - Find them at: www.pacificmsi.com/ or call (425) 462-0577
- You may be able to acquire a breast pump for yourself directly or you may need your provider to fill out a form for you depending on the details of your insurance plan.

If you are wondering about your family planning/birth control options for after you have your baby:

- Contraceptive methods and counseling for all women, as prescribed by a health care provider must be covered by all plans in the Health Insurance Marketplace.
- You cannot be charged a copayment, coinsurance, or deductible when your contraceptive methods and services are provided by an in-network provider*.
- Covered contraceptive methods include:
    - All Food and Drug Administration-approved contraceptive methods prescribed by your in-network provider are covered, including:
        - Barrier methods (used during intercourse), like diaphragms and sponges
        - Hormonal methods, like birth control pills and vaginal rings
        - Implanted devices, like intrauterine devices (IUDs)
        - Emergency contraception, like Plan B® and ella®
        - Sterilization procedures
        - Patient education and counseling
    - Plans aren't required to cover:
        - Drugs to induce abortions
        - Services related to a man's reproductive capacity, like vasectomies

If you apply for new health insurance coverage,

- You can't be denied coverage for being pregnant at the time you apply
- You can't be denied coverage for a pre-existing condition that you or your children have
- You can no longer be charged more because you are a woman of childbearing age who may choose to have a family.

If you need health care, but missed the opportunity to apply for health insurance coverage during the open enrollment period for that year:

- Many pregnant women and/or their families may find that you can qualify for a special enrollment period of 60 days following certain life events that involve a change in your family status which can include:
    - marriage or divorce
    - birth of a child
    - loss of your job or other health coverage

(Continued from above) If you need health care, but missed the opportunity to apply for health insurance coverage during the open enrollment period for that year:

- For more information about who can qualify for a special enrollment period, visit: http://www.kingcounty.gov/healthservices/health/personal/insurance/FFF/~/media/health/publichealth/documents/insurance/FFF/FFFMay2013HealthPlanFinderQuestion.ashx.
- Note that job-based plans generally allow special enrollment periods of 30 days.
- If you do not qualify for a special enrollment period, you can't buy insurance through the Marketplace until the next Open Enrollment period.
- For more details about how open enrollment affects you if you didn't realize you were pregnanty until after the open enrollment period ended for this year, visit: http://www.growingfamilybenefits.com/affordable-care-maternity/open-enrollment/

If you or one of your family members experiences a tragic accident,

- You can't be asked to pay more for accessing the nearest emergency room even if that hospital is out-of-network. You also don't need prior approval before accessing these services.
- Your health insurance plan can't stop paying after the costs of you or your child's health care has reached a certain limit for any reason including expensive diseases like cancer.
- This means that families who find themselves in these terrible circumstances don't also have to file bankruptcy as many of them did in the past when their lifetime plan limits were exceeded.

All of these changes are new and they may feel overwhelming or confusing.

- Look for some paperwork from your insurance company called a "Summary of Benefits and Coverage." This paperwork is meant to be a short, easy-to-understand summary of what a plan covers and costs
- For more information about plans available in Washington or to apply for coverage, visit: www.wahealthplanfinder.org
- For general questions you can "google" your query + "healthcare.gov" for more information about a particular topic or visit the website: www.healthcare.gov.
- Maternity and newborn care are included in the 10 essential benefits that all insurance plans* must cover under the Affordable Care Act. For more information about what this means for you visit: http://www.growingfamilybenefits.com/affordable-care-maternity/essential-benefits/

*A select few plans have been "grandfathered" in and do not have to follow the new rules established by the Affordable Care Act. Grandfathered plans are those that were in existence on March 23, 2010 and haven't been changed in ways that substantially cut benefits or increase costs for consumers. If you hold one of these plans, your insurance company was required to notify you. For more information about the benefits that may not be available with grandfathered plans, visit: www.healthcare.gov/what-if-i-have-a-grandfathered-health-plan/

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