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January 25, 2012

One-Year Waiver on Contraceptive Rules for Religious Organizations

The Department of Health and Human Services (HHS) announced on January 20 that church-related institutions will be required to provide contraceptive coverage for employees in their healthcare plans. However, these institutions will be given a one-year reprieve from the rule.

Under healthcare reform, non-grandfathered plans are required to provide coverage for certain recommended preventive services (such as mammograms, colonoscopies and immunizations) without charging a copayment, deductible, or coinsurance. This "preventive services at no additional cost" rule generally applies to group health plans for plan years beginning on or after September 23, 2010 (January 1, 2011 for calendar year plans). See Conner Strong & Buckelew's November 2010 [Update](#) for more background information on these rules. Note that if a plan is "grandfathered," these preventive benefit requirements do not apply.

In August 2011, HHS announced the adoption of [guidelines](#) for women for additional recommended preventive health services. The August 2011 guidelines supplemented the preventive care regulations issued in 2010 and had the effect of expanding the list of preventive healthcare services to be covered on a first-dollar basis. Most notably, the August 2011 rules required non-grandfathered group health plans to cover all FDA-approved contraceptive methods and contraceptive counseling with no cost-sharing in plan years starting on or after August 1, 2012 (by January 1, 2013 for calendar year plans). The original August 2011 rules allowed certain non-profit religious employers that offer insurance to their employees the choice of whether or not to cover contraceptive services. See Conner Strong & Buckelew's August 2011 [Update](#).

HHS has now announced a final rule on preventive health services that will require religious institutions to provide contraceptive coverage for employees in their healthcare plans effective August 1, 2013. Employers wishing to take advantage of the additional year must certify that they qualify for the delayed implementation. HHS intends to require employers that do not offer coverage of contraceptive services to provide notice to employees, which will also state that contraceptive services are available at sites such as community health centers, public clinics, and hospitals with income-based support.

The [complete list](#) of preventive service recommendations and guidelines that must be covered by plans will be continually updated to reflect both new recommendations and guidelines and revised or removed guidelines. Should you have questions about this or any aspect of federal healthcare insurance reform, contact your Conner Strong & Buckelew account representative toll free at 1-

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