

Women's preventive health services

What your health care plan covers



Federal health reform has guaranteed that basic health care services for women are now covered at 100 percent by your health care benefits plan. These services help prevent disease or help women deliver healthy babies. You do not need to pay any deductible, co-pay or co-insurance for these services if you go to an in-network doctor or health care facility.

These services include:

- ✓ Well-woman visits
- ✓ Mammograms (digital and film for all adult women)
- ✓ Diabetes screening
- ✓ Cervical cancer screening (including PAP smears)
- ✓ Breast cancer genetic test evaluation and counseling (BRCA)
- ✓ Counseling for cancer prevention strategies for women at high risk for breast cancer
- ✓ Screening and counseling for sexually transmitted infections, including gonorrhea, chlamydia and syphilis
- ✓ Human immune-deficiency virus (HIV) screening and counseling for sexually active women
- ✓ Counseling and payment for FDA-approved contraceptives, including sterilization
- ✓ Osteoporosis screening for certain populations
- ✓ Counseling to stop smoking
- ✓ Vaccinations
- ✓ Screening and counseling for domestic violence
- ✓ Human papillomavirus testing (beginning at age 30)

DID YOU KNOW?

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REMEMBER: USE AN IN-NETWORK PROVIDER

These services must be given by an in-network health care provider in order to receive the benefit. You can find one by visiting umr.com and selecting **Find a provider**. You can also call the toll-free number on the back of your ID card.

Pregnant women also receive full coverage for:

- ✓ Pre-conception counseling and routine, prenatal care
- ✓ Screening for gestational diabetes, bacteria in urine, Hepatitis B virus, Rh incompatibility
- ✓ Breastfeeding support, supplies and counseling

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In general, coverage for these services begins when your new plan year starts. Refer to your summary plan description (SPD) for the effective date for your plan.



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