



Health Insurance Coverage

Breast Pumps, Supplies, Consultations

Endowed Health Plans for Employees

CORNELL PLAN FOR HEALTHY LIVING

https://hr.cornell.edu/sites/default/files/documents/breastpump_coverage_details.pdf

One of the provisions of the Affordable Care Act that has been incorporated into the benefits provided in the Cornell Program for Healthy Living (CPHL) is coverage for lactation consultants, breast pumps and supplies. New for 2016, is the extension for coverage of these items in the Aetna PPO and Aetna H S A plans. Because of the evidence about the long-term health benefits of breastfeeding for infants, these are treated as preventive and, when purchased through in-network providers, will be paid at 100% with no copay. If you elect an out-of-network provider, this will be covered at 80% after the deductible, subject to the 'reasonable and customary' limits.

How many visits are covered with a lactation consultant?

Six consultations are covered at 100% as preventive care as long as you are seeing an in-network provider. If you are seeing an out-of-network provider, it will still be six consultations but only covered at 80% after the deductible.

How do I find an in-network lactation consultant?

Go to the Aetna specific DocFind website customized for Cornell:

<http://www.aetna.com/docfind/custom/cornell/>

- Search for type of Specialist: Lactation Consultants
- Enter the zip code for the location you find convenient
- Click, Search
- Plan is: Cornell Program for Healthy Living
- Click, Continue

What can I do if I cannot find an in-network lactation consultant?

Aetna is actively working on enhancing the network of lactation consultants since this is a newly added benefit. In the event there are no in-network providers in DocFind within a reasonable distance, your claim for an out-of-network licensed lactation consultant will be covered at the in-network benefit level. There are many participating hospitals which employ lactation consultants. Since they are based in the hospital, you will not find these providers listed in DocFind as independent lactation consultants. Please contact your local in network hospital for availability. As long as the in-network hospital bills this visit as lactation consultation, Aetna will cover at the claim at the 100% level. You may also be able to find a lactation consultant through your obstetrician's office or through your pediatrician's office. Aetna recognizes certification by the International Board of Lactation Consultant Examiners (IBLCE).

Does the plan cover electric breast pumps or just manual?

Within 60 days of your delivery, an electric pump is considered medically necessary. After the first 60 days, but before the first year is up, a manual pump is considered medically necessary.

Can I purchase any breast pump that I want?

Only manual and high quality electric breast pumps provided by an in-network Durable Medical Equipment provider will be covered at 100%. Each in-network provider may have different options available for you. You can find the phone number and website for the in-network providers by using DocFind. You can also call Aetna Member Services at 1-877-371-2007 for assistance.

Where can I purchase my breast pump?

Aetna has contracted with several national Durable Medical Equipment providers that offer breast pumps and supplies. You can search for these providers using DocFind.

<http://www.aetna.com/dse/search?site_id=cornell> On the left hand side of the page click on "Directories and Resources", then select "National DME Provider Listing". By clicking on the "DME National Provider Listing", a document will open for Breast Pumps and Supplies. You can also call Aetna Member Services at 1-877-371-2007 for assistance.

Can I rent a breast pump from my hospital?

While you are in the hospital, yes. However, once the infant leaves the hospital, the heavy duty hospital grade breast pump is no longer considered medically necessary and the breast pumps listed above are the available electric options.

What if my electric breast pump is broken?

To be eligible for an electric breast pump, you must be within sixty days of a delivery. If you are within that period and have not received an electric breast pump from the plan within the last three years or are within that sixty days and a previously covered electric breast pump is broken and outside of its warranty period, you are also eligible to replace it. If you are past the sixty days, you can only replace a broken electric with a manual breast pump as long as you have not received a manual or electric within the last three years or your electric is broken and outside its warranty period.

What if my manual breast pump is broken?

To be eligible for a replacement manual breast pump, you must be within 365 days of a delivery. If you are within that period and have not received an manual or electric breast pump from the plan within the last three years or are within that 365 days and a previously covered manual breast pump is broken and outside of its warranty period, you are also eligible to replace it. If you are past the 365 days, you are not eligible for a replacement.

