WHAT THE LAW REQUIRES

The Affordable Care Act (ACA), or health care reform law, requires non-grandfathered plans to cover certain preventive care services at no cost-sharing when you get them from the plan’s in-network providers.

These “Recommended Preventive Services” are described in the United States Preventive Services Task Force (USPSTF) A and B Recommendations. Immunization guidelines are based on those from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA) guidelines including the American Academy of Pediatric Bright Futures recommendations.

Who does it impact?

The preventive services provisions of the law apply to non-grandfathered health plans. This includes both individual health plans and employer-sponsored (group) health plans.

A non-grandfathered plan is one that took effect after the law was enacted on March 23, 2010. A grandfathered health plan is one that was in effect before this date. A plan remains grandfathered as long as it does not significantly reduce benefits or increase out-of-pocket spending above what it was when the new law was enacted.

When does it take effect?

The preventive services provision took effect for non-grandfathered plans for plan years on or after September 23, 2010. Coverage for additional women’s preventive services took effect for plan years on or after August 1, 2012. As services are added or updated, health plans must begin to provide coverage consistent with the recommendation in the first plan or policy year that begins on or after one year after the recommendation went into effect.

For more information

This document provides an overview of these services, but you should visit the appropriate websites (listed throughout this document) for more details. You may also visit www.healthcare.gov for more information.

To learn more about grandfathered versus non-grandfathered plans, go to: https://www.healthcare.gov/what-if-i-have-a-grandfathered-health-plan.

A word of caution

There may be times when a patient who receives a recommended preventive care service still must pay an out-of-pocket amount for the associated office visit. Two things affect this. One is how the provider bills and codes the preventive service — either separately from the office visit or with the office visit. The other is the primary purpose of the office visit.

If the provider bills the preventive service separately from the office visit, the patient may be required to pay the usual cost-sharing (coinsurance or copayment) amount for the office visit — but not the recommended preventive service. This may occur regardless of the primary purpose for the office visit.

If the provider includes the recommended preventive care service with the office visit, then the primary purpose of the office visit comes into play.

- If the primary purpose of the office visit is to get the recommended preventive care service, the patient does not have to pay for the office visit or preventive care service.
- If the primary purpose of the office visit is for something other than the recommended preventive care service, the patient may be charged the usual cost-sharing amount (copayment or coinsurance) for the office visit.

Providers who have questions about this should call their PAI provider representative for assistance.

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PREVENTIVE SERVICES:
USPSTF A and B Recommendations

To read more about these services, please visit this website: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm.

Please keep in mind that services may be added to this list or changed. When that occurs, health plans must begin to provide coverage consistent with the recommendation in the first plan or policy year that begins on or after one year after the recommendation went into effect. For recently added or updated services, those dates are noted in italics; all other services are currently in effect.

Abdominal aortic aneurysm screening by ultrasonography
(one-time; men ages 65–75 who have smoked) 6/20/15
Alcohol misuse screening and counseling
Anemia screening; pregnant women
Aspirin to prevent cardiovascular disease
(men ages 45–79; women ages 55–79)
Bacteriuria screening (pregnant women)
Blood pressure screening (adults age 18 and over)
BRCA risk assessment and genetic counseling/testing
(women with family history/risk factors) 12/24/14
Breast cancer preventive medications 9/24/14
Breast cancer screening [mammography]
(women ages 40 and over)
Breast-feeding counseling
Cervical cancer screenings
Chlamydial infection screenings
Cholesterol screening (men ages 35 and older; women ages 45 and older; men and women at risk for heart disease: ages 20 and over)
Colorectal cancer screening; fecal occult blood testing, sigmoidoscopy or colonoscopy (ages 50–75)
Dental caries prevention (infants and children up to age 5 years) 5/31/15
Depression screening (adults)
Depression screening: major depressive disorder (adolescents)
Diabetes screening (adults with sustained blood pressure of 135/80 mm Hg or greater)
Falls prevention in older adults (exercise or physical therapy)
Falls prevention in older adults (vitamin D supplements)
Folic acid supplements (women planning or capable of a pregnancy)
Gestational diabetes mellitus screening (pregnant women) 1/14/15
Gonorrhea, prophylactic eye medicine (newborns)

Note: The 2002 — and not the 2009 — recommendations regarding breast cancer screening, mammography and prevention are considered current.
ADDITIONAL PREVENTIVE SERVICES FOR CHILDREN

To view or download a PDF of the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Care, visit: http://brightfutures.aap.org/pdfs/AAP_Bright_Futures_Periodicity_Sched_101107.pdf

Medical History

Measurements
- Length/height and weight
- Head circumference
- Weight for length
- Body mass index
- Blood pressure

Sensory Screening
- Vision
- Hearing

Developmental/Behavioral Assessments
- Developmental screening
- Autism screening
- Developmental surveillance
- Psychosocial/behavioral assessments
- Alcohol and drug use assessment

Physical Exam

Procedures
- Newborn metabolic/hemoglobin screening
- Immunizations
- Hematocrit or hemoglobin
- Lead screening
- Tuberculin test
- Dyslipidemia screening
- Sexually transmitted infection (STI) prevention counseling and screening
- Cervical dysplasia screening

Oral Health

CHILD IMMUNIZATIONS

To read more about the recommended immunizations for infants, children and teens, including the dosing schedules by specific age, please visit this website: http://www.vaccines.gov/who_and_when/infants_to_teens/index.html

Birth to 15 Months
- Hepatitis A
- Hepatitis B
- Rotavirus
- Diphtheria, tetanus, pertussis
- Haemophilus influenza type b
- Pneumococcal
- Inactivated poliovirus
- Influenza
- Measles, mumps, rubella
- Varicella
- Meningococcal

18 Months to 18 Years
- Hepatitis A
- Hepatitis B
- Tetanus, diphtheria, pertussis
- Human papillomavirus
- Meningococcal
- Influenza
- Pneumococcal
- Inactivated poliovirus
- Measles, mumps, rubella
- Varicella

In addition to these recommendations, there are also "catch-up" recommendations for children who fall behind or start late with their immunizations. To see those recommendations, please visit this website: http://www.vaccines.gov/who_and_when/child/index.html
ADULT IMMUNIZATIONS

To read more about the recommended immunizations for adults, including the dosing schedules by specific age and group, please visit this website: http://www.vaccines.gov/who_and_when/adults/index.html

Adults (Age 19 and Over)
Tetanus, diphtheria, pertussis
Human papillomavirus
Varicella
Zoster
Measles, mumps, rubella
Influenza
Pneumococcal
Hepatitis A
Hepatitis B
Meningococcal
Haemophilus influenza type b