



CareFirst Broker Flash

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Date: January 4, 2017
Market: Consumer Direct

2018 Contraceptive Benefit Changes for Maryland and Virginia

In compliance with Maryland and Virginia state mandates, effective **January 1, 2018** upon renewal, the following changes to contraceptive benefits will apply.

Maryland House Bill 1005 requires health insurers to:

- Provide coverage for a single dispensing of up to a **six-month supply** for covered, FDA approved, prescription contraceptives.
- Apply no out-of-pocket costs for over-the-counter emergency contraceptives purchased at in-network pharmacies **without** a prescription.
- Apply no out-of-pocket costs for **male sterilization** benefits.
 - **Male sterilization tax warning**– Under IRS rules for high deductible health plans (HDHP), only preventative care benefits can be provided without a deductible. Maryland law requires all plans to cover male sterilization as a preventive care benefit for HDHPs. The Maryland Insurance Administration is aware of this issue and has asked the IRS for clarification as to whether they consider male sterilization to be a preventive benefit for the purpose of IRS regulatory guidance. Members with a Health Savings Account in Maryland may be subject to tax penalties if the IRS does not recognize male sterilization as a preventive benefit. A tax professional should be contacted with any questions.

The mandate impacts Maryland non-grandfathered risk business.

Virginia House Bill 2267 requires health insurers to:

- Provide coverage for hormonal contraception for a single dispensing of up to a **12-month supply** for covered, FDA approved, prescription contraceptives at an in-network pharmacy. The mandate impacts all Virginia risk business, including both grandfathered and non-grandfathered groups.

These changes apply to on and off exchange plans.

If you have any questions, please contact your broker sales representative.

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