my little black book for sexual health

A guide for getting the health insurance you need to prevent pregnancy until you’re ready.
My Little Black Book for Sexual Health: A guide for getting the insurance you need to prevent pregnancy until you are ready is a resource for young adults (ages 18-26) in Massachusetts. The guide was designed to help young adults who are seeking a health insurance plan that meets their sexual and reproductive health care needs.

The FAQs section of My Little Black Book includes answers to common questions that young adults have about health insurance, birth control (contraception), and other sexual and reproductive health services, like STD/HIV testing. Although the health plans described here are specific to Massachusetts, much of the general information in this guide will be useful for any young adult thinking about how to get insurance that covers sexual and reproductive health services.

If you need health insurance, have questions about insurance coverage, or need resources about your birth control and how insurance fits in, then this guide is for you! And if you are someone who works with young adults or if you are the parent of a young adult, then you may also find this guide valuable.

My Little Black Book is sponsored by: Reproductive Empowerment and Decision Making for Young Adults Initiative (REaDY).

Organizations involved with the creation of this guide include: Ibis Reproductive Health, the Massachusetts Department of Public Health Family Planning Program, NARAL Pro-Choice Massachusetts, and the Massachusetts Family Planning Association.
Table of Contents

4 Need Insurance?
  4 A Guide to Help You Get Started
  5 Learn More About Your Options
  5 Student Health Insurance Programs
  6 Health Connector Plans
  7 MassHealth
  7 Considering the Costs
  8 Choosing a Health Care Provider
  8 Considering Sexual & Reproductive Health Care Needs

10 Frequently Asked Questions
  10 My Health Insurance
  12 Birth Control Methods (also called Contraception)
  16 Other Sexual & Reproductive Health Resources

18 Key Terms

24 Resources

26 About the REaDY Initiative
Need Insurance?

*A Guide to Help You Get Started*

Finding a health insurance plan that meets your health care needs doesn’t have to be complicated. There are a number of low-or-no-cost plans available to young adults ages 18-26 in Massachusetts that provide comprehensive health care benefits, including sexual and reproductive health coverage. To get started, here are some questions you should ask yourself when deciding which plan is right for you. Read more about the specific plans in the “Learn More About Your Options” section.

1. **Are you a student at a university or college in Massachusetts?**
   
   If yes, then you may be eligible for your school’s Student Health Insurance Program (SHIP) in addition to your other options.

2. **Do you have a job that offers you health insurance?**
   
   If yes, then you can consider enrolling in the insurance plan offered by your employer. If you can’t afford what your employer offers, check out plans in the Health Connector. If the plan offered by your employer is considered unaffordable, and you are considered low income, you may be able to get cheaper insurance through the Health Connector. For example, if your household income is less than 400% of the federal poverty level (less than $46,680 for one person in 2014) and the premium you would have to pay for an individual plan is more than 9.5% of your income, then the insurance is considered unaffordable and you may be eligible for a Health Connector plan.

3. **Is your household income less than 400% of the federal poverty level? 400% of the federal poverty level is $46,680 for a one-person household in 2014.**
   
   If yes, you may be eligible for a subsidized insurance plan through the Health Connector. A subsidized plan is one in which the government helps pay for part of the plan, helping make the plan affordable.
   
   If you make more than this amount, you can still purchase an insurance plan through the Health Connector, but you will not receive help from the government to pay for it.

4. **Is your household income less than 300% of the federal poverty level? (In 2014, 300% of the federal poverty level is $35,010 for a one-person household.)**
   
   If yes, you may be eligible for a ConnectorCare plan through the Health Connector. Connector Care plans are a set of subsidized plans sold on the Health Connector that offer the lowest monthly premiums and the lowest out-of-pocket costs because the government helps pay for the plans.
   
   If your household size is more than 1 (for example, if you have a child/children), then the household income cutoff to qualify for low-cost subsidized plans will change. Check out the Health Connector, to see what the cutoff is for your household size.
5. **Is your household income less than 133% of the federal poverty level? (In 2014, 133% of the federal poverty level is $15,521 for a one-person household.)**

If yes, then you may be eligible for MassHealth, which provides coverage to low-income people with no monthly fee (premium) and low or no co-pays. Contact MassHealth for more information. For help applying to MassHealth, contact Health Care For All’s HelpLine.

6. **Are there any special statuses that would help me qualify for low- or no-cost insurance?**

Yes, if you are under the age of 20, living with children or taking care of related children, pregnant, out of work for a long time, disabled, HIV positive, or living with breast or cervical cancer, you may be eligible for MassHealth even if your income is above 133% of the federal poverty level. Contact MassHealth for more information. For help applying to MassHealth, contact Health Care For All’s HelpLine.

If you are pregnant and your income is less than 200% of the federal poverty level ($23,340 for one person in 2014), you are eligible for immediate MassHealth Coverage. You should not have to prove that you are pregnant or wait to get health insurance. If you are having difficulty getting enrolled, contact Health Care For All’s HelpLine.

**Learn More about Your Options**

Here is a summary of the health insurance plans designed for young adults ages 18-26 in Massachusetts. This includes information about who qualifies (who is “eligible”), out-of-pocket costs, and prescription coverage for each plan. Remember, many popular birth control methods (like the pill and the patch) require a prescription.

**Student Health Insurance Program (SHIPs)**

**What are they?**

These are health insurance plans that are offered through colleges and universities in Massachusetts. The Student Health Insurance Program must cover health care provider visits, hospital stays, prescription drugs, and mental health benefits. Often some basic services will be covered at the student health center by a yearly “health fee,” which is sometimes mandatory for all students.

**Who is eligible?**

To be eligible for a school’s SHIP, you must be a full-time student or registered as a student for at least 75% of a full course load at that school.

**How can I find a plan that’s right for me?**

If you are going to use insurance through your school, there are generally only a few options for students at that school. Your school or administrative office may have more information.
**Do I have to use my school’s insurance?**
Generally, students can waive the student health insurance if they have other coverage that is comparable to the student insurance. This may happen if you stay on your parent’s health insurance or have insurance through an employer. Sometimes schools will waive student health insurance if you are enrolled in MassHealth. If you have access to school health insurance, you may still be eligible to purchase subsidized insurance through the Health Connector.

