



Provisions

The Affordable Care Act's New Rules on Preventive Care and You

and the Affordable Care Act

Under the Affordable Care Act, you and your family may be 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:

If your plan is subject to these new requirements, you would not have to pay a copayment, co-insurance, or any deductible to receive preventive health services, such as recommended screenings, vaccinations, and counseling.

For example, 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;
- | 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 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:

- | This preventive services provision applies to people enrolled in job-related health plans or individual health insurance policies created after March 23, 2010. If you are in such a health plan, this provision will affect you as soon as your plan begins its first new “plan year” or “policy year” on or after September 23, 2010.
- | If your plan is “grandfathered,” these benefits may not be available to you.
- | If your health plan uses a network of providers, be aware that health plans are only required to provide these preventive services 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 a 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 services separately from the office visit.
- | If you have questions about whether these new provisions apply to your plan, contact your insurer or plan administrator. If you still have questions, [contact your State insurance department](#).

- ▮ To know which covered preventive services are right for you—based on your age, gender, and health status—ask your health care provider.

[Read a list of covered services.](#)

[Learn more background on the new prevention rules.](#)

Check out [healthfinder.gov](#) and [other prevention guides](#).

[Read the regulation](#) (detailed legislative information).