



Understanding Health Care Reform— Preventive Services and Essential Health Benefits

The new health care law, the Affordable Care Act, established a standard for what benefits you can expect to have when you buy health insurance coverage. Starting in 2014, new health benefit plans will have a number of Preventive Services and Essential Health Benefits that can help you and your family stay well and healthy. And since you know that the new plans cover these services, it will be easier to compare different insurance plans.

Things You Should Know

Essential Health Benefits

A comprehensive set of health services called Essential Health Benefits will be covered by benefit plans starting in 2014. The law ensures that qualified health plans will have the following package of essential health benefits including:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Laboratory services
- Mental health/substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Preventive Services

Each new health insurance plan will cover certain preventive services. And when you use your plan's doctors, there's no added cost to you.

This is a list of most preventive services:

- Well-child visits
- Childhood immunizations for such diseases as measles, mumps, and rubella
- A yearly wellness exam
- Mammograms, blood pressure and osteoporosis screenings as appropriate

- Flu shots
- Diabetes (Type 2) screening for adults with high blood pressure
- HIV and syphilis screenings, and sexually transmitted infection prevention for high-risk adults
- Recommended vaccines for adults: Hepatitis A/B, Herpes Zoster, Human Papillomavirus, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- Adult obesity screenings
- Tobacco use screening cessation interventions

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