**How much will it cost?**
The cost depends on the school and the plan. You may also pay a student health fee that covers minimal services at your health center.

**Where can I go to find out more?**
If you are a student in Massachusetts, contact your school for more information on the health insurance offered. Also, you can find more information about the Student Health Insurance Program from the Health Connector.

**Health Connector Plans**

**What is it?**
The Health Connector provides tools to help you compare and sign-up for one of the different plans available for purchase in Massachusetts. The plans provide coverage for visits to health care providers, hospital stays, mental health benefits, and prescription medications. Of these plans, the ConnectorCare plans are available for the lowest monthly cost (premium) and at a lower cost per service because the government helps pay for the plans.

**Who is eligible?**
Massachusetts residents age 19 or older with an annual income less than 300% of the Federal Poverty Level ($35,010 in 2014 for a one-person household) who cannot get MassHealth or affordable health insurance from an employer are eligible for the lowest cost ConnectorCare plans. Residents with an annual income of less than 400% of the federal poverty level ($46,680 in 2014 for a one-person household) are eligible for help from the government to pay for their plan. All residents are eligible to purchase a plan on the Health Connector for full price. If you have questions about eligibility, you can check your status on the Health Connector’s website or contact Health Care For All’s HelpLine.

**How can I find a plan that’s right for me?**
There are plans offered through ten insurers: Ambetter from CeltiCare Health Plan, Blue Cross Blue Shield of Massachusetts, Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Minuteman Health, Neighborhood Health Plan, Network Health, and Tufts Health Plan.

Different plans will be available to you depending on where you live in Massachusetts. If you are eligible for ConnectorCare, you will be limited to the seven plans that the state has chosen to further subsidize: Boston Medical Center HealthNet Plan, CeltiCare, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Minuteman Health, Neighborhood Health Plan, and Network Health.

**How much will it cost?**
The cost (monthly premium, co-pays, co-insurance, etc.) will depend on what subsidy you are eligible for and which plan you choose.

**Where can I go to find out more?**
See the Health Connector website, for more information about these plans. For help applying to the ConnectorCare or other Health Connector plans, contact Health Care For All’s HelpLine.
MassHealth

What is it?
MassHealth is the name for the Massachusetts Medicaid program, which is a government-sponsored health insurance program offered to eligible low-income individuals and families. It can pay for services including health care provider visits, hospital stays, and prescription medications.

Who is eligible?
You might be eligible for MassHealth if you are a Massachusetts resident age 20 or older with an annual income less than 133% of the Federal Poverty Level ($15,521 in 2014 for a one-person household). You might also be eligible if you are low-income and:
- living with their children or taking care of related children,
- under the age of 20,
- pregnant,
- out of work for a long time,
- disabled,
- HIV positive, or
- living with breast or cervical cancer.

How can I find a plan that's right for me?
When you apply for MassHealth, you will automatically be considered for all the MassHealth plans. MassHealth will offer you the plan with the most complete coverage that you qualify for.

How much will it cost?
MassHealth members have very few out-of-pocket expenses. There are no premiums and either no or minimal co-payments for health care visits and prescriptions. The out-of-pocket costs may change from time to time.

Where can I go to find out more?
For more information, visit the MassHealth website. For help applying to MassHealth, contact Health Care For All’s HelpLine.

Considering the Costs

Understandably, cost is a big consideration when weighing your options and choosing a health plan. Out-of-pocket health insurance costs depend on what plan you’re eligible for and what kind of coverage you might need. To gain a better understanding of the out-of-pocket costs and policies associated with various plans, make sure you know the answers to the following questions about each plan:

- How much do I have to pay each month for insurance (called the “premium”)?
- How much do I have to pay each time I go to my health care provider or visit a health care office (called the “co-payment” or “co-pay”)?
- Do I have to pay a certain amount before my insurance begins to cover my health care costs (called the “deductible”)?
- What is the most I might have to pay each year (called the “out-of-pocket maximum”)?
- What is the most that my health insurance will pay for my health services each year (called the “annual benefit maximum”)?
Choosing a Health Care Provider

It is important to find a health care provider that you trust and feel comfortable asking questions about your general and sexual health care needs. When looking for a health care provider, be sure to consider things that are important to you, like if their office is close to public transportation or if they are a male or female provider. Most insurance plans require you to choose a primary care provider (PCP) to coordinate your medical care on a regular basis.

How can I find a health care provider?
Most insurance companies have websites where you can search for a health care provider by town or zip code. You can search for in-network providers first, and then branch out to out-of-network providers if needed. Or, if you have a health care provider in mind already, you can ask them if they accept your insurance. You can also call the customer service number for your health insurance to get a list of providers over the phone if you'd like. Remember, there is a cost difference between in-network and out-of-network health care providers. Your insurance plan has a contract with certain health providers (doctors, hospitals, community health centers, etc.) in order to make the cost lower for you. If you choose one of these in-network providers you will get a better deal on the cost of any services (including co-pays) than if you go to a provider outside of the network.

How can I find out if my health care provider is in-network or out-of-network?
If you already have a provider you like, you can ask them directly if they are included in the network if they accept your insurance. Otherwise, you can search on the insurance website or call the customer service line.

What questions should I ask my health care provider?
If you are searching for a health care provider, you may want to ask specific questions relating to your sexual and reproductive health needs before choosing them as your provider. For example, you may ask potential providers if they offer confidential sexual and reproductive health services including birth control methods, STD testing and treatment, pregnancy options counseling, abortion care, cervical cancer screenings, and/or anything else that may be important to you. If a provider will not answer your questions, you should know that you can look for a different provider.

Considering Your Sexual and Reproductive Health Care Needs

When comparing your health plan options, be sure to consider if the plan meets your sexual and reproductive health needs.

Does my plan cover the following sexual and reproductive health services?

