

Preventive Care

Under the Affordable Care Act (ACA)

Women

Services for pregnant women or women who may become pregnant

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

- Anemia screening on a routine basis
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
 - ◆ Plans in the Health Insurance Marketplace must cover contraceptive methods and counseling for all women, as prescribed by a health care provider.
 - ◆ Plans must cover these services without charging a copayment or coinsurance when provided by an in-network provider — even if you haven't met your deductible.

FDA-approved contraceptive methods prescribed by a woman's doctor are covered, including:

- ◆ Barrier methods, like diaphragms and sponges
 - ◆ Hormonal methods, like birth control pills and vaginal rings
 - ◆ Implanted devices, like intrauterine devices (IUDs)
 - ◆ Emergency contraception, like Plan B® and ella®
 - ◆ Sterilization procedures
 - ◆ Patient education and counseling
- Folic acid supplements for women who may become pregnant
 - Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
 - Gonorrhea screening for all women at higher risk
 - Hepatitis B screening for pregnant women at their first prenatal visit
 - Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
 - Syphilis screening
 - Expanded tobacco intervention and counseling for pregnant tobacco users
 - Urinary tract or other infection screening

Other covered preventive services for women

- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Breast cancer mammography screenings every 1 to 2 years for women over 40
- Breast cancer chemoprevention counseling for women at higher risk
- Cervical cancer screening for sexually active women
- Chlamydia infection screening for younger women and other women at higher risk
- Domestic and interpersonal violence screening and counseling for all women
- Gonorrhea screening for all women at higher risk
- HIV screening and counseling for sexually active women
- Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh incompatibility screening follow-up testing for women at higher risk
- Sexually transmitted infections counseling for sexually active women
- Syphilis screening for women at increased risk
- Tobacco use screening and interventions
- Well-woman visits to get recommended services for women under 65

Breastfeeding support

- Most Marketplace plans must provide breastfeeding equipment and counseling for pregnant and nursing women.
- You may be able to get help with breastfeeding at no cost.
- Health insurance plans **must** provide breastfeeding support, counseling, and equipment for the duration of breastfeeding. These services may be provided before and after birth.
- This applies to Marketplace plans and all other health insurance plans, except for grandfathered plans.

Coverage of breast pumps

- Your health insurance plan **must** cover the cost of a breast pump. It may be either a rental unit or a new one you'll keep. Your plan may have guidelines on whether the covered pump is manual or electric, the length of the rental, and when you'll receive it (before or after birth).
- Your doctor's breastfeeding recommendations
- Your insurance plan will often follow your doctor's recommendations on what's medically appropriate. Some insurance plans may require pre-authorization from your doctor.

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.

Adopted from [Healthcare.gov](https://www.healthcare.gov) (2016). Preventive health services.
Retrieved from <https://www.healthcare.gov/preventive-care-women>
as prepared by

