

Summary of Preventive Care Covered Under the ACA and HDHPs

Preventive Service	Eligible Persons/Conditions	Required Under the ACA¹	HSA Before Deductible²
<i>DRUGS AND DEVICES</i>			
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease	No	Yes*
Anti-resorptive therapy	Osteoporosis and/or osteopenia	No	Yes*
Aspirin	Ages 50 to 59 to reduce the risk of stroke and heart attack; pregnant women at risk for preeclampsia	Yes	Yes
Beta-blockers	Congestive heart failure and/or coronary artery disease	No	Yes*
Contraceptives	All women capable of pregnancy	Yes ³	Yes
Inhaled corticosteroids	Asthma	No	Yes*
Insulin and other glucose lowering agents	Diabetes	No	Yes*
Statins (Low to Moderate Dose Select Generics)	Ages 40 to 75 years with 1 or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater	Yes	Yes
Raloxifene or Tamoxifen	At-risk for breast cancer, without a cancer diagnosis, ages 35 and older	Yes	Yes
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression	No	Yes*
Statins	Heart disease and/or diabetes	No	Yes*
Tobacco cessation medication	Adults who use tobacco products	Yes	Yes
Blood pressure monitor	Hypertension	No	Yes*
Breast feeding equipment	During pregnancy and/or after delivery (postpartum)	Yes	Yes
Glucometer	Diabetes	No	Yes*
Peak flow meter	Asthma	No	Yes*
<i>IMMUNIZATIONS</i>			
Chicken Pox (Varicella)	Children; adults with no history of chicken pox	Yes	Yes
Diphtheria, Tetanus (Td/Tdap)	Children; pregnant women with every pregnancy; Adult booster every 10 years	Yes	Yes
Haemophilus Influenzae Type B (Hib)	Children; adults with certain medical conditions to prevent meningitis, pneumonia and other serious infections	Yes	Yes
Hepatitis A	Children; at-risk adults or per doctor's advice	Yes	Yes
Hepatitis B	Children; at-risk adults or per doctor's advice	Yes	Yes
Human Papillomavirus (HPV)	Children and adults to age 26	Yes	Yes

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<i>IMMUNIZATIONS (continued)</i>			
Influenza	Everyone	Yes	Yes
Measles, Mumps, Rubella (MMR)	Everyone	Yes	Yes
Meningitis (Meningococcal ACWY)	Children 11-18 years old; younger at-risk children and at-risk adults	Yes	Yes
Meningitis (Meningococcal B)	Children (10+ but typically 16-23); at-risk adults or per doctor's advice	Yes	Yes
Pneumococcal vaccine and its administration	Children; high-risk adults or ages 65 and older	Yes	Yes (All ⁴)
Poliovirus (inactivated)	Children	Yes	Yes
Rotavirus	Children	Yes	Yes
Shingles	Zostavax - Ages 60 and older: One dose Shingrix - Ages 50 and older: Two doses	Yes	Yes
<i>WOMEN SPECIFIC</i>			
Alcohol misuse screening and counseling	Pregnant women	Yes	Yes
Bacterial vaginosis screening	Pregnant women	No	Yes
Breast Cancer Genetic Screening (BRCA)	Those meeting specific high-risk criteria or per doctor's advice (One-time assessment for breast and ovarian cancer risk)	Yes	Yes
Breast Exam, annual	Ages 19+	Yes	Yes
Breast-feeding (Lactation) Support, Counseling, and Equipment	During pregnancy and/or after delivery (postpartum)	Yes	Yes
Contraception Methods and Discussion	All women planning or capable of pregnancy	Yes	Yes
Depression screening	During pregnancy and postpartum	Yes	Yes
Diabetes Screening	High-risk women: At the first prenatal visit Postpartum women without Diabetes but with a history of gestational diabetes	Yes	Yes
Domestic/Intimate Partner Violence Screening/Counseling	All women	Yes	Yes
Fetal ultrasound	Pregnant women	No	Yes
Folic Acid	Women planning or capable of pregnancy	Yes	Yes
Gestational diabetes screening	Pregnant women	Yes	Yes
Hepatitis B screening	Pregnant women	Yes	Yes
HIV screening	Pregnant women; All sexually active women	Yes	Yes

