Elimination of Cost-Sharing for Preventive Services[1]

The ACA contains a number of changes to employment-based health plans, including new rules related to coverage of preventive services. Specifically, beginning in the first plan year after September 23, 2010, the health reform law mandates that all new private health insurance plans[2] must cover certain preventive services without beneficiary cost sharing requirements such as copayments, co-insurance or deductibles.

These preventive services include services that are rated A or B by the U.S. Preventive Services Task Force (USPSTF)[3], recommended immunizations, preventive care for infants, children and adolescents and preventive care and screenings for women. These are new requirements specified by the ACA, as previously there was no national mandate for private health plans to cover a specific set of services.

Preventive Services Required of New Group & Individual Health Plans Without Cost Sharing	
Evidence-based preventive services	Preventive services recommended by the U.S. Preventive Services Task Force based on the strength of the scientific evidence documenting their benefits. Includes breast and colon cancer screenings, screening for vitamin deficiencies during pregnancy, diabetes, high cholesterol, high blood pressure, and tobacco cessation counseling
Routine vaccinations	Sets of standard vaccines recommended by the Advisory Committee on Immunization Practices, ranging from routine childhood immunizations to periodic tetanus shots for adults
Preventive services for children	Preventive services recommended under the Bright Futures guidelines developed by the Health Resources and Services Administration and the American Academy of Pediatrics for children from birth to age 21. Includes regular pediatrician visits, vision and hearing screening, developmental assessments, immunizations, and screening and counseling to address obesity
Preventive services for women	Will also include services recommended under new guidelines expected to be issued by August 2011, in addition to services recommended by the Preventive Services Task Force

Table taken directly from Cassidy, Amanda. "Health Policy Brief: Preventive Services Without Cost Sharing." Robert Wood Johnson Foundation Health Policy Brief Series. *Health Affairs*, December 28, 2010.

Exemption for Grandfathered Health Plans

The ACA's requirement for plans to cover preventive services without beneficiary cost sharing is only applicable to new plans—plans created after March 23, 2010. The requirement is *not* applicable to grandfathered health plans, which are plans in existence on the date of enactment of the health reform law (March 23, 2010). However, if plans lose their grandfathered status,[4] they will be required to cover these preventive services.

[1] PPACA Section 2713

[2] New plans are plans created after March 23, 2010, the date of enactment of the ACA.

[3] The USPSTF has a list of recommended services rated A or B that are relevant for the implementation of the ACA available here: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

[4] For information on grandfathered plans and how plans can lose grandfathered status, see NACo's Health Reform Law Toolkit for Counties as Employers: http://www.naco.org/programs/csd/Documents/Health%20Reform%20Implementation/HRI%20Employer%20Toolkit_Intro_2012.pdf.

Other information

The requirement for new plans and plans that lose grandfathered status to cover preventive services without beneficiary cost sharing only applies if the services are provided in-network; plans can apply beneficiary cost sharing requirements to services received out-of-network.

Additional Information & Resources

Center for Consumer Information and Insurance Oversight's information on preventive services:
http://cciio.cms.gov/programs/marketreforms/prevention/index.html

Healthcare.gov, Information about Preventive Care and Services in the ACA:
http://www.healthcare.gov/law/provisions/preventive/index.html

Interim final rules on preventive benefits coverage requirements published July 2010:
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2010_register&docid=fr19jy10-6.pdf

Kaiser Family Foundation Brief:
http://www.kff.org/healthreform/8219.cfm

NACo's Health Reform Law Toolkit for Counties as Employers:
http://www.naco.org/programs/csd/Documents/Health%20Reform%20Implementation/HRI%20Employer%20Toolkit_Intro_2012.pdf

Robert Wood Johnson Foundation Brief:
http://www.rwjf.org/coverage/product.jsp?id=71628&cid=XEM_749842