

# Routine preventive benefits

Under the Affordable Care Act (ACA), all non-grandfathered group and individual plans are required to cover certain routine preventive services at 100% coverage. Members do not have to reach their deductible before receiving this benefit. Standard out-of-network benefits and cost sharing rules apply for preventive care received out-of-network. Normal member cost sharing also applies to diagnostic services.

## What does it mean for you?

All non-grandfathered groups should become familiar with routine preventive benefits under the ACA. Grandfathered plans need to decide whether they want to cover these services and adjust their plans accordingly. This does not apply to retiree-only plans.

## Q&As

### How does the ACA define routine preventive services?

The ACA developed a list of routine preventive services based on pre-established guidelines from various clinician committees. The chart on the next page describes the influence each source has had on the ACA's preventive service definitions.

### How often are the guidelines updated?

Guidelines are updated periodically and new recommendations may be made at any time. Health plans have one year (as groups renew) to implement any new or revised recommendations.

### Do HealthPartners plans comply with the ACA's preventive care guidelines?

HealthPartners has carefully reviewed our coverage for routine preventive services and is compliant with the ACA's regulations. To see the preventive services coverage criteria, visit [healthpartners.com/public/coverage-criteria](http://healthpartners.com/public/coverage-criteria).

### What are diagnostic services?

Diagnostic services are used to help a provider understand symptoms, diagnose an illness and decide what treatment may be needed. The services may be the same tests that are listed as preventive services, but they are being used for diagnostic purposes. Care is not considered preventive if it is received during a visit to diagnose, monitor an established condition or treat an illness or injury. When that occurs, standard deductibles, copays or coinsurance apply.

### What if a member receives preventive care during an office visit for another purpose?

As long as the preventive care is provided in-network, that portion of the visit would be covered at 100%. Other services received during that visit would be subject to normal member cost sharing.

Source	Influence
Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention	Guides immunizations for routine use in children, adolescents and adults, including seasonal flu and pneumonia.
Health Resources and Service Administration (HRSA) and American Academy for Pediatrics (AAP)	"Bright Futures" recommendations for preventive pediatric health care.
Health Resources and Service Administration (HRSA) and the Discretionary Advisory Committee on Heritable Disorders in Newborns and Children (DACHDNC)	Recommendations for uniform screening panel in newborns and children, including routine height, weight, vision, hearing screenings, developmental screenings and certain routine physical exam procedures.
Health Resources and Service Administration (HRSA)	Defines women's preventive care, such as all forms of contraception for women, breastfeeding support and supplies, well woman visits and other types of counseling and screenings tests.
United States Preventive Services Task Force (USPSTF)	Grade A or B recommendations for cervical cancer, high cholesterol, diabetes, alcohol use, tobacco use, weight and other types of counseling and routine screening tests.

### More information

To learn more, visit [healthpartners.com/employer](https://healthpartners.com/employer).