

MISSISSIPPI INSURANCE DEPARTMENT



Understanding Your Health Care Benefits

Part 2: Preventive Health Services



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What is Preventive Health?

Preventive health care includes health services like screenings, check-ups, and patient counseling that are used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best.

Under the Affordable Care Act ("ACA"), most health plans must cover a set of preventive services at no cost to you. This includes plans available through the Health Insurance Marketplace.

The following pages list the preventive health services that may be right for you.

Why is it important?

Getting recommended preventive services and making healthy lifestyle choices are key steps to good health and well-being.

Having a provider who knows your health needs, and whom you trust and can work with, can help you:

- Ensure you get the preventive services that are right for you
- Make healthy lifestyle choices
- Improve your mental and emotional well-being
- Reach your health and wellness goals.

IMPORTANT COST TIP

For plans under the ACA, there is ***no cost-sharing*** for recommended preventive services when they are delivered by a doctor or other provider in your plan's network. Talk to your provider about what preventive services are right for you.





Where do you go for preventive care services?

It's best for you to get routine care and recommended preventive services from a primary care provider like your family physician. You can find primary care providers in local offices, clinics, and health centers.

Your **Primary Care Provider** will be the doctor, nurse practitioner, behavioral health professional, or other health care professional you see the most, and they will get to know you and help you keep track of your health over time.

What if my provider tries to charge me for preventive services?

Remember, there is no cost-sharing for preventive services *only when* the provider is in your plan's network. Before your appointment, contact your insurance company to make sure that your provider is in your plan's network.

You can also check with your provider each time you make an appointment, so you know how much you will have to pay.

How often should I seek preventive services?

You should see your provider for preventive services yearly. Your provider will do a complete physical and may draw blood for lab work and recommended screenings.

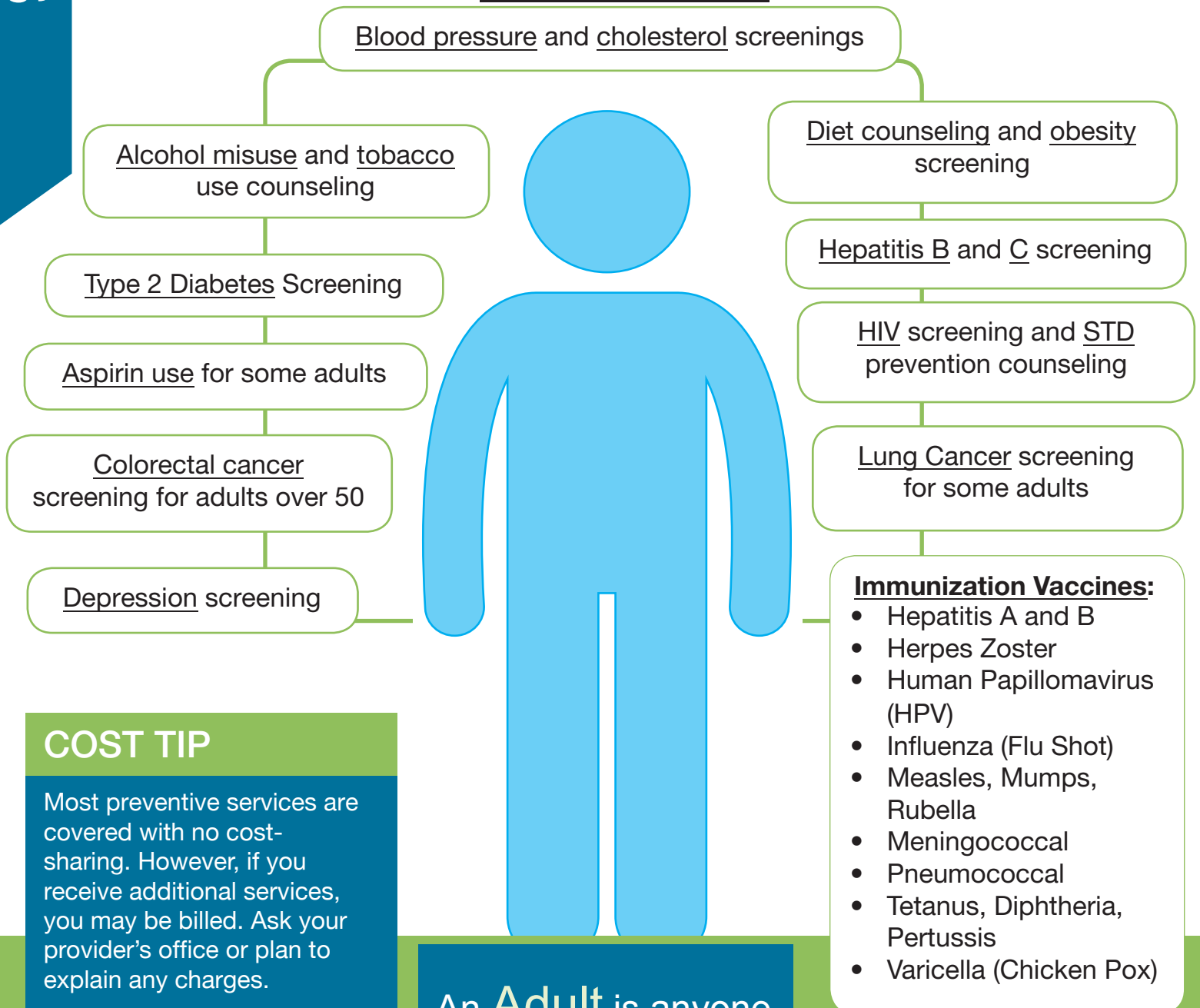
Women should also get the recommended well-woman screening yearly.



