

# Patient Protection and Affordable Care Act (Federal Health Care Reform)

## Introduction

For employer groups and non-group members that renewed before January 1, 2011, benefit changes went into effect upon renewal on or after September 23, 2010. For employer groups and non-group members that renewed on or after January 1, 2011, these changes went into effect on January 1, 2011, except for the child dependent coverage change and durable medical equipment coinsurance changes as noted in the Preventive Services information below. Most preventive care services are covered with no cost sharing.

Harvard Pilgrim members have no cost-sharing responsibility when preventive services are rendered by an in-network provider. Members may still be required to pay a copayment, deductible or coinsurance for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a preventive services visit.

Employer groups maintaining “grandfathered” status under the Patient Protection and Affordable Care Act, also known as Federal Health Care Reform, may be exempt from certain provisions.

## Coverage and Services

All diagnosis codes of preventive, screening, counseling, or wellness, should be billed in the *primary position when indicated*.

**Preventive Care** — Harvard Pilgrim no longer imposes cost sharing on the following in-network preventive care services:

- Routine annual OB/GYN visits
- Routine pediatric well visits
- Routine annual physical exams
- Select preventive services and diagnostic tests

**Child Dependent Coverage** — Harvard Pilgrim provides coverage to child dependents until age 26. This change went into effect for all employer group renewals after September 23, 2010.

**Women’s Preventive Services** — Effective for plan years renewing on or after August 1, 2012, Harvard Pilgrim will cover the following women’s preventive services with no member cost sharing when rendered by a participating Harvard Pilgrim provider:

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infection
- Contraceptive methods and counseling
- Breastfeeding support and breast pumps
- Domestic violence screening

**Durable Medical Equipment** — There are no annual dollar limits for the durable medical equipment benefit. In addition, effective as of July 1, 2011, a minimum coinsurance of 20% was introduced for this benefit. If a plan already had coinsurance of 20% or greater for durable medical equipment purchased from a network provider, there is no change in the member cost sharing for this equipment (subject to regulatory approval for New Hampshire plans).

**Lifetime Limits** — There are no aggregate lifetime dollar limits or lifetime and annual dollar benefit limits on essential health benefits (not applicable to Young Adult Plans).

The following tables represent services, by category, that have been identified as preventive in nature.

**Rx Coverage** — Under the Member’s Rx benefit, the following benefits are covered:

- Aspirin (as prescribed therapy for people at risk for heart disease)
- Contraceptives for women (such as sponges and spermicides)
- Nicotine replacement therapies (gum, lozenges, and patches that help people quit smoking, etc.). Mail order exclusions and quantity limits apply
- Statin drugs for adult prevention of cardiovascular disease, effective November 1, 2017

(continued)





























































