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Phone: 248.355.9600

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New Regulations Requiring New Health Insurance Plans to Provide Free Preventive Care

As part of the Affordable Care Act, the Departments of Health and Human Services, Labor, and the Treasury issued new regulations on July 14th. As of September 23, 2010, new private health plans will have to cover evidence-based preventive services and eliminate cost-sharing requirements for such services.

This means the new plans must cover preventive services without a copayment, coinsurance or a deductible.

PREVENTIVE SERVICES TO BE COVERED:

- **Evidence-Based Preventive Services:** These include breast and colon cancer screenings; screenings for vitamin deficiencies during pregnancy; screenings for diabetes, high cholesterol and high blood pressure; and tobacco cessation counseling (but not products) are covered.
- **Routine Vaccines:** Will include routine childhood immunizations to periodic tetanus shots for adults.
- **Prevention for Children:** To include regular pediatrician visits; vision and hearing screening; developmental assessments, immunizations; and screening and counseling to address obesity.
- **Prevention for Women:** Guidelines are currently being developed and are expected to be issued by August 1, 2011.

QUESTIONS

More information on the Affordable Care Act's new rules on preventive care can be found at: <http://www.healthcare.gov/law/about/provisions/services/index.html>.

The regulations can be found at: <http://www.healthcare.gov/center/regulations/prevention/regs.html>.

If you have any questions regarding this release, please contact Russ Kotila at **248.996.1845** or email russ@jsclarkagency.com.