Put Your Health First

Get the preventive services that are right for you!

Take advantage of these and other services available with no cost-sharing to adults under most health coverage, thanks to the Affordable Care Act.



COST TIP

Most preventive services are covered with no cost-sharing. However, if you receive additional services, you may be billed. Ask your provider's office or plan to explain any charges.

An **Adult** is anyone over the age of 18.



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For additional resources and a full list of the preventive services covered at no cost sharing under the Affordable Care Act, please visit go.cms.gov/c2c.

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WOMEN

Well woman visits

Domestic and interpersonal violence screening and counseling

Alcohol misuse and tobacco use counseling

Osteoporosis screening

Cervical cancer screening

STD screenings including chlamydia, gonorrhea, HPV, and HIV

Contraception

Breast Health: BRCA counseling, Mammography screening, Chemoprevention counseling

Breastfeeding support, counseling, and supplies

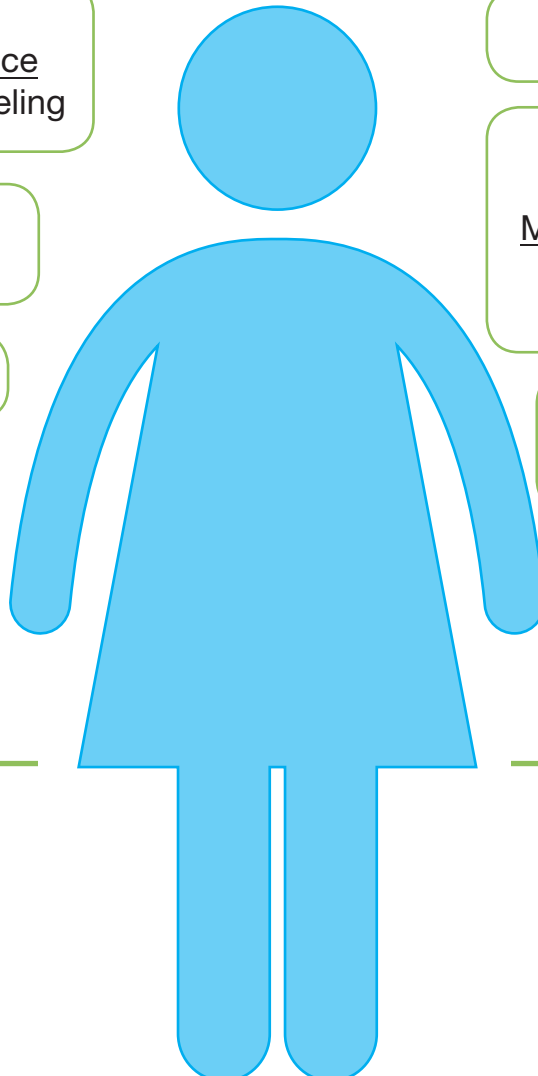
Folic acid supplements for women who may become pregnant

Prenatal Care Screenings:

- Anemia
- UTI
- Gestational Diabetes
- Hepatitis B
- Rh Incompatibility
- Syphilis

