

- **Tattooing of the nipple-areolar complex when performed by a health care professional as part of your reconstructive surgery, as determined appropriate by your attending physician in consultation with you.** Your insurance company may not deny the services as “not medically necessary.”
- **Breast prostheses and physical complications of all stages of the mastectomy, including lymphedemas, as determined appropriate by your attending physician in consultation with you.** Your insurance company may not deny the services as “not medically necessary.”

### APPLICABILITY OF RIGHTS

This brochure describes breast cancer screening and treatment rights for consumers covered by health insurance policies issued in New York.

The rights discussed in this brochure do not apply to self-funded plans.

If you are not sure whether you are covered by a self-funded plan, check your health insurance ID card or ask your employer (or former employer, if you are retired).

### PUBLIC SECTOR EMPLOYERS MUST PROVIDE LEAVE FOR SCREENING

All public sector employers throughout New York State are required to provide their employees with up to four hours of leave each year for breast cancer screening.

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### EARLY DETECTION SAVES LIVES

Each year, approximately 17,00 women in New York are diagnosed with breast cancer, and screening can increase the detection of the disease at an early stage. Early detection means more cancers will be found at earlier, more treatable stages, and more lives will be saved.

### GET SCREENED ON YOUR SCHEDULE AT A CONVENIENT LOCATION

To make it easier for working New Yorkers, extended screening hours are required by law.

### IF YOU HAVE A QUESTION OR WANT TO FILE A COMPLAINT

The Department of Financial Services (DFS) ensures that health insurers provide mandated coverage for breast cancer screening and treatment and works to eliminate obstacles that New Yorkers and their families may face in the fight against breast cancer.

To file a complaint, contact the DFS Consumer Hotline at **(800) 342- 3736** or visit our website at [www.dfs.ny.gov](http://www.dfs.ny.gov).



*What You Need to Know About...*

# HEALTH INSURANCE COVERAGE for BREAST CANCER SCREENING and TREATMENT



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

## PREVENTIVE SCREENINGS

Health insurance policies issued in New York must cover the following preventive breast cancer screenings with no cost-sharing (deductible, copayment, or coinsurance) when you get the services from a provider in your plan's network:

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

## ADDITIONAL DIAGNOSTIC IMAGING

Health insurance policies issued in New York must cover certain additional services with no cost-sharing (deductible, copayment, or coinsurance) when recommended by your physician and when you get the services from a provider in your plan's network.

Those additional services include:

- Breast cancer screening and diagnostic imaging, including diagnostic mammograms, breast ultrasounds, and magnetic resonance imaging (MRI).

## COVERAGE FOR WOMEN AT INCREASED RISK FOR BREAST CANCER, GENETIC SCREENING, MEDICATIONS, & PATHOLOGY

Non-grandfathered\* health insurance policies issued in New York must cover the following services at no cost-sharing (deductible, copayment, or coinsurance) when you get the services from a provider in your plan's network:

- If you have a family history of breast, ovarian, tubal, or peritoneal cancer, a screening by a primary care provider with a risk assessment tool to identify potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2).
- Genetic counseling if your risk assessment reveals positive screening results.
- BRCA testing, when appropriate.
- Medications to reduce breast cancer risk when prescribed by a health care professional if you are at increased risk of breast cancer and at low risk for adverse medication effects.
- Pathology evaluations.

\*A non-grandfathered policy is a policy that was issued after March 23, 2010, or a policy issued before that date with significant benefit or cost-sharing changes.

## BREAST CANCER TREATMENT AND BREAST RECONSTRUCTION

Health insurance policies issued in New York must provide the following coverage. You may have cost-sharing (deductible, copayment, or coinsurance) for these services. Check your policy to see if you must go to a provider in your plan's network.

- **Second medical opinion** of a specialist for the treatment of cancer.
- **Surgeries, including mastectomies and prophylactic mastectomies.** A prophylactic mastectomy is surgery to remove one or both breasts to reduce your risk of developing breast cancer.
- **Inpatient hospital care following a lymph node dissection, lumpectomy, or mastectomy for as long as is medically appropriate as determined by your attending physician in consultation with you.** Your insurance company may not deny your hospital stay as “not medically necessary.”
- **Breast or chest wall reconstruction following mastectomy or partial mastectomy, including a prophylactic mastectomy, as determined appropriate by your attending physician in consultation with you.** Coverage includes all stages of reconstruction of the breast or chest wall that was removed as well as surgery and reconstruction of the other breast to produce a symmetrical appearance. Your insurance company may not deny the surgery as “not medically necessary.”