

Preventive Care

Under the Affordable Care Act (ACA)

Men

Preventive care benefits for adults

All Marketplace health plans and many other plans must cover the following list of preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease for men and women of certain ages
- Blood pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults over 50
- Depression screening
- Diabetes (Type 2) screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 – 1965
- HIV screening for everyone ages 15 to 65, and other ages at increased risk
- Immunization vaccines for adults — doses, recommended ages, and recommended populations vary:
 - ◆ Diphtheria
 - ◆ Hepatitis A
 - ◆ Hepatitis B
 - ◆ Human Papillomavirus (PVU)
 - ◆ Herpes Zoster
 - ◆ Influenza (flu shot)
 - ◆ Measles
 - ◆ Meningococcal
 - ◆ Mumps
 - ◆ Pertussis
 - ◆ Pneumococcal
 - ◆ Rubella
 - ◆ Tetanus
 - ◆ Varicella (Chickenpox)
- Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Syphilis screening for adults at higher risk
- Tobacco Use screening for all adults and cessation interventions for tobacco users

How to get Marketplace dental coverage?

- When you complete your Marketplace application and get your results, you can select a health plan that include dental coverage. If you decide you want a stand-alone dental plan, you can choose one after you select your health plan.
- Dental plan categories: High and low
- There are 2 categories of Marketplace dental plans: High and low coverage levels.
- The high coverage level has higher premiums but lower copayments and deductibles. So you'll pay more every month, but you'll pay less when you use dental services.
- The low coverage level has lower premiums but higher copayments and deductibles. So you'll pay less every month, but you'll pay more when you use dental services.

When you compare dental plans in the Marketplace, you'll find details about each plan's costs, copayments, deductibles, and services covered.

- Adult and child dental insurance in the Marketplace
- Under the health care law, dental insurance is treated differently for adults and children 18 and under.
- **Dental coverage for children is an essential health benefit.** This means if you're getting health coverage for someone 18 or younger, dental coverage **must be available** for your child either as part of a health plan or as a stand-alone plan. **Note:** While dental coverage for children must be **available** to you, you **don't** have to buy it.
- **Dental coverage isn't an essential health benefit for adults.** Insurers don't have to offer adult dental coverage.
- Under the health care law, most people must have health coverage or pay a fee. Dental coverage is optional, even for children. So you don't need it to avoid the penalty.

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