# Breast Pumps: What your insurance covers

*Will my insurance cover breast pumps? With the passing of the Affordable Care Act (ACA), the answer is YES. The law now mandates health insurance plans to provide for some or all of the cost of a new breast pump.*

**What you need to know**

❏ Medicaid or your private health insurance plan must cover the cost of a breast pump.

❏ Your coverage may be for:
Rental of a hospital-grade pump and/or purchase of a new pump for you to keep, you will need to keep proof of payment in order to file a claim for reimbursement with your insurance provider.

Rental of a pump for a period of time until your baby is able to feed at the breast and your milk supply is established, then purchase of a personal use pump

❏ Depending on your insurance, the covered pump could be:

**Manual or electric**

Single or double (allows you to pump one or both breasts at a time)

Provided before or after you have your baby

❏ Different insurance companies and plans provide the breast pump benefit in different ways. For example:

Most insurance plans are now ACA compliant; however, not all. Some insurance plans are "grandfathered" and therefore not subject to ACA. If your plan is "grandfathered" it can be excluded or subject to deductible and out of pocket costs.

Some insurance covers pumps on request.

Other insurance will cover the cost of a pump only if you have a documented medical need. This means that your provider needs to write a prescription that describes the medical reason you need a breast pump.

It is important to understand what your insurance provider will cover. Every insurance plan is a little different in how they provide the breast pump benefit.

**What you need to do**

Call your insurance provider and tell them you'd like a "personal use breast pump."

**Questions to ask your insurance provider:**

❏ *"Does my plan cover a breast pump? When am I eligible?"*

Depending on your insurance coverage, you may be eligible before the baby is born under preventative care and up to 12 months after delivery.

❏ *"Do you cover the cost of a rental or a purchase? What kind of pump will you pay for? How much will you cover?"*

The types of breast pump and contracted amount may vary based on your specific plan.

❏ *"Where can I get my breast pump?"*

Most insurance companies will want you to go through a Durable Medical Equipment (DME) provider of their choice.

UCSF Medical Center is NOT a DME provider so we are unable to bill your insurance company. Ask which Durable Medical Equipment sites they are contracted with.

WIC participants can get a breast pump through the WIC Program.

❏ *"Do I need a doctor's prescription?"*

For a standard breast pump, a prescription is usually not required. If you want a hospital-grade pump, there must be a medical reason why it's needed. Common examples are things like inverted nipples, premature birth, or multiple births. Hospital-grade pumps are typically provided as rental, with a maximum benefit of 12 months per pregnancy.

❏ To rent a hospital-grade pump contact the UCSF Women's Health Resource Center at (415) 353-2667.

❏ To schedule an appointment with a lactation consultant please call: (415) 353-2566

*The Women's Health Resource Center does not deal directly with insurance. We can provide our tax ID# at your request.*

Women's Health Resource Center • San Francisco, CA 94143 • www.whrc.ucsf.edu/whrc
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