





# Affordable Care Act & You: Free Preventative Services

## What is the Affordable Care Act?

The Patient Protection and Affordable Care Act (ACA) is the health care reform law that was passed in March of 2010. The goal of the ACA is to make health care more affordable and easier to get for all Americans. Under the ACA, individuals and families with private medical insurance can receive many preventative services for free. This is good news. Some preventative services, like vaccines, help us stay healthy. Other services can help doctors catch and treat health problems before we get sick.

#### **FREE Preventative Services:**

Health insurance plans must cover the following services at no cost to you (that is without copays, deductibles, or co-insurance):

### **Adults**

#### **Screenings and Counseling**

Abdominal Aortic Aneurysm

Alcohol Misuse

Blood Pressure

Cholesterol

Colorectal Screening

Depression

Diet/Obesity

Aspirin Use

**STI Prevention Counseling** 

Syphilis and HIV Screening

Tobacco Use

Type 2 Diabetes

### **Immunizations**

Diphtheria, Pertussis, Tetanus (DPT)

Flu

Hepatitis A & B

Herpes

HPV

Measles, Mumps, Rubella (MMR)

Meningitis

Pneumonia

### Women

#### Services

FDA Approved Contraceptives Well Woman Exams

#### **Services for Pregnant Women**

**Anemia Screening** 

**Breast Feeding Supplies & Counseling** 

Folic Acid Supplements

**Gestational Diabetes Screening** 

Urinary Tract Infection or Other Infection

# Screenings and Counseling

**Breast Cancer Chemoprevention** 

**Cervical Cancer Screenings** 

**Domestic Violence** 

**Breast & Cervical Cancer** 

Gonorrhea

Hepatitis B

HIV Screening/Counseling

**HPV DNA Testing** 

Mammograms

Osteoporosis

**STI** Counseling

**Syphilis** 

Tobacco Use

#### Children

#### **Immunizations**

Chickenpox

Diphtheria, Pertussis, Tetanus (DPT)

Hepatitis A & B

HPV Flu

Measles, Mumps, Rubella (MMR)

Meningitis

### **Newborn/Toddler Screenings and Services**

Autism

PKU

Gonorrhea Preventative Meds (for eyes of

newborns)

**Iron Supplements** 

Congenital Hypothyroidism

**Developmental Screenings** 

# **Screenings and Counseling**

**Behavioral Assessments** 

**Blood Pressure** 

Fluoride Chemoprevention

Hearing and Vision

Height/Weight Measurements

Hematocrit/Hemoglobin Screening

**Lead Screening** 

**Lipid Disorders** 

Charted medical history

Obesity Screening/Counseling

Oral Health

#### **Adolescent Screenings**

Alcohol/Drug Use Behavioral Assessments HIV Screening

STI Prevention/Counseling

\*As new scientific research becomes available, some services may be added to this list, and other services may be taken off this list. For up-to-date information regarding services your plan must cover, at no cost to you, visit <a href="https://www.healthcare.gov/what-are-my-preventive-care-benefits/">https://www.healthcare.gov/what-are-my-preventive-care-benefits/</a>.

# When can I begin using these services?

That depends on what date your insurance plan or policy starts. Health insurance plans that began on or after March 23, 2010 must cover services listed for adults and children. Some services for women, like free contraceptives and domestic violence counseling, will be available for plan years beginning on or after August 1, 2012. Call your insurance company to learn which services are covered under your plan or policy.

## How often can I use these services?

Some of these services are recommended only for people of certain ages, or with certain health risks. For example, Type 2 Diabetes screening is only recommended for adults with high blood pressure. Talking to a doctor can help you figure out if you or your children need one of these services. Your health plan may also have rules about how often you can receive a service or where you are allowed to receive a service. Call your insurance provider to learn about these rules and restrictions.

### What else do I need to know?

# Sometimes you might still have to pay for a preventative service:

- If your plan has a list of health providers who are part of the plan (in-network providers) and you use an out-of-network provider.
- If you receive a preventative service as one part of a doctor's visit that has other purposes, you may have to pay for the overall visit or the other services.
- If the results of a test or screening tell the doctor that you need more treatment, you may have to pay for that treatment.

## Where can I learn more?

If you think your health plan is unfairly denying you coverage, you may be able to get help from:

- The Health Consumer Alliance: healthconsumer.org
- The government's health care website: www.healthcare.gov
- California Department of Health Care Services: <a href="http://www.dhcs.ca.gov">http://www.dhcs.ca.gov</a> or (916) 445-4171 (for general questions)
- U.S. Department of labor: <u>www.dol.gov/ebsa</u> OR call their benefit advisors at 1-866-444-EBSA (3272)