1. **Gyn Exam/Pap Smear/Physical, or Well Woman Visits**

   Ask your primary care provider if they offer these services, or whether you will need to see a family planning provider or OB/GYN for them. Some people choose their family planning provider or OB/GYN to be their primary care provider. Most plans are now required to cover these visits with no co-pay.
2. **Birth Control Methods (also called contraception)**

Most insurance plans cover the entire cost of FDA-approved birth control options without making you pay anything out-of-pocket. If you use a prescription birth control method, it will most likely be covered by your health plan. If so, it will be listed in your plan’s list of covered prescriptions (formulary). But not all insurance plans are the same, so it’s important to check with your plan about which options they cover and how much they cost. If you are having problems getting the birth control you need, or at no cost, check out the National Women’s Law Center’s [Getting the Coverage You Deserve toolkit](#).

3. **Emergency Contraceptives (sometimes called the “morning after pill”)**

Some types of emergency contraception are only available with a prescription, so check to see if it is on your plan’s formulary. Other brands of emergency contraception are available without a prescription, but you will most likely have to pay for it yourself.

4. **Sexually Transmitted Disease/Sexually Transmitted Infection/HIV Testing**

To find out if your plan covers STD/STI/HIV testing, check the section of your benefits package/booklet that talks about laboratory tests. Most plans are now required to cover STI counseling and testing with no co-pays.

5. **Pregnancy**

If you’re pregnant and you want to stay pregnant, you should know that all health insurance plans in Massachusetts are required to cover prenatal care.

If you’re pregnant and you want an abortion, in Massachusetts your health insurance most likely covers it. Check with your insurance company to see if your plan covers abortion services. There are abortion funds that can help you pay if you don’t have coverage. For more information about where to go for an abortion and how to pay for one, visit [www.prochoicemass.org](http://www.prochoicemass.org).

6. **Other preventive services**

All new health plans are now required to cover preventive services at no cost to you (without cost sharing). For more information about which services are covered and what to do if your insurance is charging you a co-pay for preventive services, check out the National Women’s Law Center’s [Getting the Coverage You Deserve toolkit](#). If you want to talk to someone about finding a plan or making sure your plan covers the services you need, contact [Health Care For All’s HelpLine](#).

If you’re pregnant and want an abortion, in Massachusetts your health insurance most likely covers it. Check with your insurance company to see if your plan covers abortion services. There are also [abortion funds](#) that can help you pay if you don’t have coverage or don’t want to use your insurance. For more information about where to go for an abortion and how to pay for one, visit [NARAL Pro-Choice Massachusetts](#).
Here you will find answers to commonly asked questions about your insurance plan and your sexual and reproductive health care needs.

Find FAQs about:

*My Health Insurance*

*Birth Control Methods (also called Contraception)*

*Other Sexual and Reproductive Health Resources*

### My Health Insurance

1. **Do I have to pay if I go to my primary care provider?**
   It depends on the kind of insurance you have. Many plans require you to pay a co-pay when you visit a health care provider. Most insurance plans cover your annual checkup (like your Gyn or well woman exam) or other preventive care with no co-pay or deductible. But there may be a limit on the number of these visits you may have in a year. This doesn't mean that you won't be able to visit your health care provider when you really need it (such as STD testing); just limits those routine exams that you have once a year.

2. **Do I have to pay if I go to the emergency room?**
   You never have to pay before getting treated for a medical emergency (it's the law), but you could get a bill later. Your individual insurance plan will list the cost of going to the emergency room. Some plans may have a co-pay for emergency visits, but you might not have to pay it if you are admitted to the hospital.

3. **How do I know which costs have been applied to my deductible?**
   Most health insurers provide a list of which benefits they will cover, and which costs they will apply to your deductible, and expect you to pay. If it's not clear, you can always call and ask. You will also receive an “explanation of benefits” (EOB) in the mail from your insurance company each time you use your insurance. This EOB will notify you of the actual cost of the services, the amount that was covered by the insurance company, any costs that you will be responsible for paying, and the total amount applied to your deductible.

4. **Can I track the status of my deductible?**
   You can always call your insurance company and ask questions about the status of your plan, or you can keep a copy of your EOBs to track it yourself. Some insurance companies help you track the payments you've made towards your deductible online.

5. **How can I contact the insurance company if I have questions?**
   You can always call your insurance company’s toll-free number, check their website, or, with some insurance companies, use an online chat function. Have your insurance card ready, because you may have to give them your policy number to get more information about your plan.

6. **When can I still be on my parent's insurance?**
   Until your 26th birthday. You are eligible for coverage whether or not you are a student, whether or not you are married, and whether
or not you live with your parents. For more information, visit Young Invincibles.

7. Can I switch to a different insurance plan?
Yes. You can switch insurance plans, but be careful because there may be only specific times of the year when you can enroll in a new plan or a limit on the number of times you can switch. Factors like your age, income, student status, and available employer insurance can limit the choices you have when shopping for insurance.

See the “Need Health Insurance?” section, or you can visit Health Care For All or the Health Connector for information on your eligibility for different types of insurance plans.

8. Are there restrictions on when I can enroll in a health insurance plan?
Maybe, depending on the type of plan. You can only purchase plans sold through the Health Connector during certain times of the year (open enrollment period). For ConnectorCare plans there is additional flexibility for when you can enroll in coverage. For MassHealth you can apply at any time of the year. Contact the Health Connector or Health Care For All’s HelpLine for questions on restrictions on when you can purchase and enroll in health insurance.

Student Health Insurance Program

1. What is the difference between the “student health fee” and the “student health insurance/plan”?
The student health fee is usually mandatory and covers limited services at the student health center. The student health insurance or health plan is run by an insurance company, covers more services, and can be used on and off-campus.

2. How do I use these different types of health coverage?
You can use student health insurance and other health plans at either student health centers or off-campus providers (for services the health center doesn’t cover). If you use your parent’s insurance, you may have to pay out-of-pocket for certain services at the student health center not covered by the “student health fee.” Contact your parent’s insurance for information on what is covered while you are at school.

3. Can I go somewhere other than the student health center?
Usually. Ask your student health center about other providers near campus who accept your student insurance. Some schools don’t have on-campus student health centers, in which case you will definitely be able to get care off-campus. Just be sure to find an “in-network” provider, which will be the lowest-cost option for you.

