Humana.

Frequently asked questions:
Commercial reproductive health coverage

This FAQ provides additional information regarding commercial coverage of certain reproductive health-related services, including contraceptives, family planning, and pregnancy and newborn care. This is provided for informational purposes only—benefits may vary by state, by product, and by funding type (i.e., self-funded or fully-insured).[1]

For more information about coverage of a specific service, please login to **MyHumana.com**, where you can view your benefit plan document by navigating to Coverage / Plan Benefits / Coverage Details. You can also call us at the number found on the back of your member ID card.

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Contraceptives

The HRSA-supported Women's Preventive Services Guidelines recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education, counseling and provision of contraceptives (including in the immediate postpartum period). Contraceptive care also includes follow-up care (e.g., management, evaluation and changes, including the removal, continuation and discontinuation of contraceptives).

What contraceptive products and services does Humana cover?

Humana follows the HRSA.gov women's preventive guidelines as required by the Affordable Care Act (ACA) and provides a full range of contraceptives and contraceptive care.

A complete list of the contraceptive products and services is available through our $0 Preventive Medication list. Covered members may also review their specific plan benefits by logging into their **MyHumana.com** page. We currently provide coverage of 216 out of 255 of FDA-approved contraceptives at a $0 copay including at least one form of each FDA-approved contraceptive method.

Is a prescription required to obtain contraception?

Some contraceptives are available over the counter, however a prescription must be obtained and presented at an in-network pharmacy in order for the plan to cover the medication. Covered persons should contact their healthcare provider for a prescription and fill the medication at a pharmacy in their plan's pharmacy network.

How much will I pay for covered medicines?

The amount you pay often depends on which level your medicine is covered on the Drug List and whether you fill your prescription at an in-network pharmacy. Please refer to your Certificate of Coverage/ Summary Plan Description/Policy of Insurance or call the number on the back of your Humana ID card to reach Customer Care to find out more about your pharmacy coverage.

Medication pricing may be searched using the Drug List search tool to determine estimated cost sharing. This tool is available offline at Formulary Employer Health Insurance and Prescription Drug Lists - Humana and online when you login to your account at **MyHumana.com**. Logging in to your account will provide the most accurate information for your plan.

[1] Employer group health plans can be fully-insured or self-funded. In a fully-insured plan, the employer purchases insurance from an insurance company. A self-funded plan is funded and offered by the employer directly to employees.

Cost-share exceptions are available for contraceptives that are not on the $0 preventive list but are medically necessary.

What if I need a cost-share exception for non-formulary or medically necessary contraception?

Contraceptive medication not on the Drug List may be available to you at no cost if medically necessary. If you need a non-formulary contraceptive or if a specific contraceptive is medically necessary and should be covered without cost-sharing, a provider must submit an exception request on your behalf. Pursuant to the ACA, *we* defer to the *healthcare practitioner's* recommendation that a particular method of contraception or FDA-approved contraceptive is determined to be *medically necessary*.

How do I submit an exception request?

One of the key tools we use to support patients and providers is electronic prior authorizations or ePA. Humana implemented ePA functionality in 2014 and we currently process nearly 70 percent of prior authorizations for out-patient prescription drugs electronically, with 85 percent of ePAs being completed in 12 hours or less. Non-formulary exceptions requests can be submitted via this process.

Your provider may also contact us by phone. To ask for a medical necessity review to receive your contraceptive medicine at no cost, your healthcare provider can contact Humana Clinical Pharmacy Review (HCPR) at (800) 555-2546 (TTY: 711) between 8 a.m. - 8 p.m. Eastern time, Monday – Friday. For a member in Puerto Rico, your healthcare provider can contact HCPR in Puerto Rico at (866) 488-5991 between 8 a.m. - 8 p.m. local time, Monday – Friday.

How long does the exception process take?

- Humana responds to prior authorizations requests, including non-formulary exceptions, within 24 hours for expedited requests and 72 hours for standard requests.
- Information about the exception process is publicly available and located here: *Prescription Drugs Exceptions and Appeals.*

Is coverage provided for male contraception?

Condoms and/or spermicide may be eligible for coverage as a preventive service under a member's plan when prescribed by a health care practitioner.

Is coverage provided for vasectomies?

Generally, vasectomies are covered without prior authorization subject to the terms and conditions of a member's plan, which may vary by state, by plan, and by funding type (i.e., fully insured versus self-funded).

For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

Where can I find more information regarding contraception products and services?

For more information about your specific contraceptive coverage please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

Family Planning

What are infertility services?

