



The Affordable Care Act (ACA) was signed into law in 2010. Due to the ACA, many insurance health plans began coverage for breastfeeding support & supplies on or after August 1, 2012. While the ACA is expanding benefits for breastfeeding, changes to coverage will vary among insurance plans. Therefore, your first step is to understand the coverage and benefits available to you through your insurance plan.

Most insurance companies offer a toll-free customer service number that you can call with specific questions about your health plan. This number is typically found on the back of your insurance card. The insurance plan representative should be able to explain your insurance coverage for breastfeeding support and supplies. Remember, this is a new policy, so some customer service representatives at insurance companies may not be aware of the specifics yet. Don't take "I don't know" for an answer. Keep asking questions until you get a clear answer about what's covered and how to get it.

**Questions to Ask Your Insurance Carrier:**

- Does my insurance plan cover expenses related to breastfeeding?
- What services & products do you cover? Are there any restrictions?
  - Do I need a written prescription for a pump from my physician?
  - Do I need to pay a copay?
  - Do I need to meet a deductible first?
  - What will I pay out of pocket?
  - Is there a dollar limit for coverage for a breast pump and/or supplies?
- What type of breast pump can I get?
  - Hospital grade rental pump, double or single electric personal-use pump, or manual pump?
- Do I need to get the "recommended" pump or can I choose to purchase one & submit the receipt for reimbursement?
  - If yes, what amount will I be reimbursed? Is there a dollar limit on coverage for breast pumps?
- If I have already obtained a breast pump, can I submit a claim for reimbursement?
- When can I get my breast pump? Before giving birth? After the birth of my baby?
  - If I can't get the breast pump until after the baby is born, does my eligibility for a pump expire when my baby reaches a certain age?
- Where can I get my breast pump?
  - Does it need to be from a designated place (in-network provider) or can I choose where to get it?
  - If I need to use an in-network provider, how do I get a list of those companies & their contact information?
  - What do I do if the in-network providers do not have a breast pump available for me?
- What type of breast feeding supplies are covered with my plan?
  - Milk storage containers or bags?
  - Replacement breast pump parts?
  - Nursing Bras?
  - Breast pump bras?
  - Nursing Shawl/Cover Up?
  - Nursing pillows?
- Are lactation consultant services covered?
  - If yes, do I need to have the consults approved first?
  - If yes, is there a certain level of consultant I can see?
    - International Board Certified Lactation Consultant (IBCLC) vs Certified Lactation Counselor vs. Certified Breastfeeding Educator?
  - Where can I receive lactation consultant services?
    - Are there approved in-network providers?
    - Can I get reimbursed if I use a lactation consultant who is out-of-network?
  - Is there a limit on the number of visits I can have with a lactation consultant?
  - Do I need a prescription from a physician for a lactation consult or can I seek their services on my own?