



What is the real cost of free women's health care?

By Marli D. Riggs

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Although eight new prevention-related health care services for women included in the [Patient Protection and Affordable Care Act](#) are now available at no cost to female patients, many are left wondering about the real price tag.

Tanya Boyd, owner of Sunnyvale, Texas-based Tanya Boyd & Associates, believes the Department of Health and Human Services and the Obama administration should not tout the word "free" when talking about health care coverage. "It is completely misleading," she says.

Free is more of a fallacy and should be replaced with the more appropriate word "covered," when talking about health care services covered for women, adds Reid Rasmussen, owner of McKinney, Texas-based Benefit Brainstorm. "While many call these 'free' services, there is still a cost that's being shared by Americans who are buying insurance," he says.

As of Aug. 1, the new rules in the health care law requiring coverage of these services take effect at most health insurance plans' next renewal date.

The services are expected to cover 47 million women, and the total number of prevention-related health care services for women climbs to 22, rising from 14 that became effective in

September 2010, according to the federal government. The eight new prevention-related services are based on recommendations from the Institute of Medicine, which polled independent physicians, nurses, scientists and other experts, as well as evidence-based research, to develop its recommendations.

Non-grandfathered group health plans offering group or individual health insurance coverage must provide coverage for preventive care without any cost-sharing requirements such as copayments, coinsurance or deductibles, as long as services are administered by physicians and other health care professionals who participate in the plan's network.

Group health plans and issuers that have maintained grandfathered status are not required to cover these preventive services. In addition, certain nonprofit religious organizations, such as churches and schools, are also not required to cover these services.

Boyd claims that the services were already readily available to women who needed and wanted them. "Many women who put health care at the top of their priority list have always had the services done, whether they paid a copay, found a clinic that provided services for free, or paid 100% out of their pocket," Boyd says. "Now insurance companies are forced to pay for these services, which will be reflected in the premiums we all pay."

Putting it bluntly, Boyd says: "All of this 'free' stuff is going to be very expensive."