

# Women's Health Care Services

This document summarizes the coverage and cost-sharing information for women's health care services being provided by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. to Health Plan members in Washington, D.C.

- All Food & Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity are covered under Preventive Care at no charge.
- Coverage at no charge for contraceptive drugs, devices, products and services, including those obtained over-the-counter and those prescribed. Members may obtain up to a 12-month supply of prescription contraceptive drugs all at once or over the course of the 12 months at the patient's election.
- Coverage at no charge for the following Preventive Care services and products:
  - a) Breast cancer screening;
  - b) Adjuvant breast cancer screening, including magnetic resonance imaging, ultrasound screening or molecular breast imaging of the breast, if a:
    - Mammogram demonstrates a Class C or Class D breast density classification; or
    - Woman is believed to be at an increased risk for cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications of an increased risk for cancer as determined by a woman's physician or advanced practice registered nurse.
  - c) Breast feeding support, services and supplies;
  - d) Screening for cervical cancer, including HPV testing;
  - e) Screening for gestational diabetes;
  - f) Screening and counseling for HIV;
  - g) Screening and counseling for interpersonal and domestic violence;
  - h) Screening and counseling for sexually-transmitted diseases;
  - i) Screening and counseling for Hepatitis B and C;
  - j) Well-woman preventive visits, including visits to obtain necessary preventive care, preconception care and prenatal care;
  - k) Folic acid supplementation;
  - l) Breast cancer chemoprevention counseling and preventive medications;
  - m) Risk assessment and genetic counseling and testing using the Breast Cancer Risk Assessment tool approved by the National Cancer Institute; and
  - n) Rh incompatibility screening during pregnancy;



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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., underwrites the in-network tier, and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating and non-participating provider tiers of the POS plan.

- o) Evidence-based items, services, prescription-drug items that have in effect a rating of “A” or “B” in the recommendations of the United States Preventive Services Task Force as of September 19, 2017; and
- p) Any additional health services, products, including contraceptive drugs, devices, products identified by rules issued pursuant to DC Code §31-3834.02 subsection (c)

“No charge” denotes that the services and products above will be provided to the member at no cost even if the plan deductible is not yet met. This results in no financial responsibility for the member. Out-of-network performed services may be subject to cost-sharing.

**Exemptible Benefit Notice:** An employer organized and operating as a nonprofit entity and referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, approved October 22, 1986 (100 Stat. 2740; 26 U.S.C. § 6033(a)(3)(A)(i) or (iii)), may be exempt from any requirement to cover contraceptive drugs, devices, products, and services under §§ [31-3834.01](#), [31-3834.02](#), and [31-3834.03](#).