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<i>WOMEN SPECIFIC (continued)</i>			
Home uterine activity monitoring	Pregnant women	No	Yes
Human Papillomavirus (HPV) Testing	Beginning at age 30 for women: Every 3 years	Yes	Yes
Lead level screening	Pregnant women	No	Yes
Mammogram, screening (incl 3-D)	Ages 40 and older	Yes	Yes (All ⁴)
Neural tube defects screening	Pregnant women	No	Yes
Osteoporosis (Bone Mineral Density) Screening	Age 65 and older: once every 2 years. Younger if at risk as recommended by physician	Yes	Yes
Pap Smear	Ages 21 and older ⁵	Yes	Yes ⁶
Pelvic Exam, annual	Ages 19+	Yes	Yes
Pre-eclampsia screening	Pregnant women	No	Yes
Rh antibody testing for Rh-negative women	Pregnant women	Yes	Yes
Rh typing at first visit	Pregnant women	Yes	Yes
Rubella screening	Pregnant women	No	Yes
Sexually Transmitted Infections (STI) Discussion	All sexually active women	Yes	Yes
Smoking cessation counseling	Pregnant women	Yes	Yes
Syphilis screening	Pregnant women	Yes	Yes
Urine culture and sensitivity at first visit	Pregnant women	Yes	Yes
Well-Woman Visits ⁷	Up to 4 visits each year for age and developmentally appropriate preventive services	Yes	Yes
<i>CHILD SPECIFIC</i>			
Adolescent idiopathic scoliosis screening	Up to age 18 (usually ages 10 years to 18 years)	No	Yes
Autism Screening	At 18 months and 24 months	Yes	Yes
Child developmental delay screening	Up to age 18 (usually up to age 5)	No	Yes
Congenital hypothyroidism screening	Up to age 18 (usually from birth to 6 weeks after birth)	No	Yes
Critical Congenital Heart Disease (CCHD) Screening with Pulse Oximetry	At birth	Yes	Yes

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<i>CHILD SPECIFIC (continued)</i>			
Developmental Screening	At 9 months, 18 months, and 30 months	Yes	Yes
Fluoride Varnish (by primary care doctor)	Ages 5 and younger	Yes	Yes
Hearing Screening	At birth and once between each of ages 11-14, 15-17 and 18-21	Yes	Yes
Hematocrit or Hemoglobin Screening	At 12 months; annually for females during adolescence and when indicated	Yes	Yes
HIV screening	Routine check once between ages 15-18	Yes	Yes
Lead Screening	At 9 months, 12 months, and 24 months When indicated for ages 3-18 years (see state-specific recommendations)	Yes	Yes
Newborn Blood Screening and Bilirubin	At birth	Yes	Yes
Oral fluoride	For ages 6 months to 16 years whose primary water source is deficient in fluoride	Yes	Yes
Phenylketonuria screening	Up to age 18 (usually at birth)	No	Yes
Visual Screening	Ages 3-5 with instrument screening; ages 5-18 when performed in a doctor's office with visual Snellen chart	Yes	Yes
<i>OTHER PREVENTIVE</i>			
Abdominal Aortic Aneurysm Screening	Ages 65 to 75 who have ever smoked: One-time screening	Yes	Yes (All ⁴)
Additional annual preventive office visits for obesity and blood pressure measurement	Children With a BMI in the 85th Percentile or higher; Adults With BMI 25 or higher	Yes	Yes
Ambulatory Blood Pressure Monitoring	Ages 18+, to confirm new diagnosis of high blood pressure before starting treatment	Yes	Yes
Anemia, iron deficiency screening	Everyone	No	Yes
Bacteriuria screening	Everyone	No	Yes
Bone mass measurement	An estrogen-deficient woman at clinical risk for osteoporosis; other individuals with any of the following: vertebral abnormalities, receiving long-term glucocorticoid steroid therapy, primary hyperparathyroidism, being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy	No	Yes

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<i>OTHER PREVENTIVE (continued)</i>			
Cardiovascular screening blood test	High risk individuals who have not had such screening in the prior 2 years	No	Yes
Carotid artery stenosis screening	Everyone	No	Yes
Certain Colonoscopy Preps With Prescription	Ages 50 and older: Once every 10 years High-risk: Earlier or more frequently	Yes	Yes
Cholesterol (Lipid) Screening	Once between ages 9-11 and ages 17-21 (also based on family history and risk factors) Ages 20 and older: Once every 5 years High-risk: More often	Yes	Yes
Colon Cancer Screening (including colonoscopy)	Ages 50 and older: Every 1 to 10 years, depending on screening test; if high risk earlier and/or more frequently	Yes	Yes (All ⁴)
Dementia screening	Everyone	No	Yes
Dental and periodontal disease screening	Everyone	No	Yes
Depression Screening, annual	Ages 11+	Yes	Yes
Diabetes outpatient self-management training services	Individual with diabetes if the physician certifies that such services are needed under a comprehensive plan of care	No	Yes
Diabetes prevention lifestyle change programs for weight loss	Applies to Adults Ages 18+ <ul style="list-style-type: none"> • Without a diagnosis of Diabetes and • Overweight or obese (BMI 25+) and • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of 140-199 mg/dl 	Yes	Yes
Diabetes Screening	High-risk: Ages 40 and older, once every 3 years	Yes	Yes ⁸
Drug abuse screening	Everyone	No	Yes
Family violence screening	Everyone	No	Yes
Glaucoma screening	Individual who has not had glaucoma screening in the past year	No	Yes
Hearing impairment in older adults screening	No age specified but usually ages 50+	No	Yes
Hemoglobin A1c testing	Diabetes	No	Yes*
Hemoglobinopathies screening	Everyone	No	Yes
Hepatitis B Screening	High-risk or per doctor's advice	Yes	Yes
Hepatitis C Screening	High-risk	Yes	Yes