What if I have another child?

If you have another child, no matter when you last received a breast pump from the plan, you are eligible for a new set of supplies (such as nipple shields).

If you are within 60 days of delivery, you may be eligible for a new electric breast pump.

If you received an electric breast pump as a result of a prior pregnancy within the last three years, you are not eligible for a replacement electric breast pump unless yours is broken and outside of its warranty period.

If you are more than 60 days from delivery, but less than 365 days, you may be eligible for a new manual breast pump.

If you received a manual or electric breast pump as a result of a prior pregnancy within the last three years, you are not eligible for a replacement manual breast pump unless yours is broken and outside of its warranty period.

Contract College Health Plans for Employees

EMPIRE PLAN

If you make the decision to breastfeed your baby, you are covered for the purchase of one double electric breast pump following birth. You are covered for comprehensive breastfeeding support and counseling at no cost during pregnancy and/or the postpartum period. Check to see if a lactation consultant is available at the hospital where you plan to deliver.

You must call the toll free number listed below for the breast pump suppliers:

Double-Electric Breast Pump Suppliers:

Byram Healthcare: 1-877-902-9726 or www.byramhealthcare.com

Edgepark: 1-888-394-5375 or www.edgepark.com

McKesson: 1-844-727-6667 or www.mckesson.com

Medline: 1-800-633-5463 or www.medline.com

Breast pumps are available for purchase at no cost to you when you use a participating supplier with United Healthcare.

Please note that the coverage for the services provided by these Breast Pump suppliers are subject to your benefit plan. The reimbursement for using in-network providers is 100% and ZERO reimbursement for non-network.

<http://www.empireplanproviders.com/provider.htm>

- Click the blue search bar for “physicians, laboratories or other facilities”
- To locate a Lactation Consultants or Breast Pump Suppliers, search for “Breast Pumps”
- Click, Search

For more information regarding Contract College Health Plans and their coverage, contact United Healthcare directly at; 1-877-769-7447, option #1.

Flexible Spending Accounts for Employees

https://hr.cornell.edu/benefits/fsa_summary.pdf

Set aside money, pre-tax, in a health care spending account. These funds can be used to purchase or rent breast pumps and supplies.

Cornell Student Health Insurance

<https://www.aetnastudenthealth.com/schools/cornell2/coc1516.pdf>

BREAST FEEDING DURABLE MEDICAL EQUIPMENT

Coverage includes the rental or purchase of breast feeding durable medical equipment for the purpose of lactation support (pumping and storage of breast milk) as follows.

- Preferred Care (In Area): 100% of the Negotiated Charge.
- Preferred Care (Out-of Area): 100% of the Negotiated Charge.
- Non-Preferred Care: 70% of the Recognized Charge.

Covered expenses include the following:

- The rental of a hospital-grade electric pump for a newborn child when the newborn child is confined in a hospital.
- The purchase of:
 - an electric breast pump (non-hospital grade), if requested within 30 days from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth; or
 - a manual breast pump, if requested within 6-12 months from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth.
 - If an electric breast pump was purchased within the previous one period, the purchase of an electric or manual breast pump will not be covered until a five year period has elapsed from the last purchase of an electric pump.

Coverage is limited to only one purchase per pregnancy in any year where a covered female would not qualify for the purchase of a new pump. Coverage for the purchase of breast pump equipment is limited to one item of equipment, for the same or similar purpose, and the accessories and supplies needed to operate the item. The covered person is responsible for the entire cost of any additional pieces of the same or similar equipment that he or she purchases or rents for personal convenience or mobility.

COMPREHENSIVE LACTATION SUPPORT AND COUNSELING SERVICES

Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the postpartum period by a certified lactation support provider. The "postpartum period" means the 60 day period directly following the child's date of birth. Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.

Covered Medical Expenses for Prenatal Care and Comprehensive Lactation Support and Counseling Services are payable as follows:

- Preferred Care (In-Area): 100% of the Negotiated Charge.
- Preferred Care (Out-of-Area): 100% of the Negotiated Charge.
- Non-Preferred Care: Payable as any other sickness.