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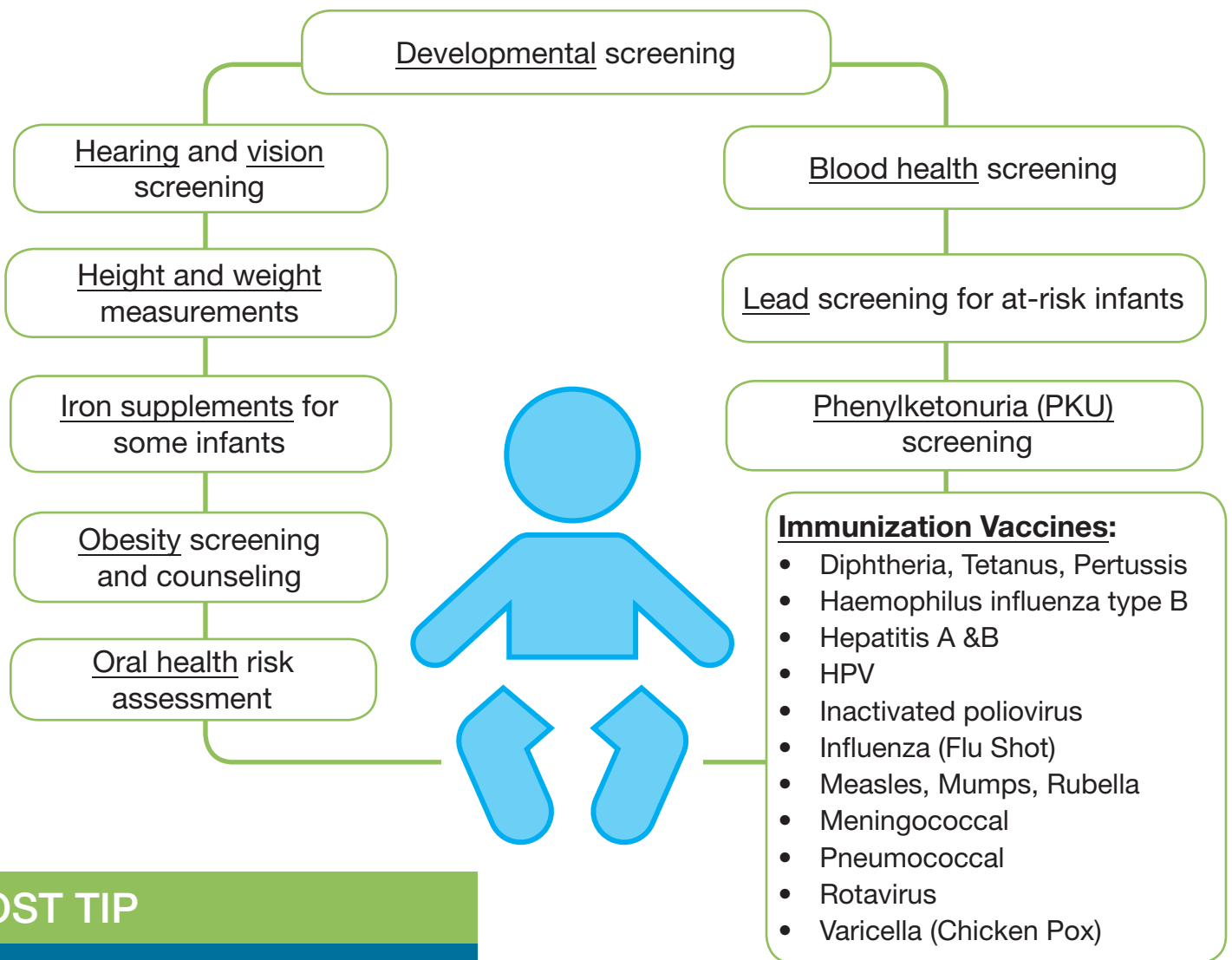


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An Infant is a child under the age of 3.



