



Benefits for Breastfeeding Support, Supplies and Counseling

In August 2011, the U.S. Department of Health and Human Services (HHS) announced new guidelines to ensure women receive preventive health services at no additional cost to them. The guidelines require health insurance plans to cover certain women's preventive services at 100%.

In compliance with these guidelines, Blue Cross and Blue Shield of Nebraska (BCBSNE) covers several women's preventive services at 100% when members use a BCBSNE in-network provider. One of those services is breastfeeding support, supplies and counseling.

To confirm when this benefit is effective on your plan, please call our Member Services Department at the number shown on the back of your BCBSNE member ID card.

The benefit includes comprehensive lactation support and counseling by a trained provider during pregnancy and in the postpartum period. The benefit also includes expenses for certain breastfeeding equipment in conjunction with each pregnancy.

What is covered at 100%?

Not all breastfeeding support, supplies and counseling services are covered under your plan. Certain criteria must be met for services to be covered under your plan at no cost to you.

For breast pumps and supplies to be covered at no cost to you, the pump and supplies must be obtained from an in-network provider (most commonly a durable medical equipment supplier). If you receive a pump or supplies from an out-of-network provider, benefits are subject to the cost share amount shown on your schedule of benefits summary of your health plan, not to exceed the maximum allowable amount. In other words, you may be responsible for a large portion of the purchase if you use an out-of-network provider. To determine your maximum allowable amount, call our Member Services Department at the number shown on the back of your BCBSNE member ID card.

This provision covers either a manual or electric grade breast pump, not to exceed one per pregnancy. The pump supplies necessary to make the pump operate are also covered. It does not include coverage for other breastfeeding supplies such as maternity bras, nursing pads, additional bottles, and other items.

For lactation support and counseling to be considered a covered service, it must be offered by a trained provider with the designation of International Board Certified Lactation Consultant (IBCLC). Covered lactation services include counseling services and lactation classes taught by an IBCLC. NOTE: to receive services at no cost to you, services must be provided by an in-network IBCLC.

How to locate an in-network IBCLC:

- Visit www.nebraskablue.com
- Select Find a Doctor and click on “Doctor and Hospital” under “Provider Directories”
- Enter “Lactation Consultant” in the search field as well as your location in the location field
- Choose your network and click “Search”
- You may also contact BCBSNE’s Member Services Department at the number shown on the back of your BCBSNE member ID card

How to receive a breast pump at no cost to you:

- Obtain the pump from an in-network provider
- Contact the provider to ensure they sell breast pumps and supplies. Not all durable medical equipment suppliers have them.
- Review a list of in-network durable medical equipment suppliers at www.nebraskablue.com:
 - Select Find a Doctor and click on “Doctor and Hospital” under “Provider Directories”
 - Enter “Pharmacy/DME Supplier” in the search field as well as your location in the location field
 - Choose your network and click “Search”
 - Or click on “Breast Pump Provider Network list” at www.nebraskablue.com/resources/healthy-living/preventive-care
- Purchase the breastfeeding equipment at the pharmacy instead of the upfront cashier if the in-network supplier is a retail store. Only the pharmacy of an in-network retail store is considered an in-network durable medical equipment supplier.
- Remember that in-network suppliers are only those at the addresses on the Find a Doctor site and on the list available when you click on “Breast Pump Provider Network list” at www.nebraskablue.com/resources/healthy-living/preventive-care

If you purchase a breastfeeding pump from an out-of-network provider:

- Complete a claim form, attach the original receipt that shows a breast pump was purchased and submit the claim to BCBSNE. Include the type of pump, i.e. manual or electric, and the model number.
- Out-of-network providers will only be reimbursed up to the maximum allowable amount. You will not be reimbursed for any amount over the maximum allowable amount.

The person receiving benefits must be a covered person under the health plan. These services will be covered under your plan’s preventive benefits, even if the plan does not cover maternity for the employee, spouse and/or dependents.

Frequently Asked Questions

Q: Can I be reimbursed for a breast pump purchased before the benefit was effective for my plan?

A: If you purchase a breast pump prior to the date your plan begins to cover services for the new women’s health care services, you will not be reimbursed for the purchase.

Q: What happens if I purchase a breast pump at a retail store shown on the Find a Doctor page, but instead of purchasing through the pharmacy I pay for it in full at the cashier up front?

A: If you use the cashier up front and pay for the equipment in full, you will need to submit a claim to be reimbursed. However, it will be considered an out-of-network claim and you will only be reimbursed up to the maximum allowable amount. Only the pharmacy of the retail store is considered an in-network durable medical equipment supplier.

Q: If I go to an in-network durable medical equipment retail store pharmacy and make the purchase at the pharmacy, do I need to pay anything up front?

A: No, you do not need to pay up front if you purchase the equipment at the pharmacy. The pharmacy will submit the claim directly to BCBSNE. There will be no charge to the member for this purchase at the time of sale. There will also be no need to submit a claim for reimbursement.

Q: Can I get reimbursed for a breast pump given to me as a gift?

A: Purchase of a breast pump is only covered when purchased by the member of the plan.

Q: Do I need a prescription for a breast pump?

A: While not always necessary, some durable medical equipment providers may require a prescription.