

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% by your health care benefit plan. These services help prevent disease or help women deliver healthy babies. You do not need to pay any deductible, copay or coinsurance for these services if you go to an in-network doctor or health care facility.



These services include:

- Well-woman visits
- Mammograms
- Additional imaging and pathology to complete breast cancer screening process
- 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
- Screening for urinary incontinence
- 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 (HPV) testing beginning at age 30
- Screening for anxiety
- Counseling for obesity prevention in middle-aged women

Pregnant women also receive full coverage for:

- Pre-conception counseling and routine prenatal care
- Screening for gestational diabetes, bacteria in urine, Hepatitis B virus and Rh incompatibility
- Breastfeeding support, supplies and counseling
- Counseling intervention for pregnant and postpartum persons who are at increased risk of perinatal depression
- Behavioral counseling interventions for healthy weight and weight gain during pregnancy

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.



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](https://www.umr.com) and selecting **Find a provider**. You can also call the number on your ID card.