



**COLORADO**

Department of  
Regulatory Agencies

Division of Insurance

## ***Do you understand preventive services and how they work under your health insurance?***

A key part of the Affordable Care Act (ACA) was the creation of “essential health benefits” that are required to be part of health insurance plans that meet the requirements of the ACA. And one of those essential health benefits are the preventive services that should be covered by such insurance plans **WITHOUT** additional cost to you if delivered by a doctor or other health care provider in the plan’s network of providers.

## **But what does that mean? Let’s define three key terms.**

- **Preventive Care** – Care that is intended to prevent or avoid health problems before they become serious. It includes routine check-ups, immunizations, flu shots and certain types of tests, and screenings (such as breast cancer, cholesterol, diabetes, and more). It is different from diagnostic care, which is when your health care provider is looking for something specific based on a prior test or screening.
- **Cost Sharing** – For many health services covered by your insurance, you and the company *share the costs*. Your part – the deductibles, copays, coinsurance and out-of-pocket maximums – are part of the design of each insurance plan.
- **In-Network** – These are the health care providers and facilities that have contracted with your health insurance company or plan to provide health care services at discounted rates to you and the insurance company.

**This means you should not have to pay any cost-sharing when you receive certain preventive care services from an in-network health care provider.**



# What health care services are considered preventive?

► **The U.S. Preventive Services Task Force (USPSTF)** develops recommendations on preventive services based on a review of high-quality scientific evidence. These recommendations also include age and frequency guidelines.

► **Colorado Law (CRS §10-16-104)** states that any category A or B recommendations from the USPSTF are considered preventative services that must be covered with no cost sharing from consumers. But this law also includes services that are *not USPSTF recommendations*, including colon cancer screenings, contraception and women’s preventive services added to the list.

► **Colorado Division of Insurance “Bulletin 4.083 – Preventive Services Covered by Health Benefit Plans”**

offers further specifics on the preventive services available without cost-sharing for Coloradans. This bulletin is updated regularly to reflect ongoing recommendations from the USPSTF.

*Here are some of the preventive services outlined in Bulletin 4.083 that should be covered by health plans without cost-sharing from consumers as long as you see an in-network provider.*

This is only a partial list. Read the full list in the Colorado Division of Insurance Bulletin 4.083 on the Division’s website [doi.colorado.gov](http://doi.colorado.gov), in the section for “Statutes, Regulations & Bulletins.”

## PREVENTATIVE SERVICES

- high blood pressure screening
- colorectal cancer screening
- cervical cancer screening
- well-woman visits
- contraception and counseling on birth control options
- diabetes screening
- HIV pre-exposure prophylaxis (PrEP)

## QUESTIONS / COMPLAINTS

*If you believe that you are being denied coverage for preventive services, or that you are being inappropriately charged by your health care provider for preventive services, or your insurance plan is not covering preventive services, contact the Division of Insurance Consumer Services Team to ask questions or file a complaint.*



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