

your health plan to cover a contraceptive that is not on their formulary. Your health care provider should complete a Contraceptive Exception Request Form and send it to your health plan.

**Contraceptive Supply.** You can get a 12-month supply of contraceptives filled at one time.

**Religious Employers.** Certain employers (called “religious employers”) are not required to cover contraceptives, but their employees can buy this coverage directly from their health plan.

### INFERTILITY SERVICES

**Infertility.** You are covered for basic infertility services like tests to determine the cause of infertility and artificial insemination. This includes immediate coverage for basic services (like intrauterine insemination procedures) if you are unable to conceive due to your sexual orientation or gender identity. You may have deductibles, coinsurance, or co-payments for these services.

**IVF.** You are covered for three cycles of IVF if you have large group coverage (employers with 101 or more employees). You may have deductibles, coinsurance, or co-payments for these services.

**Fertility Preservation.** You are covered for fertility preservation services if you will be having treatment or surgery that may affect your fertility (for example, chemotherapy, other cancer treatments, or gender affirming care). You may have deductibles, coinsurance, or co-payments for these services.

[dfs.ny.gov](https://dfs.ny.gov)

### PRENATAL AND MATERNITY CARE

**Prenatal Care.** You are covered for routine prenatal care, including screenings for gestational diabetes, hepatitis B, HIV, preeclampsia, and Rh blood typing, without cost-sharing.

**Maternity Care.** You are covered for maternity care including the services of a licensed midwife. You have the right to remain in the hospital for 48 hours after delivery and at least 96 hours after a Caesarean section. If you leave earlier, you are covered for one home health care visit. You may have deductibles, coinsurance, or co-payments for these services, except for the home health visit.

**Breast Feeding.** You are covered for breastfeeding support, counseling, and supplies, including the rental or purchase of a breast pump, for the entire time you are breastfeeding, without cost-sharing.

**Maternal Depression Screening.** You are covered for maternal depression screening without cost-sharing.

**Surrogacy.** Your health plan cannot deny coverage for prenatal care or maternity care benefits if you are acting as a surrogate. If you are a surrogate, you have a right to comprehensive health insurance coverage for up to 12 months after the birth of the child. This coverage is paid for by the intended parents.



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*What You Need to Know About...*

# WOMEN'S HEALTHCARE PROTECTIONS

Visit the DFS website for more information at [www.dfs.ny.gov](https://www.dfs.ny.gov)



This guide is provided for informational purposes only and does not constitute legal advice.

## WOMEN'S HEALTHCARE PROTECTIONS

Comprehensive health insurance policies sold in New York must include coverage for women's health care services, including preventive screenings, cancer screenings and treatment, contraceptives, infertility, maternity care, maternal depression, and medically necessary abortions.

### These protections apply to:

- Individual Health Insurance Coverage that you bought in New York, including through the New York State of Health Marketplace.
- Group Health Coverage that your employer bought in New York, including through the New York State of Health Marketplace.
- NYSHIP for New York State or local government employees. Similar protections apply to Medicaid, Essential Plan, and Child Health Plus coverage. Visit the New York State Department of Health at [health.ny.gov](http://health.ny.gov) to learn more.

### These Protections do not apply to:

- **Out-of-State Coverage.** If your employer bought your policy in another state, ask your employer what protections apply.
- **Self-Funded Coverage.** If your employer self-funds coverage and your employer (and not an insurer) pays the claims under your policy, ask your employer what protections apply.
- **Medicare.** If you have Medicare, call (800) MEDICARE, or the Medicare Rights Center at (800) 333-4114, or visit [www.medicare.gov](http://www.medicare.gov).

## PREVENTIVE CARE SCREENINGS

**Bone Density.** You are covered for bone mineral density testing without cost-sharing.

**Cervical Cancer.** You are covered for cervical cancer screening without cost-sharing.

**OB/GYN Services.** You are covered for an annual well-woman preventive care visit without cost-sharing. You do not have to get a referral for OB/ GYN examinations, care resulting from the annual examination, treatment of acute gynecologic conditions, and any care related to a pregnancy.

**Other Preventive Care and Screenings.** You are covered for preventive care and screenings that have an A or B rating from the United Service Preventive Services Taskforce (USPSTF) or that are recommended by the Health Resources and Services Administration (HRSA) without cost-sharing. If you have coverage under a large group grandfathered plan, ask your employer what preventive care and screenings apply.

**Immunizations.** You are covered for immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) without cost-sharing. If you have coverage under a large group grandfathered plan, ask your employer what preventive care and screenings apply.

## BREAST CANCER SCREENINGS

You are covered for the following breast cancer screenings without cost-sharing:

- One preventive mammogram (including 3D) if you are age 35 - 39.
- Preventive mammograms (including 3D) once a year if you are 40 or older.
- Preventive mammograms (including 3D) once a year, at any age when recommended by your doctor if you, or a first degree relative, have a history of breast cancer.
- Preventive screening mammograms (including 3D) once a year when recommended by your doctor and determined to be medically necessary by your health plan if you are age 35- 39 and covered under a large group policy (employers with 101 or more employees).
- Diagnostic mammograms, ultrasounds, and MRIs to detect breast cancer.

## BREAST CANCER GENETIC TESTING, PREVENTIVE MEDICATIONS, AND TREATMENT

**Breast Cancer Genetic Testing.** You are covered for genetic counseling and testing, without cost-sharing, if you have a personal or family history of breast, ovarian, tubal, or peritoneal cancer or you have a family history of BRCA1/2 gene mutations.

**Breast Cancer Preventive Medications.** You are covered for risk-reducing medications, like tamoxifen, raloxifene, or aromatase inhibitors, without cost-sharing, if you are at increased risk for breast cancer and at low risk for adverse medication effects.

**Mastectomy Coverage.** You are covered for a mastectomy. After a mastectomy, you have the right to stay in the hospital until you and your doctor decide that it is medically appropriate for you to go home. You may have deductibles, coinsurance, or co-payments for these services.

**Breast Reconstruction.** You are covered for reconstructive surgery after a mastectomy on the breast on which the mastectomy was performed and on the other breast to produce a symmetrical appearance, as well as for prosthetics and treatment of lymphedemas. You may have deductibles, coinsurance or co-payments for these services.

## CONTRACEPTIVES

**Covered Contraceptives.** You are covered for contraceptive drugs, devices, and products without cost-sharing, including emergency contraceptives, over-the-counter contraceptives, voluntary sterilizations, education and counseling, and follow-up services, including management of side effects, and device insertion and removal.

**Drug Formularies.** Your health plan does not have to cover all contraceptives so long as each different kind of drug is covered. You can ask