You can also visit other providers or clinics and pay out of pocket, without using your insurance.
4. What if my school doesn’t offer prescriptions for birth control methods?
You can always seek out a family planning clinic or a community health center near your school and pay out of pocket. Family planning clinics often offer low-cost birth control methods that are relatively affordable without using insurance.

5. Where do I go to ask questions about my plan — the school or insurance provider?
Your insurance provider is the best place to ask questions about your plan. If you have the student health plan but don’t know how to contact the insurance company, your school should be able to give you a phone number and/or website to seek out information about your plan. Sometimes the school will have resources on their website.

If you are on your parent’s plan, you may have to ask them for information or call the customer service number on your insurance card.

6. Will my parents find out if I get prescription birth control or use sexual and reproductive health services with my student health plan?
Maybe. If your parents are paying for your education or health insurance, they may get a bill in the mail for any services provided to you by the student health center, or with their insurance plan. Your insurance company may also send the policy holder (in this case, your parents), an “EOB” or “explanation of benefits” that may list the types of medications or services you received.

Most health care providers and insurance companies offer confidentiality protections to young adults who request them. If you are concerned about confidentiality, ask your health care provider and insurer about how to keep your information private, or if other confidential funding is available to you. Family planning clinics provide confidential services including low-cost or no-cost birth control methods if you choose to not use your parent’s insurance. For more information, visit Maria Talks.

7. Can I see my regular doctor while I’m home during break?
Maybe. If you are still on your parent’s insurance plan, this may be easier. If you are only on the student health insurance, you will need to ask if your doctor will accept your student health insurance, and check with your student health insurance to see if your plan will cover urgent care even if you’re far from school.

Birth Control Methods
(Also Called Contraception)

1. What are my birth control options and what method is right for me?
There are many different birth control methods to choose from. With all of the options, you’re sure to find a method (or methods) that’s right for you.

- Birth control pills
- Condoms (male or female)
- Cycle beads
- Depo (or “the shot”)
- Diaphragm, shield, or other cervical barrier method
- Emergency contraception
- Implant
- IUD
- Natural family planning
- Patch
- Spermicide
- Vaginal ring
- Withdrawal
The best method of birth control is the one that you can use the right way every time you want to prevent pregnancy. To help you decide, think about what’s right for you:

- How important is it that you don’t get pregnant right now? How well does it work?
- How often do you have unplanned sex? Will you remember to take or use it every time you need it?
- Is the method safe for you? Are there any side effects?
- Does the method protect against HIV and STDs (sexually transmitted diseases)?
- Does your partner need to cooperate for the method to work?
- Would anyone be angry or try to hurt you for using birth control?
- Does the method fit with your religious or moral beliefs?
- Will you need a prescription or can you buy the method at the pharmacy?
- How much does the method cost? Will your health insurance cover it?
- How does the method work? Will it be easy to use?
- Will you feel comfortable using the method?

For more information about how effective a method is, what kinds of side effects it might have, and how to use it correctly: ask your health care provider, call 877-MA-SEX-ED (877-627-3933), or visit the websites below to find out more information and compare different birth control methods.

**www.bedsider.org**
> Click on birth control methods

**www.plannedparenthood.org**
> Health & Info Services > Birth Control

2. **How can I get prescription birth control?**

You can get a prescription for different birth control methods from your regular primary care provider or you can visit a family planning clinic or community health center in your area.

3. **How do I know if my prescription birth control is covered by my insurance?**

Most insurance plans are required to cover all FDA-approved birth control options at no cost to you (no cost sharing). Some do not, so it’s important to check with your plan about which options they cover and how much they cost.

If you are having problems getting the birth control you need or at no cost, check out the National Women’s Law Center’s [Getting the Coverage You Deserve toolkit.](https://www.nwlc.org/health-covers-you). If your health plan doesn’t cover birth control, you may be eligible to get low- or no-cost birth control at a family planning clinic. To find one near you, visit [Maria Talks.](https://www.mariatalks.org/)

4. **How can I figure out the cost of different birth control methods?**

Most insurance plans cover birth control with no co-pay, but there are some exceptions, so you may want to check with your insurance company as well as find out how much you have to pay for a visit to your health care provider to renew the prescription, insert the IUD or implant, or get the shot. Some methods, like the pill, cost a certain amount each month.
Other methods – like an IUD or implant – may seem more expensive at first, but become cheaper over time since you don’t have to pay for a monthly prescription. If you want to compare how much different birth control methods will cost over time, add up how much each method costs and how often you’ll have to pay for it over the amount of time you plan to use it.

5. Do I need to visit a primary care provider, gynecologist, family planning clinic, or community health center to get my birth control method?

Maybe. Many of the most highly effective birth control methods require a visit for a prescription. If the clinic or health care provider takes your insurance, you will most likely have the same cost at any of these locations, so pick the one that you are most comfortable with. Health care providers or clinics will typically give you enough refills to last you until your next check-up. They might also want you to have a Gyn check-up (which may include a pap smear, pelvic exam, and/or annual exam) once a year or so, depending on your age and medical history, which can also be used to fill your birth control prescription.

Other birth control methods, like condoms and some types of emergency contraception, are available without a prescription and do not require a visit to a health care provider or clinic. (Some of these over-the-counter methods may be covered by your insurance if you first get a prescription from your health care provider for your insurance to cover them.)

6. What if my health care provider won’t give me a prescription for my birth control method?

Most health care providers will give you a prescription for birth control unless they believe a particular method could put your health at risk. However, some health care providers are not allowed to write birth control prescriptions because they work in a health care facility that is affiliated with a religious institution (like a Catholic university) or they choose not to because they personally do not believe in using birth control. If this happens to you, you can request a new provider, or get a prescription birth control method from a family planning clinic or community health center.

7. Can I get a prescription for birth control for my sexual partner?

No, you can’t get a prescription for the pill, patch, or ring; but you could pick up a prescription or purchase condoms or emergency contraception, for your partner at the drug store. You can also check with your health care provider or clinic about bringing your partner with you to your appointment. You can both learn about different methods of birth control and decide together which one will work best for you.