Infertility services include treatment, supplies, medications, and services that achieve pregnancy or achieve or maintain ovulation. This includes, but is not limited to, services such as artificial insemination, in vitro fertilization, embryo freezing or transfer.

What kind of infertility services does Humana cover?

In most cases, infertility services, including medications, are excluded from Humana coverage. However, fertility services are covered in certain states consistent with those state laws. This includes Colorado and Illinois. Where

covered, these services are available to all family types including single persons and the LGBTQ+ community.

For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

Does Humana cover abortions?

Generally, and unless a state law prohibits such benefit, abortion is a covered benefit when medically necessary/life threatening, or in the case or rape, incest, or significant fetal abnormality. Elective abortions are generally excluded from coverage. However, benefits vary by state, by plan, and by funding type (i.e., fully insured or self-funded).

For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

Does Humana cover travel for abortion?

Humana is not offering a travel benefit option at this time. Members whose coverage is self-funded (i.e., funded by their employer) should consult their plan documents for additional clarification on specific coverage or call us at the number found on the back of your member ID card.

Generally, travel/transportation for eligible medical expenses may be reimbursable with an FSA, HSA, or HRA.

Pregnancy and Newborn Care

Humana provides pregnancy and newborn benefits for its members, as well as resources such as HumanaBeginnings®—a pregnancy program for eligible members at no additional cost. Other services may also be covered as outlined below, but may vary based on plan type. For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

What is HumanaBeginnings?

HumanaBeginnings is a program that advises expectant mothers on how best to care for themselves during their pregnancy. Experienced, maternity-registered nurses provide education, support and guidance throughout pregnancy.

Who is eligible for HumanaBeginnings?

HumanaBeginnings is provided to eligible Humana members as part of their benefit package and at no additional cost. The program is offered to:

- Commercial and Medicare members
- Select administrative services only (ASO) and dual-eligible members

How do I enroll in HumanaBeginnings?

To enroll in the program, Humana-insured patients who do not live in Puerto Rico should call **888-847-9960 (TTY: 711)**, Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time.

Humana-insured patients living in Puerto Rico can visit **Valores añadidos para Asegurados** and select “Conozca más de Humana Beginnings” under “Humana Beginnings – Programa Prenatal” for more information on enrollment.

What insurance benefits for pregnancy and newborn care are covered?

Covered expenses generally include the following:

- Minimum stay in a hospital for 48 hours following an uncomplicated vaginal delivery and for 96 hours following an uncomplicated c-section.
- Hospital charges, including routine nursery care, examination, and circumcision, for the newborn during the first 48 hours or 96 hours following birth, as applicable.
- Additional medically necessary services and supplies received for the newborn related to bodily injury or sickness, care and treatment for premature birth, and medically diagnosed birth defects and abnormalities.

For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

Is coverage provided for delivery in a birthing center or in the home?

Coverage is available in a birthing center for an uncomplicated vaginal delivery and immediate care after delivery for the member and newborn. Generally, coverage is not provided for a home birth. Coverage is also available for emergency transfer and hospital stay if a member presents to a birthing center for an uncomplicated vaginal delivery and transfer to a hospital becomes necessary.

For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

Is coverage provided for a midwife or doula?

Covered expenses generally include those provided by a Certified Nurse Midwife, which is a licensed registered nurse who has successfully completed a licensed graduate level program for midwifery, when attending in-hospital births or births in free-standing birthing centers or homes. Certified Nurse Midwives may also provide routine gynecological care including Pap tests, breast exams, and may also dispense birth control information.

Doula care is not covered.

Is coverage provided for lactation consultants as well as other breastfeeding supplies and services?

Covered expenses generally include the following:

- Comprehensive lactation support services without cost share consistent with the guidelines supported by the Health Resources and Services Administration (HRSA). These services include consultation, counseling, education by clinicians, and peer support services during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding.
- Coverage of breast pumps and related supplies without cost share when the equipment is prescribed by a health care practitioner.

Other Reproductive Health Services

In addition to the specific services noted above, coverage is also available for other services, supplies, and medications related to reproductive health. Generally, these services are subject to the preventive care guidelines for women as outlined by HRSA.gov, as applicable, or the medically necessary criteria in the member plan document.

For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.

Is coverage provided for treatment of menopause-related symptoms?

Generally, coverage of such issues would be provided when medically necessary consistent with the terms in the member's plan.

For more information regarding your specific coverage, please login to **MyHumana.com** or call us at the number found on the back of your member ID card.