

# Quick Reference Guide for Preventive Health Coverage

---

**Under the Affordable Care Act, you and your family are eligible for some important preventive services which can help you avoid illness and improve your health at no additional cost to you.**

## What This Means for You

The Affordable Care Act, the health insurance reform legislation passed by Congress and signed into law by President Obama on March 23, 2010, helps make prevention affordable and accessible for all Americans by requiring health plans to cover preventive services at 100 percent and eliminating cost sharing for those services. Preventive services that have strong scientific evidence of their health benefits must be covered and plans can no longer charge a patient a copayment, coinsurance or deductible for these services when they are delivered by a network provider. If you are eligible for a preventive service due to age or medical history, you may have access to preventive services at no cost such as:

- ◆ Blood pressure, diabetes and cholesterol tests.
- ◆ Many cancer screenings, including mammograms and colonoscopies.
- ◆ Counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression and reducing alcohol use.
- ◆ Routine vaccinations against diseases such as measles, polio or meningitis.
- ◆ Flu and pneumonia shots.
- ◆ Counseling, screening and vaccines to ensure healthy pregnancies.
- ◆ Regular well-baby and well-child visits, from birth to age 21.

## Some Important Details

### Things to know about preventive care and services:

- ◆ **Network providers:** If your health plan uses a network of providers, be aware that health plans are required to provide these preventive services at no charge to you when an in-network provider is used. Your health plan may allow you to receive these services from an out-of-network provider, but may charge you a fee.
- ◆ **Office visit fees:** Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay all or a portion of costs of the office visit if the preventive service is not the primary purpose of the visit or if your doctor bills you for the preventive services separately from the office visit.
- ◆ **Talk to your healthcare provider:** To know which covered preventive services are right for you, based on your age, gender and health status, ask your healthcare provider.
- ◆ **Questions:** If you have questions about whether these new provisions apply to your plan, contact your plan administrator.

This document does not guarantee coverage for all preventive services. Specific terms of coverage, exclusions and limitations are included in the plan administrator's summary plan document.

---

# Wellness Exams & Immunizations

SERVICE	GROUP	AGE, FREQUENCY
<b>Well-baby/well-child/well-person exams, including annual well-woman exam</b> (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	● ● ●	<ul style="list-style-type: none"> <li>• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months</li> <li>• Additional visit at 2–4 days for infants discharged less than 48 hours after delivery</li> <li>• Ages 3 to 21, once a year</li> <li>• Ages 22 and older, periodic visits, as doctor advises</li> </ul>

The following routine immunizations are currently designated preventive services

SERVICE	SERVICE
Diphtheria, Tetanus Toxoid and acellular pertussis (DTaP, Tdap, Td)	Meningococcal (MCV)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (Hep A)	Poliovirus (IPV)
Hepatitis B (Hep B)	Rotavirus (RV)
Human papillomavirus (HPV) (age and gender criteria apply depending on vaccine brand)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/).

# Health Screenings & Interventions

SERVICE	GROUP	AGE, FREQUENCY
Alcohol misuse screening	● ● ●	All adults; adolescents at risk
Anemia screening	●	Pregnant women
Aspirin to prevent cardiovascular disease <sup>1</sup>	● ●	Men ages 45–79; women ages 55–79
Autism screening	●	18, 24 months
Bacteriuria screening	●	Pregnant women
Breast cancer screening (mammogram)	●	Women ages 40 and older, every 1–2 years
Breast-feeding support/counseling, supplies <sup>2</sup>	●	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test with Pap test	●	Women ages 21–65, every 3 years Women ages 30–65, every 5 years
Chlamydia screening	●	Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening	● ● ●	<ul style="list-style-type: none"> <li>• Screening of children and adolescents ages 9-11 years and 18-21 years; children and adolescents with risk factors ages 2-8 and 12-16 years</li> <li>• All men ages 35 and older, or ages 20–35 if risk factors</li> <li>• All women ages 45 and older, or ages 20–45 if risk factors</li> </ul>
Colon cancer screening	● ●	<p>The following tests will be covered for colorectal cancer screening, ages 50 and older:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Double-contrast barium enema (DCBE) every 5 years</li> <li>• Colonoscopy every 10 years</li> <li>• Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification</li> </ul>