8. How often do I need to refill my prescription?

For birth control pills, each refill is usually for 1 to 3 months, depending on your insurance plan. For example, you provider might write you a prescription for 12 months of pills and you may only get one month at a time. You’d get the first month right away, and then you’d have 11 refills. You would end up paying your co-pay each time you pick up your refill, and you pay that directly to the pharmacy (meaning you don’t get a bill in the mail).

Some insurance companies offer a mail order pharmacy option which may be even cheaper than going to the pharmacy for refills. Sometimes using the mail order pharmacy will allow you to get a larger refill (maybe 3 months of pills instead of 1 month at a time) with just one co-pay and the medication is mailed to your home address. Many people find this easier than remembering to go to the pharmacy each month for refills.
If you know you will be traveling and away from your pharmacy when you’d usually refill your prescription, your insurance company may be willing to provide more than the usual number of refills for the period of time you’ll be away. Contact your insurer before you leave to ask what you need to do.

9. If I run out of birth control before my annual exam, can I get an extension on my refills until I see my provider again?

Sometimes. Check with your health care provider if this problem comes up. They may be able to refill your prescription until they can see you again. Often, the pharmacy will print the number of refills you have on the prescription label so you can keep track of how many refills you have left, and schedule an appointment before you run out.

10. Is there a limit to how many refills I can get per year?

Yes. Your insurance will only cover the amount of refills that are necessary for the year. You can call and ask your insurance company about the limits they have set.

11. If I’m on the pill, can I switch pills when refilling my prescription?

Only your health care provider can switch your prescription, but you may not need to make an appointment. You may be able to just call your doctor’s office or clinic and ask them to switch your prescription to a different pill. Unlike other methods of birth control, there are many types of oral contraceptives (the pill). This may also work if you want to switch from the pill to something like the patch or the ring, but your doctor or clinic may want you to come in for an appointment first.

12. Will my parents find out if I use their insurance to get birth control?

Maybe. If your parents are paying for your education or health insurance, they may get a bill in the mail for any services provided to you by the student health center, or with their insurance plan. Your insurance company may also send the policy holder (in this case, your parents), an “EOB” or “explanation of benefits” that may list the types of medications or services you received.

Most health care providers and insurance companies offer confidentiality protections to young adults who request them. If you are concerned about confidentiality, ask your health care provider and insurer about how to keep your information private, or if other confidential funding is available to you. Family planning clinics provide confidential services including low-cost or no-cost birth control methods if you choose to not use your parent’s insurance. For more information, visit Maria Talks.

13. Can I still get covered for birth control services if I am not heterosexual?

Yes. You are eligible for birth control services no matter your sexual orientation. In fact, it doesn’t even matter if you’re having sex! Birth control pills can be used to help regulate your period or manage certain medical conditions. You might also want to talk to your health care provider about
condoms, dental dams, and other methods to avoid STDs.

14. Can I get covered for birth control services even if I am not sexually active, or need birth control to manage a medical condition?

Yes. You are eligible for birth control services whether or not you are sexually active. Birth control pills can be used to help regulate your period or manage certain medical conditions.

15. Can I still get a prescription for birth control if I am uninsured?

Yes. One of the most cost-effective ways to obtain a prescription for a birth control method is by visiting a family planning clinic in your area. They will often provide reasonable prices for different methods of birth control. Another way is to find out how much generic birth control pills cost at a local pharmacy. Some chains, like Wal-Mart, will fill generic prescriptions at a low cost. Be sure to get a prescription from your health care provider before going to the pharmacy.

16. What if my usual method is no longer covered under my plan?

Most plans are now required to cover all FDA-approved methods of birth control. If you’re having difficulty getting the method you need, or at no cost, check out the National Women’s Law Center’s Getting the Coverage You Deserve toolkit. If your insurance still doesn’t cover the method you need, you can check the prices and availability at your local family planning clinic. You can also ask your health care provider if there are similar methods that are covered.

17. What questions should I ask my health care provider?

Your provider should help answer your questions and concerns regarding these methods and help find the birth control option that is right for you. You may want to ask how effective a method is, what side effects it might have, and how to use it correctly. You should also tell your provider about your preferences. Remember, the “pill” is not your only option for birth control. If you think you may have trouble remembering to take a pill every day, ask about methods like the IUD, which only has to be replaced every 5 to 10 years; the implant, which lasts 3 years; or the vaginal ring, which only needs to be replaced once a month. There is also the three month Depo-Provera shot, the weekly birth control patch, and many others. You can also ask about how to protect yourself from STDs. In general, you should ask about any concerns you have.

Other Sexual and Reproductive Health Resources

1. Where can I find information on sexually transmitted disease/STD/HIV testing?

If you’re having sex or thinking about having sex, you may have questions about sexually transmitted diseases (STDs, also known as sexually transmitted infections or STIs) or other sexual health topics. If you are having sex without protection, you may be at risk for an STD. Many STDs don’t have symptoms, so the only way to know for sure if you have one is to get tested. The good news is that many STDs are treatable. Planned Parenthood and Maria Talks can provide more information on STDs and where to get tested.
2. Will my insurance cover prenatal care?
   If you’re pregnant and you want to stay pregnant, you should know that all health insurance plans in Massachusetts are required to cover prenatal care. Contact your insurance provider for more information. If you are pregnant and your income is less than 200% of the federal poverty level ($23,340 in 2014), you are eligible for immediate MassHealth coverage. You should not have to prove that you are pregnant or wait to be enrolled. If you are having difficulty receiving coverage contact Health Care For All’s HelpLine.

3. Will my insurance cover abortion?
   If you are in Massachusetts, most likely it does. All health insurance plans offered under MassHealth and the Health Connector cover abortion. If you’re not sure if your plan covers abortion, contact your insurance company or ask a health care provider.
   If you are uninsured, if your plan doesn’t cover abortion, or you don’t want to use your insurance to cover the abortion, there are organizations called abortion funds that might be able to help you pay for an abortion. For more information about abortion funds in Massachusetts, or where to get an abortion, check out NARAL Pro-Choice Massachusetts.

