

WOMEN'S PREVENTIVE HEALTH



COVERAGE OF CONTRACEPTIVES - WHEN DOES COST-SHARING APPLY?

The Patient Protection and Affordable Care Act (PPACA) and the Women's Preventive Health Provision provide preventive health recommendations for women, including coverage for FDA-approved oral contraceptives. The Federal government has stated that non-grandfathered health plans must cover contraceptives beginning on or after 8/1/2012 at no cost to members. However, non-grandfathered health plans are not required to cover all contraceptives and may use what is termed as "reasonable medical management" in determining what contraceptives will be covered without member cost-sharing. Cost-sharing may apply, depending on the member's formulary design, and whether the drug is formulary or non-formulary, generic or brand. The reference chart below indicates how cost-sharing applies when purchasing contraceptive drugs:

WHEN DOES COST-SHARING APPLY FOR CONTRACEPTIVE DRUGS?

FORMULARY / FORMULARY BENEFIT DESIGN	FORMULARY DEFINITION	TYPE OF DRUG	COST SHARING	EXCEPTION
Comprehensive/ Open	Same cost-sharing for all drugs	Formulary generic	No cost-sharing; deductible does not apply; penalties within the plan design will apply	If group has a hard or soft mandatory generic provision, cost-sharing will apply.
		Formulary brand	No cost-sharing; deductible does not apply; penalties within the plan design apply	
Comprehensive/ Incentive	Higher cost-sharing for non-formulary drugs	Formulary generic	No cost-sharing; deductible does not apply; penalties within the plan design apply	
		Formulary brand	No cost-sharing; deductible does not apply; penalties within the plan design apply	
		Non-formulary generic and non-formulary brand	Non-formulary cost-sharing applies; deductible applies	
Comprehensive/ Closed	Higher cost-sharing for non-formulary drugs and all non-formulary product requests require prior authorization	Formulary generic	No cost-sharing; deductible does not apply; penalties within the plan design apply	
		Formulary brand	No cost-sharing; deductible does not apply; penalties within the plan design apply	
		Non-formulary generic and non-formulary brand	Prior authorization required from provider; if approved, standard cost-sharing applies	
Progressive/Incentive	Higher cost-sharing based on tier	Formulary generic	No cost-sharing; deductible does not apply; penalties within the plan design apply	
		Formulary brand	No cost-sharing; deductible does not apply; penalties within the plan design apply	
		Non-formulary generic, non-formulary brand and formulary specialty	Non-formulary cost-sharing applies; deductible applies	
		Non-formulary Specialty	Non-formulary cost-sharing applies; deductible applies	

If you have any questions about the information in this chart, please call the Member Service number on the back of your ID card. You can also check your formulary online at highmarkblueshield.com.

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