● = Men ● = Women ● = Children/adolescents

# Health Screenings & Interventions

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening	●	Newborns
Critical congenital heart disease screening	●	Newborns before discharge from hospital
Contraception counseling/education. Contraceptive products and services <sup>1,3,4</sup>	●	Women with reproductive capacity
Depression screening	● ● ●	Ages 11–21, All adults
Developmental screening	●	Newborn 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Diabetes screening	● ●	Adults with sustained blood pressure greater than 135/80
Discussion about potential benefits/risk of breast cancer preventive medication <sup>1</sup>	●	Women at risk
Dental caries prevention (evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride <sup>1</sup> )	●	Children older than 6 months
Domestic and interpersonal violence screening	●	All women
Fall prevention in older adults (physical therapy, vitamin D supplementation <sup>1</sup> )	● ●	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation <sup>1</sup>	●	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	●	Women at risk • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	●	Pregnant women
Gonorrhea screening	●	Sexually active women age 24 years and younger and older women at risk
Hearing screening (not complete hearing examination)	●	All newborns by 1 month. Ages 4, 5, 6, 8, and 10 or as doctor advises
Healthy diet and physical activity counseling	● ● ●	Ages 6 and older - to promote improvement in weight status. Overweight or obese adults with risk factors for cardiovascular disease
Hemoglobin or hematocrit	●	12 months
Hepatitis B screening	●	Pregnant women
Hepatitis C screening	● ●	Adults at risk; one-time screening for adults born between 1945 and 1965
HIV screening and counseling	● ● ●	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women, annually
Iron supplementation <sup>1</sup>	●	6–12 months for children at risk
Lead screening	●	12, 24 months
Lung cancer screening (low-dose computed tomography)	● ●	Adults ages 55 to 80 with 30 pack-year smoking history, and currently smoke, or have quit within the past 15 years.
Metabolic/hemoglobinopathies (according to state law)	●	Newborns
Obesity screening/counseling	● ● ●	Ages 6 and older, all adults
Oral health evaluation/assess for dental referral	●	12, 18, 24, 30 months. Ages 3 and 6

● = Men   ● = Women   ● = Children/adolescents

# Health Screenings & Interventions

SERVICE	GROUP	AGE, FREQUENCY
Osteoporosis screening	●	Age 65 or older (or under age 65 for women with fracture risk as determined by Fracture Risk Assessment Score).
PKU screening	●	Newborns
Ocular (eye) medication to prevent blindness	●	Newborns
Prostate cancer screening (PSA)	●	Men ages 50 and older or age 40 with risk factors
Rh incompatibility test	●	Pregnant women
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active women, annually; sexually active adolescents; and men at increased risk
Sexually transmitted infections (STI) screening	●	All sexually active adolescents.
Sickle cell disease screening	●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 10–24
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use/cessation interventions	● ●	All adults; pregnant women
Tobacco use prevention (counseling to prevent initiation)	●	School-age children and adolescents
Tuberculin test	●	Children and adolescents at risk
Ultrasound aortic abdominal aneurysm screening	●	Men ages 65–75 who have ever smoked
Vision screening (not complete eye examination)	●	Ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 or as doctor advises

● = Men ● = Women ● = Children/adolescents

Other coverage: Your plan supplements the preventive care services listed above with additional services that are commonly ordered by primary care physicians during preventive care visits. These include services such as urinalysis, EKG, thyroid screening, electrolyte panel, Vitamin D measurement, bilirubin, iron and metabolic panels.

1. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available.
2. Subject to the terms of your plan's medical coverage, breast-feeding equipment rental and supplies may be covered at the preventive level.
3. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
4. Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of [www.cdc.gov](http://www.cdc.gov). This document is a general guide. Always discuss your particular preventive care needs with your doctor.

## Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to your plan's summary plan document.