4. What if I’m not sure if I want to continue my pregnancy or not?
   Deciding whether or not to continue your pregnancy can be stressful. Planned Parenthood and other family planning providers will give you medically-accurate information about abortion, adoption, and giving birth. The Pregnancy Options Workbook is a free online resource guide that has helpful information and activities to help you make an informed decision. If you want to talk with someone about your options, you can also call Backline and speak with a non-judgmental counselor who will help you think through your decision.
   You deserve honest information about all of your options, so beware of “crisis pregnancy centers” that may advertise free pregnancy tests or ultrasounds. These centers are often run by anti-abortion groups who may try to talk you out of choosing an abortion by providing false or misleading information about your pregnancy options, and refusing to refer you for abortion care. If you feel pressured, you can leave.
   For more information about these centers, visit NARAL Pro-Choice Massachusetts.
   If you want to find out where to go for a pregnancy test or talk with a non-judgmental counselor, visit Maria Talks.

5. What if I want to continue my pregnancy and place my child up for adoption?
   Whether you decide to parent or place your child for adoption, you are entitled to pre-natal care. For more information about adoption, visit the National Council for Adoption. If you want to talk with someone about the option of adoption, you can talk with a counselor at Backline.
Key Terms

Definitions of commonly used terms to help you make sense of health insurance, understand your options, and take charge of your health care needs.

Anniversary Date
The anniversary date is when you renew your health insurance plan, usually one year after signing up. The cost of your plan might change at this time.

Annual Benefit Cap/Maximum
The annual benefit cap/maximum is the limit on the amount of money your health insurance plan will pay for all covered services in that year. Once the cap/maximum has been reached, you will be responsible for paying for any additional health care services.

Birth Control/Contraception
Birth control, also known as contraception, is any method used to prevent pregnancy. There are many different methods of birth control including condoms, the pill, the patch, the ring, the shot, IUDs, implants, natural family planning, and surgical sterilization. For more information, visit Bedsider.

Benefits
Benefits are what your health insurance plan pays for, such as: health care provider visits, staying in the hospital, prescription drugs, etc. Plans may have different benefits; some may cover routine visits to a health care provider and prescription drugs, others may only cover visits to health care providers.

Carrier
A carrier is another term for a health insurance company or other insurer.

Co-insurance
Co-insurance is when you pay for a percentage of your covered health care services. For example; if your co-insurance is 20%, your insurance will pay 80% of the cost and you will be responsible for paying the rest.

Connector Care
ConnectorCare is a set of low-cost health insurance plans that are available to Massachusetts residents age 19 and older whose annual income is less than 300% of the Federal Poverty Level ($35,010 for an individual in 2014), who do not have MassHealth, and who cannot get affordable insurance through their employer. For more information, see the “Need Health Insurance?” guide or visit the Health Connector website.

Contraception/Birth Control
Contraception, also known as birth control, is any method used to prevent pregnancy. There are many different methods of birth control including: condoms, the pill, the patch, the ring, the shot, IUDs, implants, natural family planning, and surgical sterilization. For more information, visit Bedsider.

Co-pay/Co-payment
Co-payments (or co-pays) are the set amounts that you will pay for a health care service or supply each time you use it. Usually, there are different co-pays for different services or supplies (health care provider visits, prescriptions, emergency room visits, etc.).

Cost sharing
When you have to pay a set fee to receive a specific health care service, such as a co-pay or deductible.

Covered services
Covered services are the health care services that your health insurance plan will help you pay for, such as health care provider visits, prescriptions, etc. Covered services vary depending on the health insurance plan.
**Deductible**
A deductible is the amount of money that you have to pay towards the health care services you receive each year before your insurance plan will start to pay for covered health care services. Often plans will cover some services even if you haven’t yet paid the deductible for that year. For example, a certain number of primary care visits that you don’t have to pay for (except possibly a co-pay or co-insurance) may be covered by the plan even before the deductible amount has been reached.

**Dependent**
A dependent is someone who is eligible for coverage under someone else’s health insurance (usually refers to a legal spouse or child). You may be considered a dependent of your parents, which makes you eligible to stay on their health insurance until you are 26 years old.

**Eligible**
Eligible means you are qualified to apply for and enroll in a particular health plan or program. Being eligible does not mean you are enrolled in a health plan – unless you apply and your application is approved for the program.

**Exclusions**
Exclusions are health care services that are not covered under your health insurance plan.

**Explanation of Benefits (EOB)**
An Explanation of Benefits (also called an EOB) is a document that your insurance company sends you that explains both the health care services that were provided at your medical visit and how much your health insurance paid for them. Although EOBs often look like a medical bill from your health care provider, they are actually sent to you from your health insurance company to give you the details about how much the health insurance company paid to the health care provider and how much more (if anything), you are responsible for paying. The EOB lists the services that your health care provider billed to your health insurance company and is sent to the policy holder (who may be your parent if you are on your parent’s plan).

**Family Planning Clinic**
A Family Planning Clinic is a health center that specializes in sexual and reproductive health care. They may offer services such as birth control, emergency contraception, general OB/GYN checkups, STD testing and treatment, HIV counseling and testing, HPV vaccines, pregnancy testing and counseling, and other reproductive and sexual health-related services. If you are not covered by insurance, the cost of these services often varies based on your ability to pay. For more information, visit the Massachusetts Department of Public Health Family Planning Program.
Federal Poverty Level (FPL)
The Federal Poverty Level (FPL) is a number defined by the U.S. government that helps determine eligibility for health care programs. The Federal Poverty Level is different for different household sizes. The cut-off is higher if you have more people in your household or family. Often eligibility for programs will be based on a percentage of the FPL (for example, you may be eligible for something if you have a yearly income of 200% or less of the Federal Poverty Level).

Formulary
A formulary is the list of prescription medications that are covered under your health insurance plan. The lists are often organized into “tiers” according to cost (see the definition for “prescription tier”).

