

Some preventive care to have no out-of-pocket cost

July 15 2010, By RICARDO ALONSO-ZALDIVAR , Associated Press Writer

(AP) -- From counseling for kids who struggle with their weight, to cancer screenings for their parents, preventive health care will soon be available at no out-of-pocket cost under consumer rules the Obama administration unveiled Wednesday.

That means no copays, deductibles or coinsurance for people whose health insurance plans are covered by the new requirements.

The Obama administration estimates that 41 million Americans will benefit initially, with the number projected to rise to 88 million by 2013. Many large company plans, which usually offer solid preventive benefits, will be exempt from the requirements for the time being.

Better preventive coverage is one of the goals of President Barack Obama's health care overhaul law, part of a shift to try to catch problems early, before [high cholesterol](#) can lead to heart disease.

"Services like these will go a long way in preventing [chronic illnesses](#) that consume over 75 percent of the [health care spending](#) in this country," said first lady Michelle Obama, announcing the new benefits at a Washington hospital.

Better preventive care may be an investment, but it still carries an upfront cost. Premiums will go up by 1.5 percent on average, as spending for the services is spread broadly across an entire pool of

insured people.

For individuals who are diligent about their checkups, that can mean considerable out-of-pocket savings. For example, a 58-year-old woman at risk of heart disease could save at least \$300 out of her own budget on recommended tests, ranging from diabetes and cholesterol screening, to a mammogram and a [flu shot](#).

Research has shown that people tend to skip recommended preventive care if cost is an issue, and even a modest copayment can make a difference. Cost-free prevention was one idea that received widespread support during the contentious health care debate last year in Congress.

The prevention requirements take effect for health plans renewing on or after Sept. 23, which means most beneficiaries will see them starting Jan. 1. Coincidentally, that's also when Medicare recipients get access to most preventive services at no out-of-pocket cost - another change under the health care law.

Under the requirements announced Wednesday, health insurance plans have to cover four sets of preventive services at no additional charge to their members.

These include:

- Screenings strongly recommended with a grade of "A" or "B" by the U.S. Preventive Services Task Force, an independent advisory panel. Among them are breast and colon cancer tests, screening of pregnant women for vitamin deficiencies, tests for diabetes, high cholesterol and high blood pressure, as well as counseling to help smokers quit.

- Routine vaccines from childhood immunizations to tetanus boosters for adults.

- Well-baby visits to a pediatrician, vision and hearing tests for kids, and counseling to help youngsters maintain a healthy weight. These and other services are recommended under guidelines developed by the government and the American Academy of Pediatrics.
- Women's health screenings, also to include test called for under guidelines that are still in development and not expected to be announced until Aug., 2011.

Large employer plans will not be affected by the new requirements if they are "grandfathered" under the health overhaul law. Lawmakers created that exception so Obama could deliver on his promise that the law would not force wholesale changes in existing insurance plans. However, as employers make changes to their plans, many stand to lose the exemption, meaning they would eventually have to comply.

More information: <http://tinyurl.com/27ourjl>

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