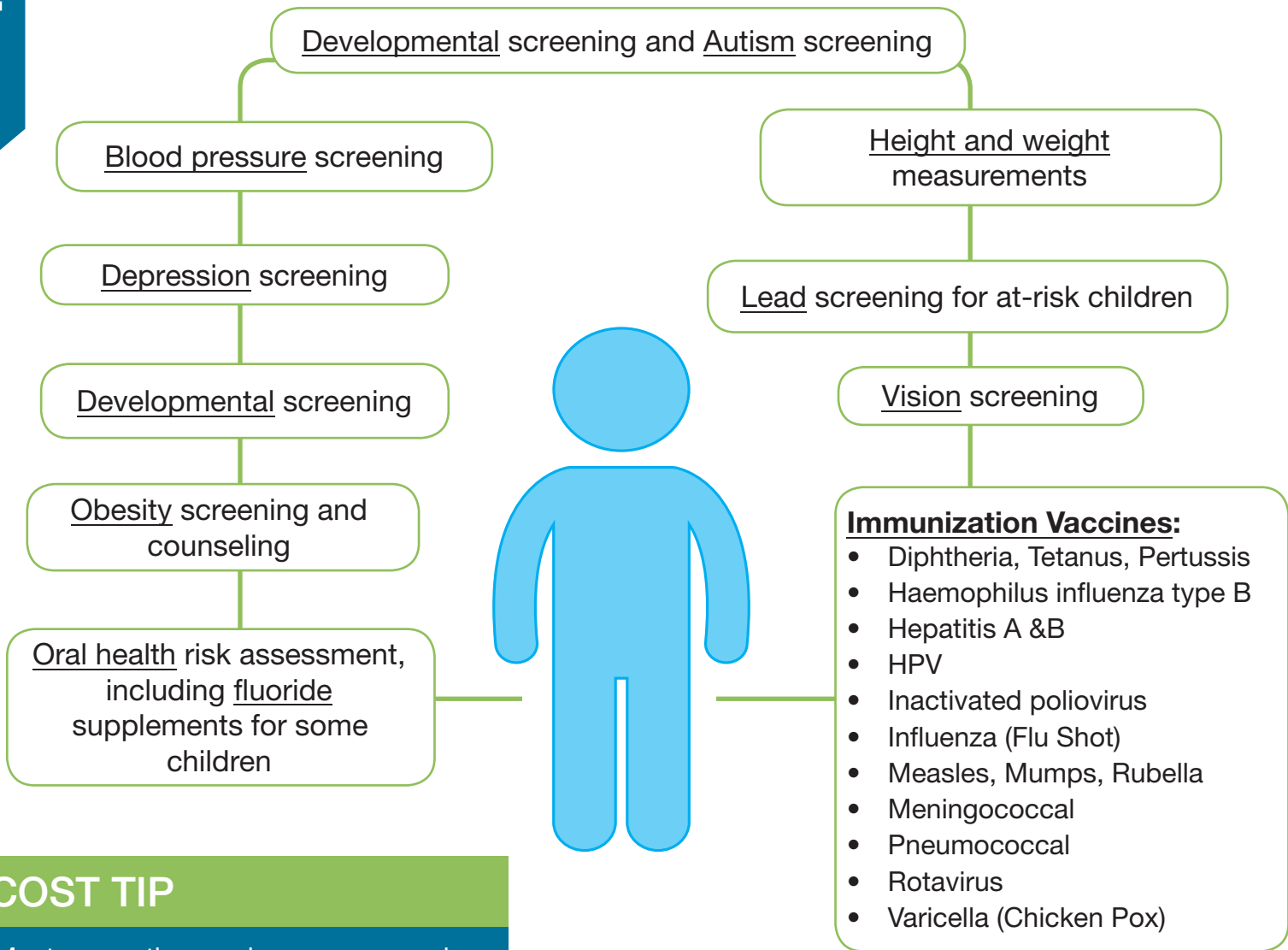
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A Child is anyone between the ages of 3 and 12.