Health Safety Net
The Health Safety Net pays for health services for uninsured or underinsured individuals and families whose income is under 200% of the Federal Poverty Level ($23,340 in 2014 for a single individual). People who have incomes up to 400% of the Federal Poverty Level may be eligible for partial free health care. You may be eligible for this program regardless of your immigration status. The services you get depend on the hospital or health center you go to.

Generic
Generic is the basic name of a product. (For example, “Acetaminophen” is the generic name for a drug that one company calls “Tylenol.”) Generic drugs are usually cheaper than their brand name version but contain the same medication.

Group Insurance
Group insurance refers to a type of insurance plan where many people, often employees of the same company, are covered under the same insurance contract.

Health Care Provider
The term “health care provider” could refer to a doctor, clinician, nurse practitioner, hospital, community health center, skilled nursing facility, or other person or entity that delivers health care services.

Health Connector
The Health Connector is a quasi-governmental agency that helps connect individuals to the health insurance plan that’s right for them. The Connector oversees the ConnectorCare plans as well as other subsidized and non-subsidized health insurance plans.

Health Maintenance Organization (HMO)
A Health Maintenance Organization provides health care services within a specific geographic area. If your insurance is an HMO, you will be asked to see health care providers that are included in the HMO.

Health Plan
A health plan is a package of benefits that is offered by an insurance company (see “benefits” for what this may include).
Household Size
Household size is the number of people you have a legal connection to, such as children, spouses, or parents (this does not include roommates). This may also be referred to as family size. If you are not married, have no children, and don’t live with your parents, your household size is probably 1, even if you live with other people who are not related to you.

Income
Income or “gross income” is your household’s income before taxes are taken out (see “household size” to determine whose income is included).

MassHealth
Mass Health is the name for the Massachusetts Medicaid program, which is a health insurance program offered to eligible low-income individuals and families. It can pay for many health care services including health care provider visits, hospital stays, and prescription medication.

Mental Health Benefits
Mental Health benefits cover mental health services such as counseling services, which may be referred to as outpatient therapy and inpatient psychiatric visits.

Network
A network is a group of health care providers, hospitals, and other health care facilities that provide services to the members of a health insurance plan.

Non-Group Insurance
Non-group health insurance is insurance that you buy for yourself or your family directly from the insurance company or the Health Connector instead of an insurance plan that is offered to a group of people (oftentimes through their employer). This is also called individual health insurance.

Out-of-Pocket Expenses
Out-of-pocket expenses refer to any costs for health care services that you must pay in addition to your monthly premium. This includes costs like co-payments and co-insurance.

Out-of-Pocket Maximum
The out-of-pocket maximum is the limit of how much you are required to pay each year for health care services through deductibles, co-payments, and co-insurance. Usually, after the maximum has been reached, the health insurance plan will pay for all future charges. Some costs or services may not be included. For example, many health insurance plans do not count the cost of your premium toward the maximum, so you may still be required to pay the monthly premium even after the maximum has been reached.
Participating Provider
A participating provider is a health care provider who accepts your insurance. Often this is a provider in your insurance plan’s network or part of your HMO.

Plan Benefit Summary
The plan benefit summary is an outline of the benefits and services covered by your health insurance plan. It typically describes any deductibles, co-payments, or out-of-pocket costs for services, including any caps or limits on those expenses.

Pre-existing Condition
Pre-existing conditions are when the insurance company excludes coverage for certain health problems you had before you bought the insurance. This means if you had a bad back before you got the insurance, the company may not pay for treatment for your back. But if you fall and hurt your back the day after the insurance starts, then the company will pay for taking care of it. Insurers are not allowed to deny anyone coverage for this reason. If you have any questions about pre-existing conditions or believe an insurance company is denying you for this reason contact Health Care For All’s HelpLine.

Preferred Provider Organization (PPO)
A Preferred Provider Organization is similar to an HMO (Health Maintenance Organization) because it also refers to a group of health care providers that you can see with your insurance plan. Seeing someone outside of your PPO may cost extra money (higher deductibles, co-payments, etc.). However, a PPO does not require you to get a referral from your primary care provider the way an HMO does.

Premium
The premium is the amount of money you have to pay every month for your health insurance. Even though you pay this monthly cost, you will most likely have other costs such as co-pays and co-insurance payments in addition to your premium when you use health care services. Depending on the type of insurance you have, premiums may be deducted from your paycheck, added to your school fees, or paid directly to the insurance company.

Prescription Drugs (Rx)
Prescription drugs are medications that you need a health care provider’s prescription for and that must be given to you by a pharmacist. Many birth control methods require a prescription.

Prescription Tier
Prescription medication costs are organized into categories called prescription tiers based on cost. Different tiers often have different co-pays. Typically, the types of tiers are called generic, preferred brand name, and non-preferred brand name. Medication in the generic tier will generally have the lowest co-pay while medication in the non-preferred brand name tier will have a higher co-pay.

Primary Care Provider (PCP)
A Primary Care Provider is a health care provider who coordinates a patient’s care over time and makes referrals to specialists, when additional services are needed. General internists, family practitioners, pediatricians, nurse practitioners, and obstetrician/gynecologists are the types of providers that commonly serve as PCPs. Many health insurance plans require you to select a PCP to coordinate your medical care.
Referral
A referral from your primary care provider (PCP) gives you permission to see a specialist or to receive another type of health care service. In some plans, such as most HMOs, a referral is required for insurance to cover an office visit to a specialist, meaning your insurance company will refuse to pay if you don’t get a referral before you see the specialist. The services that require a referral vary from plan to plan.

Sexually Transmitted Diseases (STDs)/Sexually Transmitted Infections (STIs)
Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs), are viral and bacterial infections passed from one person to another through sexual contact. Medically, infections are only called diseases when they cause symptoms. That is why STDs are also called “sexually transmitted infections.”

Specialist Office Visits
Specialist office visits are a visit to a health care provider who focuses on a specific condition, illness, or part of the human body. Many health plans require a referral from a primary care provider (PCP) in order for you to see a specialist.