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<i>OTHER PREVENTIVE (continued)</i>			
Initial Preventive Physical Examination	Everyone	No	Yes
International Normalized Ratio (INR) Testing	Liver disease and/or bleeding disorders	No	Yes*
Latent Tuberculosis Screening	High-risk	Yes	Yes
Low-density Lipoprotein (LDL) testing	Heart disease	No	Yes*
Lung Cancer Screening	Ages 55 to 80 with 30-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years	Yes	Yes
Medical nutrition therapy services	Individual with any medical condition that can benefit from such therapy services	No	Yes
Nutritional counseling visits for obesity	Children With a BMI in 85th or higher; Adults With BMI 25 or higher	Yes	Yes
Obesity screening	Everyone	No	Yes
Oral cancer screening	Everyone	No	Yes
Personalized prevention plan services ⁹	Anyone who has not received such services in the previous 12 months	No	Yes
Problem drinking screening	Everyone	No	Yes
Prostate cancer screening test	A man over 50 years of age who has not had such a test during the preceding year	No	Yes
Recommended lab tests: ALT, AST, Hemoglobin A1c or fasting glucose, and cholesterol screening	Children With a BMI in the 85th Percentile or higher; Adults With BMI 25 or higher	Yes	Yes
Retinopathy screening	Diabetes	No	Yes*
Routine Checkup, annual	Ages 3+	Yes	Yes
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)	Sexually active males and females	Yes	Yes
Skin cancer screening	Everyone	No	Yes
Suicide risk screening	Everyone	No	Yes
Testicular cancer screening	Everyone	No	Yes

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<i>OTHER PREVENTIVE (continued)</i>			
Thyroid cancer screening	Everyone	No	Yes
Thyroid disease screening	Everyone	No	Yes
Tobacco Cessation Counseling	Adults who use tobacco products	Yes	Yes
Treatment incidental or ancillary to preventive care ¹⁰	Everyone	No	Yes

¹**Required under the ACA** means that all *non-grandfathered* group health plans are required to provide these preventive care services without cost sharing (such as a deductible or copayment). Reasonable cost control measures are permitted. Grandfathered group health plans are exempt from this requirement.

²**HSA before deductible** means that high deductible health plans (HDHPs) may pay for these services prior to the participant meeting the minimum deductible required for coverage under Health Savings Accounts (HSAs).

³Any employer or college/university with a student health plan with objections to contraceptive coverage based on religious beliefs and any employer, except publicly traded corporations, with moral objections to contraception may qualify for an exemption from providing contraceptives.

⁴HSA-eligible plans may pay for these services for anyone (regardless of age/condition) prior to the deductible.

⁵Ages 21 to 65: Every 3 years, or annually, per doctor's advice; ages 30 to 65: Every 5 years if HPV or combined Pap and HPV are negative; ages 65 and older: Per doctor's advice.

⁶HSA eligible plans may cover prior to deductible for any woman who has not had Pap smear in past 2 years or who has not had a Pap smear in the past year and is either of childbearing age and has had a screening Pap test or pelvic exam in the preceding 3 years that indicated the presence of cervical or vaginal cancer or other abnormality or is at high risk of developing cervical or vaginal cancer.

⁷Includes preconception, first prenatal visit, and urinary incontinence screening.

⁸HSA-eligible plans may pay for diabetes screening prior to deductible twice per year for any Individual who has any of the following risk factors for diabetes: Hypertension; Dyslipidemia; Obesity (BMI 30+); elevated impaired fasting glucose; impaired glucose tolerance; or a risk factor consisting of at least 2 of the following: Overweight (BMI 25+), family history of diabetes, history of gestational diabetes mellitus or delivery of a baby weighing greater than 9 pounds, 65 years of age or older.

⁹For more details, see section (hhh) here: https://www.ssa.gov/OP_Home/ssact/title18/1861.htm.

¹⁰Per [Notice 2004-50](#), treatments, drugs, and medications that are incidental or ancillary to a preventive care service or screening as described in [Notice 2004-23](#) also falls within the safe-harbor for preventive care. For example, removal of polyps during a diagnostic colonoscopy is preventive care that can be provided before the deductible in an HDHP has been satisfied.

This chart lists, generally, the preventive care services that may be covered under a HDHP without first meeting the minimum required deductible as of 11/01/2019. It does not represent the actual preventive care coverage listing for any particular health plan or HSA and does not constitute legal advice. Cheiron, Inc. is an actuarial consulting firm that provides actuarial and consulting advice. However, we are neither attorneys nor accountants. Accordingly, we do not provide legal services or tax advice.