DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and Insurance Oversight

200 Independence Avenue SW
Washington, DC 20201

Learn about…

New Consumer Benefits Under the Affordable Care Act

Lowering Your Cost for Preventive Services

You may be eligible for some important preventive services at no additional cost to you.

Read more below and at www.HealthCare.gov.

Why are preventive services important?

Too many Americans don't get the preventive health care they need to stay healthy, avoid or delay the onset of disease, lead productive lives, and reduce health care costs. Cost-sharing (including copayments, co-insurance and deductibles) reduces the likelihood that preventive services will be used.

Often because of cost, Americans use preventive services at about half the recommended rate.

Yet chronic diseases, such as heart disease, cancer, and diabetes—which are responsible for 7 of 10 deaths among Americans each year and account for 75 percent of the nation's health spending—often are preventable.

How will the Affordable Care Act increase my access to preventive services?

The Affordable Care Act helps make wellness and prevention services affordable and accessible to you by requiring health plans to cover all evidence-based, recommended preventive services and by eliminating cost-sharing. If you or your family enrolls in an employment-based group health plan or an individual health insurance policy that was created after March 23, 2010, your plan will be required to provide certain recommended preventive services without charging you a copayment, coinsurance, or deductible.

The Affordable Care Act is the name given to the comprehensive health care reform law enacted on March 23, 2010.

Which preventive services can I get at no additional cost?

Depending on your age, you may have free access to such preventive services as:

- Blood pressure, diabetes, and cholesterol tests;
- Many cancer screenings, including mammograms and colonoscopies (the test used to screen for colon cancer);
- Counseling from your health care provider on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use;
- Routine vaccinations against disease, 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.

For a complete list of affected preventive services, go to http://www.healthcare.gov/law/about/provisions/services/lists.html.
For more information on staying healthy and about which covered preventive services are right for you—based on your age, gender, and health status—ask your health care provider and check out http://www.healthfinder.gov.

Does this new rule apply to my health plan?

This preventive services provision applies to people enrolled in employment-based group health plans and individual health insurance policies that are not grandfathered (see below). If applicable, this provision will affect you as soon as your plan or policy begins its first new "plan year" or "policy year" on or after September 23, 2010.

A plan year is a 12-month period of benefits coverage. This 12-month period may not be the same as the calendar year. This period is called a **policy year** for individual health insurance policies. To find out when your plan or policy year begins, check your policy documents or contact your employer or insurer. For example, if your plan has a calendar plan year, the new rules would apply to your coverage beginning January 1, 2011.

If your employment-based health plan or individual health insurance policy was in existence or purchased on or before March 23, 2010, these benefits may not be available to you. Such plans may be "grandfathered" and exempt from this and other provisions of the Affordable Care Act in order to ensure that people who like their current coverage can keep it.

Your health plan or policy must disclose in its plan materials whether it considers itself to be a grandfathered plan and must also advise consumers how to contact the U.S. Department of Labor (for consumers in employment-based group health plans) or the U.S. Department of Health and Human Services (for those with individual health insurance policies) for further information.

Is there anything else is in the fine print that I should know about?

- If your health plan uses a network of providers, be aware that your plan is only required to provide these preventive services without cost-sharing through an in-network provider. Your health plan may allow you to receive these services from an out-of-network provider, but may charge you an out-of-pocket fee.
- 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 some 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 service separately from the office visit.

What other protections does the Affordable Care Act offer consumers?

The Affordable Care Act includes many other consumer protections that apply to most health coverage starting on or after September 23, 2010. These include rules that:

- Stop insurance companies from denying coverage to children younger than 19 because of a pre-existing condition.
- Prohibit insurers from taking away your coverage based on an unintentional mistake on an application.
- Protect your choice of health care providers and access to emergency care.
- Allow consumers to add or keep children on their health policies until age 26.
- Stop insurers from putting annual and lifetime dollar limits on your coverage.
- Help you receive maximum value for your premium dollars.
- Ensure your right to appeal to an independent entity when your plan denies payment for a service or treatment.

Visit www.HealthCare.gov to learn more about the Affordable Care Act and how you can make the most of your expanding health care choices.