Student Health Insurance Programs (SHIPs)
Student Health Insurance Programs are health insurance plans that are offered through colleges and universities in Massachusetts. You must be a full-time student or registered as a student for 75% of a full course load at that school to be eligible for their SHIP. For more information, contact your school or the Health Connector. You can also see the “Need Health Insurance?” guide.

Subscriber
A subscriber is a person who is paying the premium payments for insurance or who receives health care coverage through their employer.

Subsidized Plan
A subsidized plan is where the government helps make insurance more affordable by paying the health insurance company directly or giving you or your employer a tax break.

Waiting Period
A waiting period is when the insurance company only covers emergency care (you must pay premiums during this time). In Massachusetts, the waiting period can’t last more than 90 days. An insurance company can only use a waiting period if you haven’t had insurance for the past 63 days.

Some definitions adapted from Health Care For All.
For questions regarding health insurance plans, contact:

Health Care For All, which runs a Massachusetts helpline dedicated to consumer health care education and client advocacy. They provide information on both public and private health insurance plans to help you decide which plan best meets your needs:

- Visit [www.hcfama.org](http://www.hcfama.org) or
- Call 800-272-4232
- (Se habla español) (Portuguesa disponíveis)

Health Connector, which offers an interactive guide to choosing your health insurance plan. The Connector allows you to enter your information and finds the best insurance plan for you:

- Visit [www.mahealthconnector.org](http://www.mahealthconnector.org) or
- Call 877-MA-ENROLL (877-623-6765)
- (Se habla español)

Young Invincibles, which provides information and resources about health care reform and health coverage for young adults.


For questions about coverage for low-cost, confidential, reproductive health care if you cannot get insurance, contact:

Health Safety Net, sometimes called “free care,” is a state-sponsored program for people living in Massachusetts who are ineligible for MassHealth or a subsidized Health Connector Plan (ConnectorCare), or may be seeking confidential care. The Health Safety Net offers medical services, including family planning and other reproductive health services, at hospitals and community centers at low- or no-cost. For more information:

- Visit the Health Connector.

Massachusetts Department of Public Health Family Planning Program, which provides a state-wide directory of publicly-funded confidential low- or no-cost programs in Massachusetts that offer “family planning” (including birth control methods, pregnancy options counseling, and Gyn services). For more information on eligibility requirements and service locations:

- The Massachusetts Department of Public Health Family Planning Program or Maria Talks.

For information on birth control and referrals to other sexual and reproductive health services contact:

Bedsider, a website specifically created to help young adults navigate the different birth control methods available. The interactive guide helps you choose the right birth control method for you and provides information about where to get your method statewide.

Maria Talks, a website that provides information on all topics related to healthy sexuality, relationships, and Massachusetts specific referral resources (STD testing sites, family planning clinics, etc). Maria Talks offers several ways to get
information about all of your sexual and reproductive health questions.

For information about pregnancy options counseling or abortion care, contact:

Massachusetts Department of Public Health Family Planning Program, which provides a state-wide directory of publicly-funded confidential low-or-no-cost programs that offer pregnancy options counseling and other family planning services. For more information on eligibility requirements and service locations, visit:
- The Massachusetts Department of Public Health Family Planning Program
- Maria Talks

Backline, a website and national hotline that can help you think through decisions like abortion, adoption, and giving birth.

NARAL Pro-Choice Massachusetts, a website that has created a guide specific to abortion care in Massachusetts. If you already know that you want an abortion, this guide can help you figure out where to go, what to expect, and how to pay for it.

For help if you are a survivor of sexual assault or rape, or are dealing with domestic violence, contact:

The Rape Crisis Centers provide a variety of free services to survivors of sexual assault and rape such as individual counseling, legal assistance and referrals for other support services throughout Massachusetts. For more information:
- Visit the Boston Area Rape Crisis Center (Boston area)
- Call 800-841-8371 (English), or 800-223-5001 (Español)
- Visit www.rainn.org (national)

Domestic violence programs provide counseling services, support groups, and advocacy services throughout Massachusetts. For more information:
- Visit Jane Doe Inc (state-wide) or
- Call the SafeLink hotline at 877-785-2020
The REaDY Coalition is comprised of Massachusetts health service providers, advocates, and researchers who collaborated on a unique, statewide project to reduce unplanned pregnancy among young adults in the wake of health care reform in the Commonwealth. This two-year initiative focused on better understanding the individual, community, provider, and structural factors that influence the contraceptive behaviors of young adults aged 18 to 26, and on developing strategies to ensure that this age group has the resources they need to lead healthy sexual and reproductive lives. This includes making decisions about whether and when to become parents. Formative research conducted by the coalition informed a statewide, multi-agency Taskforce to improve the health care system and better prepare health service providers to care for young adults. Research findings and lessons learned called attention to the importance of advancing reproductive health and adolescent health issues in national health care reform.

REaDY was led by a Steering Committee of multiple organizations and agencies within the Commonwealth. Ibis Reproductive Health lead the formative research, and the Taskforce chaired by the Massachusetts Department of Public Health Family Planning Program was coordinated by the Pro-Choice Massachusetts Foundation. These Executive Committee also included the Boston Public Health Commission, the Massachusetts Family Planning Association, and youth development specialist TiElla Grimes.

Contact REaDY at admin@ibisreproductivehealth.org
ACKNOWLEDGMENTS

This guide would not have been possible without the hard work of several members of the REaDY Initiative Taskforce. Stacie Garnett coordinated production of this resource and provided editorial oversight. Angel Foster, Andrea Miller, and Lenore Tsikitas provided detailed editorial feedback and concept oversight throughout the project and TiElla Grimes and Jennifer McIntosh contributed to concept and design discussions. Angel Foster additionally coordinated focus testing of the content. Special thanks to Pro-Choice Massachusetts Foundation interns Brita Lund, who helped develop early ideas for the guide, participated in design discussions, and developed content, and Sophie Lyons, who developed additional content. As communications consultant, ARGUS provided creative and strategic solutions for content and brand development, including the design of the “My Little Black Book” guide as an online and downloadable publication. Rose MacKenzie, Megan Smith, Amanda Dennis, and Lenore Tsikitas provided updates for the 2013 and 2014 versions.