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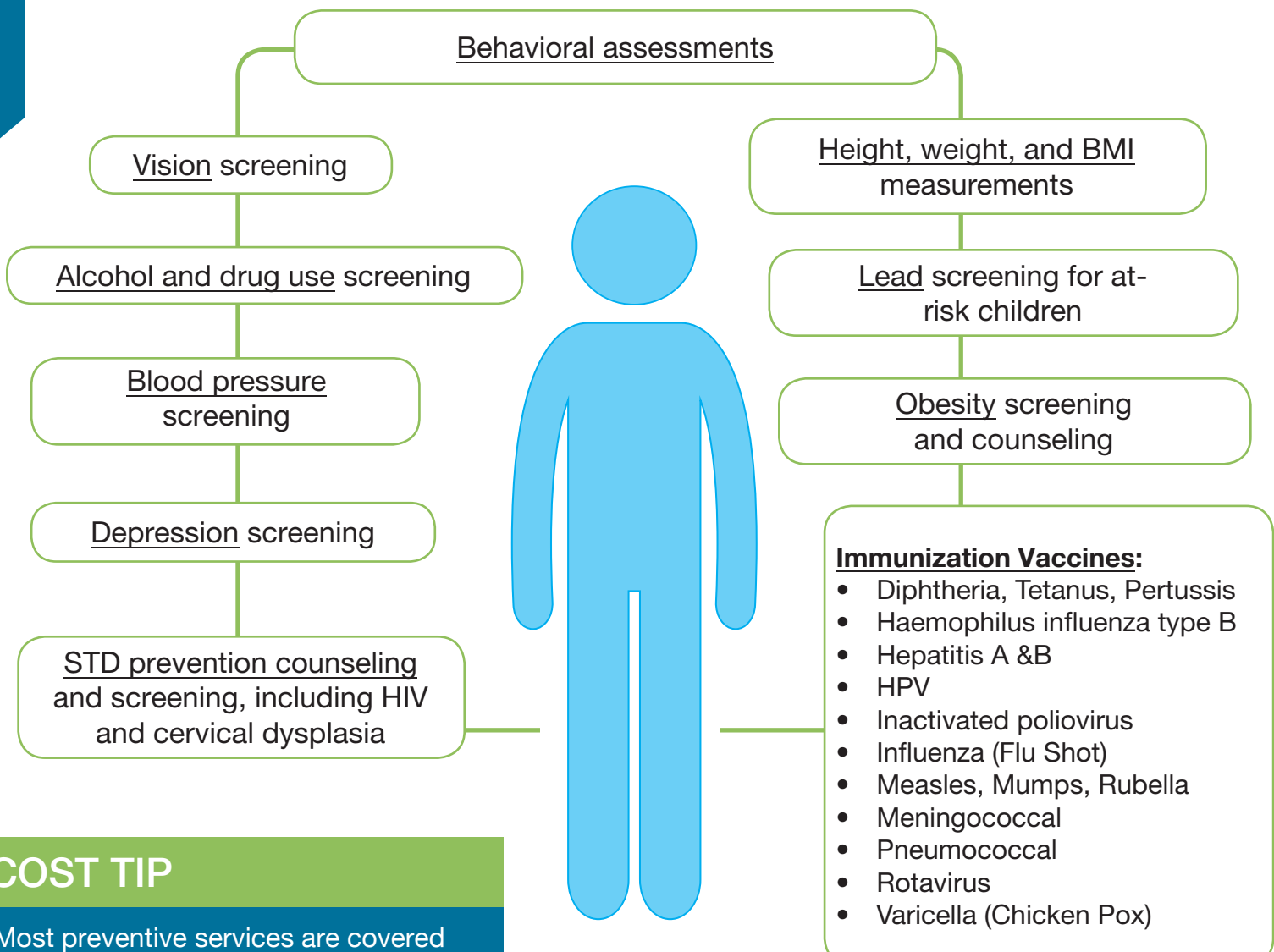
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TEENS



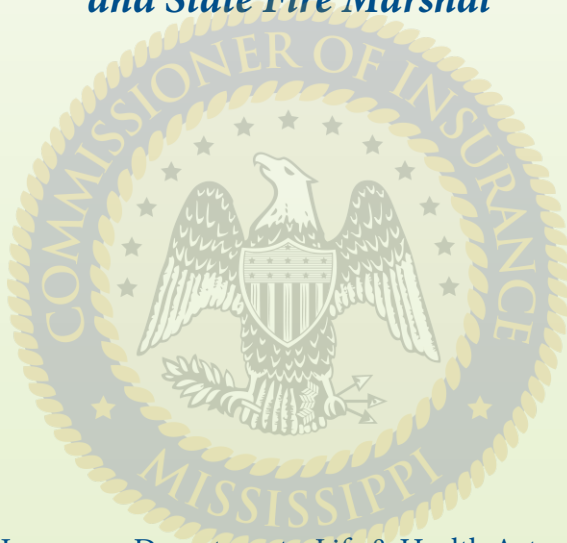
COST TIP

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A Teenager is anyone between the ages of 13 and 17.



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